

Survey on accidents at work and work-related health problems

(AD HOC MODULE ENOTHTA OF LABOUR FORCE SURVEY 2nd QUARTER 2007)

Question 96 should be addressed to persons that are working or have worked during last 12 months

A/α	Questions - Answers	Codes	Questionnaire flow	Seq. number of household member						Kωδ. H/Y
96)	During the last 12 months, have you had any accident resulting in injury at your work? (If the respondent had a traffic accident while going of returning from his/her job the answer should be NO, but if the accident happened at the place of job (even if the person was not working at the time) the answer should be YES.)									
	– YES.....	1	→ 97							
	– NO.....	2	→ 103							
	– DO NOT KNOW/DO NOT ANSWER	3	→ 103						1105	
97)	How many accidents did you have in your job during the last 12 months;									
	– One	1	↓							
	– Two or more.....	2							1106	
If the respondent had more than one accident, in questions 98 - 102 must answer for the more recent accident										
98)	What was the reason of this accident?									
	– Traffic accident in work place or in the course of work εργασίας.....	1	↓							
	– Other reason.....	2								
	– DO NOT KNOW/DO NOT ANSWER.....	3							1107	
99)	What was your job when you had that accident?									
	– Current main job.....	1								
	– Current second job.....	2								
	– Last job (for person that are not working).....	3	↓							
	– Job one year ago.....	4								
	– Some other job.....	5								
	– DO NOT KNOW/DO NOT ANSWER.....	6							1108	
100)	Did you have to stop working, even for one day, because of that accident?									
	– Yes.....	1	→ 101							
	– No.....	2	→ 103							
	– DO NOT KNOW/DO NOT ANSWER.....	3	→ 103						1109	

A/α	Questions - Answers	Codes	Questionnaire flow	Seq. number of household member						Kωδ. H/Y
101)	After how many days did you return to your job;									
	– I did not return yet but I will return in the future.....	1	} 103							
	– I did not return and I don't think I will never work again because λόγω του ατυχήματος.....	2								
	– One day after the accident.....	3								
	– Two days after the accident.....	4								
	– Three days after the accident.....	5								
	– Four days after the accident.....	6								
	– Five days after the accident.....	7								
	– Six or more days after the accident.....	8	→ 102							
	– DO NOT KNOW/DO NOT ANSWER.....	9	→ 103						1110	

A/α	Questions - Answers	Codes	Questionnaire flow	Seq. number of household member						Κωδ. Η/Υ
102) Can you tell us, more accurately, how many days after the accident did you return to your job?										
	– After 6 days, at least, but less than 2 weeks.....	1	↓							
	– After 2 weeks at least but less than one month.....	2								
	– After 1 month at least, but less than 3 months.....	3								
	– After 3 months at least, but less than 6 months.....	4								
	– After 6 months at least, but less than 9 months.....	5								
	–9 months at least or more.....	6								
	–DO NOT KNOW/DO NOT ANSWER.....	7								1111
Questions 103 - 110 should be addressed to persons that are working or have worked in the past										
103) Apart any accident we allready talk about, did you suffer during the last 12 months from any health problem (illness, disability or other physical or mental problem?)										
	– Yes once.....	1	} 104 } Filter 1							
	– Yes two or more times.....	2								
	– No.....	3								
	– DO NOT KNOW/DO NOT ANSWER.....	4								1112
104) Do you think that any of that problems was caused or made worse by your job (current job or a job you had in the past)?										
	– Yes.....	1	⇒ 105 } Filter 1							
	– No.....	2								
	– DO NOT KNOW/DO NOT ANSWER.....	3								1113
105) Can you describe what was that problem that was caused or got worse by your job (you can tell us about 2 problems at maximum)?										
	– Bone, joint or muscle problem which mainly affects neck , shoulders, arms or hands	01	↓							
	– Bone, joint or muscle problem which mainly affects hips, legs, feet	02								
	– Bone, joint or muscle problem which mainly affects back	03								2114
	– Breathing or lung problem	04								
	–Skin problem.....	05								
	–Hearing problem	06								
	– Stress, depression or anxiety	07								
	– Headache and/or eyestrain	08								
	– Heart disease or attack, or other problems in the circulatory sys	09								2115
	– Infectious disease (virus, bacteria or other type of infection)	10								
	– Other	11								
	– DO NOT KNOW/DO NOT ANSWER.....	12								

A/α	Questions - Answers	Codes	Questionnaire flow	Seq. number of household member						Κωδ. Η/Υ

If the respondent reports only one problem go to Question 107, or else, go to Question 106

106) Which was the most important of these problems? – (Write the relevant code from Question 105).....											↓							2116	
107) Which was the job that caused or made worse that health problem? – Current main job..... – Current second job..... – Last job (for person that are not working)..... – Job one year ago..... – Some other job..... – DO NOT KNOW/DO NOT ANSWER.....											1 2 3 4 5 6	↓							1117
108) Can you tell us whether that health problem is posing limits to you when you carry out normal daily activities in your work or in your life? –Not at all..... – Yes to some degree..... – Yes a lot..... – DO NOT KNOW/DO NOT ANSWER.....											1 2 3 4	↓							1118
109) During last 12 months, did you have to leave from your job, because of this health problem that you reported? – Yes, I had to leave from my job..... – No I did not have to leave from my job..... – I was not working during last 12 months, but for reasons that were not related with my health problem..... – I stopped working because of that health problem and I do not believe I will work again..... – DO NOT KNOW/DO NOT ANSWER.....											1 2 3 4 5	→ 110 } Filter 1 } End } Filter 1							1119
110) Can you tell us, how much time off work have you had during the last 12 months because of this illness? – At least one day but less than four days..... – At least 4 days but less than two weeks..... – At least two weeks but less than one month..... – At least one month but less than 3 months..... – At least 3 months but less than 6 months..... – At least 6 months but less than 9 months..... – At least nine months or more..... – DO NOT KNOW/DO NOT ANSWER.....											01 02 03 04 05 06 07 08	↓							2120
FILTER 1: If the respondent works, continue with the Questions 111-118, or else, complete the interview.																			
111) Are you exposed to harassment or bullying at your workplace that can adversely affect your mental well-being ? – Yes..... – No..... – DO NOT KNOW/DO NOT ANSWER.....											1 2 3	↓							1121

A/α	Questions - Answers	Codes	Questionnaire flow	Seq. number of household member						Kωδ. H/Y
112) Are you exposed to violence or threat of violence at your workplace that can adversely affect your mental well-being ?										
	– Yes.....	1	↓							
	– No.....	2								
	– DO NOT KNOW/DO NOT ANSWER.....	3							1122	
113) Are you exposed to time pressure or overload of work at your workplace that can adversely affect your mental well-being ?										
	– Yes.....	1	↓							
	– No.....	2								
	– DO NOT KNOW/DO NOT ANSWER.....	3							1123	
If the respondent answers YES to two or three of the Questions 111-113 go to Question 114, or else go to Question 115.										
114) Which of these problems affects you more?										
	– Harassment and bullying	1	↓							
	– Violence or threat of violence	2								
	– Time pressure or overload of work	3								
	– DO NOT KNOW/DO NOT ANSWER.....	4							1124	
115) Are you particularly exposed to chemicals, dusts, fumes, smoke or gases at your workplace that can adversely affect your health ?										
	– Yes.....	1	↓							
	– No.....	2								
	– DO NOT KNOW/DO NOT ANSWER.....	3							1125	
116) Are you particularly exposed to noise or vibration at your workplace that can adversely affect your health ?										
	– Yes.....	1	↓							
	– No.....	2								
	– DO NOT KNOW/DO NOT ANSWER.....	3							1126	
117) Are you exposed to difficult work postures, work movements or handling of heavy loads at your workplace that can adversely affect your health?										
	– Yes.....	1	↓							
	– No.....	2								
	– DO NOT KNOW/DO NOT ANSWER.....	3							1127	
118) Are you particularly exposed to risk of accidents at your workplace that can adversely affect your health?										
	– Yes.....	1	↓							
	– No.....	2								
	– DO NOT KNOW/DO NOT ANSWER.....	3							1128	
If the respondent answers YES to two or more of the Questions 115-118, go to question 119, or else complete the interview.										
119) Which of these problems do you consider as the most dangerous for your health?										
	– Chemicals, dusts, fumes, smokes or gases	1	END							
	– Noise or vibration.....	2								
	– Difficult work postures, work movements or handling of heavy loads.....	3								
	– Risk of accidents.....	4								
	– DO NOT KNOW/DO NOT ANSWER.....	5							1129	