



ENCUESTA DE CONDICIONES DE TRABAJO 2020 (ECT-2020) CUESTIONARIO FAMILIAR



Los datos obtenidos por este cuestionario se utilizarán para la "Encuesta de Condiciones de Trabajo", operación estadística regulada con el número **050903** en la **Ley 8/2019, de 27 de junio** por el que se aprueba el **Plan Vasco de Estadística 2019-2022**.

Todos los datos suministrados serán objeto de protección y quedarán amparados por el secreto estadístico, regulado en los artículos 19 a 23 de la Ley de Estadística de la C.A.E. Así mismo el artículo 10 de la citada ley obliga a todos los residentes en la Comunidad Autónoma de Euskadi a suministrar la información que se le requiere.

NUMC: | _ _ _ _ |

Entrevistador/a: | _ |

Fecha: | _ _ | | _ _ | | _ _ |

Duración: | _ _ | | _ _ |

Para cualquier consulta estamos a su disposición en:

Teléfono de recogida de información de la empresa Ikertalde: 900 102 628
Teléfono del Órgano Estadístico del Departamento: 945 01 93 58 / 945 01 93 82
En el teléfono de Zuzenean: **012**

Correo electrónico de recogida de información Ikertalde: ect@ikertalde.com
Correo del Órgano Estadístico del Departamento: estadistika-eps@euskadi.eus

N.º D E O R D E N	F1	F3	F4	F6	F7
	NOMBRE, PRIMER Y, SEGUNDO APELLIDOS	INFORMANTE	PARENTESCO O RELACION CON LA PERSONA DE REFERENCIA	SEXO	EDAD, FECHA Y LUGAR DE NACIMIENTO
1 <input type="checkbox"/>	<p>.....</p> <p>(Nombre)</p> <p>.....</p> <p>(1º Apellido)</p> <p>.....</p> <p>(2º Apellido)</p>	<p>A. No <input type="checkbox"/> 6</p> <p>B. Si <input type="checkbox"/> 1</p>	<p>Persona de referencia (PR) <input type="checkbox"/> 1</p> <p>Cónyuge o pareja de PR <input type="checkbox"/> 2</p> <p>Hijo/a, Hijastro/a <input type="checkbox"/> 3</p> <p>Yerno, nuera <input type="checkbox"/> 4</p> <p>Padre, madre, suegro/a <input type="checkbox"/> 5</p> <p>Hermano/a, cuñado/a <input type="checkbox"/> 6</p> <p>Otro pariente de PR <input type="checkbox"/> 7</p> <p>Pers. doméstico <input type="checkbox"/> 8</p> <p>Otra persona no emparentada <input type="checkbox"/> 9</p>	<p>A. Mujer <input type="checkbox"/> 9</p> <p>B. Varón <input type="checkbox"/> 7</p>	<p>1. Edad <input type="text"/> <input type="text"/> <input type="text"/></p> <p>2. Fecha de nacimiento</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>día mes año</p> <p>3. Provincia de nacimiento (o País de nacimiento si nacido fuera)</p> <p>.....</p> <p>.....</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p>
2 <input type="checkbox"/>	<p>.....</p> <p>(Nombre)</p> <p>.....</p> <p>(1º Apellido)</p> <p>.....</p> <p>(2º Apellido)</p>	<p>A. No <input type="checkbox"/> 6</p> <p>B. Si <input type="checkbox"/> 1</p>	<p>Persona de referencia (PR) <input type="checkbox"/> 1</p> <p>Cónyuge o pareja de PR <input type="checkbox"/> 2</p> <p>Hijo/a, Hijastro/a <input type="checkbox"/> 3</p> <p>Yerno, nuera <input type="checkbox"/> 4</p> <p>Padre, madre, suegro/a <input type="checkbox"/> 5</p> <p>Hermano/a, cuñado/a <input type="checkbox"/> 6</p> <p>Otro pariente de PR <input type="checkbox"/> 7</p> <p>Pers. doméstico <input type="checkbox"/> 8</p> <p>Otra persona no emparentada <input type="checkbox"/> 9</p>	<p>A. Mujer <input type="checkbox"/> 9</p> <p>B. Varón <input type="checkbox"/> 7</p>	<p>1. Edad <input type="text"/> <input type="text"/> <input type="text"/></p> <p>2. Fecha de nacimiento</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>día mes año</p> <p>3. Provincia de nacimiento (o País de nacimiento si nacido fuera)</p> <p>.....</p> <p>.....</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p>
3 <input type="checkbox"/>	<p>.....</p> <p>(Nombre)</p> <p>.....</p> <p>(1º Apellido)</p> <p>.....</p> <p>(2º Apellido)</p>	<p>A. No <input type="checkbox"/> 6</p> <p>B. Si <input type="checkbox"/> 1</p>	<p>Persona de referencia (PR) <input type="checkbox"/> 1</p> <p>Cónyuge o pareja de PR <input type="checkbox"/> 2</p> <p>Hijo/a, Hijastro/a <input type="checkbox"/> 3</p> <p>Yerno, nuera <input type="checkbox"/> 4</p> <p>Padre, madre, suegro/a <input type="checkbox"/> 5</p> <p>Hermano/a, cuñado/a <input type="checkbox"/> 6</p> <p>Otro pariente de PR <input type="checkbox"/> 7</p> <p>Pers. doméstico <input type="checkbox"/> 8</p> <p>Otra persona no emparentada <input type="checkbox"/> 9</p>	<p>A. Mujer <input type="checkbox"/> 9</p> <p>B. Varón <input type="checkbox"/> 7</p>	<p>1. Edad <input type="text"/> <input type="text"/> <input type="text"/></p> <p>2. Fecha de nacimiento</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>día mes año</p> <p>3. Provincia de nacimiento (o País de nacimiento si nacido fuera)</p> <p>.....</p> <p>.....</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p>
4 <input type="checkbox"/>	<p>.....</p> <p>(Nombre)</p> <p>.....</p> <p>(1º Apellido)</p> <p>.....</p> <p>(2º Apellido)</p>	<p>A. No <input type="checkbox"/> 6</p> <p>B. Si <input type="checkbox"/> 1</p>	<p>Persona de referencia (PR) <input type="checkbox"/> 1</p> <p>Cónyuge o pareja de PR <input type="checkbox"/> 2</p> <p>Hijo/a, Hijastro/a <input type="checkbox"/> 3</p> <p>Yerno, nuera <input type="checkbox"/> 4</p> <p>Padre, madre, suegro/a <input type="checkbox"/> 5</p> <p>Hermano/a, cuñado/a <input type="checkbox"/> 6</p> <p>Otro pariente de PR <input type="checkbox"/> 7</p> <p>Pers. doméstico <input type="checkbox"/> 8</p> <p>Otra persona no emparentada <input type="checkbox"/> 9</p>	<p>A. Mujer <input type="checkbox"/> 9</p> <p>B. Varón <input type="checkbox"/> 7</p>	<p>1. Edad <input type="text"/> <input type="text"/> <input type="text"/></p> <p>2. Fecha de nacimiento</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>día mes año</p> <p>3. Provincia de nacimiento (o País de nacimiento si nacido fuera)</p> <p>.....</p> <p>.....</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p>
5 <input type="checkbox"/>	<p>.....</p> <p>(Nombre)</p> <p>.....</p> <p>(1º Apellido)</p> <p>.....</p> <p>(2º Apellido)</p>	<p>A. No <input type="checkbox"/> 6</p> <p>B. Si <input type="checkbox"/> 1</p>	<p>Persona de referencia (PR) <input type="checkbox"/> 1</p> <p>Cónyuge o pareja de PR <input type="checkbox"/> 2</p> <p>Hijo/a, Hijastro/a <input type="checkbox"/> 3</p> <p>Yerno, nuera <input type="checkbox"/> 4</p> <p>Padre, madre, suegro/a <input type="checkbox"/> 5</p> <p>Hermano/a, cuñado/a <input type="checkbox"/> 6</p> <p>Otro pariente de PR <input type="checkbox"/> 7</p> <p>Pers. doméstico <input type="checkbox"/> 8</p> <p>Otra persona no emparentada <input type="checkbox"/> 9</p>	<p>A. Mujer <input type="checkbox"/> 9</p> <p>B. Varón <input type="checkbox"/> 7</p>	<p>1. Edad <input type="text"/> <input type="text"/> <input type="text"/></p> <p>2. Fecha de nacimiento</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>día mes año</p> <p>3. Provincia de nacimiento (o País de nacimiento si nacido fuera)</p> <p>.....</p> <p>.....</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p>

N.º DE ORDEN	F11	F12	F13	F14
	SITUACIÓN EN RELACIÓN CON LA ACTIVIDAD	¿CÓMO SE CLASIFICARÍA EN FUNCIÓN DE SU SITUACION PROFESIONAL EN EL TRABAJO?	¿ES USTED ASALARIADO/A DE SU PROPIA EMPRESA? ¿TRABAJA PARA UN ÚNICO O UNICA CLIENTE?	RESUMEN DE LA SITUACIÓN PROFESIONAL EN EL TRABAJO
1	<p>A. Menor de 16 años <input type="checkbox"/> 1 ↓</p> <p>B. Trabajando, al menos 1 hora <input type="checkbox"/> 2</p> <p>C. Con trabajo del que está ausente</p> <p>C.a. Por ERTE o ERE <input type="checkbox"/> 9 →</p> <p>C.b. Por enfermedad, vacaciones y otra situación de baja temporal prevista por la empresa <input type="checkbox"/> 3</p> <p>D. Con becas o prácticas renumeradas <input type="checkbox"/> 10 →</p> <p>E. En paro <input type="checkbox"/> 4</p> <p>F. En jubilación o retiro anticipado <input type="checkbox"/> 5</p> <p>G. Estudiando <input type="checkbox"/> 6</p> <p>H. Se encarga del hogar y/o cuidados no profesionales a personas (sin renumerar) <input type="checkbox"/> 7</p> <p>I. Otra situación inactividad <input type="checkbox"/> 8 ↓</p>	<p>A. Ayuda Familiar <input type="checkbox"/> 1 ↓</p> <p>B. Socio/a Cooperativista o Sociedades Laborales (SAL/SLL) .. <input type="checkbox"/> 2</p> <p>C. Asalariado/a</p> <p>C.a. Admón. o Empresa Pública .. <input type="checkbox"/> 3 →</p> <p>C.b. Sector privado <input type="checkbox"/> 4</p> <p>C.c. Hogar particular (servicio doméstico) <input type="checkbox"/> 7</p> <p>D. Empresario/a, autónomo/a o trabajador/a por cuenta propia</p> <p>D.a. Sin asalariados <input type="checkbox"/> 5</p> <p>D.b. Con asalariados <input type="checkbox"/> 6 →</p> <p>E. Servicio doméstico autónomo en uno o más hogares particulares <input type="checkbox"/> 8</p>	<p>1. Asalariado/a de su propia empresa (Autoempleo)</p> <p>A. Si <input type="checkbox"/> 1 →</p> <p>B. No <input type="checkbox"/> 6 ↓</p> <p>2. Trabaja para un único o única cliente (TRADE)</p> <p>A. Si <input type="checkbox"/> 2 →</p> <p>B. No <input type="checkbox"/> 7 ↓</p>	<p>A. Socio/a Cooperativista o SL <input type="checkbox"/> 1</p> <p>B. Asalariado/a</p> <p>B.a. Admón. o Empresa pública <input type="checkbox"/> 2</p> <p>B.b. Sector privado <input type="checkbox"/> 3 → IND</p> <p>B.c. Hogar (servicio doméstico) <input type="checkbox"/> 7</p> <p>C. Asalariado/a de su propia empresa <input type="checkbox"/> 4</p> <p>D. Autónomo TRADE (único/a cliente) <input type="checkbox"/> 5</p>
2	<p>A. Menor de 16 años <input type="checkbox"/> 1 ↓</p> <p>B. Trabajando, al menos 1 hora <input type="checkbox"/> 2</p> <p>C. Con trabajo del que está ausente</p> <p>C.a. Por ERTE o ERE <input type="checkbox"/> 9 →</p> <p>C.b. Por enfermedad, vacaciones y otra situación de baja temporal prevista por la empresa <input type="checkbox"/> 3</p> <p>D. Con becas o prácticas renumeradas <input type="checkbox"/> 10 →</p> <p>E. En paro <input type="checkbox"/> 4</p> <p>F. En jubilación o retiro anticipado <input type="checkbox"/> 5</p> <p>G. Estudiando <input type="checkbox"/> 6</p> <p>H. Se encarga del hogar y/o cuidados no profesionales a personas (sin renumerar) <input type="checkbox"/> 7</p> <p>I. Otra situación inactividad <input type="checkbox"/> 8 ↓</p>	<p>A. Ayuda Familiar <input type="checkbox"/> 1 ↓</p> <p>B. Socio/a Cooperativista o Sociedades Laborales (SAL/SLL) .. <input type="checkbox"/> 2</p> <p>C. Asalariado/a</p> <p>C.a. Admón. o Empresa Pública .. <input type="checkbox"/> 3 →</p> <p>C.b. Sector privado <input type="checkbox"/> 4</p> <p>C.c. Hogar particular (servicio doméstico) <input type="checkbox"/> 7</p> <p>D. Empresario/a, autónomo/a o trabajador/a por cuenta propia</p> <p>D.a. Sin asalariados <input type="checkbox"/> 5</p> <p>D.b. Con asalariados <input type="checkbox"/> 6 →</p> <p>E. Servicio doméstico autónomo en uno o más hogares particulares <input type="checkbox"/> 8</p>	<p>1. Asalariado/a de su propia empresa (Autoempleo)</p> <p>A. Si <input type="checkbox"/> 1 →</p> <p>B. No <input type="checkbox"/> 6 ↓</p> <p>2. Trabaja para un único o única cliente (TRADE)</p> <p>A. Si <input type="checkbox"/> 2 →</p> <p>B. No <input type="checkbox"/> 7 ↓</p>	<p>A. Socio/a Cooperativista o SL <input type="checkbox"/> 1</p> <p>B. Asalariado/a</p> <p>B.a. Admón. o Empresa pública <input type="checkbox"/> 2</p> <p>B.b. Sector privado <input type="checkbox"/> 3 → IND</p> <p>B.c. Hogar (servicio doméstico) <input type="checkbox"/> 7</p> <p>C. Asalariado/a de su propia empresa <input type="checkbox"/> 4</p> <p>D. Autónomo TRADE (único/a cliente) <input type="checkbox"/> 5</p>
3	<p>A. Menor de 16 años <input type="checkbox"/> 1 ↓</p> <p>B. Trabajando, al menos 1 hora <input type="checkbox"/> 2</p> <p>C. Con trabajo del que está ausente</p> <p>C.a. Por ERTE o ERE <input type="checkbox"/> 9 →</p> <p>C.b. Por enfermedad, vacaciones y otra situación de baja temporal prevista por la empresa <input type="checkbox"/> 3</p> <p>D. Con becas o prácticas renumeradas <input type="checkbox"/> 10 →</p> <p>E. En paro <input type="checkbox"/> 4</p> <p>F. En jubilación o retiro anticipado <input type="checkbox"/> 5</p> <p>G. Estudiando <input type="checkbox"/> 6</p> <p>H. Se encarga del hogar y/o cuidados no profesionales a personas (sin renumerar) <input type="checkbox"/> 7</p> <p>I. Otra situación inactividad <input type="checkbox"/> 8 ↓</p>	<p>A. Ayuda Familiar <input type="checkbox"/> 1 ↓</p> <p>B. Socio/a Cooperativista o Sociedades Laborales (SAL/SLL) .. <input type="checkbox"/> 2</p> <p>C. Asalariado/a</p> <p>C.a. Admón. o Empresa Pública .. <input type="checkbox"/> 3 →</p> <p>C.b. Sector privado <input type="checkbox"/> 4</p> <p>C.c. Hogar particular (servicio doméstico) <input type="checkbox"/> 7</p> <p>D. Empresario/a, autónomo/a o trabajador/a por cuenta propia</p> <p>D.a. Sin asalariados <input type="checkbox"/> 5</p> <p>D.b. Con asalariados <input type="checkbox"/> 6 →</p> <p>E. Servicio doméstico autónomo en uno o más hogares particulares <input type="checkbox"/> 8</p>	<p>1. Asalariado/a de su propia empresa (Autoempleo)</p> <p>A. Si <input type="checkbox"/> 1 →</p> <p>B. No <input type="checkbox"/> 6 ↓</p> <p>2. Trabaja para un único o única cliente (TRADE)</p> <p>A. Si <input type="checkbox"/> 2 →</p> <p>B. No <input type="checkbox"/> 7 ↓</p>	<p>A. Socio/a Cooperativista o SL <input type="checkbox"/> 1</p> <p>B. Asalariado/a</p> <p>B.a. Admón. o Empresa pública <input type="checkbox"/> 2</p> <p>B.b. Sector privado <input type="checkbox"/> 3 → IND</p> <p>B.c. Hogar (servicio doméstico) <input type="checkbox"/> 7</p> <p>C. Asalariado/a de su propia empresa <input type="checkbox"/> 4</p> <p>D. Autónomo TRADE (único/a cliente) <input type="checkbox"/> 5</p>
4	<p>A. Menor de 16 años <input type="checkbox"/> 1 ↓</p> <p>B. Trabajando, al menos 1 hora <input type="checkbox"/> 2</p> <p>C. Con trabajo del que está ausente</p> <p>C.a. Por ERTE o ERE <input type="checkbox"/> 9 →</p> <p>C.b. Por enfermedad, vacaciones y otra situación de baja temporal prevista por la empresa <input type="checkbox"/> 3</p> <p>D. Con becas o prácticas renumeradas <input type="checkbox"/> 10 →</p> <p>E. En paro <input type="checkbox"/> 4</p> <p>F. En jubilación o retiro anticipado <input type="checkbox"/> 5</p> <p>G. Estudiando <input type="checkbox"/> 6</p> <p>H. Se encarga del hogar y/o cuidados no profesionales a personas (sin renumerar) <input type="checkbox"/> 7</p> <p>I. Otra situación inactividad <input type="checkbox"/> 8 ↓</p>	<p>A. Ayuda Familiar <input type="checkbox"/> 1 ↓</p> <p>B. Socio/a Cooperativista o Sociedades Laborales (SAL/SLL) .. <input type="checkbox"/> 2</p> <p>C. Asalariado/a</p> <p>C.a. Admón. o Empresa Pública .. <input type="checkbox"/> 3 →</p> <p>C.b. Sector privado <input type="checkbox"/> 4</p> <p>C.c. Hogar particular (servicio doméstico) <input type="checkbox"/> 7</p> <p>D. Empresario/a, autónomo/a o trabajador/a por cuenta propia</p> <p>D.a. Sin asalariados <input type="checkbox"/> 5</p> <p>D.b. Con asalariados <input type="checkbox"/> 6 →</p> <p>E. Servicio doméstico autónomo en uno o más hogares particulares <input type="checkbox"/> 8</p>	<p>1. Asalariado/a de su propia empresa (Autoempleo)</p> <p>A. Si <input type="checkbox"/> 1 →</p> <p>B. No <input type="checkbox"/> 6 ↓</p> <p>2. Trabaja para un único o única cliente (TRADE)</p> <p>A. Si <input type="checkbox"/> 2 →</p> <p>B. No <input type="checkbox"/> 7 ↓</p>	<p>A. Socio/a Cooperativista o SL <input type="checkbox"/> 1</p> <p>B. Asalariado/a</p> <p>B.a. Admón. o Empresa pública <input type="checkbox"/> 2</p> <p>B.b. Sector privado <input type="checkbox"/> 3 → IND</p> <p>B.c. Hogar (servicio doméstico) <input type="checkbox"/> 7</p> <p>C. Asalariado/a de su propia empresa <input type="checkbox"/> 4</p> <p>D. Autónomo TRADE (único/a cliente) <input type="checkbox"/> 5</p>
5	<p>A. Menor de 16 años <input type="checkbox"/> 1 ↓</p> <p>B. Trabajando, al menos 1 hora <input type="checkbox"/> 2</p> <p>C. Con trabajo del que está ausente</p> <p>C.a. Por ERTE o ERE <input type="checkbox"/> 9 →</p> <p>C.b. Por enfermedad, vacaciones y otra situación de baja temporal prevista por la empresa <input type="checkbox"/> 3</p> <p>D. Con becas o prácticas renumeradas <input type="checkbox"/> 10 →</p> <p>E. En paro <input type="checkbox"/> 4</p> <p>F. En jubilación o retiro anticipado <input type="checkbox"/> 5</p> <p>G. Estudiando <input type="checkbox"/> 6</p> <p>H. Se encarga del hogar y/o cuidados no profesionales a personas (sin renumerar) <input type="checkbox"/> 7</p> <p>I. Otra situación inactividad <input type="checkbox"/> 8 ↓</p>	<p>A. Ayuda Familiar <input type="checkbox"/> 1 ↓</p> <p>B. Socio/a Cooperativista o Sociedades Laborales (SAL/SLL) .. <input type="checkbox"/> 2</p> <p>C. Asalariado/a</p> <p>C.a. Admón. o Empresa Pública .. <input type="checkbox"/> 3 →</p> <p>C.b. Sector privado <input type="checkbox"/> 4</p> <p>C.c. Hogar particular (servicio doméstico) <input type="checkbox"/> 7</p> <p>D. Empresario/a, autónomo/a o trabajador/a por cuenta propia</p> <p>D.a. Sin asalariados <input type="checkbox"/> 5</p> <p>D.b. Con asalariados <input type="checkbox"/> 6 →</p> <p>E. Servicio doméstico autónomo en uno o más hogares particulares <input type="checkbox"/> 8</p>	<p>1. Asalariado/a de su propia empresa (Autoempleo)</p> <p>A. Si <input type="checkbox"/> 1 →</p> <p>B. No <input type="checkbox"/> 6 ↓</p> <p>2. Trabaja para un único o única cliente (TRADE)</p> <p>A. Si <input type="checkbox"/> 2 →</p> <p>B. No <input type="checkbox"/> 7 ↓</p>	<p>A. Socio/a Cooperativista o SL <input type="checkbox"/> 1</p> <p>B. Asalariado/a</p> <p>B.a. Admón. o Empresa pública <input type="checkbox"/> 2</p> <p>B.b. Sector privado <input type="checkbox"/> 3 → IND</p> <p>B.c. Hogar (servicio doméstico) <input type="checkbox"/> 7</p> <p>C. Asalariado/a de su propia empresa <input type="checkbox"/> 4</p> <p>D. Autónomo TRADE (único/a cliente) <input type="checkbox"/> 5</p>

IND: CUMPLIMENTAR CUESTIONARIO INDIVIDUAL



ENPLEGU ETA GIZARTE
POLITIKETAKO SAILA
Zerbitzuen Zuzendaritza
Estatistika Organo Berezia

DEPARTAMENTO DE EMPLEO Y
POLÍTICAS SOCIALES
Dirección de Servicios
Órgano Estadístico Específico

ENCUESTA DE CONDICIONES DE TRABAJO 2020 (ECT-2020) CUESTIONARIO INDIVIDUAL

1. NUMC: _____
2. NÚMERO ORDEN DE LA PERSONA: _____
3. ENTREVISTADOR/A: _____
4. FECHA DE ENCUESTA: ____/____/2020
5. HORA DE INICIO: ____:____
6. DURACIÓN: ____ minutos

DATOS DE CLASIFICACIÓN PERSONAL

1	2	3	3A	4
ESTADO CIVIL LEGAL	SEXO	EDAD, FECHA Y LUGAR DE NACIMIENTO	¿DE QUÉ NACIONALIDAD DISPONE?	TÍTULO DE ESTUDIOS REGLADOS (CON TITULACIÓN OFICIAL RECONOCIDA) DE MÁS ALTO NIVEL QUE HA OBTENIDO
A. Soltero/a <input type="checkbox"/> 11 B. Casado/a 1 ^{as} nupcias <input type="checkbox"/> 12 C. Casado/a 2 ^{as} nupcias <input type="checkbox"/> 13 D. Viudo/a <input type="checkbox"/> 14 E. Divorciado/a <input type="checkbox"/> 15 F. Separado/a <input type="checkbox"/> 16	A. Mujer <input type="checkbox"/> 9 B. Varón <input type="checkbox"/> 7	1. Edad _____ 2. Fecha de nacimiento _____ día _____ mes _____ año 3. Provincia de nacimiento (o País de nacimiento si nacido fuera) _____	Española de origen <input type="checkbox"/> 1 Española nacionalizado/a <input type="checkbox"/> 2 Española y otra _____ <input type="checkbox"/> 3 Otro Estado de la U.E. _____ <input type="checkbox"/> 4 Otro Estado _____ <input type="checkbox"/> 5	1. 2. A. No sabe leer ni escribir <input type="checkbox"/> 01 B. Sin estudios, sabe leer y escribir <input type="checkbox"/> 02 C. Primarios (Educación primaria, Graduado escolar, Certificado escolar, EGB) <input type="checkbox"/> 03 D. Secundarios (no profesionales) (ESO, REM, BUP, COU, Bachillerato, Acceso a la universidad, PREU, ...) <input type="checkbox"/> 04 E. Profesionales grado medio (FP1, Oficialía, Grado Medio, ...) <input type="checkbox"/> 05 F. Profesionales grado superior (FP2, Maestría, Grado Superior) <input type="checkbox"/> 06 G. Univers. medios - Diplomatura (Ingeniería técnica, Peritaje, Magisterio, Enfermería y otros del mismo nivel) <input type="checkbox"/> 07 H. Estudios de Grado <input type="checkbox"/> 09 I. Univers. superiores -Licenciatura (Doctorado, Postgrado, Máster) <input type="checkbox"/> 08

5	5B	6
¿HABLA EUSKARA?	ADEMÁS DE SU PRINCIPAL EMPLEO REMUNERADO, ¿TIENE USTED ALGÚN OTRO EMPLEO REMUNERADO COMO PERSONA ASALARIADA O AUTÓNOMA? (en caso de disponer de varios empleos, refiérase al de mayor remuneración)	CENTRÁNDONOS EN SU PRINCIPAL EMPLEO REMUNERADO, CUÁL ES LA ACTIVIDAD PRINCIPAL DEL ESTABLECIMIENTO DONDE TRABAJA, NOMBRE Y RAZÓN SOCIAL Y MUNICIPIO Y PROVINCIA DONDE SE LOCALIZA (Detallar el nivel de producto, especificando si es fabricación, venta, etc.)
A. Sí, correctamente <input type="checkbox"/> 1 B. Sí, bastante bien <input type="checkbox"/> 2 C. Sí, puede hablar algo como tener una conversación sencilla <input type="checkbox"/> 3 D. Sabe palabras o frases sueltas <input type="checkbox"/> 4 E. No, nada <input type="checkbox"/> 5 F. Ns/Nc <input type="checkbox"/> 6	A. No, no tiene otro empleo remunerado <input type="checkbox"/> 2 B. Sí, como persona asalariada B.a. Empleo permanente <input type="checkbox"/> 4 B.b. Empleo ocasional <input type="checkbox"/> 6 B.c. Empleo de temporada <input type="checkbox"/> 8 C. Sí, como persona autónoma o empresaria <input type="checkbox"/> 1 D. Otras situaciones <input type="checkbox"/> 9	1. Actividad _____ 2. Nombre o Razón Social A. Negocio sin nombre o Razón Social <input type="checkbox"/> 2 B. Unidad doméstica (casa particular) <input type="checkbox"/> 3 C. No lo conoce <input type="checkbox"/> 4 D. Sí conoce (especificar) <input type="checkbox"/> 5 3. Municipio _____ 4. Provincia _____

8	8A	10	12
OFICIO U OCUPACIÓN DESEMPEÑADA EN EL PUESTO DE TRABAJO ACTUAL (Precisar lo más posible. Por ejemplo, mecánico reparador de automóviles)	SU CONTRATO LABORAL ¿CUENTA CON ALGUNA CLAÚSULA POR LA QUE UD. ESTÉ OBLIGADO A ESTAR DISPONIBLE CUALQUIER DÍA A CUALQUIER HORA PARA TRABAJAR?	SITUACIÓN PROFESIONAL EN EL TRABAJO	¿CUÁL ES LA CATEGORÍA O GRUPO PROFESIONAL QUE TIENE INCLUIDO EN SU CONTRATO?
<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>A. Sí <input type="checkbox"/> 1</p> <p>B. No <input type="checkbox"/> 2</p> <p>C. Ns/Nc <input type="checkbox"/> 3</p> <p>D. Autónomo/a <input type="checkbox"/> 9</p>	<p>A. Socio/a Cooperativista o SL <input type="checkbox"/> 1</p> <p>B. Asalariado/a B.a. Admón. o Empresa pública <input type="checkbox"/> 2 B.b. Sector privado <input type="checkbox"/> 3 B.c. Hogar (servicio doméstico) <input type="checkbox"/> 7</p> <p>C. Asalariado/a de su propia empresa <input type="checkbox"/> 4</p> <p>D. Autónomo TRADE (único/a cliente) <input type="checkbox"/> 5</p>	<p>1. Grupo profesional A. Autónomo/a <input type="checkbox"/> 9 B. No lo conoce <input type="checkbox"/> 1 C. Sí conoce (especificar) <input type="checkbox"/> 2 _____ <input type="checkbox"/></p> <p>2. Categoría profesional A. Título Superior (Licenciatura, Ingeniería, Arquitectura...) <input type="checkbox"/> 61 B. Título Medio (Peritaje, Ingeniería técnica...) <input type="checkbox"/> 62 C. Jefes/as Admón. o de Taller <input type="checkbox"/> 63 D. Oficial/a Administrativo/a <input type="checkbox"/> 64 E. Oficial/a de Primera y Segunda y Ayuda No Titulados/as <input type="checkbox"/> 65 F. Oficial de Tercera y Especialistas <input type="checkbox"/> 66 G. Auxiliar Administrativo/a <input type="checkbox"/> 67 H. Peones/as <input type="checkbox"/> 68 I. Subalternos/as <input type="checkbox"/> 69 J. Autónomo/a <input type="checkbox"/> 99 K. No la conoce <input type="checkbox"/> 90</p>

DESCRIPCIÓN DEL PUESTO DE TRABAJO

14.0	14.1	14.2
CONTENIDO PRINCIPAL DE SU TRABAJO	CONCRECIÓN DE "Tareas comerciales, contables, administrativas y otras de oficina". ¿PODRÍA CONCRETAR QUÉ TIPO DE TAREAS REALIZA PRINCIPALMENTE?	CONCRECIÓN DE "Producción, instalación, reparación, mantenimiento, embalaje". ¿PODRÍA CONCRETAR QUÉ TIPO DE TAREAS REALIZA PRINCIPALMENTE?
<p>A. Organización, dirección, control del trabajo <input type="checkbox"/> 10 → 15</p> <p>B. Tareas comerciales, contables, administrativas y otras de oficina <input type="checkbox"/> 20 → 14.1</p> <p>C. Producción (incluye construcción), instalación, reparación, mantenimiento, embalaje <input type="checkbox"/> 30 → 14.2</p> <p>D. Tareas técnicas o científicas. Salud, servicios sociales y enseñanza. Profesionales liberales <input type="checkbox"/> 40 → 14.3</p> <p>E. Explotación y extracción de recursos naturales (agricultura, ganadería, silvicultura, pesca, canteras, minería...) <input type="checkbox"/> 50 → 15</p> <p>F. Hostelería, cuidado personal, transporte, limpieza o seguridad <input type="checkbox"/> 60 → 14.4</p> <p>G. Servicio doméstico en hogares particulares (para limpieza y/o cuidado de personas) <input type="checkbox"/> 70 → 15</p> <p>H. Otros (especificar) <input type="checkbox"/> 80 → 15</p>	<p>A. Trabajos de ventanilla, caja, recepción, centralita telefónica <input type="checkbox"/> 12 → 15</p> <p>B. Trabajos comerciales en relación directa con clientes/as o suministradores/as (compraventa, relaciones públicas) <input type="checkbox"/> 13 → 15</p> <p>C. Tareas específicas de tipo administrativo (mecnografía, grabación de datos, mantenimiento de archivos) <input type="checkbox"/> 14 → 15</p> <p>D. Trabajo diversificado de oficina o despacho (documentación, informes, contabilidad) <input type="checkbox"/> 15 → 15</p>	<p>A. Producción de todo tipo de bienes (incluido construcciones y obras públicas) utilizando herramientas, útiles o máquinas no automáticas <input type="checkbox"/> 05 → 15</p> <p>B. Instalación, ajuste, mantenimiento y reparación de máquinas, equipos (incluidos equipos domésticos), locales y viviendas <input type="checkbox"/> 02 → 15</p> <p>C. Manutención de máquinas, de obras o de instalaciones, tareas de carga y descarga, transporte interior, alimentación de máquinas <input type="checkbox"/> 04 → 15</p> <p>D. Control y supervisión de máquinas o instalaciones automatizadas <input type="checkbox"/> 06 → 15</p> <p>E. Embalaje, envasado, empaquetado... <input type="checkbox"/> 07 → 15</p>

14.3	14.4	15
CONCRECIÓN DE "Tareas técnicas o científicas. Salud, servicios sociales y enseñanza. Profesionales Liberales". ¿PODRÍA CONCRETAR QUÉ TIPO DE TAREAS REALIZA PRINCIPALMENTE?	CONCRECIÓN DE "Hostelería, cuidado personal, transporte, limpieza o seguridad". ¿PODRÍA CONCRETAR QUÉ TIPO DE TAREAS REALIZA PRINCIPALMENTE?	¿CUÁL ES SU GRADO DE SATISFACCIÓN CON EL CONTENIDO DEL TRABAJO QUE DESEMPEÑA?
<p>A. Medición, análisis de muestras, pruebas y ensayo <input type="checkbox"/> 03 → 15</p> <p>B. Análisis y programación informática, diseño y elaboración de estudios <input type="checkbox"/> 11 → 15</p> <p>C. Servicios de salud (medicina, enfermería) <input type="checkbox"/> 22 → 15</p> <p>D. Servicios sociales D.a. Atención general a la demanda, trabajo social y similares <input type="checkbox"/> 23 → 15 D.b. Atención y cuidado directo continuado a las personas <input type="checkbox"/> 24 → 15</p> <p>E. Servicios de enseñanza, educación o dinamización cultural <input type="checkbox"/> 17 → 15</p> <p>F. Profesionales liberales (despachos profesionales: abogados/as, arquitectos/as, notarios/as, ...) <input type="checkbox"/> 25 → 15</p>	<p>A. Hostelería <input type="checkbox"/> 20 → 15</p> <p>B. Cuidado y bienestar personal (masaje, peluquería) <input type="checkbox"/> 21 → 15</p> <p>C. Transportistas. Conducción de vehículos de transporte (autobuses, camiones) <input type="checkbox"/> 08 → 15</p> <p>D. Repartidores/as. Reparto de paquetería, comida, etc. <input type="checkbox"/> 25 → 15</p> <p>E. Limpieza, acondicionamiento de locales, jardinería <input type="checkbox"/> 10 → 15</p> <p>F. Vigilancia y seguridad <input type="checkbox"/> 18 → 15</p>	<p>A. Muy satisfactorio <input type="checkbox"/> 01</p> <p>B. Bastante satisfactorio <input type="checkbox"/> 02</p> <p>C. Poco satisfactorio <input type="checkbox"/> 03</p> <p>D. Nada satisfactorio <input type="checkbox"/> 04</p>

16	18	19	19B
TIPO DE CONTRATO O RELACIÓN LABORAL	DURACIÓN DEL CONTRATO	¿CUÁNTOS CONTRATOS (O TRABAJOS, SI NO TIENE CONTRATO) TEMPORALES HA TENIDO EN EL ÚLTIMO AÑO? EN CASO DE VARIOS: ESTOS TRABAJOS ANTERIORES, ¿FUERON EN LA MISMA EMPRESA PARA LA QUE TRABAJA ACTUALMENTE?	¿CUÁLES SON SUS EXPECTATIVAS LABORALES A LA FINALIZACIÓN DE ESTE CONTRATO LABORAL?
A.- Sin Contrato <input type="checkbox"/> 10 → 19 B.- Contrato Indefinido b.a. Permanente <input type="checkbox"/> 01 b.b. Discontinuo <input type="checkbox"/> 02 → 20 b.c. Otras situaciones de contrato indefinido <input type="checkbox"/> 19 C.- Contrato Temporal c.a. De obra o servicio determinado... <input type="checkbox"/> 07 c.b. Estacional o de temporada <input type="checkbox"/> 04 → 18 c.c. Interinidad <input type="checkbox"/> 15 c.d. Para la formación y el aprendizaje <input type="checkbox"/> 16 c.e. En prácticas <input type="checkbox"/> 18 c.f. Otros tipos de temporales (especificar) <input type="checkbox"/> 09 D.- Autónomo/a <input type="checkbox"/> 99 → 20	A. Menos de 3 meses <input type="checkbox"/> 1 B. De 3 a 6 meses <input type="checkbox"/> 2 C. De 6 a 12 meses <input type="checkbox"/> 3 D. Más de 12 meses <input type="checkbox"/> 4	1. Contrato anterior A. Uno, el actual .. <input type="checkbox"/> 51 → 19B B. Dos <input type="checkbox"/> 52 C. Tres <input type="checkbox"/> 53 D. Cuatro <input type="checkbox"/> 54 E. Cinco <input type="checkbox"/> 55 F. De 6 a 10 <input type="checkbox"/> 56 G. Más de 10 .. <input type="checkbox"/> 57 ↓ 2. ¿Misma Empresa? A. Sí, todos <input type="checkbox"/> 81 B. Si, algunos <input type="checkbox"/> 83 → 19B C. No, fueron en otra empresa ... <input type="checkbox"/> 85	A. Renovar el contrato temporal <input type="checkbox"/> 72 B. Conversión a contrato fijo . <input type="checkbox"/> 74 C. Finalizar la relación laboral con esta empresa <input type="checkbox"/> 76 D. Ns/Nc <input type="checkbox"/> 78

20	22	24	28	30	32
¿ESTÁ DE ALTA EN LA SEGURIDAD SOCIAL U OTRO RÉGIMEN EQUIPARABLE?	NÚMERO DE AÑOS QUE LLEVA TRABAJANDO EN LA EMPRESA (En la ocupación actual u otra)	NÚMERO DE AÑOS QUE LLEVA EJERCIENDO LA OCUPACIÓN ACTUAL EN LA EMPRESA	NÚMERO DE PERSONAS TRABAJADORAS DEL ESTABLECIMIENTO DONDE TRABAJA (Si es un trabajo aislado: vigilancia, etc., indicar el tamaño del centro, delegación, etc. del que dependa)	NÚMERO DE PERSONAS TRABAJADORAS DN LA EMPRESA (INCLUYENDO EL ESTABLECIMIENTO)	TENIENDO EN CUENTA TODAS LAS CONDICIONES EN LAS QUE SE DESARROLLA SU TRABAJO, CALIFICARÍA USTED SU PUESTO DE TRABAJO ACTUAL COMO ...
A. Sí <input type="checkbox"/> 05 B. No <input type="checkbox"/> 06	1. N.º años [][] 2. Estrato A. Menos de un año ... <input type="checkbox"/> 1 B. Entre 1 y 4 años <input type="checkbox"/> 2 C. Entre 5 y 9 años <input type="checkbox"/> 3 D. Entre 10 y 14 <input type="checkbox"/> 5 E. Entre 15 y 19 <input type="checkbox"/> 7 F. 20 años o más <input type="checkbox"/> 9	1. N.º años [][] 2. Estrato A. Menos de un año ... <input type="checkbox"/> 1 B. Entre 1 y 4 años <input type="checkbox"/> 2 C. Entre 5 y 9 años <input type="checkbox"/> 3 D. Entre 10 y 14 <input type="checkbox"/> 5 E. Entre 15 y 19 <input type="checkbox"/> 7 F. 20 años o más <input type="checkbox"/> 9	1. N.º Trab. [][][] 2. Estrato A. De 1 a 2 <input type="checkbox"/> 1 B. De 3 a 9 <input type="checkbox"/> 2 C. De 10 a 19 <input type="checkbox"/> 3 D. De 20 a 49 <input type="checkbox"/> 4 E. De 50 a 99 <input type="checkbox"/> 5 F. De 100 a 249 <input type="checkbox"/> 6 G. De 250 a 499 <input type="checkbox"/> 7 H. 500 y más <input type="checkbox"/> 8 I. Ns/Nc <input type="checkbox"/> 9	1. N.º Trab. [][][] 2. Estrato A. De 1 a 2 <input type="checkbox"/> 1 B. De 3 a 9 <input type="checkbox"/> 2 C. De 10 a 19 <input type="checkbox"/> 3 D. De 20 a 49 <input type="checkbox"/> 4 E. De 50 a 99 <input type="checkbox"/> 5 F. De 100 a 249 <input type="checkbox"/> 6 G. De 250 a 499 <input type="checkbox"/> 7 H. 500 y más <input type="checkbox"/> 8 I. Ns/Nc <input type="checkbox"/> 9	A. Muy satisfactorio <input type="checkbox"/> 01 B. Bastante satisfactorio <input type="checkbox"/> 02 C. Poco satisfactorio <input type="checkbox"/> 03 D. Nada satisfactorio <input type="checkbox"/> 04

34	36	38	38B	39
¿SE HA PLANTEADO RECIENTEMENTE LA POSIBILIDAD DE CAMBIAR DE TRABAJO? EN CASO AFIRMATIVO, ¿HA REALIZADO ALGÚN TIPO DE GESTIÓN EN ESE SENTIDO EN LAS ÚLTIMAS CUATRO SEMANAS?	¿CUÁL HA SIDO EL MOTIVO PRINCIPAL PARA PLANTEARSE CAMBIAR DE TRABAJO? MOSTRAR TARJETA 1	¿DIRÍA USTED QUE SUS POSIBILIDADES DE ACCEDER A UN PUESTO DE TRABAJO MEJOR DENTRO DE LA EMPRESA SON MENORES QUE LAS DE OTRAS PERSONAS DE SU MISMA CATEGORÍA Y ANTIGÜEDAD?	¿DIRÍA USTED QUE SU POSICIÓN EN LA EMPRESA HA MEJORADO A LO LARGO DEL TIEMPO O QUE LE HAN PROMOCIONADO EN ALGUNA OCASIÓN?	¿CUÁL ES SU GRADO DE SATISFACCIÓN CON SUS POSIBILIDADES DE PROMOCIÓN EN LA EMPRESA?
A. Si, y ha realizado gestiones <input type="checkbox"/> 5 B. Si, pero no ha realizado gestiones <input type="checkbox"/> 7 → 36 C. No se lo ha planteado <input type="checkbox"/> 9 → 38	A. Tiene miedo o certeza de perder el trabajo actual <input type="checkbox"/> 01 B. Quiere un horario más adecuado a sus necesidades <input type="checkbox"/> 02 C. Desea encontrar un trabajo más acorde a su cualificación o formación o aptitudes personales <input type="checkbox"/> 03 D. Desea un trabajo mejor pagado <input type="checkbox"/> 04 E. Desea encontrar un trabajo menos duro o con menos riesgos para su salud <input type="checkbox"/> 05 F. Desea un trabajo en otro municipio dentro de Euskadi <input type="checkbox"/> 06 G. Desea un trabajo en otro municipio fuera de Euskadi <input type="checkbox"/> 07 H. Desea trabajar menos horas <input type="checkbox"/> 08 I. Desea trabajar más horas <input type="checkbox"/> 10 J. Otros (especificar) <input type="checkbox"/> 09	A. Sí <input type="checkbox"/> 81 B. No <input type="checkbox"/> 82 C. No hay personas de la misma categoría y antigüedad <input type="checkbox"/> 83	A. Ha promocionado en categoría profesional y/o remuneración <input type="checkbox"/> 72 B. Ha asumido más responsabilidades sin mejora retributiva <input type="checkbox"/> 74 C. Se ha mantenido en la misma situación <input type="checkbox"/> 76 D. Ha sufrido una pérdida de posición <input type="checkbox"/> 78 E. Ns/Nc <input type="checkbox"/> 79	A. Muy satisfactorio <input type="checkbox"/> 51 B. Bastante satisfactorio <input type="checkbox"/> 52 C. Poco satisfactorio <input type="checkbox"/> 53 D. Nada satisfactorio <input type="checkbox"/> 54

HORARIOS DE TRABAJO

42	44	45	46	48	50
¿CUÁL HA SIDO LA ÚLTIMA SEMANA TRABAJADA NORMALMENTE, NO PERTURBADA POR RAZONES PARTICULARES O PASAJERAS (SEMANA DE REFERENCIA) Y CUÁNTAS HORAS TRABAJÓ DURANTE LA MISMA? ¿Y DÍAS? ENCUESTADOR/A: Mostrar calendario y señalar número de la semana (99 si fue en 2019)	CON RELACIÓN A ESTA SEMANA DE REFERENCIA, ¿TRABAJÓ ALGUNA JORNADA DE FORMA CONTÍNUA (sin interrupción de comida, entendiéndose por comida una de las principales del día, no pausas para café y bocadillos)?	CON RELACIÓN A ESTA SEMANA DE REFERENCIA, ¿TRABAJÓ ALGUNA JORNADA DE FORMA DISCONTÍNUA (con interrupción de comida, entendiéndose por comida una de las principales del día, no pausas para café y bocadillos)?	¿CUÁNTAS JORNADAS TRABAJÓ ESA SEMANA DE UNA FORMA DISCONTÍNUA? ¿CUÁL HA SIDO SU HORARIO HABITUAL DURANTE LAS JORNADAS DISCONTÍNUAS?	¿DÓNDE REALIZA HABITUALMENTE LA COMIDA?	¿CUÁNTO TIEMPO LE QUEDÓ PARA COMER, DESCONTANDO EL TIEMPO DE DESPLAZAMIENTO?
1. Semana de referencia Del () () al () () día mes día mes Código semana () () 2. Horas trabajadas () () 3. Días trabajados ()	1. Trabajó de forma continua A. No <input type="checkbox"/> 05 → 45 B. Sí <input type="checkbox"/> 01 ↓ 2. Nº de días trabajados en la semana como jornada continua () 3. Horario habitual de estas jornadas A. Servicio doméstico interno <input type="checkbox"/> 9999 B. De () () a () ()	A. No <input type="checkbox"/> 07 → 56 B. Sí <input type="checkbox"/> 02 → 46	1. Días de trabajo () 2. Horario De () () a () () Y De () () a () ()	A. En su domicilio..... <input type="checkbox"/> 1 B. Bar o Rte. de la empresa <input type="checkbox"/> 2 C. Bar o Rte. exterior a la empresa <input type="checkbox"/> 3 D. En el lugar de trabajo <input type="checkbox"/> 4 E. En otro lugar <input type="checkbox"/> 5	() () horas () () minutos

52	56	58	60	62	64	66
¿FUE UNA COMIDA CALIENTE?	¿DISPONE DURANTE LA JORNADA DE TRABAJO DE OTRAS PAUSAS, PARADAS O DESCANSOS APARTE DE LA DE LA COMIDA? ¿CUÁNTAS?	¿PUEDE ELEGIR EL MOMENTO DE ESTAS PAUSAS, PARADAS O DESCANSOS?	¿ES NECESARIO QUE ALGUIEN LE REEMPLAZE EN SU PUESTO DE TRABAJO?	¿QUÉ MEDIO DE TRANSPORTE UTILIZA NORMALMENTE EN EL DESPLAZAMIENTO DE CASA AL TRABAJO?	¿CUÁNTO TIEMPO TARDA HABITUALMENTE EN LLEGAR DE SU CASA AL TRABAJO EN ESE MEDIO DE TRANSPORTE?	¿LA DELIMITACIÓN DE SU HORARIO DE TRABAJO ES...?
A. Sí <input type="checkbox"/> 1 B. No <input type="checkbox"/> 6	1. Otras pausas, paradas, descansos A. No ... <input type="checkbox"/> 2 → 52 B. Sí <input type="checkbox"/> 7 ↓ 2. ¿Cuántas? ()	A. Sí <input type="checkbox"/> 01 B. No <input type="checkbox"/> 06	A. Sí <input type="checkbox"/> 2 B. No <input type="checkbox"/> 7	1. Trabaja en su domicilio o no se desplaza A. Sí <input type="checkbox"/> 2 → 66 B. No <input type="checkbox"/> 1 ↓ 2. A pie A. Sí <input type="checkbox"/> 2 B. No <input type="checkbox"/> 1 3. Bicicleta, patinete (o similares) A. Sí <input type="checkbox"/> 2 B. No <input type="checkbox"/> 1 4. Vehículo motorizado (automóvil, motocicleta) A. Sí <input type="checkbox"/> 2 B. No <input type="checkbox"/> 1 5. Transporte público A. Sí <input type="checkbox"/> 2 B. No <input type="checkbox"/> 1	1. () () horas minutos 2. Estratos A. 15 minutos o menos <input type="checkbox"/> 61 B. De 16 a 30 minutos... <input type="checkbox"/> 62 C. De 31 a 59 minutos... <input type="checkbox"/> 63 D. De 1 a 1'30 horas <input type="checkbox"/> 64 E. De 1'31 a 2 horas <input type="checkbox"/> 65 F. Más de 2 horas <input type="checkbox"/> 66	A. Fija..... <input type="checkbox"/> 1 B. Flexible, dentro de unos márgenes <input type="checkbox"/> 2 C. Variable, adaptado a las exigencias de la empresa <input type="checkbox"/> 3 D. Variable según su propia voluntad <input type="checkbox"/> 4

67	68	69
¿CUÁL ES EL NÚMERO DE HORAS DE TRABAJO QUE ANUALMENTE CORRESPONDEN A SU PUESTO DE TRABAJO EN 2020 (SEGÚN CONVENIO, ACUERDO CON LA EMPRESA O PERSONAL)?	EN LOS ÚLTIMOS 4 AÑOS Y DE ACUERDO CON SU CONVENIO O ACUERDO LABORAL CON LA EMPRESA, ¿HA HABIDO ALGÚN CAMBIO EN EL Nº DE HORAS DE TRABAJO ANUALES QUE CORRESPONDAN A SU PUESTO? EN CASO AFIRMATIVO INDIQUE EL TIPO DE CAMBIO, EL NÚMERO DE HORAS DE REDUCCIÓN O AUMENTO EXPERIMENTADO, ASÍ COMO DESDE QUÉ AÑO SE HA PRODUCIDO DICHO CAMBIO.	¿TRABAJA USTED A TIEMPO PARCIAL (Menos horas del horario base que es habitual para otras personas de su rango en su empresa o sector)? EN CASO AFIRMATIVO, INDICAR EL NÚMERO DE HORAS DIARIAS (Base y trabajadas)
1. Nº de horas () 2. Estratos A. 1.900 o más <input type="checkbox"/> 01 B. De 1.850 a 1.899 <input type="checkbox"/> 02 C. De 1.800 a 1.849 <input type="checkbox"/> 03 D. De 1.750 a 1.799 <input type="checkbox"/> 04 E. De 1.700 a 1.749 <input type="checkbox"/> 05 F. De 1.650 a 1.699 <input type="checkbox"/> 06 G. De 1.600 a 1.649 <input type="checkbox"/> 07 H. Menos de 1.600 <input type="checkbox"/> 08 I. NS/NC <input type="checkbox"/> 09 J. No existe convenio/acuerdo... <input type="checkbox"/> 10	1. Cambio en nº de horas A. Sí <input type="checkbox"/> 1 → B. No <input type="checkbox"/> 2 C. Ns/Nc <input type="checkbox"/> 3 } → 69 2. Tipo de cambio y horas. A. Aumento <input type="checkbox"/> 1 () h. B. Reducción <input type="checkbox"/> 2 () h. } → C. Ns/Nc <input type="checkbox"/> 3 → 69 3. Desde el año ()	1. Tiempo parcial A. No <input type="checkbox"/> 5 → 72 B. Sí <input type="checkbox"/> 9 ↓ 2.1. Horas del horario base al día () () 2.2. Horas trabajadas al día () ()

ORGANIZACIÓN

80	82	84	86																												
<p>INDIQUE POR FAVOR EN QUÉ MESES DEL AÑO DISFRUTÓ DE SUS VACACIONES (DÍAS LABORABLES NO TRABAJADOS) Y DURANTE CUÁNTOS DÍAS EN CADA UNO DE ELLOS</p> <p>ENCUESTADOR: Recordar que Semana Santa ha sido del 9 al 13 de abril)</p>	<p>¿CÓMO SE DECIDIERON LAS FECHAS DE DISFRUTE DEL PERÍODO PRINCIPAL DE VACACIONES (EL DE MAYOR DURACIÓN)?</p>	<p>¿CUÁL FUE EL MOTIVO DE NO DISFRUTAR DEL PERÍODO COMPLETO DE VACACIONES?</p>	<p>¿PODRÍA RESPONDER A LAS SIGUIENTES CUESTIONES SOBRE ORGANIZACIÓN DEL TRABAJO?</p>																												
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88	90	92	94	96	98
<p>¿OCUPA DIFERENTES PUESTOS EN SU TRABAJO? (No confundir puestos con horarios rotativos o relevos ni puestos complejos)</p>	<p>¿RESPONDE USTED ANTE ALGUNA PERSONA CON CARGO SUPERIOR AL SUYO? (Esa persona también puede ser responsable, a su vez, ante otras de mayor cargo)</p>	<p>ESA PERSONA ANTE LA QUE RESPONDE, ¿CUÁNTAS PERSONAS DE SU MISMA CATEGORÍA O NIVEL (del encuestado/a) TIENE BAJO SU RESPONSABILIDAD?</p>	<p>¿DIRÍA USTED QUE CUANDO SE DISTRIBUYEN DIFERENTES TAREAS ENTRE PERSONAS DE SU MISMA CATEGORÍA PROFESIONAL, A USTED LE SUELEN TOCAR LAS PEORES?</p>	<p>ENTRE ESAS PERSONAS QUE ESTAN BAJO LA MISMA PERSONA RESPONSABLE QUE USTED, ¿CUÁNTAS HACEN EXACTAMENTE EL MISMO TRABAJO QUE USTED?</p>	<p>CUANDO LAS PERSONAS ANTE LAS QUE DEBE USTED RESPONDER LE DICEN LO QUE HAY QUE HACER, EN GENERAL...</p>
<p>A. Sí, rotando regularmente entre diferentes puestos..... <input type="checkbox"/> 01</p> <p>B. Sí, cambiando de puesto en función de las necesidades de la empresa <input type="checkbox"/> 02</p> <p>C. No..... <input type="checkbox"/> 03</p>	<p>A. Sí <input type="checkbox"/> 6 → 92</p> <p>B. No <input type="checkbox"/> 8 → 101</p>	<p>A. Una (solo usted) ... <input type="checkbox"/> 01 → 98</p> <p>B. Dos <input type="checkbox"/> 02</p> <p>C. Tres..... <input type="checkbox"/> 03</p> <p>D. Cuatro..... <input type="checkbox"/> 04 → 94</p> <p>E. De 5 a 9..... <input type="checkbox"/> 05</p> <p>F. De 10 a 19..... <input type="checkbox"/> 06</p> <p>G. 20 o más <input type="checkbox"/> 07</p> <p>H. No sabe..... <input type="checkbox"/> 08</p>	<p>A. Sí..... <input type="checkbox"/> 91</p> <p>B. No..... <input type="checkbox"/> 96</p>	<p>A. Una (solo usted) ... <input type="checkbox"/> 21</p> <p>B. Dos..... <input type="checkbox"/> 22</p> <p>C. Tres..... <input type="checkbox"/> 23</p> <p>D. Cuatro <input type="checkbox"/> 24</p> <p>E. De 5 a 9 <input type="checkbox"/> 25</p> <p>F. De 10 a 9 <input type="checkbox"/> 26</p> <p>G. 20 o más..... <input type="checkbox"/> 27</p> <p>H. No sabe <input type="checkbox"/> 28</p>	<p>A. Le señalan con precisión el objetivo de su trabajo y el modo de hacerlo..... <input type="checkbox"/> 01</p> <p>B. Le señalan con precisión el objetivo de su trabajo y usted elige el modo de hacerlo..... <input type="checkbox"/> 02</p> <p>C. Le indican más bien objetivos de carácter general que usted concreta..... <input type="checkbox"/> 03</p>

101	101B	101C												
<p>CUANDO EN EL CURSO DE SU TRABAJO SE PRODUCE ALGO INESPERADO ¿CÓMO LO SOLUCIONA?</p>	<p>¿DIRIA USTED QUE SU TRABAJO IMPLICA ¿GENERALMENTE ...?</p>	<p>¿PUEDE USTED ELEGIR O CAMBIAR ...?</p>												
<p>A. En la mayoría de los casos personalmente <input type="checkbox"/> 11</p> <p>B. Personalmente, pero sólo en los casos bien definidos previstos con antelación..... <input type="checkbox"/> 12</p> <p>C. Generalmente recurre a otros/as (superior/a, compañero/a, servicio especializado)..... <input type="checkbox"/> 13</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 50%; text-align: center;">A. Sí B. No</th> </tr> </thead> <tbody> <tr> <td>1. Resolver por su cuenta problemas imprevistos</td> <td style="text-align: center;"><input type="checkbox"/> 4 <input type="checkbox"/> 9</td> </tr> <tr> <td>2. Responder a estándares de calidad precisos.....</td> <td style="text-align: center;"><input type="checkbox"/> 1 <input type="checkbox"/> 6</td> </tr> <tr> <td>3. Valorar usted la calidad de su trabajo</td> <td style="text-align: center;"><input type="checkbox"/> 2 <input type="checkbox"/> 7</td> </tr> <tr> <td>4. Realizar tareas monótonas.....</td> <td style="text-align: center;"><input type="checkbox"/> 3 <input type="checkbox"/> 8</td> </tr> <tr> <td>5. Realizar tareas complejas.....</td> <td style="text-align: center;"><input type="checkbox"/> 4 <input type="checkbox"/> 9</td> </tr> </tbody> </table>		A. Sí B. No	1. Resolver por su cuenta problemas imprevistos	<input type="checkbox"/> 4 <input type="checkbox"/> 9	2. Responder a estándares de calidad precisos.....	<input type="checkbox"/> 1 <input type="checkbox"/> 6	3. Valorar usted la calidad de su trabajo	<input type="checkbox"/> 2 <input type="checkbox"/> 7	4. Realizar tareas monótonas.....	<input type="checkbox"/> 3 <input type="checkbox"/> 8	5. Realizar tareas complejas.....	<input type="checkbox"/> 4 <input type="checkbox"/> 9	<p>1. El método de trabajo</p> <p>A. Sí..... <input type="checkbox"/> 1</p> <p>B. No..... <input type="checkbox"/> 6</p> <hr/> <p>2. El orden de las tareas</p> <p>A. Sí..... <input type="checkbox"/> 3</p> <p>B. No..... <input type="checkbox"/> 8</p>
	A. Sí B. No													
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102

¿POR LO QUE USTED SABE, EN LOS ÚLTIMOS DOCE MESES, EN LA EMPRESA EN LA QUE TRABAJA, ¿SE HAN PRODUCIDO SITUACIONES DE VIOLENCIA, INTIMIDACIÓN, ACOSO O DISCRIMINACIÓN GRAVE? EN CASO AFIRMATIVO;
¿HA SIDO USTED OBJETO DE ALGUNA DE ESTAS SITUACIONES? EN CONCRETO, DE LAS SIGUIENTES SITUACIONES ¿CUÁLES SE HAN DADO EN SU EMPRESA O HA SUFRIDO USTED PERSONALMENTE?

1. Situaciones en la empresa	2. Especificación de situación	1. Empresa A. No B. Sí	2. Personalmente A. No B. Sí
A. No..... <input type="checkbox"/> 4 → 103	2.1. Violencia física	<input type="checkbox"/> 2 <input type="checkbox"/> 7	<input type="checkbox"/> 3 <input type="checkbox"/> 8
B. Sí,	2.2. Intimidación, acoso o amenazas	<input type="checkbox"/> 4 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 6
B. a. Me han afectado personalmente..... <input type="checkbox"/> 5 →	2.3. Discriminación por razón de sexo	<input type="checkbox"/> 2 <input type="checkbox"/> 7	<input type="checkbox"/> 3 <input type="checkbox"/> 8
B. b. No me han afectado personalmente..... <input type="checkbox"/> 6 →	2.4. Acoso sexual	<input type="checkbox"/> 4 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 6
C. Ns/Nc..... <input type="checkbox"/> 7 → 103	2.5. Discriminación por edad	<input type="checkbox"/> 2 <input type="checkbox"/> 7	<input type="checkbox"/> 3 <input type="checkbox"/> 8
	2.6. Discriminación por nacionalidad	<input type="checkbox"/> 4 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 6
	2.7. Discriminación por diversidad étnica o cultural	<input type="checkbox"/> 2 <input type="checkbox"/> 7	<input type="checkbox"/> 3 <input type="checkbox"/> 8
	2.8. Discr ligada a discapacidad física- psíquica	<input type="checkbox"/> 4 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 6
	2.9. Discr por diversidad sexual (orientación sexual o identidad de género)	<input type="checkbox"/> 2 <input type="checkbox"/> 7	<input type="checkbox"/> 3 <input type="checkbox"/> 8
	2.10. Desprecio personal grave en el trabajo (ofensas verbales, comportamientos humillantes, ...)	<input type="checkbox"/> 4 <input type="checkbox"/> 9	<input type="checkbox"/> 1 <input type="checkbox"/> 6

103	104	106B	107
¿CUÁL ES SU GRADO DE SATISFACCIÓN CON LAS RELACIONES QUE MANTIENE CON LAS PERSONAS ANTE LAS QUE TIENE QUE RESPONDER?	SU RITMO DE TRABAJO ESTA DETERMINADO PRINCIPALMENTE POR (MOSTRAR TARJETA 2)	¿PUEDE USTED ELEGIR O CAMBIAR EL RITMO DE TRABAJO?	¿CUÁL ES SU GRADO DE SATISFACCIÓN CON EL RITMO AL QUE DEBE REALIZAR SU TRABAJO?
A. Muy satisfactorio..... <input type="checkbox"/> 51	A. Sí B. No	A. Sí..... <input type="checkbox"/> 3	A. Muy satisfactorio .. <input type="checkbox"/> 51
B. Bastante satisfactorio..... <input type="checkbox"/> 52	1. El desplazamiento automático de un producto o de una pieza ... <input type="checkbox"/> 4 <input type="checkbox"/> 9	B. No..... <input type="checkbox"/> 8	B. Bastante satisfactorio <input type="checkbox"/> 52
C. Poco satisfactorio <input type="checkbox"/> 53	2. El funcionamiento automático de una máquina o instalación <input type="checkbox"/> 1 <input type="checkbox"/> 6		C. Poco satisfactorio .. <input type="checkbox"/> 53
D. Nada satisfactorio..... <input type="checkbox"/> 54	3. La coordinación con sus compañeros/as de trabajo que requiere su presencia inmediata <input type="checkbox"/> 2 <input type="checkbox"/> 7		D. Nada satisfactorio .. <input type="checkbox"/> 54
E. No tiene jefes, superiores..... <input type="checkbox"/> 55	4. Tareas, normas de producción o de plazos que han de respetarse en una hora como máximo..... <input type="checkbox"/> 3 <input type="checkbox"/> 8		
	5. Tareas, normas de producción o de plazos que han de respetarse en un día como máximo <input type="checkbox"/> 4 <input type="checkbox"/> 9		
	6. Demandas externas (personas usuarias) que obligan a una respuesta inmediata <input type="checkbox"/> 1 <input type="checkbox"/> 6		
	7. Demandas externas (personas usuarias) que no obligan a una respuesta inmediata <input type="checkbox"/> 2 <input type="checkbox"/> 7		
	8. Controles o vigilancias permanentes (o al menos habituales) ejercidos por la organización..... <input type="checkbox"/> 3 <input type="checkbox"/> 8		
	9. Otros (especificar)..... <input type="checkbox"/> 4 <input type="checkbox"/> 9		

108	108B	109
PARA DESARROLLAR CORRECTAMENTE SU TRABAJO, DISPONE POR LO GENERAL DE ...	EN LOS ÚLTIMOS 4 AÑOS O DESDE QUE OCUPA ESTE TRABAJO, DIRÍA VD. QUE LA PRODUCTIVIDAD DE SU TRABAJO...	¿EN QUÉ MEDIDA UTILIZA VD. EL EUSKERA EN EL DESEMPEÑO DE SU TRABAJO?
1. Tiempo suficiente..... <input type="checkbox"/> 01	A. Ha aumentado <input type="checkbox"/> 81	A. Mucho..... <input type="checkbox"/> 1
2. Informaciones claras y suficientes..... <input type="checkbox"/> 04	B. Ha disminuido..... <input type="checkbox"/> 83	B. Bastante..... <input type="checkbox"/> 3
3. Documentación adecuada..... <input type="checkbox"/> 01	C. Sigue igual que antes... <input type="checkbox"/> 85	C. Poco..... <input type="checkbox"/> 4
4. Posibilidad de cooperación (intercambio de información, ayuda) <input type="checkbox"/> 04	D. Ns/Nc..... <input type="checkbox"/> 87	D. Nada <input type="checkbox"/> 6
5. Local y mobiliario adecuados <input type="checkbox"/> 01		E. No sabe euskera.... <input type="checkbox"/> 9
6. Herramientas y máquinas adecuadas <input type="checkbox"/> 04		
7. Programas informáticos adecuados <input type="checkbox"/> 01		
8. Número suficiente de colaboradores/as <input type="checkbox"/> 04		

EQUIPOS UTILIZADOS

110						
¿UTILIZA EN SU TRABAJO ALGUNO DE LOS SIGUIENTES EQUIPOS? ¿CON QUÉ FRECUENCIA?						
¿ALGUNOS DE ELLOS PODRÍA CONSIDERARSE MANIFIESTAMENTE INADECUADO?						
	1. Utiliza		2. Frecuencia de Uso		3. Inadecuados	
	A. No	B. Sí	A. Habitual	B. Esporádica	A. Sí	B. No
1. Máquinas de control numérico, centros de mecanizado de robots o sistemas de manipulación con alto nivel de automatización, autómatas programables, u otros equipos tecnológicamente modernos	<input type="checkbox"/> 2 ↓	<input type="checkbox"/> 7 →	<input type="checkbox"/> 1	<input type="checkbox"/> 6	<input type="checkbox"/> 1	<input type="checkbox"/> 2
2. Máquinas herramientas convencionales, procesos o cadenas tecnológicamente tradicionales o cualquier equipo productivo tradicional.....	<input type="checkbox"/> 3 ↓	<input type="checkbox"/> 8 →	<input type="checkbox"/> 4	<input type="checkbox"/> 9	<input type="checkbox"/> 1	<input type="checkbox"/> 2
3. Herramientas manuales.....	<input type="checkbox"/> 1 ↓	<input type="checkbox"/> 6 →	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 1	<input type="checkbox"/> 2
4. Útiles informáticos de oficina (procesador de textos, base de datos ...), paquetes integrados de gestión contable, financiera, productiva u otras aplicaciones informáticas, diseño asistido por ordenador	<input type="checkbox"/> 3 ↓	<input type="checkbox"/> 8 →	<input type="checkbox"/> 4	<input type="checkbox"/> 9	<input type="checkbox"/> 1	<input type="checkbox"/> 2
5. Equipo de oficina tradicional, máquinas de escribir, archivos manuales, instrumentos de diseño y dibujo manuales	<input type="checkbox"/> 1 ↓	<input type="checkbox"/> 6 →	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 1	<input type="checkbox"/> 2
6. Vehículos de transporte, automóvil, camión,	<input type="checkbox"/> 3 ↓	<input type="checkbox"/> 8 →	<input type="checkbox"/> 4	<input type="checkbox"/> 9	<input type="checkbox"/> 1	<input type="checkbox"/> 2
7. Medios técnicos especializados para levantar/mover personas (grúas...)	<input type="checkbox"/> 3 ↓	<input type="checkbox"/> 8 →	<input type="checkbox"/> 4	<input type="checkbox"/> 9	<input type="checkbox"/> 1	<input type="checkbox"/> 2
8. Equipos y vehículos automotores, maquinaria de elevación, maquinaria de construcción, equipos de obras públicas, maquinaria agrícola	<input type="checkbox"/> 1 ↓	<input type="checkbox"/> 6 →	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 1	<input type="checkbox"/> 2

FORMACIÓN

AMBIENTE DE TRABAJO Y EXPOSICIÓN A RIESGOS

111	112	114	116	118
¿SE VE EN LA NECESIDAD DE CONDUCIR ESTOS VEHICULOS POR VÍAS PÚBLICAS HABITUALMENTE?	EN EL DESEMPEÑO DE SU TRABAJO, ¿UTILIZA VD. CORREO ELECTRÓNICO? ¿E INTERNET?	¿HA REALIZADO EN LOS ÚLTIMOS 12 MESES ALGÚN CURSO DE 40 O MAS HORAS CUYO CONTENIDO ESTUVIERA RELACIONADO CON SU TRABAJO ACTUAL? EL CURSO LO HA REALIZADO... (Si ha realizado varios referirse al último)	¿REALIZA PARTE O TODO SU TRABAJO HABITUAL EN LA CALLE? EN CASO AFIRMATIVO ESPECIFICAR	¿REALIZA PARTE O TODO SU TRABAJO HABITUAL EN UN LOCAL? EN CASO AFIRMATIVO ESPECIFICAR
A. No <input type="checkbox"/> 2 B. Sí <input type="checkbox"/> 7	1. Correo Electrónico 2. Internet A. No, nunca <input type="checkbox"/> 1 <input type="checkbox"/> 2 B. Ocasionalmente <input type="checkbox"/> 3 <input type="checkbox"/> 4 C. Habitualmente <input type="checkbox"/> 5 <input type="checkbox"/> 6	1. Ha realizado cursos A. No <input type="checkbox"/> 1 → 116 B. Si <input type="checkbox"/> 6 ↓ 2. El curso lo ha realizado A. Por iniciativa propia, sin contar con facilidades ni financiación de la empresa <input type="checkbox"/> 01 B. Por iniciativa propia, pero contando con facilidades o financiación de la empresa <input type="checkbox"/> 02 C. Por iniciativa de la empresa <input type="checkbox"/> 03	1. Trabaja en la calle A. No <input type="checkbox"/> 4 → 118 B. Si <input type="checkbox"/> 9 ↓ 2. Tipo de trabajo A. Al aire libre sin desplazamientos ... <input type="checkbox"/> 11 B. Desplazándose a pie o en un vehículo no cerrado (moto, bicicleta) <input type="checkbox"/> 12 C. Desplazándose en un vehículo cerrado (autobús, taxi ...) <input type="checkbox"/> 13	1. Trabaja en local A. No <input type="checkbox"/> 01 → 133 B. Si <input type="checkbox"/> 06 ↓ 2. Tipo de local A. Local semicerrado (tejavana) <input type="checkbox"/> 21 B. Local cerrado grande (de más de 200 m2. Eje.: nave, taller) <input type="checkbox"/> 22 → 119 C. Local cerrado pequeño (menos de 200 m2. Eje.: oficina, tienda, despacho) <input type="checkbox"/> 23 D. En su domicilio <input type="checkbox"/> 24 → 120 E. En otros domicilios particulares <input type="checkbox"/> 25 → 120 F. En las instalaciones de las y los clientes <input type="checkbox"/> 26 → 120

119	120	122	132	133
¿DIRÍA USTED QUE PODRÍA REALIZAR SU TRABAJO DESDE SU PROPIO DOMICILIO? EN CASO AFIRMATIVO, ¿HACE USO DE ESTA POSIBILIDAD?	¿TRABAJA USTED EN UNA ATMOSFERA CLIMATIZADA? (AIRE ACONDICIONADO O SIMILARES)	¿CÓMO CALIFICA LA TEMPERATURA DE SU PUESTO DE TRABAJO?	¿A QUE CREE QUE ES DEBIDA ESA INCOMFORTABILIDAD?	¿PRESENTA SU TRABAJO O SU LUGAR DE TRABAJO LAS SIGUIENTES CARACTERÍSTICAS O SITUACIONES?
1. Puede trabajar desde su domicilio A. No <input type="checkbox"/> 5 → 120 B. Sí, por completo ... <input type="checkbox"/> 7 C. Sí, en parte <input type="checkbox"/> 8 ↓ 2. Suele trabajar en su domicilio A. No, nunca <input type="checkbox"/> 3 B. No, aunque sí lo he hecho durante el último periodo de pandemia <input type="checkbox"/> 4 → 120 C. Sí, en circunstancias excepcionales, más o menos repetibles (no COVID-19) <input type="checkbox"/> 6 D. Sí, en alguna ocasión puntual (no COVID-19) <input type="checkbox"/> 8	A. Sí <input type="checkbox"/> 02 B. No <input type="checkbox"/> 07	A. Confortable todo el año <input type="checkbox"/> 81 → 133 B. Frío todo el año <input type="checkbox"/> 82 C. Calor todo el año <input type="checkbox"/> 83 D. Frío en invierno y calor en verano <input type="checkbox"/> 85 → 132 E. Otras situaciones de no confortabilidad térmica .. <input type="checkbox"/> 86	A. Aislamiento deficiente <input type="checkbox"/> 11 B. Climatización inexistente <input type="checkbox"/> 12 C. Climatización Inadecuada <input type="checkbox"/> 13 D. A las instalaciones (hornos, frigoríficos, etc.) o al producto que se trabaja <input type="checkbox"/> 14	A. Sí B. No 1. Suciedad <input type="checkbox"/> 81 <input type="checkbox"/> 82 2. Humedad <input type="checkbox"/> 01 <input type="checkbox"/> 02 3. Corrientes de aire <input type="checkbox"/> 81 <input type="checkbox"/> 82 4. Ausencia o mal estado de instalaciones sanitarias <input type="checkbox"/> 01 <input type="checkbox"/> 02 5. Ausencia de vistas al exterior <input type="checkbox"/> 81 <input type="checkbox"/> 82 6. Trabajo con iluminación artificial insuficiente <input type="checkbox"/> 01 <input type="checkbox"/> 02

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| ¿CUÁL ES SU GRADO DE SATISFACCIÓN CON LAS CONDICIONES MATERIALES EN QUE DESEMPEÑA SU TRABAJO? | SU TRABAJO LE OBLIGA A ...

 | ¿CUÁL ES SU GRADO DE SATISFACCIÓN CON EL GRADO DE DUREZA DE SU TRABAJO? |

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| A. Muy satisfactorio <input type="checkbox"/> 01
B. Bastante satisfactorio <input type="checkbox"/> 02
C. Poco satisfactorio <input type="checkbox"/> 03
D. Nada satisfactorio <input type="checkbox"/> 04 | <table border="0"> <tr> <td style="vertical-align: top;"> 1. Permanecer mucho tiempo de pie <input type="checkbox"/> 61 <input type="checkbox"/> 62
 2. Permanecer mucho tiempo en una postura pesada o cansada a la larga <input type="checkbox"/> 01 <input type="checkbox"/> 02
 3. Efectuar desplazamientos a pie largos o frecuentes <input type="checkbox"/> 61 <input type="checkbox"/> 62
 4. Llevar o desplazar cargas pesadas <input type="checkbox"/> 01 <input type="checkbox"/> 02
 5. Efectuar otros esfuerzos físicos importantes <input type="checkbox"/> 61 <input type="checkbox"/> 62
 6. Sufrir vibraciones o sacudidas <input type="checkbox"/> 01 <input type="checkbox"/> 02
 7. Esforzar la vista para examinar objetos, impresos o escritos <input type="checkbox"/> 61 <input type="checkbox"/> 62 </td> <td style="vertical-align: top;"> <table border="0"> <tr> <td style="text-align: center;">A. Sí B. No</td> <td style="text-align: center;"><input type="checkbox"/> 61 <input type="checkbox"/> 62</td> </tr> <tr> <td style="text-align: center;">A. Sí B. No</td> <td style="text-align: center;"><input type="checkbox"/> 01 <input type="checkbox"/> 02</td> </tr> <tr> <td style="text-align: center;">A. Sí B. No</td> <td style="text-align: center;"><input type="checkbox"/> 61 <input type="checkbox"/> 62</td> </tr> <tr> <td style="text-align: center;">A. Sí B. No</td> <td style="text-align: center;"><input type="checkbox"/> 01 <input type="checkbox"/> 02</td> </tr> <tr> <td style="text-align: center;">A. Sí B. No</td> <td style="text-align: center;"><input type="checkbox"/> 61 <input type="checkbox"/> 62</td> </tr> <tr> <td style="text-align: center;">A. Sí B. 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2. Permanecer mucho tiempo en una postura pesada o cansada a la larga <input type="checkbox"/> 01 <input type="checkbox"/> 02
3. Efectuar desplazamientos a pie largos o frecuentes <input type="checkbox"/> 61 <input type="checkbox"/> 62
4. Llevar o desplazar cargas pesadas <input type="checkbox"/> 01 <input type="checkbox"/> 02
5. Efectuar otros esfuerzos físicos importantes <input type="checkbox"/> 61 <input type="checkbox"/> 62
6. Sufrir vibraciones o sacudidas <input type="checkbox"/> 01 <input type="checkbox"/> 02
7. Esforzar la vista para examinar objetos, impresos o escritos <input type="checkbox"/> 61 <input type="checkbox"/> 62 | <table border="0"> <tr> <td style="text-align: center;">A. Sí B. No</td> <td style="text-align: center;"><input type="checkbox"/> 61 <input type="checkbox"/> 62</td> </tr> <tr> <td style="text-align: center;">A. Sí B. No</td> <td style="text-align: center;"><input type="checkbox"/> 01 <input type="checkbox"/> 02</td> </tr> <tr> <td style="text-align: center;">A. Sí B. No</td> <td style="text-align: center;"><input type="checkbox"/> 61 <input type="checkbox"/> 62</td> </tr> <tr> <td style="text-align: center;">A. Sí B. No</td> <td style="text-align: center;"><input type="checkbox"/> 01 <input type="checkbox"/> 02</td> </tr> <tr> <td style="text-align: center;">A. Sí B. No</td> <td style="text-align: center;"><input type="checkbox"/> 61 <input type="checkbox"/> 62</td> </tr> <tr> <td style="text-align: center;">A. Sí B. No</td> <td style="text-align: center;"><input type="checkbox"/> 01 <input type="checkbox"/> 02</td> </tr> <tr> <td style="text-align: center;">A. Sí B. No</td> <td style="text-align: center;"><input type="checkbox"/> 61 <input type="checkbox"/> 62</td> </tr> <tr> <td style="text-align: center;">A. Sí B. No</td> <td style="text-align: center;"><input type="checkbox"/> 01 <input type="checkbox"/> 02</td> </tr> <tr> <td style="text-align: center;">A. Sí B. No</td> <td style="text-align: center;"><input type="checkbox"/> 61 <input type="checkbox"/> 62</td> </tr> <tr> <td style="text-align: center;">A. Sí B. No</td> <td style="text-align: center;"><input type="checkbox"/> 01 <input type="checkbox"/> 02</td> </tr> <tr> <td style="text-align: center;">A. Sí B. No</td> <td style="text-align: center;"><input type="checkbox"/> 61 <input type="checkbox"/> 62</td> </tr> <tr> <td style="text-align: center;">A. Sí B. No</td> <td style="text-align: center;"><input type="checkbox"/> 01 <input type="checkbox"/> 02</td> </tr> <tr> <td style="text-align: center;">A. Sí B. No</td> <td style="text-align: center;"><input type="checkbox"/> 61 <input type="checkbox"/> 62</td> </tr> <tr> <td style="text-align: center;">A. Sí B. No</td> <td style="text-align: center;"><input type="checkbox"/> 01 <input type="checkbox"/> 02</td> </tr> <tr> <td style="text-align: center;">A. Sí B. No</td> <td style="text-align: center;"><input type="checkbox"/> 61 <input type="checkbox"/> 62</td> </tr> <tr> <td style="text-align: center;">A. Sí B. No</td> <td style="text-align: center;"><input type="checkbox"/> 01 <input type="checkbox"/> 02</td> </tr> <tr> <td style="text-align: center;">A. Sí B. No</td> <td style="text-align: center;"><input type="checkbox"/> 61 <input type="checkbox"/> 62</td> </tr> <tr> <td style="text-align: center;">A. Sí B. No</td> <td style="text-align: center;"><input type="checkbox"/> 01 <input type="checkbox"/> 02</td> </tr> <tr> <td style="text-align: center;">A. Sí B. No</td> <td style="text-align: center;"><input type="checkbox"/> 61 <input type="checkbox"/> 62</td> </tr> <tr> <td style="text-align: center;">A. Sí B. No</td> <td style="text-align: center;"><input type="checkbox"/> 01 <input type="checkbox"/> 02</td> </tr> <tr> <td style="text-align: center;">A. Sí B. No</td> <td style="text-align: center;"><input type="checkbox"/> 61 <input type="checkbox"/> 62</td> </tr> <tr> <td style="text-align: center;">A. Sí B. No</td> <td style="text-align: center;"><input type="checkbox"/> 01 <input type="checkbox"/> 02</td> </tr> <tr> <td style="text-align: center;">A. Sí B. No</td> <td style="text-align: center;"><input type="checkbox"/> 61 <input type="checkbox"/> 62</td> </tr> <tr> <td style="text-align: center;">A. Sí B. No</td> <td style="text-align: center;"><input type="checkbox"/> 01 <input type="checkbox"/> 02</td> </tr> <tr> <td style="text-align: center;">A. Sí B. No</td> <td style="text-align: center;"><input type="checkbox"/> 61 <input type="checkbox"/> 62</td> </tr> <tr> <td style="text-align: center;">A. Sí B. No</td> <td style="text-align:
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| 1. Permanecer mucho tiempo de pie <input type="checkbox"/> 61 <input type="checkbox"/> 62
2. Permanecer mucho tiempo en una postura pesada o cansada a la larga <input type="checkbox"/> 01 <input type="checkbox"/> 02
3. Efectuar desplazamientos a pie largos o frecuentes <input type="checkbox"/> 61 <input type="checkbox"/> 62
4. Llevar o desplazar cargas pesadas <input type="checkbox"/> 01 <input type="checkbox"/> 02
5. Efectuar otros esfuerzos físicos importantes <input type="checkbox"/> 61 <input type="checkbox"/> 62
6. Sufrir vibraciones o sacudidas <input type="checkbox"/> 01 <input type="checkbox"/> 02
7. Esforzar la vista para examinar objetos, impresos o escritos <input type="checkbox"/> 61 <input type="checkbox"/> 62 | <table border="0"> <tr> <td style="text-align: center;">A. Sí B. No</td> <td style="text-align: center;"><input type="checkbox"/> 61 <input type="checkbox"/> 62</td> </tr> <tr> <td style="text-align: center;">A. Sí B. No</td> <td style="text-align: center;"><input type="checkbox"/> 01 <input type="checkbox"/> 02</td> </tr> <tr> <td style="text-align: center;">A. Sí B. No</td> <td style="text-align: center;"><input type="checkbox"/> 61 <input type="checkbox"/> 62</td> </tr> <tr> <td style="text-align: center;">A. Sí B. No</td> <td style="text-align: center;"><input type="checkbox"/> 01 <input type="checkbox"/> 02</td> </tr> <tr> <td style="text-align: center;">A. Sí B. No</td> <td style="text-align: center;"><input type="checkbox"/> 61 <input type="checkbox"/> 62</td> </tr> <tr> <td style="text-align: center;">A. Sí B. 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| A. Sí B. No | <input type="checkbox"/> 01 <input type="checkbox"/> 02

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| A. Sí B. No | <input type="checkbox"/> 61 <input type="checkbox"/> 62

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| A. Sí B. No | <input type="checkbox"/> 61 <input type="checkbox"/> 62

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| A. Sí B. No | <input type="checkbox"/> 01 <input type="checkbox"/> 02

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158	160	162	163
¿LE OBLIGA SU TRABAJO A RETENER MUCHA INFORMACIÓN A LA VEZ?	UN ERROR EN SU TRABAJO PUEDE O PODRÍA OCASIONAR...	¿VIVE USTED A MENUDO SITUACIONES DE TENSIÓN EN SUS RELACIONES CON EL PÚBLICO (Personas usuarias, viajeras. Pacientes, etc.)?	¿CUAL ES SU GRADO DE SATISFACCIÓN CON EL STRESS O LA PRESIÓN PSICOLÓGICA QUE LE PROVOCA SU TRABAJO?
A. Sí <input type="checkbox"/> 2 B. No..... <input type="checkbox"/> 7	A. Sí <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 B. No..... <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 C. No tiene relaciones con público <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 D. Nada satisfactorio..... <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13	A. Sí..... <input type="checkbox"/> 6 B. No..... <input type="checkbox"/> 7 C. No tiene relaciones con público <input type="checkbox"/> 8	A. Muy satisfactorio..... <input type="checkbox"/> 01 B. Bastante satisfactorio..... <input type="checkbox"/> 02 C. Poco satisfactorio <input type="checkbox"/> 03 D. Nada satisfactorio..... <input type="checkbox"/> 04

REMUNERACIÓN

164	166
EN EL ÚLTIMO AÑO ¿HA REALIZADO USTED HORAS EXTRAORDINARIAS?	¿HA PERCIBIDO EN EL ÚLTIMO AÑO ALGUNA REMUNERACIÓN O ALGUNA OTRA COMPENSACIÓN POR HABER TRABAJADO HORAS EXTRAORDINARIAS?
A. Nunca <input type="checkbox"/> 1 →175A B. En días excepcionales <input type="checkbox"/> 2 C. En períodos punta de producción <input type="checkbox"/> 3 →166 D. Frecuentemente <input type="checkbox"/> 4	A. Sí A.a. en remuneración <input type="checkbox"/> 1 A.b. otro tipo de compensación..... <input type="checkbox"/> 2 A.c. de ambas maneras..... <input type="checkbox"/> 3 B. No..... <input type="checkbox"/> 4 C. Ns/Nc..... <input type="checkbox"/> 5

175A	176	176.4
PENSANDO EN LOS INGRESOS DE SU TRABAJO PRINCIPAL, ¿QUÉ ES LO QUE INCLUYEN?	SU REMUNERACIÓN NETA EN EL ÚLTIMO MES QUE COBRO FUE (euros):	CUÁNTAS PAGAS (O NÓMINAS) RECIBE A LO LARGO DEL AÑO
A. Sí B. No 1. Un sueldo/salario fijo <input type="checkbox"/> 1 <input type="checkbox"/> 6 2.- Complementos por condiciones generales de trabajo 2.1.- Por productividad o piezas realizadas (destajo) <input type="checkbox"/> 2 <input type="checkbox"/> 7 2.2.- Por trabajar en condiciones malas o peligrosas <input type="checkbox"/> 3 <input type="checkbox"/> 8 2.3.- Por trabajo nocturno o festivo <input type="checkbox"/> 4 <input type="checkbox"/> 9 3.- Complementos ligados al rendimiento general 3.1.- Derivados de su desempeño personal <input type="checkbox"/> 3 <input type="checkbox"/> 8 3.2.- Derivados del desempeño de su equipo, grupo de trabajo o departamento <input type="checkbox"/> 4 <input type="checkbox"/> 9 3.3.- Derivados de los resultados generales de la empresa (participación en beneficios o ingresos procedentes de acciones de la empresa) <input type="checkbox"/> 1 <input type="checkbox"/> 6 4.- Beneficios de otra naturaleza (atención médica, accesos a tiendas, coche de empresa también de uso propio etc.) <input type="checkbox"/> 2 <input type="checkbox"/> 7 5.- Prorrato de Pagas Extras..... <input type="checkbox"/> 3 <input type="checkbox"/> 8	1.- Salario <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> € 2.- A. Hasta 500 € <input type="checkbox"/> 11 B. 501-750 €..... <input type="checkbox"/> 12 C. 751-1.000€..... <input type="checkbox"/> 13 D. 1.001-1.250€..... <input type="checkbox"/> 14 E. 1.251-1.500€..... <input type="checkbox"/> 15 F. 1.501-1.750€..... <input type="checkbox"/> 16 G. 1.751-2.000€..... <input type="checkbox"/> 17 H. 2.001-2.250€..... <input type="checkbox"/> 18 I. 2.251-2.500€..... <input type="checkbox"/> 19 J. 2.501-3.000€..... <input type="checkbox"/> 20 K. Más de 3.000€..... <input type="checkbox"/> 21 L. No Contesta <input type="checkbox"/> 22	A. 12 pagas..... <input type="checkbox"/> 41 →176B B. 14 pagas..... <input type="checkbox"/> 42 →176B C. Más de 14 pagas . <input type="checkbox"/> 43 →176.5

OTROS

176.5	176B	177	178
GRATIFICACIONES EXTRAORDINARIAS, EN EL ÚLTIMO AÑO	EN LOS ÚLTIMOS 4 AÑOS O DESDE QUE OCUPA VD. ESTE TRABAJO, ¿HA HABIDO ALGUNA REDUCCIÓN EN SU REMUNERACIÓN NETA HABITUAL? EN CASO AFIRMATIVO, INDIQUE EL % QUE HA SUPUESTO ESTA REDUCCIÓN, ASÍ COMO DESDE QUÉ AÑO SE HA PRODUCIDO LA MISMA	¿CUÁL ES SU GRADO DE SATISFACCIÓN CON SU REMUNERACIÓN?	¿ESTA USTED ACTUALMENTE AFILIADO O AFILIADA A ALGUNA ORGANIZACIÓN SINDICAL?
1. En el último año, ¿Cuántas gratificaciones extraordinarias ha tenido? () 2. Importe anual total de estas gratificaciones A. ()€ B. Ns/Nc (999999)	1. Reducción remuneración A. Sí <input type="checkbox"/> 1 → B. No..... <input type="checkbox"/> 2 C. Ns/Nc <input type="checkbox"/> 3 →177 2. % de reducción ()% 3. Desde () año	A. Muy satisfactorio ... <input type="checkbox"/> 01 B. Bastante satisfactorio <input type="checkbox"/> 02 C. Poco satisfactorio <input type="checkbox"/> 03 D. Nada satisfactorio <input type="checkbox"/> 04	A. Sí..... <input type="checkbox"/> 5 →178B B. No <input type="checkbox"/> 6 →179

