

**SURVEY ON EMPLOYMENT OF PERSONS WITH HEALTH  
PROBLEMS  
(LFS AD HOC MODULE FOR YEAR 2011)**

**THE QUESTIONNAIRE SHOULD BE COMPLETED FOR ALL  
PERSONS 15 - 64 YEARS OLD**

*All Persons born from 1947 to 1995 are included in the survey. If a person was born in 1946 is included only if was born after the reference week while if a person was born in 1996 is included if was born before reference week*

PERSON ID: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

The following questions intend to investigate to what extent and for which reasons people are facing limitations in theirs employment. We will start examining any longstanding health problems you suffer from.

I would like to point out that we consider a health problem as longstanding if it last at least 6 months

**Question 1: Do you have any of the following health problems or disease?**

- |  |   |
|--|---|
| 01. Problems with arms or hands (which includes arthritis or rheumatism)   | 08. Stomach, liver, kidney or digestive problems  |
| 02. Problems with legs or feet (which includes arthritis or rheumatism)    | 09. Diabetes  |
| 03. Problems with back or neck (which includes arthritis or rheumatism)    | 10. Epilepsy (include fits)   |
| 04. Cancer   | 11. Severe headache such as migraine  |
| 05. Skin conditions, including allergic reactions and severe disfigurement | 12. Learning difficulties (reading, spelling or math disability)  |
| 06. Heart, blood pressure or circulation problems                          | 13. Chronic anxiety   |
| 07. Chest or breathing problems, including asthma and bronchitis           | 14. Depression  |
|  | 15. Other mental, nervous or emotional problems   |
|  | 16. Other progressive illnesses (which include multiple sclerosis, HIV, Alzheimer's disease, Parkinson's disease) |
|  | 17. Other longstanding health problems  |

Yes.....☐1→ Q. 2  
No.....☐2→ Q. 7

**Question 2. Which of the longstanding health problems that you have do you consider as being the most severe? Please indicate maximum 2, starting with the most severe one**

Code of the most severe problem.....|\_|\_|\_|  
Code of the second most severe problem.....|\_|\_|\_|

*For interviewer: With Questions 3 – 6b we want to check if the health problem has any consequences in respondent's job – either in his/her present job or (if he/she is not working) in a potential job.*

**Question 3: Does this health problem (or problems) limit the number of hours you can work?**

Yes.....☐1  
No.....☐2

**Question 4 Does this health problem (or problems) limit the kind of job you can do (for example, if you are not able to do a manual job or to work many hours with a computer, etc.)?**

Yes.....☐1  
No.....☐2

**Question 5: Does this health problem (or problems) limit you (or would pose limits if you were working) in getting to and from work?**

Yes.....☐1  
No.....☐2

*For interviewer: If the person is working, continue with Question 6a*

*If the person is not working, continue with Question 6b*

**Question 6a. Do you use any of the following in order to work, because of your health problem (or problems)?**

1. Personal assistance in the job: Yes.....☐1 No...☐2
2. Special equipment or workplace adaptations: Yes.....☐1 No...☐2
3. special working arrangements (for example, sedentary job, tele-working, flexible hours, less strenuous work: Yes.....☐1 No...☐2

*For interviewer -> Continue with Question 7*

**Question 6b. Does this most severe problem has as consequence to need any of the following in order to be able to work?**

1. Personal assistance in the job: Yes.....☐1 No...☐2
2. Special equipment or workplace adaptations: Yes.....☐1 No...☐2
3. special working arrangements (for example, sedentary job, tele-working, flexible hours, less strenuous work: Yes.....☐1 No...☐2

**Question 7. Do you have difficulties with any of the following basic everyday activities?**

- 01 Problem with seeing, even if wearing glasses
- 02 Problem with hearing, even if using a hearing aid
- 03 Problem to walk or to climb steps
- 04 Problem to sit or with standing
- 05 Problem to remembering or concentrate
- 06 Problem with communicating, for example understanding or being understood
- 07 Problem with reaching or stretching
- 08 Problem with lifting and carrying objects
- 09 Problem with Bending
- 10 Holding, gripping, or turning objects

Yes..... ☐1→ Q. 8  
No..... ☐2→ Q. 13

**Question 8. With which activities you have the most difficulty? Please indicate maximum 2, starting with the most severe one**

Code of the activity that causes the worst difficulty ..... | \_ | \_ |  
Code of the activity that causes the second difficulty ..... | \_ | \_ |

*For interviewer: With Questions 9 – 12b we want to check if the health problem has any consequences in respondent' s job – either in his/her present job or (if he/she is not working) in a potential job.*

**Question 9: Does this difficulty (or difficulties) limit the number of hours you can work?**

Yes..... ☐1  
No..... ☐2

**Question 10: Does this difficulty (or difficulties) limit the kind of job you can do (for example, if you are not able to do a manual job or to work many hours with a computer, etc.)?**

Yes..... ☐1  
No..... ☐2

**Question 11: Does this difficulty (or difficulties) limit you (or would pose limits if you were working) in getting to and from work?**

Yes..... ☐1  
No..... ☐2

*For interviewer: If the person is working, continue with Question 12a*

*If the person is not working , continue with Question 12b*

**Question 12a. Do you use any of the following in your work, because of this difficulty (or difficulties)?**

1. Personal assistance in the job: Yes.....☐1 No...☐2
2. Special equipment or workplace adaptations: Yes.....☐1 No...☐2
3. special working arrangements (for example, sedentary job, teleworking,  
flexible hours, less strenuous work: Yes.....☐1 No...☐2

*For interviewer -> Continue with Question 13*

**Question 12b. Does this difficulty (or difficulties) has as consequence to need any of the following in order to work?**

1. Personal assistance in the job: Yes.....☐1 No...☐2
2. Special equipment or workplace adaptations: Yes.....☐1 No...☐2
3. special working arrangements (for example, sedentary job, teleworking,  
flexible hours, less strenuous work: Yes.....☐1 No...☐2

**Question 13: Apart health problems, there are also other factors that can affect our ability to work. Can you tell me if there is any factor (apart health problems) that limits you in the work you can do? (The limitation can refer to the kind of job, the number of hours you can work, or the transportation to and from job.)**

Yes.....☐1→ Q. 14  
No.....☐2→ End

**Question 14: Which is the main factor that limits you in the work you can do?**

- Lack of qualifications/experience.....☐1
- Lack of appropriate job opportunities.....☐2
- Lack or poor transportation to and from workplace.....☐3
- Employers' lack of flexibility.....☐4
- Affects receipt of benefits.....☐5
- Family/caring responsibilities.....☐6
- Personal reasons.....☐7
- Other reason.....☐8