The aim of this survey is to provide information on the situation on the labour market of disabled persons aged 15-64 years and on the difficulties they have in performing the basic activities.

The disability does not represent a health problem only. It is the result of the environment effects (habitat, social etc.) and of the barriers that are interfering in the living an independent life, in the education completion, in the employment opportunities etc., barriers that have an impact on persons with any type of difficulties, with health problems or difficulties in performing the basic activities.

The questionnaire is fulfilled for persons aged 15 - 64 years only.

- For each question is accepted a single answer, except question no. 1 with multiple answers (question marked with M).
- Answer for the questions by placing an X in the closed boxes ☐, figures in the opened boxes ___ or text in spaces indicated by a broken line _ _ _ _ _ _.
- The figures followed by the sign ➔ in the right side 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 sign ➔, go to the next question.
- The symbols below next to boxes for codes are only for information processing purposes.

### IDENTIFICATION OF INTERVIEWED PERSON

<table>
<thead>
<tr>
<th>Centre code</th>
<th>Dwelling code</th>
<th>CL serial number in dwelling box</th>
<th>Number of the person from the CL questionnaire</th>
<th>Name and forename of the person</th>
<th>Date of birth</th>
<th>Survey participation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>day</td>
<td>□ Person oneself</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>month</td>
<td>□ Other member of the household</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>year</td>
<td>□ Other person</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ The interview was not complete (refusals)</td>
</tr>
</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”.

LONGSTANDING HEALTH PROBLEMS

ATTENTION!

Longstanding health problems means all the chronic conditions (diseases) which requires continuous or periodical treatment and which last for at least 6 month or are expected to last for at least 6 month.

Physical or mental longstanding health problems are considered the following:

- permanent problems in nature (example: a severe broken leg during a traffic accident, diabetes, asthma etc.);
- problems/conditions which are repeated (example: back pain were there is an acute period followed by remission and after that come back), or are episodic (example: epilepsy crises);
- terminal illness which are dependent on the outcome of treatment (example: leukaemia)
- permanent mental illness or episodic (example: schizophrenia, depression).

ATTENTION!

The purpose of the following questions is to identify the extent to which persons are limited in their activity, the nature or the type of these limitations. Due to the personal character of these questions, please give more attention to the way in which the questions are addressed, specifying that the provided information by the interview will be used only in statistical purposes and that the personal data confidentiality is assured.

1. Please specify which of the following health problems or diseases affect you in a longstanding way?
(For detailed information see ANNEX 1)

- problems with arms or hands (include arthritis and rheumatism) ......................................................... 1
- problems with legs, shanks, feet (include arthritis and rheumatism) .......................................................... 2
- problems with back or neck (include arthritis and rheumatism) ................................................................. 3
- cancer .......................................................................................................................................................... 4
- skin conditions (dermatological), severe disfigurements, allergic reactions .............................................. 5
- blood circulation problems (include blood pressure, heart problems) ......................................................... 6
- breathing problems (include chest pains, asthma, bronchitis) ................................................................... 7
- stomach, liver, kidney or digestive problems ............................................................................................... 8
- diabetes ......................................................................................................................................................... 9
- epilepsy (include fits) .................................................................................................................................. 10
- severe headaches, migraines ......................................................................................................................... 11
- learning difficulties (reading, writing, spelling or math disability) .............................................................. 12
- chronic anxiety .............................................................................................................................................. 13
- depression ...................................................................................................................................................... 14
- other mental, nervous or emotional problems .............................................................................................. 15
- progressive illness (multiple sclerosis, HIV, Parkinson's disease, Alzheimer's disease etc.) ...................... 16
- other longstanding health problems (specify) ............................................................................................ 17
- no longstanding health problems ................................................................................................................ 18

2. In the case in which, to the question no. 1 you have specified your longstanding health problems, please mention which are the most severe, in order of severity. (To be fulfilled with the code/codes corresponding to the variants of answer from the question no. 1)

- the first severest one .................................................................................................................................. |__|__|__| GRAV1

- the second severest one ................................................................................................................................. |__|__|__| GRAV2
### LIMITATION OF WORK  
- because of health problems -

**FILTER 1**
- If persons is working ➔ Q3 (it will fulfil the questions Q3-Q8)
- If person is NOT working ➔ Q9 (it will fulfil the questions Q9-Q14)

### I. Questions addressed to persons who are working (employed persons)

(For verify if the person is working or not, see the Individual questionnaire: person who is working has fulfilled in Q5 from IQ with one of the codes 1-6).

#### 3. Health problems stated to question no. 1 cause you any limitation in working with full-time?
- YES .......................................................................................... 1
- NO ............................................................................................. 2
- person refuses to answer .............................................................. 3

   LIMPROG1

#### 4. Health problems previously stated cause you any limitation in performing some types of works, such as:
- sitting for a long period of time;
- working outdoors;
- carrying heavy loads etc.?
- YES .......................................................................................... 1
- NO ............................................................................................. 2
- person refuses to answer .............................................................. 3

   TIPACTI1

#### 5. Health problems previously stated cause you any limitation in getting to/from the workplace?
- YES .......................................................................................... 1
- NO ............................................................................................. 2
- person refuses to answer .............................................................. 3

   LIMTRANS1

### READ!

The next 3 questions (Q6-Q8), refers to help/support ways of which persons with health problems benefit from performing their professional activity. Those could be:
- personal assistance, meaning help/support offered by the family members, relatives, friends, colleague, for performing the professional activity;
- provision of special technical equipments (for example: printers in Braille system (for blind persons) or workplace adaptations (for example: ramps and handrails, ergonomic chair etc.);
- special working arrangements (for example: flexible or phased programme, sedentary work etc.).

#### 6. Because of the health problems previously stated, do you benefit of personal assistance, meaning support offered by family members, friends or colleagues, to enable you to perform professional activities?
- YES .......................................................................................... 1
- NO ............................................................................................. 2
- person refuses to answer .............................................................. 3

   ASIST1

#### 7. Because of the health problems previously stated, do you benefit of special equipments or special adaptations at workplace, to enable you to perform professional activities?
- YES .......................................................................................... 1
- NO ............................................................................................. 2
- person refuses to answer .............................................................. 3

   ADAPT1

#### 8. Because of the health problems previously stated, do you benefit of special conditions at workplace, to enable you to perform professional activities, such as:
- performing sedentary job;
- working at home;
- benefiting of flexible hours;
- performing activities with less strenuous degree?
- YES .......................................................................................... 1
- NO ............................................................................................. 2
- person refuses to answer .............................................................. 3

   COND1
II. Questions addressed to persons who are NOT working (unemployed or inactive persons)
(For verify if the person is working or not, see the Individual questionnaire: person who is NOT working has fulfilled in Q5 from IQ neither one of the codes 1÷6.)

9. Health problems stated to question no. 1 cause you any limitation in working with full-time programme?
   - YES ............................................................................................................. 1□  
   - NO ............................................................................................................. 2□  
   - person refuses to answer ........................................................................... 3□   LIMPROG2

10. Health problems previously stated cause you any limitation in performing some types of works, such as:
   - sitting for a long period of time;
   - working outdoors;
   - carrying heavy loads etc.?
   - YES ............................................................................................................. 1□  
   - NO ............................................................................................................. 2□  
   - person refuses to answer ........................................................................... 3□   TIPACTI2

11. Health problems previously stated cause you any limitation in getting to/from the workplace?
   - YES ............................................................................................................. 1□  
   - NO ............................................................................................................. 2□  
   - person refuses to answer ........................................................................... 3□   LIMTRANS2

   READ!
   The next 3 questions (Q12-Q14), refers to help/support ways of which persons with health problems would need for performing their professional activity. Those could be:
   - personal assistance, meaning help/support offered by the family members, relatives, friends, colleague, for performing the professional activity;
   - provision of special technical equipments (for example: printers in Braille system (for blind persons) or workplace adaptations (for example: ramps and handrails, ergonomic chair etc.);
   - special working arrangements (for example: flexible or staggered programme, sedentary work etc.).

12. Because of the health problems previously stated, would you need to beneficiate of personal assistance, meaning support offered by family members, friends or colleagues, that would enable you to perform professional activities?
   - YES ............................................................................................................. 1□  
   - NO ............................................................................................................. 2□  
   - person refuses to answer ........................................................................... 3□   ASIST2

13. Because of the health problems previously stated, would you need to beneficiate of special equipments or special adaptations at workplace, that would enable you to perform professional activities?
   - YES ............................................................................................................. 1□  
   - NO ............................................................................................................. 2□  
   - person refuses to answer ........................................................................... 3□   ADAPT2

14. Because of the health problems previously stated, would you need to beneficiate of special conditions at workplace, that would enable you to perform professional activities, such as:
   - performing sedentary job;
   - working at home;
   - beneficiating of flexible hours;
   - performing activities with less strenuous degree?
   - YES ............................................................................................................. 1□  
   - NO ............................................................................................................. 2□  
   - person refuses to answer ........................................................................... 3□   COND2
## DIFFICULTIES IN CARRYING OUT BASIC ACTIVITIES

**ATTENTION!**
The purpose of the next questions is to identify the difficulties of persons in carrying out the basic activities. It will be taken into account the different situations occurred in daily respondent facing life or those will be possible to face it. **Do not take into account the any temporary situations.** The difficulties that a person could face it in carrying out the daily activities are referring to functional limitation, physical, as well as to communication problems and to social abilities.

<table>
<thead>
<tr>
<th>Question</th>
<th>Option</th>
<th>Code</th>
<th>Memo</th>
</tr>
</thead>
<tbody>
<tr>
<td>15. Do you have seeing difficulties, whatever you usually use or not, glasses or contact lenses?</td>
<td>![Image]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Do you have hearing difficulties, whatever you usually use or not, hearing aid?</td>
<td>![Image]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Do you have locomotion difficulties (of moving/walking)?</td>
<td>![Image]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Do you have difficulties to rise (from a chair) or to sit (on a chair)?</td>
<td>![Image]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Do you have memory or concentration difficulties?</td>
<td>![Image]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Do you have communications difficulties?</td>
<td>![Image]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Do you have mobility difficulties?</td>
<td>![Image]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Do you have difficulties in objects lifting and transportation?</td>
<td>![Image]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Do you have difficulties in bending down?</td>
<td>![Image]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. Do you have difficulties in handling an object?</td>
<td>![Image]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. Among the difficulties you previously mentioned, respectively to the questions 15÷24, please specify which one affects, in the greatest measure, your daily life. (To be fulfilled the correspondent number of question/questions for which the respondent answered in an affirmative way).</td>
<td>![Image]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*•* the first severest one  ........................................................................................................... [ ] [ ]  DIF1

*•* the second severest one ......................................................................................................... [ ] [ ]  DIF2

*•* person has not difficulties in carrying out the daily activities ........................................ 1 [ ]  ➔Filter 3 DIF
**LIMITATION IN WORK**
- because of difficulties in performing daily activities -

<table>
<thead>
<tr>
<th>FILTER 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>• If persons <em>is working</em>  ➔ Q26 (it will fulfil the questions Q26÷Q31)</td>
</tr>
<tr>
<td>• If person is <em>NOT working</em>  ➔ Q32 (it will fulfil the questions Q32÷Q37)</td>
</tr>
</tbody>
</table>

### 1. Questions addressed to persons who are working (employed persons)

*(For verify if the person is working or not, see the Individual questionnaire: person who is working has fulfilled in Q5 from IQ with one of the codes 1-6).*

#### 26. Daily difficulties previously mentioned cause you limitation in working with full-time?
- YES .................................................................................................................. 1 □
- NO ...................................................................................................................... 2 □
- person refuses to answer .................................................................................... 3 □

#### 27. Daily difficulties previously mentioned cause you limitation in performing certain types of works, such as:
- sitting for a long period of time;
- working outdoors;
- carrying heavy loads etc.?
- YES .................................................................................................................. 1 □
- NO ...................................................................................................................... 2 □
- person refuses to answer .................................................................................... 3 □

#### 28. Daily difficulties previously mentioned cause you limitation in getting to/from the workplace?
- YES .................................................................................................................. 1 □
- NO ...................................................................................................................... 2 □
- person refuses to answer .................................................................................... 3 □

### READ!

The next 3 questions (Q29÷Q31), refers to help/support ways of which persons with difficulties in carrying out their daily activities, beneficicate for performing their professional activity. Those could be:
- personal assistance, meaning help/support offered by the family members, relatives, friends, colleague, for performing the professional activity;
- provision of special technical equipments (for example: printers in Braille system (for blind persons) or workplace adaptations (for example: ramps and handrails, ergonomic chair etc.);
- special working arrangements (for example: flexible or phased programme, sedentary work etc.).

#### 29. Because of daily difficulties previously mentioned, do you beneficicate of personal assistance, meaning support offered by family members, friends or colleagues, to enable you to perform professional activities?
- YES .................................................................................................................. 1 □
- NO ...................................................................................................................... 2 □
- person refuses to answer .................................................................................... 3 □

#### 30. Because of daily difficulties previously mentioned, do you beneficicate of special equipments or special adaptations at workplace, to enable you to perform professional activities?
- YES .................................................................................................................. 1 □
- NO ...................................................................................................................... 2 □
- person refuses to answer .................................................................................... 3 □

#### 31. Because of daily difficulties previously mentioned, do you beneficicate of special conditions at workplace, to enable you to perform professional activities, such as:
- performing sedentary job;
- working at home;
- beneficicating of flexible hours;
- performing activities with less strenuous degree?
- YES .................................................................................................................. 1 □
- NO ...................................................................................................................... 2 □
- person refuses to answer .................................................................................... 3 □

*Filter 3*
II. Questions addressed to persons who are NOT working (unemployed or inactive persons)
(For verify if the person is working or not, see the Individual questionnaire: person who is NOT working has fulfilled in Q5 from IQ neither one of the codes 1÷6).

32. Daily difficulties previously mentioned could cause you limitation in working with full-time?
- YES .................................................................................................................. 1☐
- NO .................................................................................................................... 2☐
- person refuses to answer .................................................................................. 3☐

33. Daily difficulties previously mentioned could cause you limitation in performing some types of works, such as:
- sitting for a long period of time;
- working outdoors;
- carrying heavy loads etc.?
- YES .................................................................................................................. 1☐
- NO .................................................................................................................... 2☐
- person refuses to answer .................................................................................. 3☐

34. Daily difficulties previously mentioned could cause you limitation in getting to/from the workplace?
- YES .................................................................................................................. 1☐
- NO .................................................................................................................... 2☐
- person refuses to answer .................................................................................. 3☐

The next 3 questions (Q35-Q37), refers to help/support ways of which persons with difficulties in carrying out their daily activities, would need for performing their professional activity. Those could be:
- personal assistance, meaning help/support offered by the family members, relatives, friends, colleague, for performing the professional activity;
- provision of special technical equipments (for example: printers in Braille system (for blind persons) or workplace adaptations (for example: ramps and handrails, ergonomic chair etc.);
- special working arrangements (for example: flexible or phased programme, sedentary work etc.).

35. Because of daily difficulties previously mentioned, would you need to beneficiate of personal assistance, meaning support offered by family members, friends or colleagues, that would enable you to perform professional activities?
- YES .................................................................................................................. 1☐
- NO .................................................................................................................... 2☐
- person refuses to answer .................................................................................. 3☐

36. Because of daily difficulties previously mentioned, would you need to beneficiate of special equipments or special adaptations at workplace, that would enable you to perform professional activities?
- YES .................................................................................................................. 1☐
- NO .................................................................................................................... 2☐
- person refuses to answer .................................................................................. 3☐

37. Because of daily difficulties previously mentioned, would you need to beneficiate of special conditions at workplace, that would enable you to perform professional activities, such as:
- performing sedentary job;
- working at home;
- beneficiating of flexible hours;
- performing activities with less strenuous degree?
- YES .................................................................................................................. 1☐
- NO .................................................................................................................... 2☐
- person refuses to answer .................................................................................. 3☐
### OTHER CAUSES FOR LIMITATION IN WORK

**FILTER 3**

- If persons is working → Q38
- If person is NOT working → Q39

#### I. Questions addressed to persons who are working (employed persons)

(For verify if the person is working or not, see the Individual questionnaire: person who is working has fulfilled in Q5 from IQ with one of the codes 1-6).

38. Independent of health problems or daily difficulties, previously mentioned (to Q1 and to Q15-Q24), which is the main reason for limitation in work?

For example:
- to perform certain professional activities;
- to work the wished number of hours;
- to go to/from workplace.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>lack of necessary qualification or experience</td>
<td>1</td>
</tr>
<tr>
<td>lack of appropriate job opportunities</td>
<td>2</td>
</tr>
<tr>
<td>lack or poor transportation to and from workplace</td>
<td>3</td>
</tr>
<tr>
<td>employer’s lack of flexibility</td>
<td>4</td>
</tr>
<tr>
<td>affects receipt of benefits</td>
<td>5</td>
</tr>
<tr>
<td>family/caring responsibilities</td>
<td>6</td>
</tr>
<tr>
<td>personal reasons</td>
<td>7</td>
</tr>
<tr>
<td>other reason</td>
<td>8</td>
</tr>
<tr>
<td>person have not difficulties in professional activity</td>
<td>9</td>
</tr>
<tr>
<td>person refuses to answer</td>
<td>10</td>
</tr>
</tbody>
</table>

#### II. Questions addressed to persons who are NOT working (unemployed or inactive persons)

(For verify if the person is working or not, see the Individual questionnaire: person who is NOT working has fulfilled in Q5 from IQ neither one of the codes 1-6).

39. Independent of health problems or daily difficulties, previously mentioned (to Q1 and to Q15-Q24), which is the main reason for limitation in work?

For example:
- to perform certain professional activities;
- to work the wished number of hours;
- to go to/from workplace.

<table>
<thead>
<tr>
<th>Reason</th>
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</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>other reason</td>
<td>8</td>
</tr>
<tr>
<td>person have not difficulties in professional activity</td>
<td>9</td>
</tr>
<tr>
<td>person refuses to answer</td>
<td>10</td>
</tr>
</tbody>
</table>

40. The data and the duration of the interview?

- the day ................................................................. ZIC
- the month ............................................................. LUNC
- the duration of the interview ................................................ MINC

*Thank you for the interview!*