



Swiss Spinal Cord Injury Study (SwiSCI) Questionnaire 1 2017

Note:

This is the English Reference questionnaire of the SwiSCI Community Survey 2017 intended to be used for research and communication purposes, but it has not been used as such for data collection. The SwiSCI Community Survey 2017 has only been conducted with questionnaires in the official Swiss languages German, French and Italian.

Personal information

1. Please indicate your gender:

- Male
- Female

2. What year were you born?

..... e.g. 1965

3. What is your current marital status?

- Single
- Married
- Cohabiting or in a partnership
- Separated or divorced
- Widowed

4. Do you live alone?

- Yes >> *Question 6*
- No, I live together with other persons
- No, I live in an institution (e.g. retirement home, nursing home, assisted living) >> *Question 6*

5. Who lives in your household with you ?

Check all that apply

- Children under 14 years of age, number: *.....*
- Youth between 14 and 18 years of age, number: *.....*
- Persons between 18 and 64 years of age, number: *.....*
- Persons over 64 years of age, number: *.....*

6. Do you have biological children?

- Yes
- No >> *Question 8*

7. Please indicate the date of birth of your children. day/month/year e.g. 13.07.1990

Child 1: *.....* Child 2: *.....* Child 3: *.....*

Child 4: *.....* Child 5: *.....*

8. Do you get assistance with your day-to-day activities at home or outside?

- No
- Yes, I get assistance by the following persons:

Check all that apply

- Spouse
- Family
- Friends
- Professionals or paid assistants
- Other, please specify: *.....*

9. In which country were you born? *.....*

Work

10. What was the name or title of your main job immediately before your spinal cord injury?

Job name/title : *.....*

Please be as specific as possible, e.g., not just 'clerk' but 'bank clerk'; not just 'manager' but 'sales manager'

I was not engaged in paid work immediately before SCI. >> [Question 15](#)

11. What is your current working situation?

Check all that apply

Working for wages or salary with an employer (Employment contract), including paid vocational training:
..... % workload

Self-employed: *..... % workload*

Unpaid work in family business

Work in a sheltered workplace *e.g. sheltered workshop*

Paid or unpaid vocational training, professional training or retraining

Pupil, student *e.g. high school, university of applied sciences, university*

Housewife, househusband

Unemployed

Disability pension recipient IV or other pensions

Retired due to health condition

Retired due to age

Other, please specify : *.....*

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

..... (Number of years)

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

Job name/title : *.....*

Please be as specific as possible, e.g., not just 'clerk' but 'bank clerk'; not just 'manager' but 'sales manager'

I'm currently not engaged in paid work.

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

More hours >> [Question 18](#)

Less hours >> [Question 18](#)

The same amount >> [Question 18](#)

15. Would you like to have paid work?

Yes

No

16. Do you feel able to perform paid work?

Yes, 1-11 hours per week


Yes, 12-20 hours per week

Yes, more than 20 hours per week

No, not at all

17. What are the reasons you are not currently working?

Check all that apply

- Health condition or disability
- Engaged in school or university
- Family commitments
- I did not find a suitable job
- I do not have a financial need
- Retired
- Insufficient transportation services
- Poor accessibility of potential workplaces *e.g., access to building, offices or toilets*
- Lack of assistive work devices
- Fear of losing pension *e.g. IV pension, daily allowances*
- I do not want to work
- Other, please specify: 

Health

18. In general, would you say your health is

- Excellent
- Very good
- Good
- Fair
- Poor

19. Compared to one year ago, how would you rate your health in general now?

- Much better
- Somewhat better
- About the same
- Somewhat worse
- Much worse

20. How would you rate your quality of life?

- Very poor
- Poor
- Neither poor nor good
- Good
- Very good

21. Please indicate the cause of your spinal cord injury:

Check all that apply

For example if you check the box 'accident during work', please also specify if it was a fall or another cause of injury.

Caused by injury:

- Accident during sports
- Accident during leisure activity
- Accident during work
- Traffic accident
- Injury due to violence *e.g., gunshot wound*
- Fall from less than 1 meter
- Fall from more than 1 meter
- Other cause of injury: *✎*

Caused by disease:

- Degeneration of the spinal column
- Tumor – benign
- Tumor – malignant (cancer)
- Vascular problem *e.g., ischemia, hemorrhage, malformations*
- Infection *e.g., bacterial, viral*
- Other disease *✎*

For the following health problems please rate how much of a problem it was for you in the last 3 months. If you have experienced the health problem please indicate whether you have received treatment or not (e.g., taking a medication or getting treatment by doctors or other health professionals).

	<i>NOT experienced, insignificant problem</i>	<i>MILD or INFREQUENT problem</i>	<i>MILD or INFREQUENT problem</i>	<i>SIGNIFICANT or CHRONIC problem</i>	<i>Do/did you receive treatment for it?</i>
22. Pressure sores, decubitus <i>These develop as a skin rash or redness and may progress to an infected sore.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No
23. Urinary tract infections <i>e.g., kidney or bladder infection.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No
24. Sexual dysfunction <i>e.g., difficulty with sexual arousal, erection, lubrication, and reaching orgasm.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No
25. Muscle spasms, spasticity <i>This refers to uncontrolled, jerky muscle movements, such as uncontrolled muscle twitches or spasms.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No
26. Respiratory problems <i>Symptoms of respiratory infections or problems include difficulty in breathing and increased secretions.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No

27. Sleep problems <i>e.g., problems falling asleep or sleeping through the night and waking up early.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No
28. Injury caused by loss of sensation <i>e.g., burns from carrying hot liquids in the lap or sitting too close to a heater or fire.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No
29. Contractures <i>This is a limitation in the range of motion of a joint.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No
30. 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No
31. Bladder dysfunction <i>e.g., incontinence ('accidents'), bladder or kidney stones, kidney problems, urine leakage and urine back up.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No
32. Bowel dysfunction <i>e.g., diarrhea, stool incontinence ('accidents') and constipation.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No
33. Autonomic dysreflexia <i>Symptoms are sudden rises in blood pressure and sweating, skin blotches, goose bumps, pupil dilation and headache.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No
34. Postural hypotension <i>This involves a strong sensation of light-headedness following a change in position. It is caused by a sudden drop in blood pressure.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No
35. Circulatory problems <i>This involves the swelling of veins, feet, legs or hands, or the occurrence of blood clots.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No
36. Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No

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




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.

	Do you suffer this disease?	Do/did you receive treatment for it?
38. Diabetes	<input type="radio"/> No <input type="radio"/> Yes >> Question 39	<input type="radio"/> No <input type="radio"/> Yes
39. Heart disease	<input type="radio"/> No <input type="radio"/> Yes >> Question 40	<input type="radio"/> No <input type="radio"/> Yes
40. Cancer	<input type="radio"/> No <input type="radio"/> Yes >> Question 41	<input type="radio"/> No <input type="radio"/> Yes
41. Depression	<input type="radio"/> No <input type="radio"/> Yes >> Question 42	<input type="radio"/> No <input type="radio"/> Yes

42. Please name up to five additional health problems, that were not listed above that also bother you:


No additional health problem experienced











43. Please indicate your current smoking status:

- Never smoked
- Former smoker
- Current smoker (including occasional smoker)

Energy and feelings

These questions are about how you have felt and how things have been with you during the last 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the <u>last 4 weeks</u> ...	All of the time	Most of the time	Some of the time	A little of the time	None of the time
44. Did you feel full of life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. Have you been very nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. 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"/>
47. Have you felt calm and peaceful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. Did you have a lot of energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. Have you felt downhearted and depressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. Did you feel worn out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51. Have you been happy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52. Did you feel tired?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following questions are about how you see yourself.

	1 Not at all	2	3	4	5 Completely
53. How confident are you that you can find the means and ways to get what you want if someone opposes you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54. How confident are you that you could deal efficiently with unexpected events?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

55. Do you often have negative feelings such as having the blues, being desperate, suffering from anxiety or depression?

Never All the time

←-----→

○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○

0 1 2 3 4 5 6 7 8 9 10

Independence in activities of daily living

For each item, please check the box next to the statement that best reflects your current situation. Please read the text carefully and only check one box in each section.

56. Eating and drinking

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

57. Washing your upper body and head

This includes soaping and drying, and using a water tap.

- I need total assistance
- I need partial assistance
- I am independent but need adaptive devices or specific equipment *e.g., bars, chair*
- I am independent and do not need adaptive devices or specific equipment

58. Washing your lower body

This includes soaping and drying, and using a water tap.

- I need total assistance
- I need partial assistance
- I am independent but need adaptive devices or specific equipment *e.g., bars, chair*
- I am independent and do not need adaptive devices or specific equipment

59. Dressing your upper body

This includes putting on and taking off clothes like t-shirts, blouses, shirts, bras, shawls, or orthoses (e.g., arm splint, neck brace, corset).

- *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 specific equipment
 - I am independent 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

60. Dressing your lower body

This includes putting on and taking off clothes like shorts, trousers, shoes, socks, belts, or orthoses (e.g., leg splint).

- 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 specific equipment
 - I am independent 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

61. Grooming

e.g., 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

62. 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.

63. Bladder management

Please think about the way you empty your bladder.

a) Use of an indwelling catheter

- Yes >> *Please go to question 64*
- No >> *Please also answer question 63 b) and 63 c*

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

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

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

64. Bowel management

a) **Do you need assistance with bowel management** *e.g., for applying suppositories?*

- Yes
- No

b) **My bowel movements are...**

- irregular or seldom (less than once in 3 days)
- regular (once in 3 days or more)

a) **Fecal incontinence (“accidents”) happens ...**

- Daily
- 1-6 times per week
- 1-4 times every month
- Less than once per month
- Never

65. 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 do not need assistance but I need adaptive devices (*e.g., bars*) or a special setting (*e.g., wheelchair accessible toilet*)
- I do not need any assistance, adaptive devices or a special setting

66. Which of the following activities can you perform without assistance or electrical aids?

Check all that apply

- Turning your upper body in bed
- Turning your lower body in bed
- Sitting up in bed
- Doing push-ups in in a chair or wheelchair
- None, I need assistance in all these activities

67. Transfers from the bed to the wheelchair

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

68. 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.

69. 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.

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

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

- I need total assistance
- I need an electric wheelchair or partial assistance to operate a manual wheelchair
- I am independent in a manual wheelchair

I walk moderate distances and I ...

- need supervision while walking (with or without walking aids)
- 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 a leg orthosis(es) only e.g., leg splint
- walk without walking aids

71. 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.

72. 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.

73. 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.

74. Transfers from the floor to the wheelchair

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

Hand cycle

75. Do you use a hand cycle?

- Yes, an everyday hand cycle (attachable to the wheelchair)
- Yes, a sports hand cycle (recumbent or sitting position)
- Yes, a sports hand cycle (kneeling position)
- No >> *continue with question 77*

76. How often do you use the hand cycle during the hand cycling season?

- Less than once a month
- 1-3 times a month
- 1-6 times a week
- Daily

Participation in activities

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
77. Paid work <i>All forms of paid work, including work for your own business</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
78. Unpaid work <i>Activities in an association, in a community centre, at school or any other voluntary activities</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
79. 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80. Household duties <i>e.g. cooking, cleaning, shopping, caring for 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"/>	<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
81. 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82. Going out <i>e.g. eating out, going to a cafe, cinema, concerts, alone or with others</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83. 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"/>	<input type="radio"/>
84. Leisure activities at home <i>e.g. crafts, needlework, reading, puzzles, playing computer games</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
85. Visiting family or friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86. Visits from family or friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
87. Contacting others by phone or computer <i>e.g. talking on the phone, texting, e-mailing</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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, e.g. 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.

	N/A	Not possible	With assistance	With difficulty	Without difficulty
88. Paid work, unpaid work or education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
89. 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"/>
90. 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"/>
91. Sports and other physical activities <i>e.g. tennis, hand cycle cycling, fitness activities, long walks</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
92. 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"/>
93. 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"/>
94. Leisure activities at home <i>e.g. crafts, needlework, reading, puzzles, playing computer games</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
95. Relationship with your partner <i>e.g. communication, sexuality</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
96. Visiting family or friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
97. Visits from family or friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
98. Contacting others by phone or computer <i>e.g. talking on the phone, texting, e-mailing</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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 99) or if you do not have a partner (question 106)

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied	NA
99. Paid work, unpaid work or education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
100. 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"/>	
101. 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"/>	
102. 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
103. Going out <i>e.g. eating out, going to a cafe, cinema, concerts, alone or with others</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
104. 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"/>	
105. Leisure activities at home <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"/>	
106. Relationship with your partner <i>e.g. communication, sexuality</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
107. Relationship with your family and relatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
108. 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.

	Not applicable	No influence	Made my life a little harder	Made my life a lot harder
109. 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"/>
110. Unfavorable climatic conditions <i>e.g., weather, season, temperature, humidity</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
111. 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"/>
112. 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"/>
113. 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"/>
114. 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"/>
115. 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"/>
116. 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"/>
117. 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"/>
118. 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"/>
119. Problematic financial situation <i>e.g., shortage of money</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
120. 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"/>
121. Missing or insufficient accessibility to the homes of friends and relatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
122. 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"/>

123. What is the highest level of education that you have completed?

- Compulsory school time Primary school and 3 years of high school
- 1-year education e.g. 10th school year, career choice year, preliminary apprenticeship, household apprenticeship year
- 2-year vocational education e.g. Swiss Federal Vocational Certificate (EBA), 1 to 2-year vocational training time
- 2-year full-time vocational school, commercial school
- 2 to 3-year education: general education school e.g. qualified middle school, professional middle school
- 3 to 4-year vocational education e.g. Swiss Federal Vocational Education and Training Diploma (EFZ)
- Teachers' seminary former teachers' college
- Academic high school degree
- Swiss Federal Vocational Baccalaureate
- Higher vocational education with Swiss Federal and Advanced Federal Diploma of Higher Education or Master Diploma
- College of Higher Education
- University of Applied Sciences (FH), University of Education (PH)
- University, Swiss Federal Technical University (ETH)
- Others, namely 

124. How many years of education or training have you completed in total?

A vocational retraining (i.e. a new vocational education or a new study) you may have started after the onset of your spinal cord injury should also be counted here.

e.g.: 6 (primary school) + 3 (secondary school) + 4 (apprenticeship) = 13 years.

e.g.: 6 (primary school) + 7 (high school) + 4 (college with university degree) = 17 years.


 (years)

125. Have you started or completed a new education or training after the onset of your spinal cord injury?

This includes the resumption of vocational training or studies, which you started before the onset of your spinal cord injury.

- No >> *continue with question 127*
- Yes, namely:

Check all that apply


- Vocational retraining or education
 - Started
 - Completed
- University education
 - Started
 - Completed
- Others, namely 
- Started
- Completed

126. How many years of vocational or school education have you completed after the onset of your spinal cord injury?

 (Number of years)

127. What is your income currently made up of?

Please check all that apply

- Income from employment
- Old-age pension (AHV)
- Disability pension (IV):
 - 1/4
 - 1/2
 - 3/4
 - Full pension
- Occupational pension (BVG)
- Helplessness allowance, severity:
 - mild
 - moderate
 - severe
- Social benefits
- Accident insurance pension (e.g. SUVA, private accident insurance)
- Life insurance pension
- Unemployment pension
- Care compensation
- Family allowance/Child allowance/alimony
- Others, namely: 

128. After the first determination of your disability pension, did you ever face a revision of your pension (i.e. an examination of your pension eligibility) by the IV, the Suva or another insurance?

- Yes
- No >> *Question 131*
- Pension revision is currently underway >> *Question 131*
- I never had a pension so far >> *Question 131*

129. What was the result of your last pension revision?  (Year)

130. What was the result of your last pension revision?

- Pension was increased
- Pension remained the same
- Pension was decreased
- Pension was suspended

131. Taking into account all persons living in your household who work for a salary or wage: what is the total household netto income before taxes on average per month?

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 2000 Swiss Francs
- Between 2000 and 2999 Swiss Francs
- Between 3000 and 3999 Swiss Francs
- Between 4000 and 4999 Swiss Francs
- Between 5000 and 5999 Swiss Francs
- Between 6000 and 6999 Swiss Francs
- Between 7000 and 7999 Swiss Francs
- Between 8000 and 8999 Swiss Francs
- Between 9000 and 9999 Swiss Francs
- More than 10'000 Swiss Francs

132. Think of this ladder as representing where people stand in Switzerland

At the top of the ladder are the people who are the best off - those who have the most money, the most education and the most respected jobs. At the bottom are the people who are the worst off – who have the least money, least education, and the least respected jobs or no job. The higher up you are on this ladder, the closer you are to the people at the very top; the lower you are, the closer you are to the people at the very bottom.

Where would you place yourself on this ladder?

Please place a large X on the rung where you would place yourself at this time in your life, relative to other people in Switzerland

