



Swiss Spinal Cord Injury Study (SwiSCI)

Community Survey 2022

Questionnaire 2

Note:

This is the English Reference questionnaire of the SwiSCI Community Survey 2022 intended to be used for research and communication purposes, but it has not been used as such for data collection. The SwiSCI Community Survey 2022 has only been conducted with questionnaires in the official Swiss languages German, French and Italian.

Dear participant

Welcome to the second and final questionnaire of the 2022 SwiSCI national survey!

You can either complete this questionnaire on paper and return it in the enclosed stamped reply envelope, or participate online at www.swisci-study.ch.

To do so, please log in with your SwiSCI ID and personal password:

Your SwiSCI ID is: #####

Your password is: #####

Alternatively, you can scan the QR code below with your smartphone or tablet. This QR code is personalized and you do not need to enter the SwiSCI ID or password after scanning:



If you have any questions or need assistance completing the questionnaire, we are happy to help. Contact our toll-free **SwiSCI helpline 0800 794 724** or write to us at contact@swisci.ch.

Thank you for your interest and commitment!

Nottwil, May 2022

Your SwiSCI Team

Completed on: 

About this questionnaire:

The focus of this questionnaire is on health and assistive technology care, activities of daily living, your psychological well-being and functioning, social support from your environment and the use of digital technologies to maintain your health.

Thank you again for completing the questionnaire.

Instructions for completing the questionnaire:

- ✓ Please complete the questionnaire as fully as possible and do not leave any questions unanswered.
- ✓ There is no 'right' or 'wrong' and no 'good' or 'bad' of answers. It is only important that you answer the questions as spontaneously as possible and choose the answer that best describes your personal situation.
- ✓ You may notice that certain questions or answer options do not apply at all to your individual situation as a spinal cord injured person. For example, there are questions that ask about the ability to walk. Please keep in mind here that spinal cord injuries can have very different consequences and we include people with all degrees of paralysis in the SwiSCI study. So, the questionnaire is aimed at people in wheelchairs as well as pedestrians. So, don't be confused and just choose the answer that best describes your situation.
- ✓ Sometimes the questionnaire may have areas with several questions, sometimes similar. Don't let this confuse you and answer all the questions.
- ✓ A circle symbol next to a question () means that you should only tick one answer option at a time, while a box () means that you can tick several answer options that apply to you. The latter is usually also indicated with the specification "Check all that apply".

Notes on the confidentiality of your information:

- ✓ We guarantee that your information will be protected with the highest security standards.
- ✓ No personal data will be shared with third parties outside the SwiSCI study center or published.
- ✓ All questionnaires are anonymized by your personal SwiSCI identification number and do not contain any personal data such as name or address.
- ✓ Data for scientific analysis will only be used in the anonymized form and results of the study will only be published as grouped data.

Medical Services

In the following, we would like to learn more about how often you consult the doctor, go to the hospital and to therapies.

1. Who were the health care providers you visited, or who visited you in your home, in the last 12 months.

E.g. for check-up visits, follow-up, routine treatment or because of acute health problems.

Check all that apply

Number of visits in the last 12 months

- | | |
|---|---|
| <input type="checkbox"/> Primary care physician / general practitioner | ..... |
| <input type="checkbox"/> Rehabilitation physician / spinal cord injury physician | ..... |
| <input type="checkbox"/> Other specialist physician <i>e.g., surgeon, gynecologist, psychiatrist, ophthalmologist</i> | ..... |
| <input type="checkbox"/> Nurse | ..... |
| <input type="checkbox"/> Psychologist | ..... |
| <input type="checkbox"/> Physiotherapist | ..... |
| <input type="checkbox"/> Occupational therapist | ..... |
| <input type="checkbox"/> Chiropractor | ..... |
| <input type="checkbox"/> Other, please specify: ..... | ..... |
| <input type="checkbox"/> Other, please specify: ..... | ..... |
| <input type="checkbox"/> I did not visit any health care provider in the last 12 months | |

2. Over the last 12 months, have you been an in-patient in a hospital or specialist clinic, not counting cure stays?

Count all stays where you have stayed overnight.

- Yes:
-  times
-  total number of days
- No

3. Have you been to a hospital outpatient clinic or polyclinic in the last 12 months?

- Yes, please specify:
- Check all that apply*
- As emergency, unplanned:  times
- For planned treatment:  times
- No

4. Have you been a patient at one of the Swiss Paraplegic Centres over the last 12 months?

- No >> Go to question 5
- Yes, please specify:

Check all that apply and go to Question 6

	REHAB Basel	Uniklinik Balgrist	SUVA Clinique Sion	SPZ Nottwil	Site Plein Soleil Lavigny	Ambulatorium Bellinzona
For a check-up visit	<input type="checkbox"/>	<input type="checkbox"/>				
For outpatient treatment	<input type="checkbox"/>	<input type="checkbox"/>				
For an inpatient hospital stay	<input type="checkbox"/>	<input type="checkbox"/>				

5. If you did not use any check-up, outpatient or inpatient service of any of the specialized SCI clinics in the last 12 months, what was the reason?

Check all that apply

- No apparent benefit
- Located too far
- Not required as I feel healthy
- I prefer visiting my GP
- I prefer visiting another provider/hospital
- Because of the Covid-19 situation
- Others, namely: *.....*

6. Do you receive support at home for everyday activities, such as housework or self-care?

- No
- Yes, by the following persons or institutions:

Check all that apply

- | | |
|---|--|
| <input type="checkbox"/> Partner / Spouse | Number of hours per week: <i>.....</i> |
| <input type="checkbox"/> Children | Number of hours per week: <i>.....</i> |
| <input type="checkbox"/> Parents | Number of hours per week: <i>.....</i> |
| <input type="checkbox"/> Siblings | Number of hours per week: <i>.....</i> |
| <input type="checkbox"/> Friends | Number of hours per week: <i>.....</i> |
| <input type="checkbox"/> Spitex | Number of hours per week: <i>.....</i> |
| <input type="checkbox"/> Assistance | Number of hours per week: <i>.....</i> |
| <input type="checkbox"/> Other persons, please specify: <i>.....</i> | Number of hours per week: <i>.....</i> |
| <input type="checkbox"/> Other institutions, please specify: <i>.....</i> | Number of hours per week: <i>.....</i> |

7. What compensation do you receive for your care support?

Check all that apply

- Helplessness compensation
- Care allowance *health insurance, accident insurance, military insurance*
- Supplementary benefits
- Assistance contribution (IV)
- Private insurance services
- Others, namely: *.....*
- I do not receive any financial support for care support

8. Who is your first point of contact for health problems regarding your spinal cord injury?

- General practitioner
- Specialist with own practice
- Specialist at one of the four paraplegic centres
- Others, namely: *.....*

Following we would like to ask you a hypothetical question concerning the availability of outpatient clinics specialized in spinal cord injury.

Currently, there are four big outpatient clinics in Switzerland specialized in spinal cord injury (Basel, Nottwil, Sion and Zürich). Please imagine the following scenario:

In the future, there is an additional smaller outpatient clinic that will be situated closer to your home town than the four big outpatient clinics. This smaller outpatient clinic provides the same expertise in paraplegia as the four big outpatient clinics. The smaller outpatient clinic offers less diagnostic and therapeutic services than the four big outpatient clinics. If needed, the smaller outpatient clinic can refer you to one of the bigger outpatient clinics.

9. Considering routine consultations or check-ups, which of the following statements is true in your case?

- I would prefer to go to one of the four big outpatient clinics.
- I would prefer to go to the closer smaller outpatient clinic.

10. Do you have a personal GP or a medical center you can go?

- No >> *go to Question 14*
- Yes

11. How long is the way to your personal GP or a medical center?

Driving time in minutes: *.....*

With the following questions we want to find out how satisfied you are with the quality of the medical health care for your spinal cord injury specific problems in your living area.

“Quality” in this case refers to the expertise and the spinal cord injury specific professional competence. Our understanding of “area” is that catchment area which you still consider reachable with reasonable effort.

	Very satisfied	Rather satisfied	Neither satisfied nor dissatisfied	Rather dissatisfied	Very dissatisfied	I do not use the service
12. How satisfied are you with the services of your personal GP or medical center?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. How satisfied are you with the services of your personal GP or medical center with respect to:						
a. ... being treated respectfully?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ... how clearly things were explained to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. ... your experience of being involved in making decisions for your treatment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. How satisfied are you with the services of the specialist paraplegic centres?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. How satisfied are you with the services of the paraplegic centers (SPZ, Balgrist, Rehab, Sion) with respect to:						
a. ... being treated respectfully?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ... how clearly things were explained to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. ... your experience of being involved in making decisions for your treatment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. How satisfied are you with...						
a. ... the services of general hospitals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ... the services of Spitex?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. ... how the health care services are run in your area in general?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. In the last 12 months, have you needed health care but did not get it?

- No
- Yes. Which reasons best explain why you did not get the health care you needed?

Check all that apply

- Could not afford the cost of the visit
- There was no service
- No transport available
- Could not afford the cost of transportation
- I was previously badly treated
- Could not take time off work or had other commitments
- The health care provider's drugs or equipment were inadequate
- The health care provider's skills were inadequate
- I did not know where to go
- I tried but were denied health care
- I thought I was not sick enough
- The service was temporarily unavailable due to the Covid-19 lock-down
- I felt uncomfortable to visit a health care provider during the Covid-19 pandemic
- Other, please specify: 

18. Do you know Parahelp?

- Yes
- No >> *please go to question 20*

19. Do you receive services by ParaHelp?

- Yes
- No

20. Please complete the following table with availability, your use and your need of a handicap-transport service.

	If it is available to you: How often do you use it?					If it is not available to you:	
	Hardly ever	Less than once per month	1 to 3 times per month	1 to 6 times per week	Daily	I have no need	I have a need
a. Handicap taxi <i>e.g. Tixi-Taxi</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Company in public transport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. For what do you use public transport or transportation services for the disabled?

- I do not use these services >> *go to Question 22*
- I do use the services for the following activities:

Check all that apply

- Leisure activities / Trips / Hobby
- Visiting events
- Work / school
- Visit to the doctor / rehabilitation / cure stay
- Private visits
- Shopping / post office / office visits
- Other, please specify: *✎*

>> go to Question 23

22. If you do not use public transport or transportation services for the disabled, what are the reasons for this?

Check all that apply

- No need
- Not available when and where I need it
- Too expensive
- Bad experience made or no trust to provider
- Other, please specify: *✎*

>> go to Question 24

23. In general, how satisfied are you with public transportation or transportation services for the disabled?

- Very satisfied
- More satisfied
- Neither satisfied nor dissatisfied
- More dissatisfied
- Very dissatisfied

Supply of assistive devices

24. In the following, the quality of the provision of assistive devices will be discussed. Please indicate to what extent the following statements are correct for you.

	Not true	Hardly true	Is rather true	Is correct
a. I have the equipment I need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I get good advice about aids.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I go to a lot of trouble to get my aids.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Some of my aids are of insufficient quality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. The maintenance of my aids is insufficient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. My aids cost me a lot of money.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I have to do without certain aids due to high costs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. What is the frequency of use of the following mobility devices:	I don't have it	Less than once per month	1-3 times a month	1-6 times a week	Daily
a. Manual wheelchair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Electrical wheelchair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Electrical support <i>e.g. e-motion</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Wheelchair power unit <i>e.g. Swiss-Trac, wheel-e</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Every day hand cycle <i>attachable to the wheelchair</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Sports wheelchair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Sports hand cycle <i>recumbent, sitting or kneeling position</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Infections and vaccinations

In the following, we would like to learn more about possible Covid-19 infections and vaccination status.

26. Have you ever been diagnosed with Covid-19 (a positive laboratory test or confirmed by a healthcare provider)?

- Yes
- No >> go to Question 31
- I don't know >> go to Question 31

27. What was the date of diagnosis?

..... (month/year)

28. How long did your symptoms last?

- (months) (weeks)
- I still suffer from symptoms (e.g. muscle and joint pain, weakness, or fatigue)

29. Since the beginning of the pandemic, have you been hospitalized due to Covid-19 symptoms?

- Yes, for how long: (days) and in which hospital: (name of hospital)
- No >> go to Question 31

30. During your hospital stay, were you admitted to the intensive care unit?

- Yes, for how long: (days)
- No

31. Have you been vaccinated for Covid-19?

- Yes
- No >> go to Question 33
- Unknown >> go to Question 34

32. When did you have the last dose of vaccine?

Please indicate the month and the year

Date: /..... (e.g. 11 / 2021) >> go to Question 34

33. What are the reasons for not getting vaccinated against Covid-19?

Check all that apply

- I doubt the vaccination will be effective
- I am afraid of the possible side effects of the vaccination
- Covid-19 infection is not dangerous for me
- I prefer natural or traditional remedies for the disease to vaccination
- I cannot get vaccinated for medical reasons (e.g. allergies)
- I was not sufficiently informed about the benefits of vaccination
- Other, namely

34. Have you ever had an influenza vaccination?

- Yes
- No >> *go to Question 36*
- Unknown >> *go to Question 37*

35. When were you last vaccinated against influenza?

Date: *✍* >> *go to Question 37*

36. What are the reasons for not getting vaccinated against influenza?

Check all that apply

- I doubt the vaccination will be effective
- I am afraid of the possible side effects of the vaccination
- Influenza infection is not dangerous for me
- I prefer natural or traditional remedies for the disease to vaccination
- I cannot get vaccinated for medical reasons (*e.g. allergies*)
- I was not sufficiently informed about the benefits of vaccination
- Other, namely *✍*

37. Have you ever had a pneumococcus (pneumonia) vaccination?

- Yes
- No >> *go to Question 39*
- Unknown >> *go to Question 40*

38. When were you last vaccinated against pneumococcus (pneumonia)?

Date: *✍* >> *go to Question 40*

39. What are the reasons for not getting vaccinated against pneumococcus (pneumonia)?

Check all that apply

- I doubt the vaccination will be effective
- I am afraid of the possible side effects of the vaccination
- Pneumococcus infection is not dangerous for me
- I prefer natural or traditional remedies for the disease to vaccination
- I cannot get vaccinated for medical reasons (*e.g. allergies*)
- I was not sufficiently informed about the benefits of vaccination
- Other, namely *✍*

Activities of daily living

The following section is about problems you experience in your life. Please think about the last 4 weeks and take both good and bad days into account.

40.	In the <u>last 4 weeks</u> , how much of a problem have you had with ...	No				Extreme
		problem 1	2	3	4	problem 5
a.	... carrying out daily routine?	<input type="radio"/>				
b.	... handling stress?	<input type="radio"/>				
c.	... doing things that require the use of your hands and fingers? <i>e.g. picking up small objects or opening a container</i>	<input type="radio"/>				
d.	... getting where you want to go?	<input type="radio"/>				
e.	... using public transportation?	<input type="radio"/>				
f.	... using private transportation?	<input type="radio"/>				
g.	... looking after your health, eating well, exercising or taking your medicine?	<input type="radio"/>				
h.	... getting your household tasks done?	<input type="radio"/>				
i.	... providing care or support for others?	<input type="radio"/>				
j.	... interacting with people?	<input type="radio"/>				
k.	... with intimate relationships?	<input type="radio"/>				
l.	... doing things for relaxation or pleasure?	<input type="radio"/>				
m.	... with shortness of breath during physical exertion?	<input type="radio"/>				

41.	In the last 4 weeks, how much of a problem have you had with ...	No problem 1	2	3	4	Extreme problem 5
a.	... sitting unsupported for long periods (e.g. 30 minutes) without help?	<input type="radio"/>				
b.	... standing unsupported for long periods (e.g. 30 minutes) without help?	<input type="radio"/>				

42.	Additionally, to what extent were the following issues a problem?	None	Mild	Moderate	Severe	Extreme
a.	Feeling tired and not having enough energy?	<input type="radio"/>				
b.	Feeling sad, low or depressed?	<input type="radio"/>				
c.	Feeling worried, nervous or anxious?	<input type="radio"/>				

These questions ask about your ability to do activities that involve mobility. Select the response that best describes your ability to do the activity without help from another person but using the equipment or devices you normally use (e.g., transfer boards lifts, hospital bed).

43.	Are you able to ...	Without any difficulty	With a little difficulty	With some difficulty	With much difficulty	Unable to do
a.	... get up off the floor from lying on your back?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	... push open a heavy door?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	... moving from sitting at the side of the bed to lying down on your back?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Optimism and personal experience

44. Are you often plenty of strength, energy and optimism?

Never

Always



The following questions are about personal views and experiences. Please tick the box that best describes your view.

		1	2	3	4	5	Not applicable
		Not at all				Completely	
45.	How confident are you that you can ...						
a.	... maintain contact with people who are important to you?	<input type="radio"/>					
b.	... maintain good health?	<input type="radio"/>					
c.	... manage the tasks of your daily life?	<input type="radio"/>					
d.	... find a new job if you are looking for work?	<input type="radio"/>					
e.	... perform your work task sufficiently well?	<input type="radio"/>					
f.	... maintain your job?	<input type="radio"/>					
g.	... find the means and ways to get what you want if someone opposes you?	<input type="radio"/>					
h.	... deal efficiently with unexpected events?	<input type="radio"/>					
i.	... maintain your personal hygiene with or without help?	<input type="radio"/>					
j.	... find hobbies and leisure pursuits that interest you?	<input type="radio"/>					

46. Do you ...		1	2	3	4	5
		Not at all				Completely
a.	... feel that you will be able to achieve your dreams, hopes, and wishes?	<input type="radio"/>				
b.	... think that living with your spinal cord injury has made you a stronger person?	<input type="radio"/>				
c.	... feel included when you are with other people?	<input type="radio"/>				
d.	... have the feeling that you lack contact with other people?	<input type="radio"/>				
e.	... feel isolated from others?	<input type="radio"/>				
f.	I have a good sense of what makes my life meaningful	<input type="radio"/>				
g.	I am searching for meaning in my life	<input type="radio"/>				

47. I ...		Rarely true	Sometimes true	Often true	True nearly	All the time
a.	... am able to adapt to change	<input type="radio"/>				
b.	... tend to bounce back after illness of hardship	<input type="radio"/>				
c.	... feel completely alone	<input type="radio"/>				

48. In the last 12 months, have you experienced any major adverse life event?

e.g., a serious health condition or accident, a serious conflict with other persons, divorce or death of a loved one

- No
- Yes, please specify: 

Evaluation of own skills

49. Below is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement.

	Strongly disagree	Disagree	Agree	Strongly agree
a. I feel that I have a number of good qualities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I certainly feel useless at times.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I feel that I'm a person of worth, at least on an equal plane with others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I take a positive attitude toward myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next section is about your coping strategies.

Explanation: People may be faced with changes in their lives: difficult or stressful situations and wishes or goals which cannot be realised as they would prefer. How people cope with these changes differs from one individual to the other.

Below you will find statements of how individuals cope with these changes and deal with difficulties. Please indicate to which extent these statements apply to you by ticking the first answer that comes to mind.

50. When confronted with an important problem...	Seldom or never	Sometimes	Often	Almost always
a. I can easily change my approach if necessary.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I think of different options when a solution is not successful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I immediately change my approach if a certain approach fails.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I adjust my strategy as soon as I notice that my approach fails.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I have enough strategies to deal with the problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I am flexible in my approach towards a problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I have enough different options to quickly solve a problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I find it is a challenge to adapt to changing circumstances.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I easily think of a different approach that suits the changing situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Mood

The following statements are about your mood and how you felt. There are 4 possible answers for each statement. Please read the following statements carefully and tick the box which best describes how you felt in the past week.

51. I feel tense or 'wound up'.

- Most of the time
- A lot of the time
- From time to time / occasionally
- Not at all

52. I still enjoy the things I used to enjoy.

- Definitely as much
- Not quite so much
- Only a little
- Hardly at all

53. I get a sort of frightened feeling as if something awful is about to happen.

- Very definitely and I quite badly
- Yes, but not too badly
- A little, but it doesn't worry me
- Not at all

54. I can laugh and see the funny side of things.

- As much as I always could
- Not quite so much now
- Definitely not so much now
- Not at all

55. Worrying thoughts go through my mind.

- A great deal of the time
- A lot of the time
- From time to time, but not too often
- Only occasionally / never

56. I feel cheerful.

- Not at all
- Not often
- Sometimes
- Most of the time

57. I can sit at ease and feel relaxed.

- Definitely
- Usually
- Not often
- Not at all

- 58. I feel as if I am slowed down.**
- Nearly all the time
 - Very often
 - Sometimes
 - Not at all
- 59. I get a sort of frightened feeling like 'butterflies' in the stomach.**
- Not at all
 - Occasionally
 - Quite often
 - Very often
- 60. I have lost interest in my appearance.**
- Definitely
 - I don't take as much care as I should
 - I may not take quite as much care
 - I take just as much care as ever
- 61. I feel restless as I have to be on the move.**
- Very much indeed
 - Quite a lot
 - Not very much
 - Not at all
- 62. I look forward with enjoyment to things.**
- As much as I ever did
 - Rather less than I used to
 - Definitely less than I used to
 - Hardly at all
- 63. I get sudden feelings of panic.**
- Very often indeed
 - Quite often
 - Not very often
 - Not at all
- 64. I can enjoy a good book or radio or TV program.**
- Often
 - Sometimes
 - Not often
 - Very seldom

Life goals

The following questions each consist of two opposing statements concerning aims and sense of life. The numbered boxes stand for the increments between these opposites. Please tick the box which in this moment best describes your view.

65. In life, I have:

No goals or aims

Very clear goals and aims

1 2 3 4 5 6 7

66. My personal existence is:

Utterly meaningless, without purpose

Very purposeful and meaningful

1 2 3 4 5 6 7

67. In achieving life goals, I have:

Made no progress whatever

Progressed to complete fulfillment

1 2 3 4 5 6 7

68. I have discovered:

No mission or purpose in life

Clear-cut goals and a satisfying life purpose

1 2 3 4 5 6 7

Support from others

69. If necessary, in your opinion, to what extent can the following people provide you with practical help, this means concrete help or useful advice?

Please assess the possibility of assistance even if you do not need help. If some can give 'very much' help and others can give little, please fill in 'very much'.

Practical help = e.g. doing the shopping for you when sick, taking you to the doctor or giving useful advice in case of problems or when looking for specific information.

Please tick „not applicable“ if these persons don't exist.

		← Not at all To a great deal →											
		0	1	2	3	4	5	6	7	8	9	10	n/a
a.	Partner	<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"/>	<input type="radio"/>
b.	Family	<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"/>	<input type="radio"/>
c.	Friends	<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"/>	<input type="radio"/>

70. To what extent can the following people be available in case of need and show understanding, by talking with you?

Please assess the possibility of assistance even if you do not need help. If some can give 'very much' help and others can give little, please fill in 'very much'.

Please tick „not applicable“ if these persons don't exist.

		← Not at all To a great deal →											
		0	1	2	3	4	5	6	7	8	9	10	n/a
a.	Partner	<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"/>	<input type="radio"/>
b.	Family	<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"/>	<input type="radio"/>
c.	Friends	<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"/>	<input type="radio"/>

71. In the past 5 years, have you experienced situations in Switzerland in which you have been discriminated because of your SCI?

- No >> *Go to question 72*
- Yes

In which concrete situations have you been discriminated?

Check all that apply

- Job seeking or application for a new position
- professional work environment; work colleagues, supervisors
- School, University
- Apartment search
- Public administration, civil services
- Social benefits
- Health care
- Police
- Army
- Public places and transportation
- Accessibility of restaurants, bars, clubs
- Leisure time, Sport and associations
- Family, private life
- Internet, social media
- Other situations

Digital health

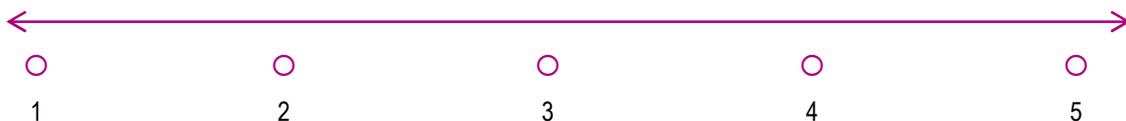
The following questions refer to the use of digital technologies, such as a smartphone and the Internet, to help improve or maintain your health, for instance by:

- Searching for symptoms online to get a quick diagnosis
- Using a mobile app to store your vaccination certificate
- Consulting your doctor via a video call
- Using a smart watch to monitor your physical activity

72. How confident are you in your ability to use digital technologies, such as a smartphone and the Internet, for general everyday purposes? *i.e. not only for your health*

Not at all confident

Completely confident



73. Which digital technologies do you use to improve or maintain your health?

- I don't use any digital technologies to improve or maintain my health >> *go to Question 75*
- I use the following digital technologies to improve or maintain my health:

Check all that apply

- Smartphone or tablet
- Laptop or desktop computer
- Wearable devices *e.g. smart watch, physical activity or fitness tracker*
- Smart devices *e.g. smart thermometer, smart scale*
- Other, please specify: 

74. For which health-related matters have you used the Internet or other digital technologies during the last 6 months?

None >> go to Question 75

The following health-related matters:

Check all that apply

- Checking symptoms online
- Searching for treatment recommendations online
- Communicating online with medical doctors and other health professionals
- Purchasing health insurance, dietary supplements and other health products
- Other, please specify: 

People use digital health technologies for different reasons, as listed below. Please indicate how much you agree or disagree with each statement.

75. Digital technologies ...	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
a. ... are important for improving and maintaining health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ... provide easy access to personal health information, like vaccination certificates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. ... allow for efficient health-monitoring by tracking health parameters, for instance heart rate or sleep patterns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. ... are useful for quickly getting treatment recommendations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. ... allow for convenient communication with medical doctors and other health professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

People might also have concerns about using of digital health technologies. Please indicate how much you agree or disagree with each statement.

76. I am concerned that digital health technologies are ...	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
a. ... not effective enough at improving or maintaining my health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ... difficult to use without help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. ... vulnerable to hackers who can use my data without permission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Swiss Paraplegic Foundation

77. Have you ever received direct help from the Swiss Paraplegic Foundation?

- No >> go to 'Remarks and comments'
- Yes, namely

Check all that apply

- Apartment adaptation
- Support of mobility e.g. car adaptation
- Adaptation of the workstation
- Purchase of sports equipment
- Purchase of equipment
- Other, please specify: 

78. How do you assess the impact of all the direct support you have received from the Swiss Paraplegic Foundation in terms of independence and participation in social life?

	No improvement	Minor improvement	Significant improvement	Very big improvement
a. Independence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Participation in social life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Remarks and comments

We are happy to receive remarks and comments



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Thank you very much

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