

Appendix

The ecology of medical care in Switzerland: prevalence of illness in the community and healthcare utilisation in Switzerland

Stéphanie Giezendanner, Wiebke Bretschneider, Roland Fischer, Laura Diaz Hernandez, Andreas Zeller

Original article | doi:10.4414/smw.2020.20221

Cite this as: Swiss Med Wkly. 2020;150:w20221 (Appendix)

Questions...	Response possibilities
Did you experience health problems within the past 8 weeks? (This includes serious illnesses but also minor illnesses, e.g. headache, a cold or hay fever.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No answer
Did you have 1 or more health problems?	<input type="checkbox"/> one <input type="checkbox"/> more than one <input type="checkbox"/> No answer
Did you ask for medical advice	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No answer
Where did you get medical advice?	<input type="checkbox"/> general practitioner <input type="checkbox"/> specialist physician <input type="checkbox"/> outpatient clinic <input type="checkbox"/> pharmacy <input type="checkbox"/> accident and emergency unit <input type="checkbox"/> telephone medical advice center <input type="checkbox"/> family/friends <input type="checkbox"/> CAM practitioner <input type="checkbox"/> dentist <input type="checkbox"/> physiotherapy <input type="checkbox"/> internet <input type="checkbox"/> drugstore <input type="checkbox"/> others(associate of medhome, atlasoid, chiropractor)

Did you use medication because of your health problem in the past 8 weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No answer
Did you purchase the medication yourself?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No answer
Where did you purchase the medication?	<input type="checkbox"/> in pharmacy <input type="checkbox"/> in drugstore <input type="checkbox"/> at physician's <input type="checkbox"/> in supermarket <input type="checkbox"/> others <input type="checkbox"/> in internet
Did you get hospital or post-hospital care within the past 8 weeks because of your health problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No answer
Were you located in a normal care unit or intensive care unit?	<input type="checkbox"/> in normal care unit <input type="checkbox"/> in intensive care unit
Did you have a surgical procedure within the past 8 weeks because of your health problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No answer
In what kind of hospital did you stay?	<input type="checkbox"/> were in regional hospital <input type="checkbox"/> were in university hospital <input type="checkbox"/> were in cantonal hospital <input type="checkbox"/> were in private hospital
Did you go to a rehabilitation clinic after your hospital stay?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No answer
Did you have ambulatory nursing care after your hospital stay?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No answer
Are you permanently registered with a general practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No answer

Are you working full time, part-time, not at all?	<input type="checkbox"/> full time <input type="checkbox"/> part-time <input type="checkbox"/> unemployed <input type="checkbox"/> No answer
How many persons live in your household?	<input type="checkbox"/> 1 person <input type="checkbox"/> 2 persons <input type="checkbox"/> 3 and more persons <input type="checkbox"/> No answer
What is the zip code of your residence?	<input type="checkbox"/> _____ <input type="checkbox"/> No answer