



Swiss Spinal Cord Injury Study (SwiSCI)

SwiSCI Community Survey 2012

Basic Module

Note:

This is the English Reference questionnaire of the SwiSCI Community Survey 2012 intended to be used for research and communication purposes, but it has not been used as such for data collection. The SwiSCI Community Survey 2012 has only been conducted with questionnaires in the official Swiss languages German, French and Italian.

Working life

In this section we would like to ask you some questions about your professional situation

1. What was your vocational status at the time of your spinal cord injury?

→ *Check all that apply*

- In paid work: _____ % workload (employed and/or self-employed; including paid apprenticeship)
- In education (school, higher education, etc.)
- Unpaid work (re-training, unpaid placement, etc.)
- Unpaid work in the family business
- Seeking work
- Housewife/-man
- Retired/pensioned
- Others, namely: _____

2. After your discharge from initial inpatient rehabilitation, how long did it take before you started or resumed paid work (incl. work attempts)?

- I never worked after initial rehabilitation >> *Question 9*
- I started working immediately after initial rehabilitation
- I resumed paid work after _____ years and _____ months after initial rehabilitation.

3. How many years were you engaged in paid work since your discharge from initial inpatient rehabilitation up to the present day?

_____ Years

4. Are you currently engaged in paid work?

- Yes
- No >> *Question 9*

5. What is the name or title of your current main job?

6. How do you rate the accessibility and adaptation of your workplace?

e.g., access to the building, your office or the toilets

- Very good
- Rather good
- Neither good or bad
- Rather bad
- Very bad

7. What are the main problems at your workplace?

→ *Check all that apply*

- Parking places are not accessible or difficult to access
- The building cannot be entered independently (e.g. stairs at the entrance, no ramps provided, door not wide enough)
- No (accessible) elevators are available in the building
- Devices needed for work within the building are not accessible or difficult to access (e.g. printer in an inaccessible room, shelves not usable)
- Bathrooms/toilets are not accessible or difficult to access
- No problems
- Others, namely: _____

8. Would you like to work more, less or the same amount of hours as you currently do?

- More hours >> *Question 11*
- Less hours >> *Question 11*
- The same amount >> *Question 11*

9. If you are currently not engaged in paid work, would you like to have paid work?

- Yes
- No

10. If you are currently not engaged in paid work, do you feel able to perform paid work?

- Yes, 1-12 hours a week
- Yes, 12-20 hours a week
- Yes, more than 20 hours a week
- No, not at all

Health problems

	For the following health problems please rate how much of a problem it was for you in the <u>last 3 months</u> .				Please indicate whether or not you have received treatment for this specific health problem in the <u>last 3 months</u> (e.g. medication, operation, physiotherapy)		Please indicate whether or not this specific health problem did limit you in your activities in the <u>last 3 months</u> .	
	Not experienced, insignificant problem	Mild or infrequent problem	Moderate or occasional problem	Significant or chronic problem	Do/did you receive treatment for it?		Does/did it limit your activities?	
					Yes	No	Yes	No
11. Pressure sores, decubitus	<input type="radio"/> >> Question 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Urinary tract infections <i>This includes kidney or bladder infection.</i>	<input type="radio"/> >> Question 13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Sexual dysfunction <i>This includes dysfunction in sexual arousal, erection and reaching orgasm.</i>	<input type="radio"/> >> Question 14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Muscle spasms, spasticity	<input type="radio"/> >> Question 15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Chronic pain	<input type="radio"/> >> Question 16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Respiratory problems <i>Symptoms of respiratory infections or problems include difficulty in breathing and increased secretions.</i>	<input type="radio"/> >> Question 17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Sleep problems <i>This includes problems falling asleep, sleeping through the night and waking up early.</i>	<input type="radio"/> >> Question 18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18.	Injury caused by loss of sensation <i>These are e.g. burns from carrying hot liquids in the lap or sitting too close to a heater or fire.</i>	<input type="radio"/> >> Question 19	<input type="radio"/>						
19.	Contractures <i>This is a limitation in range of motion of a joint.</i>	<input type="radio"/> >> Question 20	<input type="radio"/>						
20.	Heterotopic bone ossification <i>This is an overgrowth of bone, often occurring after a fracture. This condition must be diagnosed by a physician</i>	<input type="radio"/> >> Question 21	<input type="radio"/>						
21.	Bladder dysfunction <i>This includes incontinence, bladder or kidney stones, kidney problems, urine leakage and urine back up.</i>	<input type="radio"/> >> Question 22	<input type="radio"/>						
22.	Bowel dysfunction <i>This includes diarrhoea and constipation.</i>	<input type="radio"/> >> Question 23	<input type="radio"/>						
23.	Autonomic dysreflexia or hyperreflexia <i>Symptoms are sudden rises in blood pressure and sweating, skin blotches, goose bumps, pupil dilation and headache.</i>	<input type="radio"/> >> Question 24	<input type="radio"/>						
24.	Postural hypotension <i>This involves a strong sensation of lightheadedness following a change in position. It is caused by a sudden drop in blood pressure.</i>	<input type="radio"/> >> Question 25	<input type="radio"/>						
25.	Circulatory problems <i>This involves the swelling of veins, feet or the occurrence of blood clots.</i>	<input type="radio"/> >> Question 26	<input type="radio"/>						

The following questions refer to other, general diseases. Please indicate, whether or not you suffer the respective disease. If you suffer the disease please indicate whether or not you receive medication or some other sort of treatment for it. If you are affected by a disease please also indicate whether or not it limits you in your activities.

	Do you suffer this disease?		Do/did you receive treatment for it?		Does/did the disease limit your activities?	
	No	Yes	No	Yes	No	Yes
26. Diabetes	<input type="radio"/> >> Question 27	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Heart disease	<input type="radio"/> >> Question 28	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Cancer	<input type="radio"/> >> Question 29	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Depression	<input type="radio"/> >> Question 30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. Did you have a pressure sore in the last 3 months?

- Yes
- No >> [Question 32](#)

31. Please indicate the localization of the pressure sore:

→ *Check all that apply*

- Buttocks
- Tailbone
- Genital area
- Feet
- Other location: _____

Pain

32. Have you suffered from pain during the past week?

- Yes
- No >> [Question 36](#)

33. What kind of pain did you experience during the past week?

→ *Check all that apply*

- Pain of the musculoskeletal system (muscles, joints, bones) above or at level of your lesion (e.g.: Pain in your shoulders, hands, neck)
- Pain of internal organs (e.g.: bowel, bladder, kidneys, abdomen)
- Pain due to spasm
- Neuropathic pain above the lesion level
- Neuropathic pain at the lesion level
- Neuropathic pain beneath the lesion level (phantom pain)
- Other, namely: _____

34. Please rate your pain by circling the number that best describes your pain at its worst in the last week.

<i>No pain at all</i>										<i>Pain as bad as you can imagine</i>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5	6	7	8	9	10	

35. Please indicate the localization(s) of the pain of your musculoskeletal system (muscles, joints, bones)

→ Check all that apply

- Neck
- Shoulder
- Back/ spine
- Elbow
- Wrist/hand
- Hip
- Buttocks
- Knee
- Ankle joint/foot
- No pain of musculoskeletal system
- Others, namely: _____

Concentration and fatigue

36. Do you experience any limitation in the planning and realization of certain activities in a busy environment in which you are put under pressure?

e.g.: starting new tasks, finishing things off, organizing time and tasks well, keeping to appointments.

- No, no limitations whatsoever
- Yes, some limitations
- Yes, considerable limitations
- Yes, I cannot do that at all

37. In the past 4 weeks, how much of a problem did you have due to not feeling rested and refreshed during the day? (e.g. feeling tired, not having energy)

- None
- Mild
- Moderate
- Severe
- Extreme

Mood

These questions are about how you feel and how things have been with you during the past 4 weeks.

During the past 4 weeks, how often....	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
38. have you been very nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. have you felt so down in the dumps that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. have you felt calm and peaceful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. have you felt downhearted and depressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. have you been happy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Quality of life

The following questions ask you to rate how satisfied, happy or good you have felt about various aspects of your life over the last two weeks.

Indicate how satisfied or dissatisfied you are with each of these aspects of your life and tick the box that best fits how you feel about it.

43. How would you rate your quality of life?

- Very poor
- Poor
- Moderate
- Good
- Very good

	<i>Very dis-satisfied</i>	<i>Dis-satisfied</i>	<i>Neither satisfied nor dis-satisfied</i>	<i>Satisfied</i>	<i>Very satisfied</i>
44. How satisfied are you with your health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. How satisfied are you with your ability to perform your daily living activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. How satisfied are you with your personal relationships?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. How satisfied are you with the conditions of your living place?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Independence in activities of daily living

For each question, please tick the box next to the statement that best reflects your current situation. Please read the texts thoroughly and tick only one statement.

48. Eating and drinking

- I need artificial feeding or a stomach tube.
- I need total assistance with eating/drinking or for putting on/taking off adaptive devices.
- I need partial assistance with eating/drinking for putting on/taking off adaptive devices
- I eat/drink independently, but I need adaptive devices or assistance for cutting food, pouring or opening containers.
- I eat/drink independently without assistance or adaptive devices.

49. Washing your upper body and head

Washing your upper body and head includes soaping and drying as well as using a water tap.

- I need total assistance.
- I need partial assistance.
- I am independent but need adaptive devices or a specific setting (e.g. bars, chair).
- I am independent and do not need adaptive devices or a specific setting.

50. Washing your lower body

Washing your lower body includes soaping and drying as well as using a water tap.

- I need total assistance.
- I need partial assistance.
- I am independent but need adaptive devices or a specific setting (e.g. bars, chair).
- I am independent and do not need adaptive devices or a specific setting.

51. Dressing your upper body

Dressing the upper body includes putting on and taking off clothes like t-shirts, blouses, shirts, bras, shawls or orthoses (e.g. arm orthoses, neck braces, back corsets).

Easy-to-dress clothes are those without buttons, zippers or laces

Difficult-to-dress clothes are those with buttons, zippers or laces

- I need total assistance.
- I need partial assistance, even with easy-to-dress clothes.
- I do not need assistance with easy-to-dress clothes, but I need adaptive devices or a specific setting with them.
- I am independent in dressing my upper body with easy-to-dress clothes and only need assistance or adaptive devices or a specific setting with difficult-to-dress clothes.
- I am completely independent in dressing my upper body.

52. Dressing your lower body

Dressing the lower body includes putting on and taking off clothes like shorts, trousers, shoes, socks, belts or orthoses (e.g. leg splints).

Easy-to-dress clothes are those without buttons, zippers or laces

Difficult-to-dress clothes are those with buttons, zippers or laces

- I need total assistance.
- I need partial assistance, even with easy-to-dress clothes.
- I do not need assistance in dressing my lower body with easy-to-dress clothes, but I need adaptive devices or a specific setting with them.
- I am independent in dressing my lower body with easy-to-dress clothes and only need assistance or adaptive devices or a specific setting with difficult-to-dress clothes.
- I am completely independent in dressing my lower body.

53. Grooming

Please think about activities such as washing hands and face, brushing teeth, combing hair, shaving or applying make-up.

- I need total assistance.
- I need partial assistance.
- I am independent with adaptive devices
- I am independent without adaptive devices.

54. Breathing

I need a respiratory (tracheal) tube ...

- and permanent or assisted ventilation from time to time.
- and extra oxygen and much assistance in coughing or respiratory (tracheal) tube management.
- and little assistance in coughing or respiration (tracheal) tube management.

I do not need a respiratory(tracheal) tube...

- but I need extra oxygen or much assistance in coughing or a mask (e.g. PEEP) or assisted ventilation from time to time (e.g. BIPAP).
- and only little assistance or stimulation for coughing.
- and can breathe and cough independently without assistance or device.

55. Bladder management

Please think about the way you empty your bladder.

55. a) I use an indwelling catheter

- Yes >> *Question 56*
- No >> *Questions 55b) and 55c)*

55. b) Intermittent catheterization

- I need total assistance.
- I do it myself with assistance (self-catheterization).
- I do it myself without assistance(self-catheterization).
- I do not use it.

55.c) Use of external drainage instruments (e.g. condom catheter, diapers, sanitary napkins)

- I use them with total assistance.
- I use them with partial assistance.
- I use them without assistance.
- I am continent with urine and do not use external drainage instruments

56. Bowel management

56. a) Do you need assistance with bowel management?

e.g. for applying suppositories

- Yes
- No

55.b) My bowel movements are...

- irregular or seldom (less than once in 3 days).
- regular (at least once in 3 days).

56.c) Fecal incontinence happens

- twice a month or more
- once a month
- not at all

57. Using the toilet

Please think about the use of the toilet, cleaning your genital area and hands, putting on and taking off clothes, and the use of sanitary napkins or diapers.

- I need total assistance.
- I need partial assistance and cannot clean myself.
- I need partial assistance but can clean myself.
- I don't need assistance but need adaptive devices (e.g. bars) or a special setting (e.g. wheelchair accessible toilet).
- I don't need assistance and no adaptive devices or special setting.

58. How many of the following 4 activities can you perform without assistance or electric aids?

- turning of the upper body in bed
- turning of the lower body in bed
- sitting up in bed
- heaving up in the wheelchair (with or without adaptive devices)

- None, I need assistance in all these activities.
- One
- Two or three
- All of them

59. Transfers from the bed to the wheelchair

- I need total assistance.
- I need assistance, supervision or adaptive devices (e.g. sliding board).
- I do not need any assistance or adaptive devices.
- I do not use a wheelchair.

60. Transfers from the wheelchair to the toilet/in the tub

These transfers also include transfers from the wheelchair or bed to a toilet wheelchair.

- I need total assistance.
- I need assistance, supervision or adaptive devices (e.g. sliding board).
- I do not need assistance or adaptive devices.
- I do not use a wheelchair.

61. Moving around in the house/in the apartment

I use a wheelchair. To move around I need...

- total assistance.
- an electric wheelchair or partial assistance in a manual wheelchair.
- no assistance in a manual wheelchair.

In the house/in the apartment I walk and ...

- need supervision while walking (with or without devices).
- walk with a walking frame or crutches, swinging forward with both feet at a time.
- walk with crutches or two canes, setting one foot before the other.
- walk with one cane.
- walk with leg orthosis (e.g. leg splint) only.
- walk without walking aids.

62. Moving around moderate distances (10 to 100 meters)

I use a wheelchair. To move around I need...

- total assistance.
- an electric wheelchair or partial assistance in a manual wheelchair.
- no assistance in a manual wheelchair.

I walk moderate distances and I ...

- need supervision while walking (with or without devices).
- walk with a walking frame or crutches, swinging forward with both feet at a time.
- walk with crutches or two canes, setting one foot before the other.
- walk with one cane.
- walk with leg orthosis(es) only (e.g. leg splint)
- walk without walking aids.

63. Moving around outdoors for more than 100 meters

I use a wheelchair. To move around I need...

- total assistance.
- an electric wheelchair or partial assistance in a manual wheelchair.
- no assistance in a manual wheelchair.

I walk more than 100 meters and ...

- need supervision while walking (with or without devices).
- walk with a walking frame or crutches, swinging forward with both feet at a time.
- walk with crutches or two canes, setting one foot before the other.
- walk with one cane.
- walk with leg orthosis (e.g. leg splint) only.
- walk without walking aids.

64. Ascending or descending stairs

- I am unable to ascend or descend stairs.

I can ascend and descend at least 3 steps...

- but only with support or supervision.
- but only with devices (e.g. handrail, crutch or cane).
- without any support, supervision or devices.

65. Transfers from the wheelchair into the car

This transfer also includes the loading and unloading of the wheelchair into and out of the car.

- I need total assistance.
- I need assistance, supervision or adaptive devices (e.g. sliding board).
- I do not need assistance or adaptive devices.
- I do not use a wheelchair.

66. Transfers from the floor to the wheelchair

- I need assistance.
- I do not need assistance.
- I do not use a wheelchair.

Additional time expenditure

The following is about how much extra time you need to carry out day-to-day activities due to your spinal cord injury.

Please estimate the extra time you need due to your spinal cord injury for:

67. Your self-care

e.g. washing, dressing, grooming

_____ hours a week

68. Managing the support and devices you need

e.g. home care, wheelchair, other devices, adaptations, compensation

_____ hours a week

69. Outdoor transportation:

e.g. going to work, shopping, leisure time

_____ hours a week

Support with leisure activities

70. Do you require help from other people for the organization of your leisure time?

- Always
- Sometimes
- Seldom
- Never

Hand cycle

71. Do you use a hand cycle?

- Yes
- No

72. If you don't use a hand cycle, please indicate the reasons:

→ *Check all that apply*

- No interest
- I cannot use a hand cycle due to my disability
- I don't get any help (for transfer or coupling to the bike)
- Too expensive
- Unsuitable living environment
- I don't know what a hand cycle is
- Other reasons: _____

Participation in activities

The following paragraph includes questions concerning your everyday activities and consists of four parts:

- (A) How much time do you spend at work, for (continued) education and household chores?
- (B) How often do you perform certain activities?
- (C) Are you limited in your everyday activities?
- (D) How satisfied are you with your everyday life?

A. How many hours per week do you spend on the following activities?

The following questions refer to a normal week (holidays and possible travel times are excluded).
 The questions refer to the number of hours per week.
 Please tick the answer that best describes your situation.

	0 hours	1-8 hours	9-16 hours	17-24 hours	25-35 hours	36 hours or more
73. Paid work <i>All forms of paid work, including work for your own business</i>	<input type="radio"/>					
74. Unpaid work <i>Activities in an association, in a community center, at school or any other voluntary activities</i>	<input type="radio"/>					
75. Education <i>Only training or courses in the context of your paid work or for a possible paid work in the future</i>	<input type="radio"/>					
76. Household duties <i>e.g. cooking, cleaning, shopping, caring for or supervising children, performing small works at home, gardening</i>	<input type="radio"/>					

B. How often have you performed the following activities in the last 4 weeks?

For example, if you take a walk approximately twice a week, this equals eight times in four weeks. In that case you choose the category "6-10 times".

Do not include any activity in more than one category.

Activities concerning work, school or household are excluded. Travel times are excluded.

The questions refer to the frequency in the last four weeks.

	Never	1-2 times	3-5 times	6-10 times	11-18 times	19 times or more
77. Sports or other physical exercise <i>e.g. tennis, hand cycle cycling, fitness activities, long walks. Please note: rides to work with the hand cycle or wheelchair are not considered</i>	<input type="radio"/>					
78. Going out <i>e.g. eating out, going to a cafe, cinema, concerts, alone or with others</i>	<input type="radio"/>					
79. Day trips and other outdoor activities <i>e.g. shopping, attending events, going to the beach, visiting churches or mosques</i>	<input type="radio"/>					
80. Recreational activities at home <i>e.g. crafts, needlework, reading, puzzles, playing computer games</i>	<input type="radio"/>					
81. Visiting family or friends	<input type="radio"/>					
82. Visits from family or friends	<input type="radio"/>					
83. Contacting others by phone or computer <i>e.g. talking on the phone, texting, e-mailing</i>	<input type="radio"/>					

C. Does your spinal cord injury currently limit your everyday life?

NA (not applicable): You do not take part in this activity, but this is not due to your spinal cord injury.

Not possible: You do not take part in this activity due to your spinal cord injury.

With assistance: You perform this activity partly by yourself, but need assistance due to your spinal cord injury. For example: You have a help to perform heavy household duties, family members take you by car to places. This includes paid help as well as unpaid help from family members or friends.

With difficulty: If you have more troubles performing the activity due to your spinal cord injury and e.g. it takes you considerably more time, you need to rest occasionally, you now do it less frequently or for a shorter time or in a less exhausting way.

	NA	Not possible	With assistance	With difficulty	Without difficulty
84. Paid work, unpaid work or education	<input type="radio"/>				
85. Household duties <i>e.g. cooking, cleaning, shopping, taking care of or supervising children, performing small works at home, gardening</i>	<input type="radio"/>				
86. Outdoor mobility <i>e.g. driving a car, travelling by bus or train, going to work or shopping by hand cycle /wheelchair</i>	<input type="radio"/>				
87. Sports and other physical activities <i>e.g. tennis, hand cycle cycling, fitness activities, long walk</i>	<input type="radio"/>				
88. Going out <i>e.g. eating out, visiting a cafe, the cinema, a concert, alone or with others</i>	<input type="radio"/>				
89. Day trips and other outdoor activities <i>e.g. shopping, attending events, going to the beach, visiting churches or mosques</i>	<input type="radio"/>				
90. Recreational activities at home <i>e.g. crafts, needlework, reading, puzzles, playing computer games</i>	<input type="radio"/>				
91. Relationship with your partner <i>e.g. communication, sexuality</i>	<input type="radio"/>				
92. Visiting family or friends	<input type="radio"/>				
93. Visits of family or friends	<input type="radio"/>				
94. Contacting others by phone or computer <i>e.g. talking on the phone, texting, e-mailing</i>	<input type="radio"/>				

D. How satisfied are you with your current everyday life?

NA (not applicable): only choose this option if you neither have work nor participate in any (further) education (question 95) or if you do not have a partner (question 102)

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied	NA
95. Paid work, unpaid work or education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
96. Household duties <i>e.g. cooking, cleaning, shopping, taking care of or supervising children, performing small works at home, gardening</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
97. Outdoor mobility <i>e.g. driving a car, travelling by bus or train, going to work or shopping by hand cycle /wheelchair</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
98. Sports and other physical activities <i>e.g. tennis, hand cycle cycling, fitness activities, long walk</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
99. Going out <i>e.g. eating out, visiting a cafe, the cinema, a concert, alone or with others</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
100. Day trips and other outdoor activities <i>e.g. shopping, attending events, going to the beach, visiting churches or mosques</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
101. Recreational activities at home <i>e.g. handicraft works, needle works, reading, doing puzzles, playing computer games</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
102. Relationship with your partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
103. Relationship with your family and relatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
104. Contacts with friends and acquaintances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Environmental factors

In daily life, we are exposed to various external influences or environmental factors. These can make daily life easier or more difficult.

Thinking about the last 4 weeks, please rate how much these environmental factors have influenced your participation in society.

	NA	No influence	Made my life a little harder	Made my life a lot harder
105. Missing or insufficient accessibility of public places <i>e.g. inaccessible public buildings, parks</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
106. Unfavorable climatic conditions <i>e.g. weather, season, temperature, humidity</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
107. Negative societal attitudes toward persons with disability <i>e.g. prejudice, stigma, ignorance</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
108. Negative attitudes of your family and relatives with regards to your disability <i>e.g. prejudice, lack of support, overprotective behavior</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
109. Negative attitudes of your friends with regards to your disability <i>e.g. prejudice, lack of support, overprotective behavior</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
110. Negative attitudes of neighbors, acquaintances and work colleagues with regards to your disability <i>e.g. prejudice, lack of support, overprotective behavior</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
111. Lack of or insufficient adapted assistive technology for moving around over short distances <i>e.g. stair lift, walking aids or wheelchair</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
112. Lack of or inadequate adapted means of transportation for long distances <i>e.g. lack of adapted car or hard to use public transportation</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
113. Lack of or insufficient nursing care and support services <i>e.g. home health care or personal assistance</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
114. Lack of or insufficient medication and medical aids and supplies <i>e.g. catheters, disinfectants, splints, pillows</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
115. Problematic financial situation <i>e.g. shortage of money</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
116. Lack of or insufficient communication devices <i>e.g. lack of or insufficient writing devices, computer, telephone, mouse</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
117. Missing or insufficient accessibility to the homes of friends and relatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
118. Insufficient national and cantonal political decisions and State services <i>e.g. problems with the disability insurance, lacking support of equal rights</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Personal information

119. What kind of health insurance coverage do you have?

- General
- Semi-private
- Private
- Other type
- Don't know

120. Do you live alone?

- Yes
- No

121. Have you had any biological children since your spinal cord injury?

- Yes
- No

122. What is (are) your nationality(ies)?

123. What is the approximate total monthly net income for your household?

The net income is the sum of all incomes of all members of the household (incl. disability pension), after deduction of the compulsory contributions to social security and occupational pensions fund. The net income therefore is the amount that you are actually paid each month.

If you receive alimony: Please add this to your net income.

If you pay alimony: Please deduct this from your net income.

- Less than 1500 Swiss Francs
- Between 1500 and 3000 Swiss Francs
- Between 3000 and 4500 Swiss Francs
- Between 4500 and 6000 Swiss Francs
- Between 6000 and 7500 Swiss Francs
- Between 7500 and 9000 Swiss Francs
- More than 9000 Swiss Francs

124. Will your income situation change over the next 5 years?

- Yes, namely as follows: _____
- No
- Don't know

Remarks and comments

We are happy to receive remarks and comments!

Thank you very much!

With all our thanks for your valuable contribution to the SwiSCI Study!