Annex 2b

EU's supplement to occupational accidents and work-related health problems 2007

Introduction: I will now ask some questions that deal with occupational accidents (personal injuries as a result of work), work-related health problems and various health risks at the workplace. These questions have been asked to all EU countries during this year.

TO INTERVIEWERS: According to a decision by the EU Commission, all member states shall present information on these kinds of problems. Sweden has collected this type of information since 1991 via the survey on Work related disorders. To make a comparison among EU countries, the same variables must be collected in all countries. Eurostat has decided which variables that are to be collected.

TO IVE: PLEASE NOTE! no indirect interviews. Code alternative 7 as below.

1 INTERVIEW

NON-RESPONSE OF QUESTIONS
9 REFUSALS
8 LANGNWGE DIFFICULTIES
7 OTHER (INCLUDING INDIRECT INTERVIEWS)

Employed or Category WY (not working but have worked during the past year)

F1 Here are some questions that deal with occupational accidents that occurred during the last 12 months.

Have you suffered an accident at work or in connection with work during the last 12 months? Do not include accidents to and from work, but do include accidents during business trips

1 Yes → F2
2 No → F7 pn (partial non-response)→ F7

F2 How many occupational accidents have you suffered in the last 12 months?

1 One → F3a
2 Two or more → F3aa pn → F3a/aa

F3a Was it a traffic accident or another type of accident?
F3aa Was the most recent accident a traffic accident or another accident?

1 Traffic accident
2 Other accident pn→ F4a/F4b/F4c

Employed without secondary occupation → F4a
Employed with secondary occupation → F4b
Category WY → F4c

Employed without secondary occupation  F4a
Did your accident (the most recent one) occur in your current occupation or occupation you had previously?

1  Current occupation → F5
2  Previous occupation → F4d  → F5

Employed with secondary occupation  F4b

F4a  Did your accident (the most recent one) occur in your current occupation, in your current secondary occupation or occupation you had previously?

1  Current main occupation → F5
2  Current secondary occupation → F5
3  Previous job → F4d  → F5

Category WY

F4c  Did your accident (the most recent one) occur in your most recent occupation or some occupation you had previously?

1  Most recent occupation → F5
2  Previous job → F4d  → F5

Employed or Category WY

F4d  Were you working one year ago, i.e. in the "topical month" of 2006?

1  Yes → F5
2  No → F5  → F5

Employed or Category WY

F5  Were you absent at all from work because of your accident?

All absenteeism - (e.g. doctor’s care at hospitals/clinics/emergency wards etc), even if for only a few hours is included as absenteeism and is marked YES.

1  Yes
2  No → F7  → F7

Employed or Category WY

F6a  When were you able to go back to work after the accident?

1  Still absent from work → F6b
2  Same day as the accident → F7
3  1 day after the accident → F7
4  2 days after the accident → F7
5  3 days after the accident → F7
6  4 days after the accident → F7
7  5 days but less than 2 weeks after the accident → F7
8  2 weeks - less than 1 month after the accident → F7
9  1 month - less than 3 months after the accident → F7
10  3 months - less than 6 months after the accident → F7
11  6 months - less than 9 months after the accident → F7
INTRO: The following questions deal with diseases and disorders that are work-related. Questions F7-F16 deal with diseases, handicaps or other physical or mental disorders/health problems (NOT INJURIES THAT ARE THE RESULT OF AN OCCUPATIONAL ACCIDENT, see page 12 in this instruction re definition of occupational accident) that the person has suffered during the past 12 months (prior to the interview) and that have been caused or worsened by work.

Mental disorders can for example be stress, poor relationships at work, depression, anxiety. We know that the term can be sensitive, but try to clarify for the interviewee that we mean disorders other than physical ones.

**F7-10**

Given to employed persons, Category WY and Category NW (not working but have worked some during the last 8 years) who have had work at some time

*If YES for F1*

**F7a** In addition to the accident you have already mentioned, have you had any physical or mental disorders during the last 12 months that were caused by or worsened by your work?

*If NO for F1 or CATEGORY NW*

**F7 aa** Have you had any physical or mental disorders during the last 12 months that were caused by or worsened by your work?

Does not refer to occupational accidents

1 Yes
2 No → F17 (Employed)/Finish (Others)

*F8* Have you had any physical or mental disorders during the last 12 months that were caused by or worsened by your work?

1 One → F9a
2 Two or more → F9aa

*F8=1*

**F9a** What type of sickness/disorder have you had?
What type of sickness/disorder have you had? Give the one that was most serious

1. Musculoskeletal disorders mainly caused by disorders of neck, shoulders, arms or hands
2. Musculoskeletal disorders mainly caused by disorders of hips, legs or feet
3. Musculoskeletal disorders mainly caused by disorders of back
4. Breathing or lung disorders
5. Skin disorders
6. Hearing problems
7. Stress, depression or anxiety
8. Headache and/or eye strain
9. Heart disease, heart attack or other circulatory problems
10. Infectious diseases (viral, bacterial or other types of infections)
11. Other types of disorders

Has the disorder you have given involved limitations for you to carry out your work or normal daily life? Include all limitations both within and outside working life.

1. Yes
2. No

Have these limitations involved considerable limitations or lesser limitations?

Example: If a skin problem that has been caused by or worsened by work and this skin problem considerably limits daily activities, it is coded as 1 = Considerably

1. Considerably
2. Less

Have you ever been absent from work (fully/partially) during the last 12 months because of your disease/disorder?

We are only interested in measuring absenteeism during the most recent 12-month period. Any absenteeism before that period shall not be included. Nor should any time spent on sick leave after the interview.

1. Yes
2. No
**F12** How many days (during the last 12 months) were you absent from work because of the disorder you have given?

1. Still away due to disorder → F13a (Empl)/F13b (CATEGORY WY)
2. Less than 1 day or not at all
3. At least 1 day but less than 4 days
4. At least 4 days but less than 2 weeks
5. At least 2 weeks but less than 1 month
6. At least 1 month but less than 3 months
7. At least 3 months but less than 6 months
8. At least 6 months but less than 9 months
9. 9 months or more

**ALTERNATIVES: 2-9 → 6B/C (Empl)/F16a (Category WY)**

**F13a** Do you think you can return to work (completely) after this absence?

1. Yes → F15
2. No → F15
3. Do not know → F15

Category WY

**F13b** Will these disorders make it difficult for you to start work again?

1. Yes → F15
2. No → F15
3. Do not know → F15

Employed → F16b/c

Category WY → F16a

**Category NW who has worked some time before**

**F14a** You have not worked during the last 12 months. Is this because of the disorder you have just described?

1. Yes → F14b
2. No → Finish

**F14b** Do you think that your disorder will prevent you from coming back to work again?

**PLEASE NOTE: Check this question carefully since No has alt 1**

1. NO → F15
2. YES → F15 → pn F15

**Category NW who has worked some time during the last eight years**

**F15** Have these disorders become worse or been caused by the work you have had?

1. Yes → F16a
2. No → Finish
Category WY and Category NW who have worked some time during the last eight years

F16a Were your disorders caused by or worsened in your most recent job or in some job you had previously?

1 Most recent job \( \rightarrow \) Finish
2 Previous job \( \rightarrow \) F16d Category WY/Finish CATEGORY NW

Employed without secondary occupation

F16b Were your disorders caused by or worsened in your most recent job or in some job you had previously?

1 Current job \( \rightarrow \) F17
2 Previous job \( \rightarrow \) F16d Pn \( \rightarrow \) F17

Employed with secondary occupation

F16a Did your disorders occur or worsen in your current occupation, in your current secondary occupation or occupation you had previously?

1 Current principal occupation \( \rightarrow \) F17
2 Current secondary occupation \( \rightarrow \) F17
3 Previous job \( \rightarrow \) F16d Pn \( \rightarrow \) F17

Employed, CATEGORY WY

F16d Were you working one year ago, i.e. in the "topical month" of 2006?

1 Yes \( \rightarrow \) F17 (Empl) Other/Finish
2 No \( \rightarrow \) F17 (empl) Other/Finish

F17-F18 Have you been subjected to any of the following factors in your work that could have a negative influence on your mental well-being?

PLEASE NOTE: IF ONLY ONE ALTERNATIVE COMES UP THE INTERVIEWEE DOES NOT GET F18. THEN CODE F17 AS =F18

F17a Harassment or bullying?
1 YES
2 NO

F17b Violence or threat of violence?
1 YES
2 NO

F17c Time pressure or too heavy a workload?
1 YES
2 NO

If YES on two or more of F17a-F17c \( \rightarrow \) F18

OTHERWISE \( \rightarrow \) F19
F18 Which of the factors you have given are you especially subjected to?

ONLY ONE ANSWER TO BE GIVEN

1  Harassment or bullying
2  Violence or threat of violence
3  Time pressure or too heavy a workload

F19 Have you been subjected to any of the following factors in your work that could have a negative influence on your physical health?

PLEASE NOTE: IF ONLY ONE ALTERNATIVE COMES UP THEN THE INTERVIEWEE DOES NOT GET F20. THEN CODE F19 AS =F20

f19A Chemicals, dust, fire, smoke or gases
1  YES
2  NO

F19B Noise and vibrations
1  YES
2  NO

F19c Troublesome working postures, working movements or heavy lifting
1  YES
2  NO

F19d Risk of being subjected to occupational accidents
1  YES
2  NO

If YES on two or more of F19a-19d=F20  OTHERWISE=FINISH

ONLY ONE ANSWER TO BE GIVEN

F20 Which of the factors you have given are you particularly subjected to?

1  Chemicals, dust, fire, smoke or gases=FINISH
2  Noise and vibrations= FINISH
3  Troublesome working postures, working movements or heavy lifting=FINISH
4  Risk of being subjected to occupational accidents=FINISH