SURVEY ON ACCIDENT AT WORK AND HEALTH PROBLEMS THAT ARE RELATED TO WORK

Personal Questionnaire

| PERSON CODE: _ _ _ _ _ _ _ _ | 1_1 |
|---|--|
| Persons that are working answer 20, while persons that worked Questions 21 to 36. | d in the past answer to |
| QUESTION 1.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 | QUESTION 6. How many days you did not work because of this accident? 1. I do not know because I am still recovering and I have not return to work |
| One time | 4. Or, (if he/she cant say the exact days) Number of months that were lost. $ _ _ _ \rightarrow \text{QUESTION 8}$ |
| | |
| most recent accident | QUESTION 7. Do you think that you are going to work again? |
| QUESTION 3. Was this accident a road accident? Yes | |
| QUESTION 3. Was this accident a road accident? Yes | are going to work again? Yes |
| QUESTION 3. Was this accident a road accident? Yes | Yes |
| QUESTION 3. Was this accident a road accident? Yes | Yes |

| QUESTION 10. How many such health problems did you have during the last 12 months> | QUESTION 14. Did you have to miss a whole day of work because of this health problem? |
|--|--|
| One | Yes |
| Two or more \square 2 | No |
| If the respondent suffered from more than | QUESTION 15. How many days you |
| one problem, the following questions refere to the most important | <pre>did not work because of this health problem?</pre> |
| QUESTION 11. Can you describe | I do not know because I am still recovering and I have not |
| this health problem? | return to work |
| Para dalah samurah sahilara | recurr to work> QUESTION TO |
| Bone, joint or muscle problem: Mainly in neck, shoulders, arms or | 2. Number of days of work that were lost $ - - - \rightarrow QUESTION 17$ |
| hands | 3. Or, (if he/she cant say the |
| Mainly in legs 2 | exact days) Number of weeks that |
| Mainly in the back | were lost $ _ _ $ \rightarrow QUESTION 17 |
| Breathing or lung problem 4 | 4. Or, (if he/she cant say the |
| Skin problem | exact days) Number of months that |
| Hearing problem 6 | were lost. $ _ _ $ \rightarrow QUESTION 17 |
| Stress, depression or anxiety 7 | QUESTION 16. Do you think that you are going to work again? |
| Headache and/or eyestrain 8 Heart disease or attack, or other | Yes1 |
| problems of circulatory system 9 Infectious disease (virus, bacteria | No2 I do not know3 |
| or other type of infection) 10 Stomach, liver, kidney or digestive | QUESTION 17. Do you think that in your main job you are exposed in |
| problem 11 | any of the following factors that |
| Other problem 12 | affect your physical health? |
| Do not know/do not answer 13 | 1. Difficult postures or |
| QUESTION 12. Would you say this | movementsYES \square 1 NO \square 2 |
| health problem limits your ability to carry out day to day activities? | 2. Handling heavy loadsYES 1 NO 23. Loud noises or |
| Yes, to a grate extent1 | vibrationsYES \square 1 NO \square 2 4. Chemicals, dust, fumes, smoke or |
| Yes, to some extent2 | gasesYES 1 NO 2 |
| No3 | 5. Intense visual |
| Do not know/do not answer 4 | concetrationYES \square 1 NO \square 2 6. Risk of accidentsYES \square 1 NO \square 2 |
| QUESTION 13. What was the job | - |
| that caused or made worse this | If the respondent answered YES in |
| health problem? | more than 1 case, continue with Question 18, or else with Question 19 |
| The current main job \square 1 | gaestion 10, of cise with gaestion 15 |
| The current second job \square 2 | QUESTION 18. Which of these |
| The job you had 1 year ago \square 3 | factors do you consider most dangerous for your physical health? |
| Some other job $\square 4$ | |
| I do not know/do not answer | Code of factor (1 to 5) from Question 17 |

| QUESTION 19. Do you think that in your main job you are exposed in | QUESTION 24. What was your job when this accident happen? |
|--|---|
| any of the following factors that | The last job1 |
| affect your mental? | The job you had 1 year ago \square 2 |
| 1. Time pressure of work | Some other job \square 3 |
| overloadYES 1 NO 2 2. Violence or threat of | I do not know/do not answer |
| violenceYES 1 NO 2 3. Harassment or | QUESTION 25. Is the reason that you do not work any more, this accident? |
| bullyingYES 1 NO 2 | Yes1 \rightarrow QUESTION 26 |
| ! Αν ο ερευνώμενος απάντησε YES σε 2 ή | No2 \rightarrow QUESTION 27 |
| 3 περιπτώσεις, συνεχίστε με το Ερώτημα 20, διαφορετικά ολοκληρώστε τη συνέντευξη | QUESTION 26. Do you think that you are going to work again? |
| QUESTION 20. Which of these | Yes $1 \rightarrow $ QUESTION 28 |
| factors do you consider most dangerous for your menta health? | No |
| dangerous for your menta health? | |
| Code of factor (1 to 3) from Question 19 | QUESTION 27. How many days you did not work because of this accident? 1. Number of days of work that were lost |
| The following questions are | 2. Or, (if he/she cant say the |
| addressed to persons that are | exact days) Number of weeks that |
| not working | were lost _ _ |
| 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 | 3. Or, (if he/she cant say the exact weeks) Number of months that were lost _ _ |
| any accident that took place while commuting to (or from work | QUESTION 28. Apart any accident, did it happen during the last 12 |
| Yes $1 \rightarrow $ QUESTION 22 | months to suffer from a health |
| No2 \rightarrow QUESTION 28 | problem (physical or mental)? Yes |
| QUESTION 22. How many times were you injured during your work in the | No2 → END |
| last 12 months?; | QUESTION 29. Do you believe that |
| One time | any of these health problems was |
| Two or more $\square 2$ | caused of got worse because of your job (the last one, or any job you had in the past)? |
| If the respondent was injured more than | |
| once, the following questions refer to the most recent accident | Yes |
| QUESTION 23. Was this accident a road accident? | QUESTION 30. How many such health problems did you have during the last 12 months> |
| Yes1 | One |
| No2 | Two or more \square 2 |

| ! If the respondent suffered from more than | QUESTION 35. Do you think that |
|--|---|
| one problem, the following questions refer to | you are going to work again? |
| the most important | Yes1 \rightarrow END |
| QUESTION 31. Can you describe | No2 → END |
| this health problem? | I do not know $3 \rightarrow END$ |
| Bone, joint or muscle problem: | QUESTION 36. How many days you |
| Mainly in neck, shoulders, arms or | did not work during the last 12 |
| hands | months because of this health problem? |
| Mainly in legs 2 | ; |
| Mainly in the back 3 | 1 Number of Jean of seals that |
| Breathing or lung problem 4 | 1. Number of days of work that were lost |
| Skin problem 5 | 2. Or, (if he/she cant say the |
| Hearing problem6 | exact days) Number of weeks that |
| Stress, depression or anxiety 7 | were lost _ _ |
| Headache and/or eyestrain 8 Heart disease or attack, or other | 3. Or, (if he/she cant say the exact weeks) Number of months that |
| problems of circulatory system 9 Infectious disease (virus, bacteria | were lost |
| or other type of infection) 10 Stomach, liver, kidney or digestive | |
| problem11 | |
| Other problem | |
| 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 extent1 | |
| Yes, to some extent2 | |
| No | |
| Do not know/do not answer4 | |
| QUESTION 33. What was the job | |
| that caused or made worse this | |
| health problem? | |
| The last job \square 1 | |
| The job you had 1 year ago \square 2 | |
| Some other job 3 | |
| I do not know/do not answer | |
| | |
| QUESTION 34. Is the reason that you do not work any more, this health problem? | |
| Yes | |
| No | |