
QUESTIONNAIRE ON HEALTH AND LABOUR

This questionnaire asks about the effects of health problems on paid and unpaid work (domestic). The term 'health problems' refers to acute or chronic physical illnesses, symptoms or handicaps. Other health problems like chronic fatigue or pain are also covered by this. Furthermore, psychological disorders, are also included.

At the end of the questionnaire you will be asked for your age and some other personal details. These details will assist us in gaining a more clear understanding of your answers. There are no 'correct' or 'incorrect' answers to the questions asked. We are interested only in your personal opinion.

Before filling in the form kindly write down the date
Day.....month..... 199.....

In addition to the questions relating to paid work there are some concerning unpaid work such as domestic chores. Throughout this questionnaire please limit your answers to your personal situation during the PAST TWO WEEKS.

1. Do you have paid employment?

Yes, I work.....hours per WEEK, divided over.....DAYS; my profession is....., function.....

Go to the section Paid Work

No

Please continue with question 14 (page 3)

If your answer to the above question was yes, please continue by answering questions 2 to 13 (even if you are suffering from a short term illness at the present moment).

If your answer to the above question was no please ignore questions 2 to 13 and continue with question 14.

PAID WORK

We would like you to indicate on which working days in the **past two weeks** you were unable to perform paid work due to health problems. You are requested to complete this section using the following codes. In filling in the table on the following page you may use more than one letter.

'W' = performed paid work

'U' = unable to perform paid work due to health problems

'O' = no paid work performed due to other reasons (weekend, holidays etc.)

If you have part-time employment then fill in 'O' for the days on which you were not required to work. When you worked for half a day please indicate this e.g. by writing 'W/O' if you did not work in that afternoon.

In case of illness during the weekend fill in 'O' if you were not required to work and 'U' if you were required to work.

Example:

Imagine you have four days paid employment per week, but last week you were unable to work on Thursday and Friday due to health problems. You always have Wednesdays off. Then the table would appear as follows:

MO	TU	WE	TH	FR	SA	SU	MO	TU	WE	TH	FR	SA	SU
W	W	O	W	W	O	O	W	W	O	U	U	O	O

The week before last

Last week

This was an **example**

2. Please complete the table below in the same manner. Remember that the time period concerned is the past two full weeks, counting back from last weekend.

'W' = performed paid work

'U' = unable to perform paid work due to health problems

'O' = no paid work performed due to other reasons (weekend, holidays etc.)

MO	TU	WE	TH	FR	SA	SU	MO	TU	WE	TH	FR	SA	SU

The week before last

Last week

Only answer the following question if you have been completely unable to perform paid work due to health problems during the past two weeks.

3. When did this period of illness start? Enter the date on which you reported sick.

Day.....Month.....Year.....

Health problems sometimes force employees to be absent from their work. It is also possible that employees go to work but are unable to perform their duties with the same efficiency as usual due to health problems. Questions 4 to 13 relate to this subject.

4. Were you hindered by health problems at your paid work over the past two weeks?

No, not at all → go to question 13 (page 3)

Yes, to a degree

Yes, very much

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Below you find a number of statements that could be applicable to people with health problems in relation to their current work situation. Please indicate for each statement that is mentioned how often it applied to you in the past two weeks.

I **did** go to work but as a result of health problems

- | | (almost)
never | sometimes | often | (almost)
always |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 5. ...I had a problem concentrating | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. ...I had to go to work at a slower pace | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. ...I had to seclude myself | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. ...I found decision-making more difficult | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. ...I had to put off some of my work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. ...Others had to take over some of my work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. ...I had other problems, namely (please state)..... | | | | |

12. How many **extra** hours would you have to work to catch up on tasks you were unable to complete in normal working hours due to health problems over the past two weeks?

NOTE: Do **not** count the days on which you reported sick.....Hours

13. We would now like to know what your **net** earnings are from your paid work.

NOTE: this concerns your income, not including that of your partner (if any). You only need to fill out **one** of the following options.

- My own net income from paid work is approximately:
- per WEEK
 -per 4 WEEKS
 -per MONTH
 -per YEAR

I do not know what my income is or I would rather not say

Now go to question 15

Question 14 should only be answered by people who do not/no longer have paid work at the present time.

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14. You have no paid work. Which of the following situations is most applicable to you?

- I have the daily task of running a household
- I receive a pension or have taken early retirement
- I am still at school or a student
- I am unable to perform paid work due to health problems (If you did have paid work before would you fill out your profession and the function you held: profession.....function held)
- I have no paid work for other reasons (for example involuntary unemployment, voluntary work etc.)

TO BE COMPLETED BY ALL RESPONDENTS

The following questions concern unpaid work. Here a distinction has been made between work in the household; shopping; odd jobs and chores and activities for or with the children. We would **everyone** to please answer these questions. Firstly you will be asked how many hours a week you spent on each activity. If you did not perform a particular activity than simply write "0" hours.

Secondly we would like to know whether you were hindered in any of the activities mentioned by health problems.

Please remember that your answers should relate to the PAST TWO WEEKS.

15. How many hours a week did you spend on:

- Work in the householdhours per week
(e.g. preparing meals, cleaning the house, washing clothes)
- Shoppinghours per week
(e.g. shopping for the daily groceries, other types of shopping, going to the bank or post office)
- Odd jobs and choreshours per week
(e.g. house repairs, gardening, fixing the car)
- Doing things for or with your own childrenhours per week
(e.g. caring for them, taking them to school, helping with homework)

16. It may be that people with health problems who normally do household tasks (cleaning the house, shopping, taking care of the children) must leave these tasks to be done by others due to their health problems.

Have others taken over any of your household tasks due to your health problems? (You may tick more than one box if applicable)

- Yes, family members (e.g. partner, children) have taken over my household tasks forhours **per week**
- Yes, others (e.g. neighbours or volunteers) have taken over my household tasks forhours **per week**
- Yes, I have had a home-help forhours **per week**
- Yes, I have had another type of paid help forhours **per week**
- No, I have performed my household tasks myself.

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In the next table we would like you to indicate which of the following unpaid activities you have performed in the PAST TWO WEEKS and whether or not you were hindered by health problems. Please tick the appropriate answer.

First we will give two examples:

Example 1

During the PAST TWO WEEKS Mrs. Johnson did not go shopping in the city due to her health problems. She did manage to go to her local corner shop in spite of her problems. She indicates this as follows:

	DID DO		DID NOT DO	
	Was hindered by health problems	Was not hindered by health problems	Due to health problems	Other reason
Shopping	X			

Example 2

Mr. Cook never vacuums. His son always performs this task because Mr. Cook hates doing it. Mr. Cook answered the question on vacuuming as follows:

	DID DO		DID NOT DO	
	Was hindered by health problems	Was not hindered by health problems	Due to health problems	Other reason
Vacuums				X

These were two **examples**.

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17. Would you now complete the table below in the same way as shown in the two examples. Put a cross next to an activity if you have performed it in the PAST TWO WEEKS. If your answer is "DID DO" then indicate whether or not you were hindered by health problems. If your answer is "DID NOT DO" then please indicate whether or not this was due to health problems.

	DO DID		DID NOT DO	
	Hindered by health problems	Not hindered by health problems	Due to health problems	Other reasons
Household work at home (for example, preparing meals, cleaning, washing clothes)				
Shopping (for example, daily groceries, other shopping, going to the bank or post office)				
Odd jobs and chores (for example, house repairs, gardening, fixing the car)				
Doing things for or with you own children (for example, caring for them, playing, taking them to school, helping with homework)				

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The following questions concern a general nature

1. Are you:
 Male
 Female

2. What is your date of birth?
day.....month.....19.....

3. Which of the following levels of education have you completed? (you may tick more than one answer if applicable)
 None
 Primary school
 Lower vocational education
 General secondary education
 Intermediate vocation education
 Grammar school
 Polytechnic Higher vocational education
 University

4. How many people live in your household?
 I live alone
 I live with one or more people

5. Are there any children in your household?
 Yes, the age of the youngest child in the household is.....months/years
 No

6. Below is a list of chronic conditions and illnesses. Would you please indicate whether you are suffering from or have suffered from any of these conditions in the LAST TWELVE MONTHS?

Suffering from now or have suffered in the LAST TWELVE MONTHS:

	YES	NO
Asthma or chronic bronchitis	<input type="checkbox"/>	<input type="checkbox"/>
Serious heart condition or heart Infarct	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>

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	YES	NO
A stroke or its consequences	<input type="checkbox"/>	<input type="checkbox"/>
Stomach or duodenal ulcer	<input type="checkbox"/>	<input type="checkbox"/>
Serious intestinal disturbance lasting more than three months	<input type="checkbox"/>	<input type="checkbox"/>
Gall stones or infection of the gall bladder	<input type="checkbox"/>	<input type="checkbox"/>
Liver condition or cirrhosis of the liver	<input type="checkbox"/>	<input type="checkbox"/>
Kidney stones	<input type="checkbox"/>	<input type="checkbox"/>
Serious kidney condition	<input type="checkbox"/>	<input type="checkbox"/>
Complaint of the prostate gland	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid gland condition	<input type="checkbox"/>	<input type="checkbox"/>
Back problems of a persistent nature, hernia, ischia or “worn out” back	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis of the knees, hips or hands	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatism of the hands and/or feet	<input type="checkbox"/>	<input type="checkbox"/>
Other rheumatic conditions	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Other nervous disorders such as Parkinson’s disease, multiple sclerosis	<input type="checkbox"/>	<input type="checkbox"/>
Serious headaches	<input type="checkbox"/>	<input type="checkbox"/>
Migraine	<input type="checkbox"/>	<input type="checkbox"/>
Malignant condition or cancer,	<input type="checkbox"/>	<input type="checkbox"/>
Overexertion, depression, serious nervousness	<input type="checkbox"/>	<input type="checkbox"/>
Chronic skin condition or eczema	<input type="checkbox"/>	<input type="checkbox"/>
Prolapsus	<input type="checkbox"/>	<input type="checkbox"/>
Varicose veins	<input type="checkbox"/>	<input type="checkbox"/>
Injury due to an accident in or around the house, a road traffic accident, sports injury at school or at work	<input type="checkbox"/>	<input type="checkbox"/>

This is the end of the questionnaire. Thank you very much for your co-operation. The space below has been provided for any remarks you may wish to make about this questionnaire.

Appendix 1: Health and Labour Questionnaire

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