

QUESTION 10. How many such health problems did you have during the last 12 months>

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

!If the respondent suffered from more than one problem, the following questions refer to the most important

QUESTION 11. Can you describe this health problem?

- Bone, joint or muscle problem:
Mainly in neck, shoulders, arms or hands..... 1
Mainly in legs..... 2
Mainly in the back..... 3
Breathing or lung problem..... 4
Skin problem 5
Hearing problem 6
Stress, depression or anxiety..... 7
Headache and/or eyestrain..... 8
Heart disease or attack, or other problems of circulatory system..... 9
Infectious disease (virus, bacteria or other type of infection) 10
Stomach, liver, kidney or digestive problem..... 11
Other problem..... 12
Do not know/do not answer..... 13

QUESTION 12. Would you say this health problem limits your ability to carry out day to day activities?

- Yes, to a grate extent.....1
Yes, to some extent2
No.....3
Do not know/do not answer4

QUESTION 13. What was the job that caused or made worse this health problem?

- The current main job.....1
The current second job.....2
The job you had 1 year ago.....3
Some other job.....4
I do not know/do not answer.....5

QUESTION 14. Did you have to miss a whole day of work because of this health problem?

- Yes.....1 → QUESTION 15
No2 → QUESTION 17

QUESTION 15. How many days you did not work because of this health problem?

1. I do not know because I am still recovering and I have not return to work.....1 → QUESTION 16

2. Number of days of work that were lost...|_|_| → QUESTION 17

3. Or, (if he/she cant say the exact days) Number of weeks that were lost...|_|_| → QUESTION 17

4. Or, (if he/she cant say the exact days) Number of months that were lost.|_|_| → QUESTION 17

QUESTION 16. Do you think that you are going to work again?

- Yes.....1
No2
I do not know.....3

QUESTION 17. Do you think that in your main job you are exposed in any of the following factors that affect your physical health?

1. Difficult postures or movements.....YES1 NO2
2. Handling heavy loads.....YES1 NO2
3. Loud noises or vibrations.....YES1 NO2
4. Chemicals, dust, fumes, smoke or gases.....YES1 NO2
5. Intense visual concetration.....YES1 NO2
6. Risk of accidents.....YES1 NO2

!If the respondent answered YES in more than 1 case, continue with Question 18, or else with Question 19

QUESTION 18. Which of these factors do you consider most dangerous for your physical health?

- Code of factor (1 to 5) from Question 17.....|_|

QUESTION 19. Do you think that in your main job you are exposed in any of the following factors that affect your mental?

1. Time pressure of work overload.....YES 1 NO 2
2. Violence or threat of violence.....YES 1 NO 2
3. Harassment or bullying.....YES 1 NO 2

! Αν ο ερευνώμενος απάντησε YES σε 2 ή 3 περιπτώσεις, συνεχίστε με το Ερώτημα 20, διαφορετικά ολοκληρώστε τη συνέντευξη

QUESTION 20. Which of these factors do you consider most dangerous for your mental health?

Code of factor (1 to 3) from Question 19.....|_|

! The following questions are addressed to persons that are not working

QUESTION 21. During the last 12 months, have you had any accident resulting in injury at your work? Please do not take in to account any accident that took place while commuting to (or from work

- Yes.....1 → QUESTION 22
- No.....2 → QUESTION 28

QUESTION 22. How many times were you injured during your work in the last 12 months?;

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

! If the respondent was injured more than once, the following questions refer to the most recent accident

QUESTION 23. Was this accident a road accident?

- Yes1
- No2

QUESTION 24. What was your job when this accident happen?

- The last job.....1
- The job you had 1 year ago.....2
- Some other job.....3
- I do not know/do not answer.....4

QUESTION 25. Is the reason that you do not work any more, this accident?

- Yes.....1 → QUESTION 26
- No.....2 → QUESTION 27

QUESTION 26. Do you think that you are going to work again?

- Yes.....1 → QUESTION 28
- No2 → QUESTION 28
- I do not know.....3 → QUESTION 28

QUESTION 27. How many days you did not work because of this accident?

1. Number of days of work that were lost.....|_|_|

2. Or, (if he/she cant say the exact days) Number of weeks that were lost|_|

3. Or, (if he/she cant say the exact weeks) Number of months that were lost ...|_|

QUESTION 28. Apart any accident, did it happen during the last 12 months to suffer from a health problem (physical or mental)?

- Yes.....1 → QUESTION 29
- No.....2 → END

QUESTION 29. Do you believe that any of these health problems was caused of got worse because of your job (the last one, or any job you had in the past)?

- Yes.....1 → QUESTION 30
- No.....2 → END

QUESTION 30. How many such health problems did you have during the last 12 months>

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

! *If the respondent suffered from more than one problem, the following questions refer to the most important*

QUESTION 31. Can you describe this health problem?

- Bone, joint or muscle problem:
Mainly in neck, shoulders, arms or hands..... 1
Mainly in legs..... 2
Mainly in the back..... 3
Breathing or lung problem..... 4
Skin problem 5
Hearing problem 6
Stress, depression or anxiety..... 7
Headache and/or eyestrain..... 8
Heart disease or attack, or other problems of circulatory system..... 9
Infectious disease (virus, bacteria or other type of infection) 10
Stomach, liver, kidney or digestive problem..... 11
Other problem..... 12
Do not know/do not answer..... 13

QUESTION 32. Would you say this health problem limits your ability to carry out day to day activities?

- Yes, to a grate extent.....1
Yes, to some extent2
No.....3
Do not know/do not answer4

QUESTION 33. What was the job that caused or made worse this health problem?

- The last job.....1
The job you had 1 year ago.....2
Some other job.....3
I do not know/do not answer.....4

QUESTION 34. Is the reason that you do not work any more, this health problem?

- Yes.....1 → QUESTION 35
No.....2 → QUESTION 36

QUESTION 35. Do you think that you are going to work again?

- Yes.....1 → END
No.....2 → END
I do not know.....3 → END

QUESTION 36. How many days you did not work during the last 12 months because of this health problem?

- i**
1. Number of days of work that were lost.....|_|_|_|
2. Or, (if he/she cant say the exact days) Number of weeks that were lost.....|_|_|
3. Or, (if he/she cant say the exact weeks) Number of months that were lost.....|_|_|