

**Portugal**

**SOURCE**

**Name of source:** Labour Force Survey - ad hoc module 2011

**Institution responsible for the statistics:** Statistics Portugal, Av. António José de Almeida 1000-043 LISBOA, Tel: + 351 218 426 100, Fax: + 351 218 426 380

**Type of source:** Household survey

**Periodicity:** Ad hoc module

**Objectives:** To comply with the Commission Regulation (EC) n°317/2010.

**COVERAGE**

**Disabilities:** All types (seeing, hearing, speaking, moving/mobility, body movement, gripping/holding, learning, behaviour, personal care difficulties)

**Population groups:** Persons aged 15-64 years

**Total population covered:** 100%

**Economic activities:** All economic activities

**Sectors covered:** All sectors

**Labour force status:** Employed persons, unemployed persons, persons not economically active

**Status in Employment:** Employees, employers, own-account workers, contributing family workers, members of producers’ cooperatives

**Geographic areas:** Whole country

**Establishments:** NR

**Other limitations:** Na

**TERMS AND DEFINITIONS**

**Term used to denote 'disability':** ‘Disability or longstanding health problem’

**Definition of this term:** Health problem that at the time of the survey has lasted at least 6 months or was expected to last 6 months or more. It is not restricted to physical health problem and includes such problems as seeing, hearing, speaking and mental problems.

**Source of this definition:** Commission Regulation (EC) n°317/2010

**Questions used to identify persons with disabilities:** ‘Please, tell me if you have any of the following longstanding or chronic health conditions or diseases (the list is given in the
questionnaire).’ Of these health conditions or diseases, which one is the more severe for you?’ ‘Which one is the second more severe longstanding condition or disease?’ ‘Please tell me if you have difficulties in the development of the following basic activities: seeing, even if you wear glasses or contact lenses; any trouble hearing, even if you are wearing a hearing aid; walking or climbing stairs; sitting or standing; concentrating or remembering things; communicating, for example, understanding other people or making people understand you; reaching or stretching; lifting and carrying; bending; holding, gripping or turning?’ ‘Please tell me if this(these) health condition(s) or disease(s)/this(these) difficulty(ies) limit: the number of hours that you can work in a week; the type of work that you can do (for instance, do you have problems carrying heavy loads, working outdoors or sitting for a long time); the type of work that you can do (for instance, do you have problems working outdoors or sitting for a long time); you getting to and from work.’ ‘Is this limitation caused: by the longstanding health problem(s) or disease(s); by the difficulties in the development of the basic activity(ies); by both reasons. Possible answers: yes, no.

‘Do you have: a personal assistance to enable you to work because of the health condition(s)/difficulty(ies) you have indicated; a special equipment or workplace adaptations to enable you to work because of the health condition(s)/difficulty(ies) you have indicated; a special working arrangement to enable you to work because of the health condition(s)/difficulty(ies) you have indicated (for instance, sedentary jobs, teleworking, flexible hours, less strenuous work)?’ ‘Is there any other reason that restricts the work you can do, i.e., a reason apart from longstanding health conditions or diseases or to the existence of difficulties in the development of basic activities?’ ‘In case you had a work, do you/would you consider that this(these) health condition(s) or disease(s)/this(these) difficulty(ies) would limit: the number of hours you could work in a week; the type of work that you could do (for instance, do you have problems carrying heavy loads, working outdoors or sitting for a long time); the type of work that you could do (for instance, do you have problems working outdoors or sitting for a long time); you getting to and from work?’ ‘Is there any other reason that restricts the work you can do?’ Possible answers: yes, no.

‘From the reasons I am going to read, please indicate the ones: that limit the work you can do; that limit the work you could do; contributing for your permanent disability for work: lack of qualifications or experience; lack of appropriate job opportunities; lack of proper transportation to and from the workplace; employers' lack of flexibility; affects receipt of benefits; family/caring responsibilities; personal reasons; other reason?’

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

CLASSIFICATION

Classifications: Sex, age, level of education, other personal characteristics, type of living arrangements, status in employment, occupation, economic activity, type of disability, categories of beneficiaries in accordance with the Law

Cross-classifications: Cross-classifications based on usual variables of LFS (employment, unemployment, inactivity, education, establishments...) and specific variables of the ad hoc module regarding the persons suffering from health problem (types of health problem or disability), administrative category...)

REFERENCE PERIOD: 2nd quarter of 2011
DISSEMINATION

National publications: No

Website: http://ec.europa.eu/eurostat/web/products-datasets/hlth_dlm060