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

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Personal Questionnaire
PERSON CODE: |_|_|_|_|_|_|_|____ |_|_|_
Persons that are working answer to Question 1 to Question
20. Persons that worked during the last 12 months answer to
Question 21 to Question 28, while in Questions 28 to 36
answer all persons that worked in the past. A person who is
working and is older than 74, will answer only to Questions
17 to 20.
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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........................................... $\square 1 \rightarrow$ QUESTION 2
No ........................................... $\square 2 \rightarrow$ QUESTION 8
QUESTION 2. How many times were you injured during your work in the last
12 months?;
One time.................................................................... 11
Two or more............................................................... $\square_{2}$
! If the respondent was injured more than once, the following questions refer to the most recent accident

QUESTION 3. Was this accident a road accident?
$\qquad$

QUESTION 4. What was your job when this accident happen?

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The current main job............................\square1
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The current second job.......................... $\square 2$
Some other job.................................................■3
Did not answer................................................. 44

QUESTION 5. Did you miss a whole day of work because of this accident?
Yes........................................... $\square 1 \rightarrow$ QUESTION 6
No ........................................... $\square 2 \rightarrow$ QUESTION 8

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I do not know because I am still recovering and I have not return to my
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At least 1 day, but less than 4 days.........................................\square2->QUESTION 8
At least 4 days, but less than 2 weeks.......................................\square3 \ QUESTION 8
At least 2 weeks, but less than 1 month....................................\square4 \QUESTION 8
At least 1 month, but less than 3 months...................................}\square5->\mathrm{ \QUESTION 8
At least }3\mathrm{ months, but less than 6 months.................................}\square6->\mathrm{ QUESTION }
At least 6 months, but less than 9 months.....................................}\square7->QQUESTION 8*
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QUESTION 7. Do you think that you are going to work again?
Yes......................................................................... $\square 1$
No ........................................................................... 2
I do not know............................................... $\square 3$

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QUESTION 8. Apart any accident, did it happen during the last }12\mathrm{ months
to suffer from a health problem (physical or mental)?
Yes.
    |}->\mathrm{ QUESTION }
No ..........................................}\2->\mathrm{ QUESTION 17
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QUESTION 9. Do you believe that any of these health problems was caused of got worse because of your job (the current, or any job you had in the past)?


QUESTION 10. How many such health problems did you have during the last 12 months>
$\qquad$
! If the respondent suffered from more than one problem, the following questions refere to the most serious

## QUESTION 11. Can you describe this health problem?

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Bone, joint or muscle problem:
Mainly in neck, shoulders, arms or hands.......................................................................
Mainly in legs.
Mainly in the back3
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Breathing or lung problem. ..... 4
Skin problem. ..... $\square 5$
Hearing problem ..... 6
Stress, depression or anxiety ..... $\square$
Headache and/or eyestrain. ..... 8
Heart disease or attack, or other problems of circulatory system. ..... $\square$
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 ..... $\square 1$
Yes, to some extent ..... $\square 2$
No. ..... $\square 3$
Do not know/do not answer

$\qquad$ ..... $\square$
QUESTION 13. What was the job that caused or made worse this health problem?
The current main job ..... $\square 1$
The current second job ..... $\square 2$
Some other job ..... $\square 3$
I do not know/do not answer. ..... $\square$
QUESTION 14. Did you have to miss a whole day of work because of thishealth problem?
Yes.

$\qquad$
$\square 1 \rightarrow$ QUESTION ..... 15
No ..... $\square 2 \rightarrow$

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QUESTION 15. How many days you did not work because of this health
problem?
I do not know because I am still recovering and I have not return to my
```



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At least 1 day, but less than 4 days........................................\square2->QUESTION 17
At least 4 days, but less than 2 weeks......................................\square3->QUESTION 17
At least 2 weeks, but less than 1 month....................................\square4 \QUESTION 17
At least 1 month, but less than 3 months....................................\square5->QUESTION 17
At least }3\mathrm{ months, but less than 6 months.................................}\square6->\mathrm{ QUESTION 17
At least 6 months, but less than 9 months.....................................}\square7->QUESTION 17
```



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

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. Tiring or painful positions. ..... YES $\square 1$ NO $\square 2$
2. Tiring or painful positions ..... YES $\square 1$ NO $\square 2$
3. Handling heavy loads. ..... $Y E S \square 1$ NO $\square 2$
4. Noise. ..... YES $\square 1$ NO $\square 2$
5. Strong vibrations YES $\square 1$ NO $\square 2$
6. Chemicals, dust, fumes, smoke or gases ..... YES $\square 1$ NO $\square 2$
7. Intense visual concentration. ..... YES $\square 1$ NO $\square 2$
8. Slips, trips and falls. YES $\square 1$ NO $\square 2$
9. Use of machines or hand tools ..... YES $\square 1$ NO $\square 2$10. Use of vehicles (excluding on the way toand from work)YES $\square 1$ NO $\square 2$
10. Another significant risk factor for physical health. ..... YES $\square 1$ NO $\square 2$
11. Risk of accidents .....  $\mathrm{YES} \square 1 \mathrm{NO} \square 2$
12. Risk of accidents. ..... YES $\square 1 \mathrm{NO} \square 2$
! If the respondent answered YES in more than 1 case, continue with Question 18, or else with Question 19
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QUESTION 18. Which of these factors do you consider most dangerous for
your physical health?
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QUESTION 19. Do you think that in your main job you are exposed in any
of the following factors that affect your mental health?


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2. Violence or threat of violence................................................................................}\square1\mathrm{ NO\2
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4. Poor communication or cooperation within the
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5. Having to deal with difficult customers, patients, pupils
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7. Lack of autonomy, or lack of influence over the work
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8. Another significant risk factor for mental well-being
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$\qquad$

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YES }\square1 NO\square
```

! If the respondent answered YES in more than 1 case, continue with QUESTION 20 , or else, end the interview

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

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Code of factor (1 to 8) from Question 19.
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```

Do not know.
.9
! The following questions are addressed to persons that are not working, up to 74 years old. If the respondent worked during the last 12 months will be asked to answer in Question 21. If the respondent worked in the past (but not in the last 12 months) will answer Questions 28 to 36

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QUESTION 21. During the last }12\mathrm{ 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.....................................}\square1 -> QUESTION 2
No..............................................}2->\mathrm{ QUESTION 28
```

QUESTION 22. How many times were you injured during your work in the
last 12 months?;
One time.................................................................. $\square 1$
Two or more..................................................... $\square 2$
! 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?
Yes
Yes
........................................................................
........................................................................
No ............................................................................}
No ............................................................................}
Did not answer...........................................\square3
Did not answer...........................................\square3

## QUESTION 24. Did that accident happened in your last job?

$\qquad$
No
$\square 2$
QUESTION 25. Is the reason that you do not work any more, this accident?
Yes............................................. $\square 1 \rightarrow$ QUESTION 26
No............................................. $\square 2 \rightarrow$ QUESTION 27

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

Yes......................................................................................................... QUESTION 28
No $\rightarrow$ QUESTION 28
I do not know.............. 28
QUESTION 27. How many days you did not work because of this accident?
$\qquad$

```
At least 1 day, but less than 4 days.........................................\square }
```

At least 1 day, but less than 4 days.........................................\square }
At least 4 days, but less than 2 weeks......................................\square.
At least 4 days, but less than 2 weeks......................................\square.
At least 2 weeks, but less than 1 month....................................... }
At least 2 weeks, but less than 1 month....................................... }
At least 1 month, but less than 3 months....................................\square
At least 1 month, but less than 3 months....................................\square
At least 3 months, but less than 6 months......................................}
At least 3 months, but less than 6 months......................................}
At least 6 months, but less than 9 months....................................\square.\square
At least 6 months, but less than 9 months....................................\square.\square
From 9 to 12 months...................................................................................................
From 9 to 12 months...................................................................................................
Did not answer................................................................................................\square}

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Did not answer................................................................................................\square}
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QUESTION 28. Apart any accident, did it happen during the last }12\mathrm{ months
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QUESTION 28. Apart any accident, did it happen during the last }12\mathrm{ months
to suffer from a health problem (physical or mental)?
to suffer from a health problem (physical or mental)?
Yes...........................................
Yes...........................................
No.
No.
2 -> END

```
    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)?
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Yes............................................ $\square 1 \rightarrow$ QUESTION 30
No............................. $\square 2 \rightarrow$ END
Did not answer........ $\square 2 \rightarrow$ END

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

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One...........................................................
*
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! 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............................................................................ 11
$\qquad$
$\qquad$
Breathing or lung problem....................................................................................................................... $\square 4$
Skin problem........................................................................................................................................................... $\square 5$
Hearing problem................................................................................................................................................ $\square 6$
Stress, depression or anxiety............................................................................................................ $\square 7$
Headache and/or eyestrain........................................................................................................................ $\square 8$
Heart disease or attack, or other problems of circulatory system............ $\square 9$
Infectious disease (virus, bacteria or other type of infection)............... $\square 10$
Stomach, liver, kidney or digestive problem..................................................................... $\square 11$
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?

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Yes, to a grate extent.............................\square1
Yes, to some extent ....................................._2
No....................................................................................}
Do not know/do not answer
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$\qquad$

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

$\qquad$

```
        \square
Some other job
                \square 2
I do not know/do not answer...........\square3
```

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

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Yes.....................................\square\1 }\mp@subsup{\square}{1}{}\mathrm{ Q QUESTION 35
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No.
$\square 2 \rightarrow$ QUESTION 36
QUESTION 35. Do you think that you are going to work again?
Yes................................................................................................................................................................................ END
No END

QUESTION 36. How many days you did not work during the last 12 months because of this health problem?
None. ..... $\square 0$
At least 1 day, but less than 4 days. ..... $\square 1$
At least 4 days, but less than 2 weeks ..... $\square 2$
At least 2 weeks, but less than 1 month. ..... $\square 3$
At least 1 month, but less than 3 months... .....  ..... $\square 4$
At least 3 months, but less than 6 months. ..... $\square 5$
At least 6 months, but less than 9 months. ..... $\square 6$
From 9 to 12 months. ..... $\square 7$
Did not answer. ..... $\square 8$

