

## *Italy*

### SOURCE

**Name of source:** *Health Interview Survey*

**Institution responsible for the statistics:** ISTAT (Italian National Institute of Statistics) Lidia Gargiulo/Gabriella Sebastiani Viale Liegi 13 – 00198, Roma, Tel: +39 064673726,1 e-mail: [gargiulo@istat.it](mailto:gargiulo@istat.it)

**Type of source:** Household survey

**Periodicity:** Every five years

**Objectives:** To comply with EU regulations.

### COVERAGE

**Disabilities:** Seeing difficulties, hearing difficulties, speaking difficulties, moving/mobility difficulties, body movement difficulties, personal care difficulties, remembering or concentrating difficulties

**Population groups:** Persons who are members of households, aged between a5-64

**Total population covered:** 21%

**Economic activities:** All economic activities

**Sectors covered:** All sectors

**Labour force status:** Employed persons, unemployed persons, persons outside labour force

**Status in Employment:** Employees, employers, own-account workers, contributing family workers

**Geographic areas:** Whole country

**Establishments:** All

**Other limitations:** No

### TERMS AND DEFINITIONS

**Term used to denote 'disability':** 'People with difficulties in functioning or basic activities '

**Definition of this term:** Instead of 'disabled people' the term 'people with functioning limitations' is being used to include restrictions in social participation.

**Source of this definition:** The U.N. Convention on the rights of persons with disabilities, International Classification of Functioning, Disability and Health (2001) classification

**Questions used to identify persons with disabilities:** ‘Do you have any of the following types of longstanding health conditions or diseases?’ (the list is given in the questionnaire) (Multiple responses).

‘Which of the longstanding health conditions or diseases that you have do you consider as being the most severe?’ ‘Which do you consider as being the most severe among the remaining longstanding health conditions or diseases that you have?’ Possible answers: modality, don’t know, no answer.

‘Do you have difficulties with any of the following basic activities: seeing, even if wearing glasses; hearing, even if using a hearing aid; walking, climbing steps; sitting or standing; remembering, concentrating; communicating, for example understanding or being understood; reaching or stretching; lining and carrying; bending; holding, gripping, or turning?’ Possible answers: yes, no, do not know; no answer (Multiple responses).

‘With which activities do you have the most difficulty/among the remaining difficulties in activities that you have?’

‘Do(es) your health condition / disease limit the number of hours that you can work in a week?’ ‘Do(es) your health condition / disease limit the type of work that you can do (for instance, having problems in carrying heavy loads, working outdoors or sitting for a long time)?’ ‘Do(es) your health condition / disease limit you in getting to and from work?’ Possible answers: yes, no, don’t know, not able to work.

‘Because of these problems do you have limitations in the number of hours that you can work in a week?’ ‘Because of these problems do you have limitations in the type of work that you can do (for instance, having problems in carrying heavy loads, working outdoors or sitting for a long time)?’ ‘Because of these problems do you have limitations in getting to and from work?’ Possible answers: yes, for the health condition(s)/disease(s); yes, for the activity difficulty(ies); yes, for both; no; don’t know; no answer; not able to work.

‘Because of your health condition / disease do you have any personal assistance to enable you to work?’ ‘Because of your health condition / disease do you use special equipment or do you have workplace adaptations to enable you to work?’ ‘Because of your health condition / disease would you need special equipment or workplace adaptations to enable you to work?’ ‘Because of your health condition / disease do you have any special working arrangements (such as, sedentary jobs, teleworking, flexible hours or less strenuous work) to enable you to work?’ ‘Because of your health condition / disease would you need any special working arrangements (such as, sedentary jobs, teleworking, flexible hours or less strenuous work) to enable you to work?’ ‘Because of your health condition / disease do you feel discriminated at work?’ Possible answers: yes, no, don’t know, no answer.

‘Would you need more assistance to enable you to work easier?’ ‘Would you need more adaptations or additional equipment to enable you to work easier?’ ‘Would you need more special working arrangements to enable you to work easier?’ Possible answers: yes, no, don’t know.

**Minimum duration to be considered as a person with disability:** 6 months

## **CLASSIFICATION**

**Classifications:** Sex, age, level of education (ISCED), other personal characteristics (e.g. marital status), type of living arrangements (e.g. in a household, institution), status in employment, occupation (ISCO), economic activity (NACE), type of disability

**Cross-classifications:** By age/sex and type of disability, by age/sex and status in employment

**REFERENCE PERIOD:** Na

## DISSEMINATION

**National publications:** ISTAT, 'Tutela della salute e accesso alle cure', Statistiche report, 10 Luglio 2014

**Website:** [http://ec.europa.eu/eurostat/web/products-datasets/-/hlth\\_dlm060](http://ec.europa.eu/eurostat/web/products-datasets/-/hlth_dlm060)  
<http://www.istat.it/it/archivio/128176>  
<http://dati.disabilitaincifre.it/dawinciMD.jsp>