

MOBIS Covid19 Update (December)

Start of Block: welcome

Welcome!

In this short survey we would like to know if and how your situation regarding working from home or your mobility tools has changed since the start of the second COVID-19 wave.

We look forward to your answers and thank you for your help.

The MOBIS:COVID-19 Team



The survey takes about 8-10 minutes and only contains questions about your current work and mobility tool ownership situation.

O Yes, I want to start the survey.
O No, I do not want to complete the survey.
End of Block: welcome
Start of Block: Arbeitssituation
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: Arbeitssituation



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		
O employed?		
O self-employed?		
What is your level of employment?		
A full-time job (100%)		
○ A part-time job		
O 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		
Of Welche Art von beschäftigung führen Sie aus? = Wehl als eine Tellzeitbeschäftigung		
What is your workload? (Percent of a full-time job)		
▼ 5% 95%		
Do you have the option of working from home during the coronavirus pandemic?		
○ Yes		
○ No		



Display This Question: If Haben Sie während der Corona Pandemie die Möglichkeit für Home-Office? = Ja How many days per week do you use this option? ▼ 0 ... 7 You have indicated that you are currently employed. Please answer the following questions. Are you currently on short-time work? O Yes O No Display This Question: If Sind Sie zurzeit in Kurzarbeit? = Ja What is your workload? ▼ 5% ... 95% Were you forced to take holidays? O Yes O No Do you have regular working hours? O Yes O 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.
O Name
Display This Question:
If Haben Sie einen (Haupt-) Arbeits-/ Ausbildungsort? = Ja
II Habell Sie eilleit (Haupt-) Arbeits-/ Ausbildungsoft: – Ja
In which municipality is your (main) place of work / training?
O Postcode
End of Block: Socio-demographics person if Besch.status "in Ausb." or "beschäfti" is selected
Start of Block: Mobility
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



Do you **personally** own any of the following vehicles?

Car	▼ Yes No, but I have access to one (from household, friend, etc.)
Motorbike	▼ Yes No, but I have access to one (from household, friend, etc.)
Bicycle	▼ Yes No, but I have access to one (from household, friend, etc.)
E-Bike	▼ Yes No, but I have access to one (from household, friend, etc.)
E-Scooter	▼ Yes No, but I have access to one (from household, friend, etc.)

Display This Question:

If Besitzen Sie persönlich eines oder mehrere dieser (privaten) Verkehrsmittel? = Auto [Ja]

What kind of fuel does your main car use (the car that you use the most)?

Gasoline
Opiesel
O Hybrid (gasoline/diesel + electric)
○ Electric
Other

Display This Question:

If Besitzen Sie persönlich eines oder mehrere dieser (privaten) Verkehrsmittel? = Auto [Ja]



What is the year of production of your main car?
O 2015 or later
O 2011 - 2014
O 2006 - 2010
O 2001 - 2005
O 1997 - 2000
O 1993 - 1996
O 1992 or earlier
O I don't know
Display This Question: If Besitzen Sie persönlich eines oder mehrere dieser (privaten) Verkehrsmittel? = Auto [Ja]
Which size category applies best to your main car?
Small car (e.g. Fiat 500 or Volkswagen Polo)
O Medium to large car (e.g. Skoda Octavia or Audi A4)
Off-road vehicle (e.g. Landrover Discovery)
○ Minivan or van (e.g. Opel Zafira)
 Luxury car or sports coupé (e.g. Mercedes-Benz E-Class, BMW 7 Series or Porsche 911)
Display This Question:
If Resitzen Sie nersönlich eines oder mehrere dieser (privaten) Verkehremittel? – Auto [Ja]



What is the engine size of your main car?				
○ < 1.4 Liter				
O 1.4 - 2.0 Liter				
○ > 2.0 Liter				
O I don't know				
Display This Question:				
If Besitzen Sie persönlich eines oder mehrere dieser (privaten) Verkehrsmittel? = E-Bike [Ja]				
at type of e-bike do you have?				
○ E-Bike / Pedelec up to 25 km/h (no license plate)				
○ E-Bike / S-Pedelec up to 45 km/h (yellow license plate)				



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 eines oder mehrere von den folgenden ÖV-Abonnements? (Bitte kreuzei Sie = General Abonnement (1. Klasse)
Or Verfügen Sie aktuell über eines oder mehrere von den folgenden ÖV-Abonnements? (Bitte kreuzen Sie = 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 / E-bike
	Walk
Ξn	d of Block: Mobility