

**Work Condition questionnaire**  
**Module of Labour Force Survey ( 2<sup>nd</sup> Quarter, 2004)**

IDSAM		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ID06	District code	<input type="checkbox"/> <input type="checkbox"/>
ID01	Locality code	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ID7	Type of locality	<input type="checkbox"/>
ID02	Enumeration Area	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ID8	No. of HH in Enumeration Area	<input type="checkbox"/> <input type="checkbox"/>
ID03	Building No	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ID9	Name of head of HH	
ID04	Number of HU in the Building	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Round_N		<input type="checkbox"/> <input type="checkbox"/>
ID05	Number of household in HU	<input type="checkbox"/>	District:	Locality:	

QC1	Date of interview	Start Time	End Time
1		—:—	—:—
2	/ /2004	—:—	—:—
3	/ /2004	—:—	—:—

**Asked for all persons aged 15 years and over, and who didn't answered PW17 and directly answered PW18 in the labour force questionnair. Return back to the labour force questionniare (question PW23) to determine the employment status classification according to:**

1. Employer, self employed , unpaid family member Skip to C01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Person Name</b> <i>Person_No</i> <b>Person Classification</b>
2. Employee in public sector Skip to B01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Employee in private sector Skip to A01 (include options (5,6,7,8,9) in question pw23 )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Employee in private sector –irregular Skip to C01 (included options (10,11) in question pw23 )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Result:</b> 1. Completed 2. Refused 3. Temporarily absent 4. other/ specify.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Part A questions**

A01	Are the following benefits available at your job  1. Yes                      2.No <b>Note:</b> if it is not applicable for the options 4, 6 put no. 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Annual paid vacation 2. Paid sick leave 3. Paid emergency vacation 4. Paid Maternity vacation 5. Paid sad vacation 6. Breast feeding hour 7. Weekly vacation one day (24 continous hours for rest during the week) 8. Rest period during work time ( half an hour after passing less than 5 work hours 9. Paid wages in time (being late, after 5 days from payment period) 10. Paid wages regularly 11. Vocational, cultural course for workers (courses /internal or external seminars 12. Job security (Stability at work) 13. Available of in kind incentives 14. available of morale incentives, thanks for special works 15. Contribution of workers in making decisions
A02	Have you a written work contract with the employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Yes 2. No Skip to B01

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A03	Do the contract include items about rules and work conditions to secure safety and healthy work conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Yes 2. No
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**Part B questionnes**

B01	How many months did you regulaly work during the last 12 months	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
B02	When did you get your current job?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
B03	How many employees worked in the firm/ establishment at your current work place (excluded employees in other branches)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Bo4	Do the employees in the firm /establishment at your work from both sexes (males, females)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Yes 2. No
B05	Is there a direct (boss, responsible , supervisor) on yor work you performance (in the same work location)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Yes 2. No (Skip to B07)
B06	Is there in charge director for that supervisor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Yes 2. No
B07	Do you supervise directly any person at your work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Yes 2. No
B08	Have you been exposed during your current job to: 1. Yes 2.No 3. Not applicable  <b>Note:</b> Only for 1 and 2 the answer could be 3 (not applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. discrimination due sex 2. discrimination due age 3. Physical violence 4. Morale violence/ insulting
B09	Have you been exposed to the following negative affects at your work 1. Yes 2.No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Job burden 2. Work place Crowded 3. Working overtime without payment
B10	Is there a toleranle between you and your colleagues at work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Yes 2. No
B11	How much the avarage time you needed to arrive work place (Excluded the period to performance other tasks)	H M <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>	H M <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>	H M <input type="checkbox"/> : <input type="checkbox"/> <input type="checkbox"/>	
B12	Are the following available at your work place 1. Yes 2.No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.WC. Towalit 2. Guide and awareness boards 3. cleanness arrangments at work place 4. Emergency exits 5. Rest places 6. First aid staff 7. First aid equipments 8. Fire extinguisher
B13	Have you received training courses during the primary period at your work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. 1. Yes 2. No 3. New employee ( not finish three
B14	Have you worked in shift system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Yes 2. No
B15	Are the electrisity instalations isolated in safety way at your work place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Yes 2. No
B16	Did your work provide the following advantages: 1. Yes 2.No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Available of private health insurance free/ partial 2. Available of public free health insurance 3. Available of insurance against work injuries

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**Part C questions**

C01	Did you apply to affiliate to labour union/vocational union?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.Yes 2. No (skip to C03)
C02	Are you affiliated or membership to labour /vocational union?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.Yes (skip to C04) 2. No
C03	Why did not you affiliate to labour /vocational union?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Affiliation condition not applicable 2. Not interested 3. other, specity...
C04	Are you affiliated to minor labour union?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.Yes 2. No
C05	Have you been exposed during your current job to the following:  1. Yes      2.No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. loud voices (Noisy)
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Shaking (diggings, dentist machines)
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. bad light source
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.Working under high temperature (work nature, Baker shops)
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Sun light
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Coldness (work beside refrigerators)
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Radiation (Mobile, x- ray labs)
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Infections (dealing with bet animals) working in hospitals and dental clinics)
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Allergic to plants
C06	Did you inhale during your work frequent and continuous: 1. Yes      2.No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.Dust during work
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.Gas inhalation
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.Smok
C07	Did you Do the following ? 1. Yes      2.No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Frequent, continuous movements (sewina. tvbina)
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Computer working for more than 4 hours
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Set down continuously for more than 4 hours
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Long standing for More than 4 hours
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Lifting heavy weights
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Inconvenient Environment
C08	Is ventilation at work healthy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.Yes_ Natural ventilation (windows, doors) 2. Yes_ Artificial ventilation (vacuum) 3. No ventilation
C09	Are you exposed to work frequently:  1. Yes      2.No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. At height places
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Road traffic accident
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Sliding (ground sliding)
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Rotating machines
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Sharp machines
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Volatile materials during work
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Electric Shock
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Dangerous chemical and flammable materials
C10	Does your job need any protection clothes like (special suites, special glasses ... etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.Yes 2. No (skip to C13)

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C11	Did your current job provide protection clothes and equipment for use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Yes 2. No (skip to 13)
C12	Do you use the protection clothes/equipments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Yes_ regularly 2. Yes_sometimes 3. No
C13	Does your current occupation suite with your educational qualification or vocational training? (asked for who have diploma and above if the condition not applicable put No 3 )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Yes 2. No 3. Not applicable
C14	Have you been exposed to any injuries during the last 12 months in your job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.Yes 2. No (skip to the next person)
C15	Was the injury: 1. Yes 2.No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. loosing body organs 2. Fractures 3. Wounds 4. Burns 5. Suffocation 6. Palsy 7. Other, specify.....
C16	What was the injury degree?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Mild injury 2. Moderate injury 3. Sever injury 4. Don't know
C17	What was the reason for injury?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Fire 2. Fall down from height places 3. Materials drop down on employee 4. Sharp instruments 5. Toxication 6. Other, specify.....
C18	Site of injury? 1. Yes 2.No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Upper extremes 2. Lower extremes 3. Eyes 4. Ears 5. Head/neck 6. Other, specify.....
C19	Have you been absent from work due to injury?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.Yes 2. No (skip to C22)
C20	How many days have you been absentee from work due to injury?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
C21	Was the absent period paid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.Yes 2. No
C22	Was the treatment cost covered by: 1. Yes 2.No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Public health 2. Private health insurance 3. Agency insurance 4. Other insurance /spceify 5. Employer 6. Insurance family 7. Himself 8. Other/specify 9. No need for medical treatment
C23	Have you changed your job after exposure to injury?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.Yes 2. No

QC2	Interviewer name:	Interviewer code	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Date	...../...../ 2004
QC4	Supervisor name:	Supervisor code	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Date	...../...../ 2004
QC6	Editor name:	Editor code	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Date	...../...../ 2004
QC8	Coder name:	Coder code	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Date	...../...../ 2004