

The following questions of the questionnaire were linked to the part “people with disability”:

**HEALTH ISSUES, DISEASE**

9. **Do you have any long-term (existing for at least 6 months) health problems, diseases of the following? Think about the periodically recurring problems as well, and note the most serious one in case of having several problems at the same time.**

Has:

- (01) locomotor problems (pl. rheumatism, joint problems, partial or complete absence of limbs, etc.)
- (02) cancer, tumors
- (03) skin disease, allergies causing skin lesions, severe skin lesions
- (04) circulatory system disease (eg. cardiac or blood pressure problems, stroke, thrombosis, varicose)
- (05) thoracic and respiratory disease (eg. asthma, bronchitis, respiratory allergies)
- (06) diseases of stomach, liver, kidneys or other disease of the digestive system)
- (07) diabetes
- (08) epilepsy
- (09) severe headache (migraine)
- (10) learning problems (eg. reading, numeracy, writing problems)
- (11) neurological psychological, mental diseases (eg. chronic anxiety, depression, panic disorder, phobia, anorexia, sleeping disorders, etc.)
- (12) other progressive disease (eg. Parkinson's disease, AIDS, rheumatoid arthritis, Alzheimer's disease, etc.)
- (13) other long-term disease, namely:.....
- (14) Has, but don't want to share.

(15) Doesn't have any of these.

10. **Does any of the following skills, activities cause long-term (lasting for at least 6 months) problems? Think about the periodically recurring problems as well, and note the most serious one in case of having several problems at the same time.**

- (1) sensory problems despite wearing sensory aids (eg. glasses, hearing aids)
- (2) other movements (eg. walking, climbing stairs, rearing, stretching, lifting objects)
- (3) concentration, remembering
- (4) communication (understanding others, making others to understand me)
- (5) no

- 11/A. **Does any of the marked inconvenience, health problem or disease limit the weekly hours you can (could) spend for income providing work?**

*Eg. Can't (couldn't) fulfill the usual working hours of a full-time employee, can't (couldn't) fulfill the usual amount of workload of the occupation, can (could) work only with lowered intensity.*

(1) yes (2) no

- 11/B. **Does any of the marked inconvenience, health problem or disease limit the kind of income providing work you can (could) carry out?**

*Eg. can not lift heavy objects, work outside, or fulfill jobs requiring sitting or standing for a long time, etc.*

(1) yes (2) no

- 11/C. **Does any of the marked inconvenience, health problem or disease limit you in going to work?**

*Eg. makes it difficult to travel between home and the (potential) workplace.*

(1) yes (2) no

- 11/D. **Does any of the marked inconvenience, health problem or disease limits your employment or working in any other way?**

(1) yes, namely: .....

(2) no