

Survey of climate change and health in alpine regions

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| 1 | <p>1. Do you currently smoke cigarettes regularly (even if only few)?</p> <p>* by regularly we mean: 1 cigarette per day, or at least 5 cigarettes per week, or at least 1 pack of cigarettes per month for at least 6 months</p> | <p><i>Please mark with a cross (x) or fill in (____) as appropriate.</i></p> <p><input type="checkbox"/> Yes</p> <p>➤ How much do you smoke at the moment? Number of cigarettes per day: _____</p> <p>➤ When did you start to smoke regularly? At what age or in which year _____</p> <p><input type="checkbox"/> No, I no longer smoke, but I used to be a regular smoker</p> <p>➤ How much did you used to smoke? Number of cigarettes per day: _____</p> <p>➤ When did you become a regular smoker? At what age or in which year? _____</p> <p>➤ When did you stop smoking? At what age or in which year _____</p> <p><input type="checkbox"/> No, I have never smoked regularly *.</p> |
| | <p>Have you ever been diagnosed with a lung disease by a doctor?</p> | <p><i>Please mark with a cross (x) or fill in (____) as appropriate</i></p> <p><input type="checkbox"/> Yes</p> <p>➤ Which lung disease?</p> <p><input type="radio"/> Asthma</p> <p><input type="radio"/> Chronic bronchitis/ Chronic obstructive pulmonary disease (COPD)/Emphysema</p> <p><input type="radio"/> Lung fibrosis</p> <p><input type="radio"/> I don't know the exact name of the illness</p> <p><input type="radio"/> Other: _____</p> <p><input type="checkbox"/> No</p> |
| | <p>Do you suffer from hay fever?</p> | <p><i>Please mark with a cross (x).</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| 4 | <p>Have you been diagnosed with an allergy?</p> | <p><i>Please mark with a cross (x) or fill in (____) as appropriate</i></p> |

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| | | <input type="checkbox"/> Yes <input type="checkbox"/> Which? _____ <input type="checkbox"/> No |
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| 5 | Do you take tablets regularly? | Please mark with a cross (x). <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Do you use inhalers regularly? <input type="radio"/> Yes <input type="radio"/> No |

Symptoms suffered at home in the previous 3 months: For each of the following statements, please pick the option that best fits in your daily life at home. For each statement, please place only one mark.

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| 6 | Level | | | | | | | Level |
| | I never cough | 0 | 1 | 2 | 3 | 4 | 5 | I cough all the time. |
| | I have no phlegm (mucus) in my chest at all | 0 | 1 | 2 | 3 | 4 | 5 | My chest is full of phlegm (mucus) |
| | My chest does not feel tight at all | 0 | 1 | 2 | 3 | 4 | 5 | My chest feels very tight |
| | When I walk up a hill or one flight of stairs I am not breathless | 0 | 1 | 2 | 3 | 4 | 5 | When I walk up a hill or one flight of stairs I am very breathless |
| | I am confident leaving my home despite my lung condition | 0 | 1 | 2 | 3 | 4 | 5 | I am not at all confident leaving my home because of my lung condition |
| | I sleep soundly | 0 | 1 | 2 | 3 | 4 | 5 | I don't sleep soundly because of my lung condition |
| | I have lots of energy | 0 | 1 | 2 | 3 | 4 | 5 | I have no energy at all |

Symptoms during your current stay: For each statement, please pick the option that best describes you currently. For each statement, please place only one mark.

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| 7 | Level | | | | | | | Level |
| | I never cough | 0 | 1 | 2 | 3 | 4 | 5 | I cough all the time. |
| | I have no phlegm (mucus) in my chest at all | 0 | 1 | 2 | 3 | 4 | 5 | My chest is full of phlegm (mucus) |

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| My chest does not feel tight at all | 0 | 1 | 2 | 3 | 4 | 5 | My chest feels very tight |
| When I walk up a hill or one flight of stairs I am not breathless | 0 | 1 | 2 | 3 | 4 | 5 | When I walk up a hill or one flight of stairs I am very breathless |
| I am confident leaving my home despite my lung condition | 0 | 1 | 2 | 3 | 4 | 5 | I am not at all confident leaving my home because of my lung condition |
| I sleep soundly | 0 | 1 | 2 | 3 | 4 | 5 | I don't sleep soundly because of my lung condition |
| I have lots of energy | 0 | 1 | 2 | 3 | 4 | 5 | I have no energy at all |

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| 8 | Do you feel personally affected by climate change at the moment? | Please mark the most appropriate answer (☐). | | | | | |
| | | ☐ No, not at all | | ☐ No, not really | | | |
| | | ☐ Yes, a littel | | ☐ Yes, very much | | | |
| 9 | Do you believe that you will be personally affected by climate change in the future? | Please mark the most appropriate answer (☐). | | | | | |
| | | ☐ No, not at all | | ☐ No, not really | | | |
| | | ☐ Yes, a littel | | ☐ Yes, very much | | | |
| 10 | When you consider your current stay, how disturbing would the following changes in the alps be for you personally? And if disturbing: Would you avoid places with such changes in the future? | Please mark the most appropriate answer (☐) or fill in (__) | | | | | |
| | | Disturbing | | | | Avoid | |
| | Not disturbi ng | Rather disturbi ng | Disturb ing | Absolut ely disturbi ng | I would avoid | I would not avoid | |
| | An increase in the number of hot days (of at least 30° C) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | Less snow on the ski slopes | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | Less snow overall | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | Increasing number of mosquitos | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | Increasing number of ticks | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | Increased risk of allergy (e.g., pollen or grass) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

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| | Decrease in air quality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Change in the landscape (e.g. monocultures, woods instead of pastures etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Increased risk of extreme weather conditions (e.g. rain, gale storms and thunderstorms etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Other: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| General personal information (all the information collected in this questionnaire will remain strictly confidential and will be processed anonymously). | | | | | | | |
| 11 | What is your highest educational qualification? | <p><i>Please mark the most appropriate answer (<input type="checkbox"/>) or fill in (___)</i></p> <p><input type="checkbox"/> no qualification</p> <p><input type="checkbox"/> primary school</p> <p><input type="checkbox"/> Secondary school (GCSE level),</p> <p><input type="checkbox"/> advanced technical college entrance qualification</p> <p><input type="checkbox"/> diploma from German secondary school qualifying for university admission</p> <p><input type="checkbox"/> college diploma</p> <p><input type="checkbox"/> university diploma,</p> <p><input type="checkbox"/> other (e.g. doctoral degree): _____</p> | | | | | |
| 12 | To which sex do you belong? | <p>Please mark with a cross as appropriate (<input type="checkbox"/>).</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> | | | | | |
| 13 | How old are you? | <p><i>Please fill in (___).</i></p> <p>Age in years: _____</p> | | | | | |

Thank you for your help!