



<h2 style="margin: 0;">EMPLOYMENT OF DISABLED PEOPLE</h2> <p style="margin: 0;">Annex – Module of Labour Force Survey in 2nd quarter of 2011</p>	<h2 style="margin: 0;">1-LFS</h2> <h3 style="margin: 0;">Annex 4 (2011)</h3>
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16.04.2010. Commission Regulation (EU) No 317/2010

VSPARK 10516008

Questionnaire form (aged 15 to 64 years)

A'01. Code of populated area (according to list):

A'02. Household No (according to list):

A'02a. Sequence No of the household members:

A'04 Date of interview:

Day Month Year

***Note for the interviewers!* Further questions on your health condition and problems causing limitation in your daily life or work will follow!**

Q1 Do you suffer from any of these longstanding health conditions or diseases lasting or expected to last for 6 months or longer?

Card Q1

	1. Yes	2. No	8. Don't know	9. Refuse to answer
01 Problems with arms or hands (which includes arthritis, rheumatism)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02 Problems with legs or feet (which includes arthritis, rheumatism)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03 Problems with back or neck (which includes arthritis, rheumatism)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04 Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05 Skin conditions (including allergic reactions, severe disfigurement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06 Heart, blood pressure or circulation problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07 Chest or breathing problems (including asthma, bronchitis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08 Stomach, liver, kidney or digestive problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09 Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Epilepsy (include fits)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Severe headache such as migraine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Learning difficulties (reading, spelling or math disability)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Chronic anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Other mental or emotional problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Other progressive illnesses (including multiple sclerosis, HIV/AIDS, Alzheimer's disease, Parkinson's disease)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Other longstanding health problems	<input type="checkbox"/> →Q1a	<input type="checkbox"/> →Q1b	<input type="checkbox"/> →Q1b	<input type="checkbox"/> →Q1b

Q1a Could you specify other longstanding health conditions you suffer from!

(write in the health conditions)

8 Don't know

9 Refuse to answer

} → Q1b

Q1b Note for the interviewers!

If in Q1=01–17 **one** answer is “Yes” (1), go to → Q3

If in Q1=01–17 two or more answers are “Yes” (1), go to → Q2

If in Q1=01–17 **all** answers are “No” (2) or “Don't know” (8), or “Refuse to answer” (9), go to → Q3

Q2 Which of the mentioned longstanding health conditions or diseases you consider as being the most severe? Please indicate 2, starting with the most severe one!

See the code of the longstanding health conditions or diseases in question Q1!

2.1. Code of the most important longstanding health condition or disease

2.2. Code of the second most important longstanding health condition or disease

8 Don't know

9 Refuse to answer

} → Q3

Q3 Do you have permanent/ longstanding difficulties with any of the following basic activities?

Card Q3

1. Yes

2. No

8. Don't know

9. Refuse to answer

01 Seeing, even if wearing glasses

02 Hearing, even if using a hearing aid

03 Walking, climbing steps

04 Sitting or standing

05 Remembering, concentrating

06 Communicating, Understanding or being understood

07 Reaching, stretching

08 Lifting and carrying

09 Bending

10 Holding, gripping or turning

Q3a Note for the interviewers!

If in Q3=01–10 **one** answer is “Yes” (1), go to → Q4a

If in Q3=01–10 two or more answers are “Yes” (1), go to → Q4

If in Q3=01–10 **all** answers are “No” (2) or “Don't know” (8), or „Refuse to answer” (9), go to → Q4a

Q4 Which of the mentioned permanent/ longstanding activity difficulties you consider as being the most severe? Please indicate 2, starting with the most severe one!

See the code of the activity difficulties in question Q4!

4.1. Code of the most important difficulty

4.2. Code of the second most important difficulty

8 Don't know

9 Refuse to answer

} → Q4a

Q4a Note for the interviewers!

If in Q1=01–17 at least one answer is “Yes” (1) or in Q3=01–10 at least one answer is “Yes” (1), go to →Q4b

If in Q1=01–17 all answers are “No” (2) or “Don't know” (8), or “Refuse to answer” (9) **and** in Q3=01–10 all answers are “No” (2) or “Don't know” (8), or “Refuse to answer” (9), go to →Q12a

Q9s Do(es) your longstanding health condition(s) or disease(s) or permanent/ longstanding activity difficulty(ies) cause(s) limitation in getting to and from work?

- 1 Yes → Q10s
 - 2 No
 - 8 *Don't know*
 - 9 *Refuse to answer*
- } → Q11s

Q9n Would your longstanding health condition(s) or disease(s) or permanent/ longstanding activity difficulty(ies) cause limitation in getting to and from work?

- 1 Yes → Q10n
 - 2 No
 - 8 *Don't know*
 - 9 *Refuse to answer*
- } → Q11n

Q10s What causes limitation in getting to and from work?

- 1 Longstanding health condition(s) or disease(s)
 - 2 Permanent/ longstanding activity difficulty(ies)
 - 3 Both, longstanding health condition(s) or disease(s) and permanent/ longstanding activity difficulty(ies)
 - 8 *Don't know*
 - 9 *Refuse to answer*
- } → Q11s

Q10n What would cause limitation in getting to and from work?

- 1 Longstanding health condition(s) or disease(s)
 - 2 Permanent/ longstanding activity difficulty(ies)
 - 3 Both, longstanding health condition(s) or disease(s) and permanent/ longstanding activity difficulty(ies)
 - 8 *Don't know*
 - 9 *Refuse to answer*
- } → Q11n

Q11s Because of the longstanding health condition(s) or disease(s) or permanent/ longstanding activity difficulty(ies) cause(s) do(es) you:

	1. Yes	2. No	8. <i>Don't know</i>	9. <i>Refuse to answer</i>	
1 Use personal assistance to enable you to work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	} → Q12
2 Use special equipment or have workplace adaptations to enable you to work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 Have special working arrangements to enable you to work (such as, sedentary jobs, teleworking, flexible hours or less strenuous work)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Q11n Because of the longstanding health condition(s) or disease(s) or permanent/ longstanding activity difficulty(ies) cause(s) do(es) you:

	1. Yes	2. No	8. <i>Don't know</i>	9. <i>Refuse to answer</i>	
1 Need personal assistance to enable you to work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	} → Q12
2 Need special equipment or workplace adaptations to enable you to work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 Need special working arrangements to enable you to work (such as, sedentary jobs, teleworking, flexible hours or less strenuous work)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Q12	Is there any reason for limitation in work you can/ could do?
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- 1 Yes → Q13
 - 2 No
 - 8 *Don't know*
 - 9 *Refuse to answer*
- } → End of the interview

Q12a	Is there any reason for limitation in work you can/ could do?
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- 1 Yes → Q13
 - 2 No
 - 8 *Don't know*
 - 9 *Refuse to answer*
- } → End of the interview

Q13	What is the main reason for limitation in work you can/ could do?
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- 1 Lack of qualifications/ experience
 - 2 Lack of appropriate job opportunities
 - 3 Lack or poor transportation to and from workplace
 - 4 Employers' lack of flexibility
 - 5 Affects receipt of benefits
 - 6 Family/ caring responsibilities
 - 7 Personal reasons
 - 8 Other → Q13a
 - 98 *Don't know* → End of the interview
 - 99 *Refuse to answer* → End of the interview
- } → End of the interview

Q13a	Could you specify the reason for limitation in work you can/ could do?
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- _____
- (write in the reason for limitation in work person can/could do)*
- 8 *Don't know*
 - 9 *Refuse to answer*
- } → End of the interview