



International
Labour
Organization

Add-on module on Occupational injuries
(and other work-related health problems) (v1)
for PAPI and CAPI

August 2022

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GENERAL CONVENTIONS

Conventions used in the ILO LFS add-on module

- Regular text: Indicates text to be read by the interviewer
- *Italics*: Indicates interviewer instructions or aids, not to be read out loud
- CAPS: INDICATES RESPONSE CATEGORIES AND FILTERS NOT TO BE READ OUT LOUD
- (Parenthesis): Indicates that a choice or a substitution must be made
- [Blue text]: Indicates questions that may be included/excluded as per national circumstances
- [Red text]: Indicates text that must be adapted as per national circumstances
- **Bold text**: Indicates question numbers, section headings, skips, and other structural items
- [Green text]: Indicates questions that are essential.

Section ELG: ELIGIBILITY	
ELG_1	INTERVIEWER: IS THE PERSON EMPLOYED IN THE REFERENCE WEEK? Yes 01 ☐ → SECTION OAC No 02 ☐
ELG_2	INTERVIEWER: WAS THE PERSON EMPLOYED IN THE LAST 12 MONTHS? Yes 01 ☐ → SECTION OAC No 02 ☐
ELG_3	INTERVIEWER: IS THE PERSON INVOLVED IN OWN USE PRODUCTION OF AGRICULTURAL GOODS IN THE REFERENCE WEEK? Yes 01 ☐ → SECTION OAC No 02 ☐
ELG_4	INTERVIEWER: WAS THE PERSON EMPLOYED BEFORE THE LAST 12 MONTHS? Yes 01 ☐ → SECTION WRH No 02 ☐ → NEXT MODULE

Section OAC: ACCIDENTS	
FOR PERSONS EMPLOYED IN THE REFERENCE WEEK, EMPLOYED <i>IN THE LAST 12 MONTHS</i> , OR INVOLVED IN OWN USE PRODUCTION OF AGRICULTURAL GOODS IN THE REFERENCE WEEK (ASK IF ELG_1=1 OR ELG_2=1 OR ELG_3=1)	
	INTERVIEWER READ: The next questions are about accidents at work in which you might have been injured. By an accident at work, we mean an unexpected event, including acts of physical violence, that happened at work or in connection with the work and caused personal injury, disease, or death to one or more workers.
OAC_1	Have you <u>ever had any</u> accident at work or in the course of work, excluding/including an accident on the way to/from work? YES 01 ☐ NO 02 ☐ → WRH_1
OAC_2	Did at least one of these accidents result in an injury to yourself? YES 01 ☐ NO 02 ☐ → WRH_1
OAC_3	Did any of these accidents occur in <u>the last 12 months</u>, that is, since ? YES 01 ☐ NO 02 ☐ → WRH_1
OAC_4	How <u>many</u> of these accidents in which you were injured did you have in the last 12 months? One 01 ☐ Two or more 02 ☐

Section INJ: INJURIES		
FOR PERSONS WITH AN ACCIDENT IN THE LAST 12 MONTHS. (ASK IF OAC_3=1)		
	INTERVIEWER READ: I would like to ask you about this accident/the most serious one (in case of two or more accidents) in the last 12 months. <i>(MOST SERIOUS MEANS THE ONE LEADING TO THE LONGEST ABSENCE FROM WORK OR INABILITY TO WORK)</i>	
INJ_1	In <u>which of the jobs/activities</u> (you mentioned earlier) were you working when the accident occurred? Current main job 01 ☐ Current second job 02 ☐ Own use production of agricultural goods 03 ☐ Last job (only for persons not employed in the reference week) 04 ☐ Other current or past job 05 ☐	
INJ_2	Where were you when the accident took place? Were you ... READ AND MARK ONE in your usual place of work in the establishment/unit 01 ☐ somewhere else in the establishment/unit 02 ☐ in your usual place of work away from the establishment or no fixed place of work 03 ☐ on work-related travel 04 ☐ on the way to/from work 05 ☐ somewhere else (SPECIFY)..... 06 ☐ DON'T KNOW 97 ☐	
INJ_3	Did the injury received in this accident result in you being <u>absent from work, or unable to work</u> , for at least one day? YES 01 ☐ → INJ_5 NO 02 ☐	
INJ_4	Even though you were not absent or unable to work, did this injury <u>seriously restrict your work activities</u> ? YES 01 ☐ → WRH_1 NO 02 ☐ → WRH_1	
INJ_5	How many <u>days</u> (were you / have you been) away from work or unable to work because of this injury in the last 12 months? NUMBER OF DAYS DON'T KNOW 97 ☐	
INJ_6	Have you <u>returned to work</u> yet? YES 01 ☐ NO 02 ☐ → INJ_10	
INJ_7	Did you <u>return to the same job/activity</u> that you were doing at the time of the accident? YES 01 ☐ NO 02 ☐ → INJ_9	
INJ_8	Did you <u>return to the same number of working hours</u> that you were doing at the time of the accident? YES 01 ☐ → INJ_12 NO 02 ☐ → INJ_12	

INJ_9	Why did you not return to the same job/activity? Was it because you are no longer able to perform the job you had before the accident, or was it for some other reason?		
	Cannot perform all duties of the old job	01 ☐	→INJ_12
	Other reasons (SPECIFY).....	02 ☐	→INJ_12
INJ_10	Do you expect to be physically able to carry out your old job/activity again (whether or not you return to the same job/activity)?		
	YES	01 ☐	
	NO	02 ☐	→INJ_12
INJ_11	How many more days would you expect it to be before you are physically able to return to the same job/activity (whether or not you do actually return)?		
	NUMBER OF DAYS	☐	
	DON'T KNOW	97 ☐	
INJ_12	Did you receive any medical attention for the injury from a health care professional in the 48 hours following the injury?		
	YES	01 ☐	
	NO	02 ☐	
	DON'T KNOW	97 ☐	
INJ_13	Was your injury reported to your employer?		
	YES	01 ☐	
	NO	02 ☐	
	NOT APPLICABLE	03 ☐	
	DON'T KNOW	97 ☐	
INJ_14	Was your injury notified to ... (competent government agency responsible for occupational health and safety)?		
	YES	01 ☐	
	NO	02 ☐	
	DON'T KNOW	97 ☐	
INJ_15	Did you receive, or do you expect to receive, any financial compensation for your injury from ... (an accident compensation, a social security scheme or employer)?		
	YES	01 ☐	
	NO	02 ☐	
	DON'T KNOW	97 ☐	

Section WRH: WORK-RELATED HEALTH PROBLEMS			
FOR PERSONS EMPLOYED IN THE REFERENCE WEEK, EMPLOYED IN THE LAST 12 MONTHS OR BEFORE THE LAST 12 MONTHS, OR INVOLVED IN OWN USE PRODUCTION OF AGRICULTURAL GOODS IN THE REFERENCE WEEK (ASK IF ELG_1=1 OR ELG_2=1 OR ELG_3=1 OR ELG_4=1)			
WRH_1	(Apart from the accident you have already told me about) have you suffered from any other physical or mental <u>health problem</u> in the last 12 months, that is, since ?	YES	01 ☐
		NO	02 ☐
			IF ELG_1=1 OR ELG_3=1→RFS_1, IF ELG_2=1 OR ELG_4=1→WSH_1
WRH_2	Was any of these health problems <u>caused or made worse</u> by your job/work or by work you have done in the past?	YES	01 ☐
		NO	02 ☐
			IF ELG_1=1 OR ELG_3=1→RFS_1, IF ELG_2=1 OR ELG_4=1→WSH_1
WRH_3	How <u>many</u> different types of health problems have you had during the last 12 months that have been caused or been made worse by your work?	One	01 ☐
		Two or more	02 ☐
WRH_4	How would you <u>describe this health problem/the most serious</u> of these health problems?		
	READ AND MARK ONE		
	Bone, joint or muscle problem	01	☐
	Breathing or lung problem	02	☐
	Skin problem	03	☐
	Hearing problem	04	☐
	Stress, depression, or anxiety	05	☐
	Headache and/or eyestrain	06	☐
	Heart disease or attack, or other problems in the circulatory system	07	☐
	Infectious disease (virus, bacteria, or other type of infection)	08	☐
	Stomach, liver, kidney, or digestive problem	09	☐
	Other type of health problem (SPECIFY)	10	☐
	DON'T KNOW	97	☐
WRH_5	Would you say this (most serious) health problem currently <u>limits your ability</u> to carry out day-to-day activities either at work or outside work ?		
	READ AND MARK ONE		
	Yes, considerably	01	☐
	Yes, to some extent	02	☐
	No, not at all	03	☐
	DON'T KNOW	97	☐
WRH_6	How <u>many days</u> (were you / have you been) away from work or unable to work because of this (most serious) health problem in the last 12 months?		
	NUMBER OF DAYS	☐	
	DON'T KNOW	97	☐
	NOT APPLICABLE	99	☐

Section RFS: RISK FACTORS FOR PHYSICAL HEALTH AND MENTAL WELL-BEING

FOR PERSONS EMPLOYED IN THE REFERENCE WEEK OR INVOLVED IN OWN USE PRODUCTION OF AGRICULTURAL GOODS IN THE REFERENCE WEEK
(ASK IF ELG_1=1 OR ELG_3=1)

RFS_1	Now I will list some threats that you may be exposed in your work and could impact your physical health. Which of these, if any, do you consider being the <u>greatest risk to your physical health</u> ?		
	<i>READ AND MARK ONE</i>		
	Tiring or painful positions, repetitive hand or arm movements	01	☐
	Handling of heavy loads	02	☐
	Use of machines or hand tools and vehicles	03	☐
	Noise, Strong vibration, Extreme temperatures	04	☐
	Hazardous substances such as chemicals, body fluids, dust, fumes, smoke or gas	05	☐
	Another significant threat (SPECIFY)	06	☐
	No significant threats	07	☐
	DON'T KNOW	97	☐
RFS_2	Now I will list some threats that you may be exposed in your work and could impact your mental well-being. Which of these, if any, do you consider being the <u>greatest risk to your mental well-being</u> ?		
	<i>READ AND MARK ONE</i>		
	Severe time pressure or overload of work	01	☐
	Violence or threat of violence	02	☐
	Harassment or bullying	03	☐
	Dealing with difficult customers, patients, pupils, etc.	04	☐
	Job insecurity	05	☐
	Another significant threat (SPECIFY).....	06	☐
	No significant threats	07	☐
	DON'T KNOW	97	☐

Section WSH: WORKPLACE SAFETY AND HEALTH PROCEDURES

FOR PERSONS EMPLOYED IN THE REFERENCE WEEK, EMPLOYED IN THE LAST 12 MONTHS, EMPLOYED IN THE LAST 12 MONTHS OR BEFORE THE LAST 12 MONTHS, OR INVOLVED IN OWN USE PRODUCTION OF AGRICULTURAL GOODS IN THE REFERENCE WEEK
(ASK IF ELG_1=1, ELG_2=1, ELG_3=1 OR ELG_3=1)

WSH_1	At your current/last job/activity, have you received any <u>training and guidance on safety and health hazards</u> at your work?		
	YES	01	☐
	NO	02	☐
	DON'T KNOW	97	☐
WSH_2	At your workplace, are/were there processes or <u>policies to identify, prevent and remedy potential health and safety risks and hazards</u> ?		
	YES	01	☐
	NO	02	☐
	DON'T KNOW	97	☐