Frequently asked questions on the 2011 ad hoc module on employment of disabled people

FILTER QUESTION IN THE BEGINNING OF THE QUESTIONNAIRE

**Question:** Can the module start with a single filter question on longstanding health conditions and basic activity difficulties?

**Answer:** The current module tries to avoid the problems of the 2002 AHM when such a filter question was used (see section 3 "Experience of the 2002 module on employment of disable people" of the explanatory notes). With a filter question there is a risk that a respondent, when answering the question, does not remember about his/her health problem or does not consider it as being chronic. The list of longstanding health conditions and diseases is an aide memoire for respondents, as it makes them to think to the different kinds of physical, mental and emotional health problems.

NEW: DEFINITION OF THE POPULATION WITH DISABILITIES

**Question:** According to the Classification of Functioning, Disability and Health (ICF, WHO, 2001), disability is defined as a biosocial concept; in this sense we understand that "disability results from the effect of the environment and barriers to independent living or educational, employment or other opportunities that impact on people with impairments, ill health or activity difficulties". Following this definition how should we establish the population with disabilities? Which is the algorithm (selections of the CR variables) for measuring this population?

**Answer:** Because of the constraints that govern an AHM (limited number of variables and multiple answers not allowed) it was difficult to implement and operationalise the new concept of disability. Therefore, the LFS AHM is more oriented to the medical concept of disability. A document on the indicators that will be calculated from this AHM was presented at the LAMAS meeting in December 2010.

NEW: PROXY INTERVIEWS

**Question:** Is it ok with proxy interviews? We could not find any such information in the explanatory notes, and then we thought that we should apply the core LFS situation. But it would be good to get a clarification from Eurostat on this subject.

**Answer:** There are no guidelines concerning the use of proxy interviews. Although in the core LFS proxy interviews are allowed, some countries do not accept them for the ad hoc modules.

In the case of the 2011 AHM, since most of the questions are subjective and the answers depends on the respondent’s own assessment of his/her situation, the interviewer should make any attempt to interview the selected respondent. Proxy
interviews should be accepted for those situations when the respondent is unable to participate due to the severity of his/her health problem.

197-198. HEALTHMA: Type of longstanding health condition or disease (first main type)
199-200. HEALTHSE: Type of longstanding health condition or disease (second main type)

**Question:** Should code 12 "Learning difficulties (reading, spelling or math disability)" include only mental handicap and mental retardation whereas other mental impairment such as dyslexia and dyscalculia should be understood as difficulties in basic activities and not as health problems and therefore coded only 06 "Communicating, for example understanding or being understood" in variable DIFFCMA?

**Answer:** Both dyslexia and dyscalculia should be recorded under code 12 "Learning difficulties (reading, spelling or math disability)" of variable HEALTHMA. Dyslexia is a learning disorder marked by impairment of the ability to recognize and comprehend written words and dyscalculia is an impairment of the ability to solve mathematical problems, usually resulting from brain dysfunction. Therefore, it is clear that they have to be under this code.

**Question:** Could a single health condition or disease apply to more than one answer option? If yes, how it should be coded? For example, a person with cancer of the kidney can apply to both option 4 (cancer) or option 8 (stomach, liver, kidney or digestive problems). The question asks for the main type of health condition or disease, but if the respondent is referring to the same condition, how will the interviewer code which option to be the 'main' one?

**Answer:** A single health condition or disease cannot correspond to more than one code in HEALTHMA. In the example above, only "cancer" is to be recorded, and not a disease of the organ that is affected by cancer. What could be considered for a person having cancer is that a disease (for instance, diabetes) might be associated to his/her cancer (and that disease could be declared in HEALTHSE).

**Question:** Should hay fever, which could last for longer than a 6 month period, be considered here?

**Answer:** Hay fever, in case it lasts more than 6 months, could be put in the category 'chest or breathing problems' (code 07).

**Question:** In the explanatory notes it is stated that the 'main' health condition or disease is to be considered as 'the one which the person considers as being the most severe.' However, the term severe is considered by many as the severity of the condition on the person's health rather than the impact it had on the person's life. Therefore, would you agree that we construct the question focusing on the impact on a person's life to capture the 'main' health condition or disease?

**Answer:** We agree with your interpretation.

**Question:** It is queried whether pregnancy related conditions (such as high blood pressure) should be included in HEALTHMA and DIFFICMA, as they can often last for months after giving birth. The same goes for difficulties faced with pregnancy (bending or lifting etc), especially if they have had a 'c-section'.
**Answer:** Pregnancy related conditions and difficulties faced with pregnancy are to be considered in HEALTHMA, respectively DIFFICMA, in case they last for more than 6 months.

**Question:** Should the pollinosis/hay fever or allergic reactions caused by any animal counted in as longstanding health condition or disease (code 07)? For example, pollinosis/hay fever could be a problem every spring but not a problem during autumn and winter, but it is still periodic problem and the interviewed one might consider it as longstanding health problem.

**Answer:** These diseases should be considered as being longstanding. If the skin is also affected by the disease, code 05 should be also used, in case of hay fever 07.

**Question:** Hyperthyroidism does not have any specific code - only code 17?

**Answer:** For hyperthyroidism, use code 17.

**NEW Question:** What is it that should determine the difference between a YES answer and a NO answer for questions 1 and 3? Is it when it happens that the respondent has a symptom or difficulty, or when the respondent has such so often that the symptom itself is experienced as a problem? The interviewers should be instructed about this so that they can help the respondents who use answers like "sometimes" and such.

**Answer:**
The aim of those questions is to identify which, if any, of the longstanding health conditions or diseases of the respondent is the main one (i.e. the one which the person considers as being the most severe). The list of longstanding health conditions and diseases is an aide memoire for respondents. It should be a health condition or disease that has lasted or is likely to last for at least 6 months. The main characteristics are that it is permanent and may be expected to require a long period of supervision, observation or care.

**NEW Question:** Is it possible to code sleeping difficulties under code 17 HEALTH?

**Answer:** Code 15 "Other mental, nervous or emotional problems" should be used for sleeping disorders.

**NEW Question:** It is clear for some diseases that the problem should have been diagnosed by a doctor, e.g. cancer, diabetes, etc. But what about problems such as chronic anxiety (code 13), depression (code 14), other mental, nervous or emotional problems (code 15); should we only consider their prevalence if they have been diagnosed by a doctor?

**Answer:** The guidelines indicate that the declared health condition or disease does not have to be diagnosed by a physician.

**NEW Question:** Is it ok to change the ordering of the health problems/diseases in Question 1 of the Model Questionnaire? Or is it a potential risk for the comparisons between counties if we do that? For example, we would like to move no 4 “Cancer” because it is a much more severe disease then for example skin problems.

**Answer:** We would not recommend changing the order of the answer categories.
**NEW Question:** Where do ADHD, Asberger and other neurobehavioral developmental disorders fit in? Is it under code 15 “Other mental, nervous or emotional problems”? (HEALTHMA, HEALTHSE)

**Answer:** Indeed, they should be coded as other mental, nervous or emotional problems.

**NEW Question:** Where does allergy fit in? There is “allergic reactions” under code 5, but what about people who are allergic to some kind of food and the symptoms is not shown on the skin? (HEALTHMA, HEALTHSE)

**Answer:** In general, for allergy (to drugs/substances), code 17 "Other longstanding health problems" should be used. But, for allergic rhinitis or hay fever/pollinosis use code 07, for allergic gastroenteritis, code 08.

**NEW Question:** We have a question regarding the compliance of 3 LFS variables (FTPTREAS, LEAVREAS and SEEKREAS) to 2 variables of ad hoc module (HEALTHMA and DIFFICMA). In variables HEALTHMA and DIFFICMA longstanding means that the health condition or disease has lasted or is likely to last for at least 6 months. But in 3 LFS variables (FTPTREAS, LEAVREAS and SEEKREAS) health condition or disease longstanding is not determined. How to code correctly, if the respondent does not report any health problem (in HEALTHMA) or difficulty in basic activities (in DIFFICMA), but in some of 3 LFS variables (FTPTREAS, LEAVREAS and SEEKREAS) there is answer “own illness or disability”? As for LFS variables (FTPTREAS, LEAVREAS and SEEKREAS) longstanding is not determined, it cannot be considered that all persons who answered “own illness or disability” complies with 2 ad hoc module variables (HEALTHMA and DIFFICMA), where longstanding means that the health condition or disease has lasted or is likely to last for at least 6 months.

**Answer:** The explanatory notes say the following:
"In the core part of the LFS there are 3 variables (FTPTREAS, LEAVREAS and SEEKREAS) which have "own illness or disability" as answer category. In case the answer provided by a respondent to any of these 3 variables is "own illness or disability", then the interviewer should expect that a health problem is declared in HEALTHMA or a difficulty in a basic activity is declared in DIFFICMA. If the respondent does not report any health problem (in HEALTHMA) or difficulty in basic activities (in DIFFICMA), then the interviewer should remind the respondent his/her previous answer and ask for details. On the basis of the respondent's answer and the definitions in HEALTHMA and DIFFICMA, the interviewer should decide what code to use for these 2 variables".

But it could happen that a person answers with "own illness or disability" (especially in SEEKREAS) but no health problem is declared in HEALTHMA or DIFFICMA. This is because the respondent had a health problem that lasted less than 6 months. For instance, the reference period used in SEEKREAS is the past 4 weeks. Because of a temporary health problem, the respondent couldn't look for job.
Question: Is there a description of what is covered by each basic activity?

Answer: Yes, a description could be found in the ICF classification, available at http://apps.who.int/classifications/icfbrowser/

Question: There could be respondents that refer to the same health condition in HEALTHMA and DIFFICMA, counting the same problem twice within the two questions. A respondent, for example, may refer to a breathing problem at HEALTHMA (option 7), which may then impact on their walking or climbing steps in DIFFICMA (option 3). Is it an issue to double count the same problem within the two questions, or are the questions supposed to record a separate set of problems?

Answer: It is possible that a health condition is declared in HEALTHMA and a consequence of this disease is declared in DIFFICMA. So, a person with breathing problems can declare as having difficulties in walking, climbing steps.

Question: It is queried whether sleeping difficulties should be included at all as this affects one's ability in the workplace.

Answer: They should not be considered in DIFFICMA.

Question: There is no clear code for persons having problems with hands or shoulders when using a keyboard. This is a very common problem. Should the code 10 used to these cases?

Answer: For problems with hands or shoulders when using a keyboard, we propose to use code 07 "reaching or stretching".

Question: Does code 06 "Communicating, for example understanding or being understood” include difficulties such as dyslexia?

Answer: If the respondent considers that he/she has communication problems, then code 06 in DIFFICMA should be used.

NEW: Question: Sitting or standing (Code 04), refers
a) to the ability of the person to move from a sitting position to a standing position and vice-versa i.e. sit on a chair from a standing position and to stand up from a sitting position OR
b) to the ability of the person to stand for a long time and sit down for a long time i.e. difficulty in doing a sedentary job or difficulty in doing external jobs

Holding, gripping, or turning (Code 10), refers to the ability of the person to hold, grip objects with the hands or turn the body? Or it means to hold, grip and turn (move) objects with the hands?

Answer: The ICF has the following description for the 2 activities:

**d4103 Sitting** Getting into and out of a seated position and changing body position from sitting down to any other position, such as standing up or lying down. Inclusions: getting into a sitting position with bent legs or cross-legged; getting into a sitting position with feet supported or unsupported

**d4104 Standing** Getting into and out of a standing position or changing body position from standing to any other position, such as lying down or sitting down.
Holding, gripping or turning refer to hand and arm use. Below is what can be found in the ICF for these activities:

**d440 Fine hand use** Performing the coordinated actions of handling objects, picking up, manipulating and releasing them using one’s hand, fingers and thumb, such as required to lift coins off a table or turn a dial or knob.

*Inclusions:* picking up, grasping, manipulating and releasing

*Exclusion:* lifting and carrying objects

**d445 Hand and arm use** performing the coordinated actions required to move objects or to manipulate them by using hands and arms, such as when turning door handles or throwing or catching an object

*Inclusions:* pulling or pushing objects; reaching; turning or twisting the hands or arms; throwing; catching

*Exclusion:* fine hand use

**NEW: Question:** In Q3. Do you have difficulties with any of the following basic activities? 10 answers categories are given but among them we cannot find answer category “other”. This leads to some problems when respondent wants to mention other difficulties that seem to be very important for him/her, for example, difficulties to smell, swallow, squat, crawl, etc. and about what respondent thinks when the interview on further questions is continued. Whether questions in the questionnaire are asked only regarding the mentioned actions, and whether the selected actions are evidence-based? Should not answers in this case be supplemented with category “other” to provide respondents with opportunity to tell about his/her problem?

**Answer:** As the module is aimed to provide information on the situation of disabled people on the labour market, the main basic activities should concern what you can or cannot do at the work place. This is why some other activities, like swallowing, tasting or smelling, which are not directly related to the work place (except if you work in a perfume company) are not asked. Therefore it is important to keep the proposed set of answer category and to consider them as sorts of "broad chapters”.

**NEW: Question:** In Q3. Do you have difficulties with any of the following basic activities?, answer categories 1 - seeing, even if wearing glasses and 2 – hearing, even if using a hearing aid. In Implementation rules it is said: the use of technical devices/aids or assistance should not be considered except for seeing and hearing. For instance eyesight problems should not be reported if glasses or contact lenses are „sufficiently effective”. I understand about glasses and lenses. At the same time use of hearing aids in our country is not very popular (due to different reasons but mainly I suppose – due to financial reasons) and the respondent will not be able to answer whether he/she can hear with aids or not. As a result we will get some kind of overestimation?

**Answer:** There are 3 possibilities for persons having a hearing impairment:

i. the person wears hearing aid that is effective, so the person does not have hearing problems. In this case the answer to the question is NO.

ii. the person wears hearing aid that is not effective. In this case, the person answers with YES.

iii. the person (having a hearing impairment) does not wear hearing aid (for instance, due to financial reasons). The answer is YES.
NEW: **Question:** Answer category 6 – communicating, for example, understanding or being understood. Is it not contradiction when we ask “two directions” - understanding (it comes from my side) and being understood (it depends on other person)? Do we include in this position also the so called emotional (sensitive) attachment to persons or social exclusion? For example, “I feel pity for myself, nobody understands me and nobody loves me!”

**Answer:** No, there is no contradiction. It could be just one of these for considering the person as having communicating difficulties.

Concerning the situation described in the last question, the answer is No. See CHAPTER 3 COMMUNICATION at [http://apps.who.int/classifications/icfbrowser/](http://apps.who.int/classifications/icfbrowser/) for knowing what is covered by this category.

205. **LIMHOURS:** Limitation in the number of hours
206. **LIMTYPEW:** Limitation in the type of work
207. **LIMTRANS:** Limitation in getting to and from work
208. **NEEDHELP:** Person needs/uses personal assistance to enable him/her to work
209. **NEEDADAP:** Person needs/uses special equipment/workplace adaptations to enable him/her to work
210. **NEEDORGA:** Person needs/has special working arrangements to enable him/her to work

**Question:** In the filters of these variables there is no reference to WSTATOR. So, we discussed that “work” might be evaluated in a broader sense and might be understood as any kind of work including housework, but even in this case LIMTRANS would not make any sense. Should these questions be asked also including the possibility of work?

**Answer:** The variables mentioned above are for all respondents declaring a health problem or a basic activity difficulty (this is why there is no filter referring to the labour status of the respondent). The word “work” has the same meaning as in the core part of the LFS. It is important to ask about work limitations also the non-employed persons because some of them might well be able to work if correct supporting measures were available. Of course, they have to refer to hypothetical situations which make probably the answer difficult. For variables NEEDHELP, NEEDADAP and NEEDORGA the wording is adapted to the person’s situation: "need" for those not employed and "use/have" for those employed.

**Question:** For the LIMIT questions (LIMHOURS etc.) many respondents considered 'work' as work which they did around the house in addition to paid work. For example, one respondent mentioned that due to his health condition, he was limited with the number of hours he was able to work in the garden. Housewives may also consider 'work' as work which they do on a daily basis to maintain the household. Can you confirm whether we are interested only in paid work here, as we will add further instruction for interviewers if this is the case?

**Answer:** We are interested only in paid work.

NEW: **Question:** It should be clearly indicated in questions 5-13 for those with employment should only answer with regard to their present workplace or if they should consider all conceivable occupations or workplaces. Where examples are provided in the sub questions, it seems that employed respondents also think in broader terms than simply their present employment.
**Answer:** Also in the case of employed persons, these questions refer to what they want to do, not necessarily what they are currently doing. However, the work one ‘wants’ to do should refer to a reasonable expectation and not some idealised wish fulfillment. It should be work that the respondents believes they could be capable of if they were able to overcome certain barriers, e.g. by technical or personal aid or by further training or qualifications.

**NEW Question:** Questions 11, 12, and 13 have a built-in ambiguity because of the expression "able to work". For those with employment: Does the question only refer to whether one has the aid or must it also be so that the aid is a precondition for the individual to be able to work in general? Or is it sufficient that one has aid and that it facilitates the work? For those who are not working: Does the question refer to whether the aid were to be a precondition or something that facilitated a return to work? These are important differences, and the questions must be adjusted if the respondents are to be made to think in the same manner.

**Answer:** It is a precondition. It is presumed that without this aid the person is not able to work. The aid should remove barriers to participation in work.

**NEW Question:** According the filter for col 205-210, all limitations refer to the first main health condition/disease or basic activity difficulty. Is this interpretation correct? In the model questionnaire the plural is used and this is confusing.

**Answer:** Col 205-210 refers not only to the first main health condition/disease or basic activity difficulty but to all health conditions or basic activity difficulties declared by the respondent. Therefore, the use of the plural is justified. The filter indicates that only persons declaring a health condition or basic activity difficulty have to answer col 205-210.

**206. LIMTYPEW: Limitation in the type of work**

**NEW Question:** In variable LIMTYPEW we understand that the limitation is produced by a health problem or by a difficulty in basic activity, otherwise by a disability. It is not clear how "not having the appropriate skills and training” can be considered as a disability (please see the implementation rules for this variable)?

**Answer:** "having the appropriate skills and training" is listed in the implementation rules because there are situations when individuals having a specific health condition or difficulty in a basic activity couldn't follow a specific training or acquire the necessary skills for a particular job.

**NEW Question:** In many case, the type of work is directly related with person’s education&occupation. For example, if a person is a secretary and suffering from back pain, he/she will answer this question considering his/her working conditions, he/she will never consider the possibility of another kind of work, for example a work in construction. Similarly, is it possible for a medical doctor having a severe scar on his/her face to consider this problem and answer this question in the same way as explained in the example? Or a person suffering from asthma can easily work in an office but he/she can never work in a mine. Should this person be say “yes” in LIMTYPEW considering this option? Many people having some kind of health problems might be doing their current job without having any kind of problems, but it is certain that there are many type of work that they could never do (even a people has
no health problem). So, we need some extra information on how to evaluate/comment on this question?

**Answer:** The variable is concerned with paid work that respondents want to do, not necessarily what they are currently doing. However, the work one ‘wants’ to do should refer to a reasonable expectation and not some idealised wish fulfilment. It should be work that the respondents believes they could be capable of if they were able to overcome the barriers that currently prevent them from achieving it, even if it requires further training or qualifications.

**207. LIMTRANS: Limitation in getting to and from work**

**Question:** How should the questionnaire take into account the persons who are not employed and the limitations in getting to and from work are actually dependent on the workplace. For example a person in a wheelchair would have no problem getting to and from work if the workplace can be reached by metro, as the situation would be the opposite if it would mean use of train in order to get into a workplace?

**Answer:** It is important to ask about work limitations also to the non-employed persons because some of them might well be able to work if correct supporting measures were available. Of course, they have to refer to hypothetical situations which make probably the answer difficult. The limitation is measured in terms of capacity to go and return to/from work and the provided assistance/adaptations should not be taken into account in this variable (these are mentioned in the explanatory notes). Consequently, for the situation presented by you, code 2 or 3 should be used.

**208. NEEDHELP: Person needs/uses personal assistance to enable him/her to work**

**Question:** In the 2002 module we added an extra choice "The illness or disability prevents going to work despite supporting measures". How should those cases be coded?

**Answer:** The existing codes in the Regulation do not clearly cover the situation described. National questionnaires can have an additional code to cover that case but when submitting the data file to Eurostat only the codes that are in the Commission Regulation should be used. Our proposal is to consider the situation as corresponding to code 2 (No).

**211-212. LIMREAS: Main reason for limitation in work not caused by the longstanding health condition/diseases or basic activity difficulties**

**NEW Question:** I don't exactly know how to understand the 02 code (Lack of appropriate job opportunities) in the LIMREAS variable. Could you give me some examples?

**Answer:** Code 2 in LIMREAS refers to the situation where the respondents consider that the employment opportunities are scarce and because of this they are limited in the work they can do.

For instance:
- an employed person could currently perform an activity that is below his/her qualifications/skills because in the area where he/she lives there are no job opportunities corresponding to his/her talents, skills and qualifications.
- a person not currently employed might not find an "appropriate" job, i.e. a job where he/she could use his/her talents, skills and qualifications.
a person with an impairment might want to work but is unable to find a job due to the absence of different facilitators in the existing workplaces.

**NEW Question:** None of the test subjects initially understood what question 14 attempted to capture. That which defines the answer alternatives in question 15 needs to be stated as separate questions so that information can be gained about what other things can defined limitations in working life. However, not as yes or no questions, but rather asked in their own separate contexts.

**Answer:** The interviewers could be instructed to give examples (taken from the answer categories of question 15) in case the question is not understood by the respondent.

**NEW Question:** Affects receipt of benefits (Code 05) means a non-satisfactory compensation package, i.e. salary, vacation, health-life-disability insurance?

**Answer:** Code 5 in LIMREAS refers to those situations when people may want to work longer and get more pay but this may affect their eligibility for the receipt of welfare benefits.

**NEW Question:** What do Eurostat recommend on Question 15 in the model questionnaire: Should the interviewer read all eight alternatives to the respondent or is it more like an open question where the respondent hears the question, responds spontaneously and the interviewer fits the answer to the appropriate category?

**Answer:** As the respondent already gives a positive answer (question 14), he should know the reason(s). So, I would say that the 2nd option should be used. However, the core LFS has other questions on 'reasons', so probably the questioning could be the same as for these similar questions.

**NEW Question:** How we should treat the persons not interested in job at all (most of young students, retired persons)?

**Answer:** As indicated in the implementation rules for this variable, non-employed persons can refer to a hypothetical situation (the variable is about the capacity to work and not the performance). For instance, a student might indicate his/her limitation due to the lack of qualifications/experience or lack of appropriate job opportunities. A retired person could refer to his/her family/caring responsibilities.

**NEW Question:** Whether the code 4 includes the negative employers’ attitude to disabled or other category people?

**Answer:** Negative attitudes towards disabled or other category persons should be coded with 8 (other reason). Code 4 refers to situations when the employer does not allow flexible working hours, teleworking etc.

**NEW Question:** We have trouble understanding the concept of the variable LIMREAS (question 14/15) and need guidelines on how to instruct the interviewers. We have the same wording in our questionnaire as in the Model Questionnaire, and the interviewer also see some examples from question 15 on the screen when reading question 14, which he/she can be read to the respondent in case of doubts. When we tested these questions, almost every asked person has trouble to understand the meaning. For example, is restrictions in “all” jobs to be considered? Everyone is of course limited in some way so that they cannot work in all possible professions (for example most
people lack competence and skill to be a brain surgeon or astronaut). This could imply that a “No” on question 14 is a situation where the respondent has not understood the question...

We think there is a risk that the result from this question will be very hard to compare, because the respondent will answer it in their own context, and to avoid this we need some clear guidelines on how it should be interpreted. Has there been any discussion with other member states on this variable?

**Answer:** The concept for that variable is to allow a comparison of barriers of people with a health condition or restriction in daily activities on one hand and barriers of those without a health condition or restriction in daily activities on the other hand in order to check for any differences in limitation of participation. The answers should allow seeing whether e.g. 'lack of qualification' is mainly a problem for disabled persons or whether it's a limitation that is also true for many non-disabled persons, or at least for quite a proportion. So it's ok if non-disabled persons say that they are limited in becoming an astronaut due to lack of qualification. The interviewer just has to clearly indicate that the interviewee shouldn't consider a dream job but a real one that he was reaching for but didn’t get - which wouldn’t apply e.g. for someone who first decides not to study but to earn money immediately after school and after some years he realises that he would have loved to become a lawyer. The questions received from other countries were about particular situations or clarifications in relation to some answer categories.