



MOBIS Covid19 1 (April)

Start of Block: Welcome

Thank you very much for your willingness to participate in our survey. This survey tries to understand how you have changed your everyday life, because life goes on: work, shopping, walking the dog. Parcels, mail, and deliveries have become more important.

From now on, every decision, every trip away from home involves certain risks. What is the risk of getting infected or infecting your family? You can change your risk by choosing a different route, a different supermarket, a different time of day. Through a series of questions we will try to understand how you generally assess these risks.

We look forward to your answers, decisions and comments.

We thank you for your help.

The MOBIS:COVID-19 Team

End of Block: Welcome

Start of Block: Information and participation

Before you start filling out the questionnaire, please read the study [information](#) carefully and then accept the following consent form:

I am participating in this study voluntarily and can withdraw my consent to participate at any time without stating a reason and without incurring any penalty.

I have been informed in writing about the objectives and the course of the study. I have read the written information provided on the above-mentioned study.

I agree that the responsible investigators and/or members of the ethics committee may inspect my raw data for testing and control purposes, subject to strict confidentiality requirements.

- Yes, I want to start the survey.
- No, I do not want to complete the survey.

End of Block: Information and participation



Start of Block: Socio-demographics

In order to better interpret your answers, we ask you to provide some general information about your household below.

What municipality do you currently live in?

Postcode _____

How many people live in your (main) household at least 4 days a week? (yourself included)

Infants (< 6 years)	▼ 0 ... > 5
Children (6-12 years)	▼ 0 ... > 5
Teenagers (13-18 years)	▼ 0 ... > 5
Adults (> 18 years)	▼ 0 ... > 5

What is the total gross monthly income of the entire household? (sum in CHF of all household members).

This includes all income from employment, all investment income such as interest, shares or rental income, but also all state and private pensions or subsidies such as AHV, unemployment



benefits, invalidity insurance, social assistance, scholarships, maintenance contributions, etc.

If you live in a shared apartment, we ask you to state your personal gross income.

- No income
- < 2'000
- 2'001 - 4'000
- 4'001 - 6'000
- 6'001 - 8'000
- 8'001 - 10'000
- 10'001 - 12'000
- 12'001 - 14'000
- 14'001 - 16'000
- > 16'000
- I don't want to specify

Do you have dogs in your household?

- Yes
- No



How many of the following means of transport does your household have? (This also includes business and company cars that are always available)

Car	▼ 0 ... > 5
Motorbike	▼ 0 ... > 5
Bike	▼ 0 ... > 5
E-Bike	▼ 0 ... > 5
E-Scooter	▼ 0 ... > 5
Other transport mode	▼ 0 ... > 5

Display This Question:

If Wie viele der folgenden Verkehrsmittel besitzt Ihr Haushalt? (Dazu zählen auch ständig zur Verfüg... = Auto [1]

Or Wie viele der folgenden Verkehrsmittel besitzt Ihr Haushalt? (Dazu zählen auch ständig zur Verfüg... = Auto [2]

Or Wie viele der folgenden Verkehrsmittel besitzt Ihr Haushalt? (Dazu zählen auch ständig zur Verfüg... = Auto [3]

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Or Wie viele der folgenden Verkehrsmittel besitzt Ihr Haushalt? (Dazu zählen auch ständig zur Verfüg... = Auto [5]

Or Wie viele der folgenden Verkehrsmittel besitzt Ihr Haushalt? (Dazu zählen auch ständig zur Verfüg... = Auto [> 5]

Approximately how many kilometres have been driven in the last 12 months by the most frequently used car in the household?



How many own or rented parking or garage spaces for cars do you have at home?

- None
- 1
- 2
- 3
- more than 3

The following section concerns your personal information.

Year of birth

▼ 1950 ... 2003

Gender

- female
- male
- other

What is your nationality? (Dual citizens please tick both)

- Swiss
- Other _____
- Further _____



Do you live in a municipality other than the one you have previously stated during the week?

- Yes
- No

Display This Question:

If Sind Sie Wochenaufenthalter / -in einer anderen Gemeinde als Ihrer zuvor angegebenen Wohngemeinde? = Ja

In which municipality do you live as a weekly resident?

- Postcode _____

What is your highest completed level of education?

- Mandatory education
- Secondary education (e.g., apprenticeship or diploma)
- Higher education (e.g., university)



What is your current work situation? You are...

(Multiple answers possible)

- employed
- in training
- at home
- looking for a job
- unemployed
- retired
- disabled (e.g. invalidity insurance beneficiary)
- in military / civil service
- Other: _____

End of Block: Socio-demographics

Start of Block: Socio-demographics person if Beschäftigungsstatus "berufstätig" is selected



You have indicated that you are currently employed. Please answer the following questions.

Are you...

employed?

self-employed?

What is your level of employment?

A full-time job (100%)

A part-time job

More than one part-time job

Display This Question:

If Welche Art von Beschäftigung führen Sie aus? = Eine Teilzeitbeschäftigung

Or Welche Art von Beschäftigung führen Sie aus? = Mehr als eine Teilzeitbeschäftigung

What is your workload? (Percent of a full-time job)

▼ 5% ... 95%

Do you have the option to work from home in your normal daily life (i.e. specifically **not during** the coronavirus pandemic)?

Yes

No



Display This Question:

If Haben Sie in Ihrem normalen Alltag (d.h. insbesondere nicht während der Corona Pandemie) die Mögl... = Ja

How many days per week do you use this option?

▼ 0 ... 7

Do you have the option of working from home **during** the coronavirus pandemic?

Yes

No

You have indicated that you are currently employed. Please answer the following questions.

Are you currently on short-time work?

Yes

No

Display This Question:

If Sind Sie zurzeit in Kurzarbeit? = Ja

What is your workload?

▼ 5% ... 95%

Were you forced to take holidays?

Yes

No



Do you have regular working hours?

Yes

No

Do you work in shifts?

Yes

No

End of Block: Socio-demographics person if Beschäftigungsstatus "berufstätig" is selected

Start of Block: Socio-demographics person if Beschäftigungsstatus "in Ausbildung" is selected

You have indicated that you are currently in education/training. Please answer the following questions.

Are you...

a pupil?

in professional training?

a student?

End of Block: Socio-demographics person if Beschäftigungsstatus "in Ausbildung" is selected

Start of Block: Socio-demographics person if Besch.status "in Ausb." or "beschäfti" is selected



Do you have a (main) place of work / training?

- Yes
- No

Display This Question:

If Haben Sie einen (Haupt-) Arbeits-/ Ausbildungsort? = Ja

Please enter the name of your (main) place of work / training.

Name _____

Display This Question:

If Haben Sie einen (Haupt-) Arbeits-/ Ausbildungsort? = Ja

In which municipality is your (main) place of work / training?

Postcode _____

End of Block: Socio-demographics person if Besch.status "in Ausb." or "beschäftigt" is selected

Start of Block: Sozio-demographics 2

The following questions deal with personal information about your mobility.

Do you have a valid driver's license for passenger vehicles in Switzerland? (Category B)

- Yes
- No



Display This Question:

If Wie viele der folgenden Verkehrsmittel besitzt Ihr Haushalt? (Dazu zählen auch ständig zur Verfüg... = Auto [1]

Or Wie viele der folgenden Verkehrsmittel besitzt Ihr Haushalt? (Dazu zählen auch ständig zur Verfüg... = Auto [2]

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Or Wie viele der folgenden Verkehrsmittel besitzt Ihr Haushalt? (Dazu zählen auch ständig zur Verfüg... = Auto [> 5]

How often do you have access to a private car from your household?

- Always available
- Not available
- Available on agreement
- I do not know

Do you have access to other vehicles that you do not own for personal use?

- Yes
- No



How do you usually get from your (main) place of residence to your (main) place of work / training? (Several answers possible)

- Walk
- Bike
- E-Bike
- E-Scooter
- Car
- Motorbike
- Bus / Tram
- Metro
- Train
- Other means of transport _____



Do you currently have one or more of the following public transport subscriptions? (Please tick all that apply)

- None
- GA Travelcard (1st class)
- GA Travelcard (2nd class)
- Half Fare Travelcard
- Regional Travelcard (for example, ZVV Netzpass, Mobilis, Unireso, Libero-Abo, Tarifverbund Nord-Westschweiz / TNW)
- Point-to-point Travelcard
- Multiple-journey tickets
- Seven 25 Travelcard
- Other: _____

Display This Question:

If Verfügen Sie aktuell über ein oder mehrere von den folgenden ÖV-Abonnements? (Bitte kreuzen Sie a... = General Abonnement (1. Klasse))

Or Verfügen Sie aktuell über ein oder mehrere von den folgenden ÖV-Abonnements? (Bitte kreuzen Sie a... = General Abonnement (2. Klasse))

Have you put your GA Travelcard on hold for the time being?

- Yes
- No



Are you unable to use one or more of the following means of transport due to illness, disability or other physical limitation?

- No, no limitation
- Car (as driver)
- Public transport
- Bike
- Walk

End of Block: Sozio-demographics 2

Start of Block: average day

Our everyday life has changed drastically. These questions aim to capture these changes.

Have you been infected by COVID-19?

- No, probably not
- No, confirmed by test
- Yes, probably
- Yes, confirmed by test
- I do not know



Display This Question:

If Hatten Sie schon eine COVID-19-Ansteckung? = Ja, vermutlich

Or Hatten Sie schon eine COVID-19-Ansteckung? = Ja, durch Test bestätigt

How severe were the symptoms?

- no symptoms
- mild
- severe
- severe and hospitalised

Have any other household members been infected with COVID-19?

- No, probably not
- No, confirmed by test
- Yes, probably
- Yes, confirmed by test
- I do not know



Display This Question:

If Hatte ein anderes Haushaltsmitglied eine COVID-19-Ansteckung? = Ja, vermutlich

Or Hatte ein anderes Haushaltsmitglied eine COVID-19-Ansteckung? = Ja, durch Test bestätigt

How severe were the symptoms?

- no symptoms
- mild
- severe
- severe and hospitalised

The following questions concern your everyday life over the last 7 days.

How many days did you work at your usual workplace away from home?

▼ 0 ... 7

How many days did you work from home?

▼ 0 ... 7

How many days did you have visitors at home? (In your home / apartment)

▼ 0 ... 7

How many days did you go to visit friends or family?

▼ 0 ... 7

How many days did you meet with family members or friends to go shopping, jogging, walking, etc?

▼ 0 ... 7



The following questions concern your everyday life over the last 7 days.

How many days did you go grocery shopping?

▼ 0 ... 7

How many days did you groceries delivered?

▼ 0 ... 7

How many days did another household member or a friend go grocery shopping for you?

▼ 0 ... 7

How many days did you have meals delivered?

▼ 0 ... 7

How many days did you go in person to pick up a meal at a restaurant?

▼ 0 ... 7

The following questions concern your everyday life over the last 7 days.

How many personal packages did you receive?

▼ 0 ... more than 10

How many days did you receive personal mail? (letters and so on)

▼ 0 ... 7

How many days did you go to the post office or a collection point?

▼ 0 ... 7



How many newspapers do you receive...

on weekdays? (in total)	▼ 0 ... more than 5
on Saturday?	▼ 0 ... more than 5
on Sunday?	▼ 0 ... more than 5

How many days did you stay somewhere else overnight?

▼ 0 ... 7

End of Block: average day

Start of Block: risk assessment covid19

The news, newspapers, social media, television are full of figures on the consequences of COVID-19. If you were to make an honest assessment, with what probability would a COVID-19 infection have the following result for you:

Assign the appropriate percentage to each option. The sum should add up to 100 percent.

No symptoms : _____

Mild symptoms, can recover at home : _____

Severe symptoms, can only recover in hospital : _____

Death : _____

Total : _____

If you now think of the entire population of Switzerland, with what probability would COVID-19 have the following result:

Assign the appropriate percentage to each option. The sum should add up to 100 percent.

No symptoms : _____

Mild symptoms, can recover at home : _____

Severe symptoms, can only recover in hospital : _____

Death : _____

Total : _____

End of Block: risk assessment covid19