

Short Form- Health and Labour Questionnaire

SF-HLQ

This questionnaire concerns the consequences of health problems for employment in a paid job and for unpaid work (e.g. household chores). These questions pertain to the period covering the past month. Health problems refer both to your physical and emotional problems.

Date: ... - .. - 20..

1. Do you currently hold a paid job?

No, *(go to question 9)*

Yes;

How many hours does your contract specify? hours per week

Over how many days are these hours distributed? days

What is your occupation?

2. Did health problems oblige you to be off work at any time in the past month?

No

Yes, I missed days of work

(One week has a maximum of 5 days of work)

Were you off work for a period longer than the past month because of health problems?

No

Yes, I reported ill on..... *(go on to question 8)*

People with health problems sometimes have to miss work because of these problems.

Another possibility is that a person goes to work, but is unable to perform as well as he should because of health problems. Questions 18 through 22 focus on these aspects.

3. Was your job performance adversely affected by health problems during the past month?

No, not at all *(go to question 8)*

Yes, slightly

Yes, very much

4. On how many days during the past month did you perform paid work, although you were bothered by health problems?

..... days *(Please do **not** count the days on which you did not work at all because you called in sick.)*

5. Please rate how well you performed on the days you went to work even though you were bothered by health problems.

(1 indicates a much worse performance than usual and 10 that your work was not affected.)

1	2	3	4	5	6	7	8	9	10
much worse									performed as usual

6. Below are a number of statements that may apply to people in the paid work force with health problems. Please indicate how often each statement was applicable to you during the past month.

I went to work, but as a result of health problems.....

almost never	some- times	often	nearly always
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I had concentration problems	
I had to work at a slower pace	I had
to work in seclusion	
I had more difficulty making decisions	
I had to postpone work	
Others had to take over my work	
I had different problems, namely:	
.....	

7. If you had to catch up on all the work you were unable to perform over the past month because of health problems, how many hours of work would you be forced to make up?

..... hours

*(The days on which you failed to work at all because you reported ill do **not count**).*

8. What is your own net income from paid work ?

(This refers to the amount you actually receive. We are interested only in your income, i.e. exclusive of, if present, your partner's income)

€.....per week

€.....per 4 weeks

€.....per month

€.....per year

Don't know/don't wish to reveal

9. Which of the following situations applies to you? If more than one applies, indicate the situation that applies most to your case.

I have paid work

I run the household (and, if applicable, care for the children)

I am retired or have taken early retirement.

I am still at school

I am (partially) unfit for paid work because of health problems

and have been assessed as being.....% incapacitated for work

I do not have paid work for other reasons

(*E.g. involuntary unemployment or volunteer work.*)

10. Did you undertake any of the following activities during the past two weeks, and did health problems play any part in this?

- a. Household work (*e.g. preparing food, cleaning the house, doing the wash.*)

Performed this activity without being bothered by health problems

Performed this activity, although bothered by health problems

Did not perform this activity because of health problems

Did not perform this activity for reasons other than health problems

- b. Going shopping (*e.g. daily groceries, shopping, visit to bank or post office.*)

Performed this activity without being bothered by health problems

Performed this activity, although bothered by health problems

Did not perform this activity because of health problems

Did not perform this activity for reasons other than health problems

- c. Odd jobs (*e.g. maintenance work on house, garden, bicycles and vehicles.*)

Performed this activity without being bothered by health problems

Performed this activity, although bothered by health problems

Did not perform this activity because of health problems

Did not perform this activity for reasons other than health problems

- d. Specific activities for or with the children sharing your household (*e.g. personal care, play, taking the children to school, helping with their homework.*)

Performed this activity without being bothered by health problems

Performed this activity, although bothered by health problems

Did not perform this activity because of health problems

Did not perform this activity for reasons other than health problems

Not applicable

11. Did other people take over and perform your usual household tasks in the past month in connection with health problems?

No

Yes, namely (more than one answer is possible):

- family members for..... hours
- other persons receiving no pay for..... hours
- home care for..... hours
- other paid care for..... hours

.....

General questions

1. Sex:

male

female

Date of birth:_....._.....

What is the highest level of education that you have completed?

Primary school (lower school, special education)

Lower vocational education (e.g. LTS, LHNO, LEAO, domestic training school)

Lower general secondary education (e.g. VMBO, ULO, MULO, MAVO)

Secondary vocational education (e.g. MTS, MEAO, MHNO)

Senior general secondary education (e.g. HBS, MMS, HAVO, VWO, gymnasium)

Higher professional education (e.g. HTS, HEAO, HHNO)

University

Other, namely:

.....
.....

2. What is your current civil status?

Single

Married/long-term cohabitation

Divorced

Widow(er)

3. Below is a list of chronic conditions and disorders. Please indicate the conditions you have or had during the past year?

Asthma, chronic bronchitis or COPD

Infection of the nasal cavity, frontal sinus cavity or CCCCC

Severe heart condition or myocardial infarction

High blood pressure

Stroke, or the consequences of a stroke

Gastric or duodenal ulcer

Severe intestinal disorders lasting for longer than 3 months

Gall bladder stones or gall bladder infection

Liver disease or liver cirrhosis

Kidney stones

Severe kidney disease

Chronic bladder infection

Prolapse

Diabetes

Thyroid disease

Persistent (longer than 3 months) back problems, or herniated disc

Joint degradation (arthritis) of the knees, hips or hands

Joint inflammation (rheumatism) of the hands and/or feet

Other chronic rheumatism, lasting longer than 3 months

Epilepsy

Other neurological diseases, such as Parkinson's disease

Multiple sclerosis

Dizziness and falling

Migraine

Malignancy, cancer

Overstressed, depression, severe nervousness

Chronic skin disease or eczema

Injury due to an accident in and around the house, during sports, at school, work or in traffic

We are grateful to you for taking the time and making the effort to complete this questionnaire.
If you have any comments, remarks or suggestions, please let us know.

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