



For me. For all.
Swiss health study

Pilot phase

Non-respondant questionnaire (NR)

The English version of this questionnaire was only developed for the codebooks and was not available during data collection.

Ⓜ: Most important questions

1	How would you describe your general health status? <i>One answer only.</i>
<input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/> Very poor	

2	Do you currently suffer from one or more illnesses or are you in poor health? <i>(Open question, do not list all possible answers).</i>
<input type="checkbox"/> No <input type="checkbox"/> Yes → What illness(es) or health issue(s) are you suffering from? <div style="margin-left: 40px;"> <input type="checkbox"/> Musculoskeletal disease(s) <input type="checkbox"/> Lung disease(s) <input type="checkbox"/> Skin disease(s) <input type="checkbox"/> Allergic disease(s) <input type="checkbox"/> Infectious disease(s) <input type="checkbox"/> Cardiovascular disease(s) <input type="checkbox"/> Cancer <input type="checkbox"/> Metabolic disease(s) <input type="checkbox"/> Gastrointestinal / liver and kidney disease(s) <input type="checkbox"/> Neurological and mental disease(s) <input type="checkbox"/> Female disease(s) <input type="checkbox"/> Eye disease(s) <input type="checkbox"/> Ear disease(s) <input type="checkbox"/> Other disease / rare disease(s) _____ </div>	

3	Do you currently smoke (i.e., in the last month)? (Cigarettes, cigars, cigarillos, pipe, e-cigarettes, shisha....)																
<input type="checkbox"/> No – Non-smoker <input type="checkbox"/> Yes → What do you smoke and how much? <div style="margin-left: 40px;"> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"><input type="checkbox"/> Cigarettes</td> <td style="width: 20%;">Number per day : _____</td> <td style="width: 10%;">OR</td> <td style="width: 40%;"><input type="checkbox"/> Less than 1 per day</td> </tr> <tr> <td><input type="checkbox"/> Cigars / Cigarillos</td> <td>Number per day : _____</td> <td>OR</td> <td><input type="checkbox"/> Less than 1 per day</td> </tr> <tr> <td><input type="checkbox"/> Pipe</td> <td>Number per day : _____</td> <td>OR</td> <td><input type="checkbox"/> Less than 1 per day</td> </tr> <tr> <td><input type="checkbox"/> E-cigarettes</td> <td>Number per day : _____</td> <td>OR</td> <td><input type="checkbox"/> Less than 1 per day</td> </tr> </table> </div>		<input type="checkbox"/> Cigarettes	Number per day : _____	OR	<input type="checkbox"/> Less than 1 per day	<input type="checkbox"/> Cigars / Cigarillos	Number per day : _____	OR	<input type="checkbox"/> Less than 1 per day	<input type="checkbox"/> Pipe	Number per day : _____	OR	<input type="checkbox"/> Less than 1 per day	<input type="checkbox"/> E-cigarettes	Number per day : _____	OR	<input type="checkbox"/> Less than 1 per day
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<input type="checkbox"/> Pipe	Number per day : _____	OR	<input type="checkbox"/> Less than 1 per day														
<input type="checkbox"/> E-cigarettes	Number per day : _____	OR	<input type="checkbox"/> Less than 1 per day														

4

What do you do for a living?

- ☐ What profession are you currently practising? _____
- ☐ What profession have you been trained for? _____

5

Which of the following best describes your professional situation?**Executives and independant professions**

- ☐ Senior and middle management, teaching professions
- ☐ Writers, artists, entertainers, athletes
- ☐ Other freelance professions
- ☐ Academic occupations

Technicians, sales and administrative staff

- ☐ Technicians, maintenance
- ☐ Sales occupations
- ☐ Administrative and office occupations

Service professions

- ☐ Domestic workers
- ☐ Public safety
- ☐ Other service occupations

Agricultural, forestry and fishing professions

- ☐ Agricultural workers and managers
- ☐ Other agricultural, forestry or fishing occupations

Craftsmen and skilled trades

- ☐ Mechanics and repairers, building trades, miners, precision workers, other craftsmen

Specialized workers and laborers

- ☐ Skilled machine workers (assemblers) and inspectors
- ☐ Transport workers (carriers, drivers)
- ☐ Cleaners, laborers, warehouse workers

Other

- ☐ Military
- ☐ Unknown / no answer

6	What is your current employment situation, and that of your partner? <i>Tick the appropriate boxes; leave blank if you do not currently have a partner. Several answers possible.</i>		
	Current employment situation	Myself	Spouse / partner
	Employed full-time (80% or more)	<input type="checkbox"/>	<input type="checkbox"/>
	Full-time housewife/househusband (80% or more)	<input type="checkbox"/>	<input type="checkbox"/>
	Employed part-time (less than 80%)	<input type="checkbox"/>	<input type="checkbox"/>
	Employed on an hourly or irregular basis	<input type="checkbox"/>	<input type="checkbox"/>
	Unemployed	<input type="checkbox"/>	<input type="checkbox"/>
	Never worked before	<input type="checkbox"/>	<input type="checkbox"/>
	In training	<input type="checkbox"/>	<input type="checkbox"/>
	On leave : more than 3 months (vacation, maternity leave, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
	Not working because of illness or inability to work (incl. disability insurance)	<input type="checkbox"/>	<input type="checkbox"/>
	Retired	<input type="checkbox"/>	<input type="checkbox"/>
	Retired with secondary activity (incl. volunteer work)	<input type="checkbox"/>	<input type="checkbox"/>
	Volunteering	<input type="checkbox"/>	<input type="checkbox"/>
	Other (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
	No answer	<input type="checkbox"/>	<input type="checkbox"/>

7@	What is your highest level of education?
<input type="checkbox"/>	Primary school
<input type="checkbox"/>	Secondary school
<input type="checkbox"/>	High school
<input type="checkbox"/>	Apprenticeship / professional baccalaureate
<input type="checkbox"/>	University degree: Bachelors
<input type="checkbox"/>	University degree: Masters/Licence
<input type="checkbox"/>	University degree: Doctorate/ PhD
<input type="checkbox"/>	Other _____

8	Which language is spoken at home? <i>Multiple answers possible.</i>
<input type="checkbox"/> French	
<input type="checkbox"/> German	
<input type="checkbox"/> Swiss-German	
<input type="checkbox"/> Italian	
<input type="checkbox"/> Other (please specify): _____	

9	What is your nationality?
<input type="checkbox"/> Swiss	
<input type="checkbox"/> Dual nationality (Swiss or foreign nationality), namely: _____	
<input type="checkbox"/> Foreign nationality, namely: _____	

10	Generally speaking, what is your position on medical research?
<input type="checkbox"/> I am rather in favour	
<input type="checkbox"/> I don't know much about it, but I am interested	
<input type="checkbox"/> I don't know much about it, and I don't want to know anything about it	
<input type="checkbox"/> I am rather against it	

11[®]	What are the reasons why you do not wish to participate in the study? <i>(Open question, do not list all possible answers).</i>
<input type="checkbox"/> I am not interested	
<input type="checkbox"/> I do not have time	
<input type="checkbox"/> I never see the results of such research	
<input type="checkbox"/> I don't think my profile is interesting for researchers	
<input type="checkbox"/> I do not believe in the benefits of research	
<input type="checkbox"/> I do not think the study will improve the health of the population	
<input type="checkbox"/> I do not want to participate in any clinical examination	
<input type="checkbox"/> I do not want to share my medical data	
<input type="checkbox"/> I do not want to give biological samples	
<input type="checkbox"/> Other reason(s) _____	

