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## Questionnaire on Influenza in the City of Basel

Within the scope of the **research project on influenza in the city of Basel**, we are conducting a **survey in selected quarters of Basel**.

The participation in the survey takes approximately 15 minutes and is voluntary. **Your anonymity will be ensured**. We ask you to return this brochure with the completed questionnaire until 1<sup>st</sup> May 2016 with the postage-paid envelope.

Participants can partake in a lottery (**Apple Laptop worth CHF 2500.- and two "Pro Innerstadt"-coupons each worth CHF 500.-**). See end of questionnaire. Many thanks for your participation.

### A. Influenza and common cold

#### A.1. Did you suffer from a strong cold this winter?

<sub>1</sub> no (if no, please continue with question A6) <sub>2</sub> yes, multiple times <sub>3</sub> yes, once

If **yes**, during which month(s): \_\_\_\_\_

If **yes**, how many days did it considerably impact your day-to-day life? \_\_\_\_\_

#### A.2. Which grievances did you have? (multiple answers possible)

<sub>1</sub> temperature (over 38 degrees) <sub>3</sub> muscle and rheumatic pains <sub>5</sub> cough <sub>7</sub> sore throat <sub>9</sub> runny nose  
<sub>2</sub> diarrhoea <sub>4</sub> strong fatigue <sub>6</sub> headache <sub>8</sub> strong sense of illness

#### A.3. Has anyone else in your proximity been suffering from the same grievances (influenza/cold) and fallen ill?

<sub>1</sub> no <sub>2</sub> yes <sub>3</sub> don't know

If **yes**, people (multiple answers possible):

<sub>1</sub> in the family <sub>2</sub> at work <sub>3</sub> in the neighbourhood <sub>4</sub> in the circle of friends <sub>5</sub> in the "Verein" (club)

#### A.4. Did you contact an expert regarding the cold symptoms?

<sub>1</sub> no <sub>2</sub> yes

If **yes**, where?

<sub>1</sub> medical practice <sub>2</sub> hospital <sub>3</sub> pharmacy <sub>4</sub> other, namely: \_\_\_\_\_

#### A.5. Did you take medication to cure of the cold?

<sub>1</sub> no <sub>2</sub> yes

If **yes**, did you receive Tamiflu?

<sub>1</sub> yes <sub>2</sub> no

#### A.6. Did you get vaccinated in autumn/winter 2015/16 against Influenza?

<sub>1</sub> no <sub>2</sub> yes

If **yes**, where: <sub>1</sub> medical practice <sub>2</sub> pharmacy <sub>3</sub> hospital <sub>4</sub> other, namely: \_\_\_\_\_

If yes, during which month? \_\_\_\_\_

If **no**: Why did you not get a vaccination? (please mark all relevant points)

- |  |  |
|--|--|
| <input type="checkbox"/> <sub>1</sub> I don't know why I should get vaccinated.                                | <input type="checkbox"/> <sub>7</sub> Friends/family have had negative experiences with it.                      |
| <input type="checkbox"/> <sub>2</sub> I wanted to, but then I ended up not doing it.                           | <input type="checkbox"/> <sub>8</sub> I'm afraid of the side effects.  |
| <input type="checkbox"/> <sub>3</sub> I don't believe in the effect of the vaccination.                        | <input type="checkbox"/> <sub>9</sub> I find needles unpleasant.   |
| <input type="checkbox"/> <sub>4</sub> A real flu strengthens my immune system and the protection lasts longer. | <input type="checkbox"/> <sub>10</sub> The vaccination was not recommended to me by experts (doctor/pharmacist). |
| <input type="checkbox"/> <sub>5</sub> It's too expensive for me.   | <input type="checkbox"/> <sub>11</sub> other reason, namely: _____   |
| <input type="checkbox"/> <sub>6</sub> I strengthen my immune system with other means.                          |  |

If **yes**: Why did you get vaccinated? (please mark all relevant points)

- |   |   |
|---|---|
| <input type="checkbox"/> <sub>1</sub> I don't want to get influenza.                              | <input type="checkbox"/> <sub>4</sub> The vaccination was recommended to me by family/friends.              |
| <input type="checkbox"/> <sub>2</sub> I don't want to be missing at work.                         | <input type="checkbox"/> <sub>5</sub> The vaccination was recommended to me at work.                        |
| <input type="checkbox"/> <sub>3</sub> I have friends/family who I want to protect from influenza. | <input type="checkbox"/> <sub>6</sub> The vaccination was recommended to me by experts (doctor/pharmacist). |
|   | <input type="checkbox"/> <sub>7</sub> other reason, namely: _____   |

**A.7. If you got vaccinated against influenza this year, state your experiences on a scale of 1 (very negative) to 10 (very positive):**

<sub>1</sub> 1    <sub>2</sub> 2    <sub>3</sub> 3    <sub>4</sub> 4    <sub>5</sub> 5    <sub>6</sub> 6    <sub>7</sub> 7    <sub>8</sub> 8    <sub>9</sub> 9    <sub>10</sub> 10  
 very negative very positive

If **positive** experiences, which: \_\_\_\_\_

If **negative** experiences, which: \_\_\_\_\_

**A.8. Do you get vaccinated against influenza on a regular basis?**

<sub>1</sub> no    <sub>2</sub> yes  
 If **yes**, since how many years: \_\_\_\_\_

**A.9. In the past, have you refused other vaccinations which were recommended to you or your children by a doctor?**

<sub>1</sub> no, never    <sub>2</sub> yes, but only certain vaccinations    <sub>3</sub> yes, all vaccinations

**A.10. How do you evaluate your general state of health on a scale from 1 (very negative) to 10 (very positive)?**

<sub>1</sub> 1    <sub>2</sub> 2    <sub>3</sub> 3    <sub>4</sub> 4    <sub>5</sub> 5    <sub>6</sub> 6    <sub>7</sub> 7    <sub>8</sub> 8    <sub>9</sub> 9    <sub>10</sub> 10  
 very negative very positive

**A.11. Do you have a general practitioner?**

<sub>1</sub> no    <sub>2</sub> yes

**A.12. Do you have any chronic diseases due to which you have to take drugs on a daily basis (since at least 6 months)?**

<sub>1</sub> no    <sub>2</sub> yes  
 If **yes**, which drugs: \_\_\_\_\_

**A.13. Do you smoke?**

<sub>1</sub> no    <sub>2</sub> yes, sometimes    <sub>3</sub> yes, daily (number of packets per day): \_\_\_\_\_    <sub>4</sub> not specified

**A.14. Do you drink alcohol?**

<sub>1</sub> no    <sub>2</sub> yes, sometimes    <sub>3</sub> yes, daily    <sub>4</sub> not specified

**A.15. How important do you regard the following measures to prevent influenza?**

	important	rather important	neutral	rather unimportant	unimportant	don't know	no specification
Vaccinating	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
Washing hands	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
Health check-up at the doctor	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
Healthy diet	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
Regular physical activity	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
Other	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>

other, namely: \_\_\_\_\_

**A.16. How good do you implement the following measures into your day-to-day life?**

	very good	good	average	bad	very bad	don't know	no specification
Vaccinating	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
Washing hands	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
Health check-up at the doctor	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
Healthy diet	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
Regular physical activity	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
Other	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>

## B. Aspects of city environment

### B.1. How often do you use the following means of transport?

	daily	several times per week	several times per month	rarely	never	don't know	no specification
Car, motor cycle, motor scooter	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Public transport (bus, tram, train)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Bike	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
On foot	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Other	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

other, namely: \_\_\_\_\_

### B.2. How often do you undertake in the following activities?

	daily	several times per week	several times per month	rarely	never	don't know	no specification
Shopping in supermarkets (Coop, Migros, etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Cinema	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Restaurant/ café/ bar	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Cultural events	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Sporting events / games	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

### B.3. Approximately, with how many people do you have contact on a regular work day (work environment, family, friends, clubs)?

1 0-10    2 10-50    3 50-100    4 more than 100

### B.4. If you are working, do you have contact with other people?

1 no    2 yes    3 no specification

### B.5. Do you work in the health sector with contact to patients (medical personnel or nurse)?

1 no    2 yes    3 no specification

### B.6. Do you work with children (kindergarten, play group, day care, school etc.)?

1 no    2 yes    3 no specification

### B.7. Is your workplace in an open-plan office or in a room with many people?

1 no    2 yes    3 no specification

### B.8. Do you feel exposed to damaging environmental influences in your living environment? (e.g. emissions, fine dust, electric smog, noise etc.)

1 no    2 yes    3 no specification

If yes, which: \_\_\_\_\_

### B.9. Have you visited people in hospital or an old people's home this autumn/winter 2015/16?

1 no    2 yes

If yes, how often:

1 1-4 times    2 more than 5 times    3 I regularly visit people in healthcare facilities.

### B.10. Do you regularly look after care-dependent family members at home?

1 no    2 yes

### B.11. Do you live with people who suffer from a chronic disease?

1 no    2 yes

## C. Procurement of Information on Health Questions

### C.1. From where do you procure your information on health questions? (multiple answers possible)

- <sub>1</sub> doctor  
<sub>2</sub> pharmacy  
<sub>3</sub> social circle (friends, acquaintances, family etc.)  
<sub>4</sub> religio-cultural context  
<sub>5</sub> other source of information, namely: \_\_\_\_\_
- <sub>6</sub> TV  
<sub>7</sub> radio  
<sub>8</sub> newspaper and magazines  
<sub>9</sub> social networks  
<sub>10</sub> internet, namely:  
<sub>11</sub> from experience reports of other people  
<sub>12</sub> from official websites (Federal Office of Public Health, hospital)  
<sub>13</sub> from other sites: \_\_\_\_\_
- <sub>14</sub> I don't inform myself.

### C.2. How helpful do you find the information offered?

	very helpful	helpful	average	less helpful	not at all helpful	don't know	no specification
Doctor	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
Pharmacy	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
Social circle (friends, acquaintances, family etc.)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
Religio-cultural context	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
TV	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
Radio	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
Newspaper and magazines	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
Social networks	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
Experience reports of other people on the internet	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
Official websites on the internet	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
Other websites on the internet	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
Other sources of information	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>

## D. Personal Data

### D.1. Gender

- <sub>1</sub> male <sub>2</sub> female

### D.2. Year of birth:

\_\_\_\_\_

### D.3. Nationality

- <sub>1</sub> Swiss <sub>2</sub> other nationality: \_\_\_\_\_ <sub>3</sub> no specification

### D.4. How long have you been living at your current location?

- <sub>1</sub> up to 1 year <sub>2</sub> more than 1 to 2 years <sub>3</sub> more than 2 to 5 years <sub>4</sub> more than 5 to 10 years <sub>5</sub> more than 10 to 15 years <sub>6</sub> more than 15 years <sub>7</sub> no specification

### D.5. Please look at the map of your quarter on the last page. In which segment do you live? Please state the coordinates (a combination of a letter and a number on the horizontal respectively vertical axis).

Segment: \_\_\_\_\_

### D.6. Residential status of the household you are living in:

- <sub>1</sub> owner-occupied flat <sub>2</sub> owner-occupied house <sub>3</sub> rental apartment <sub>4</sub> rental house <sub>5</sub> co-operative flat <sub>6</sub> old people's home <sub>7</sub> other: \_\_\_\_\_ <sub>8</sub> no specification

Number of square metres of the apartment/house: \_\_\_\_\_

### D.7. How many people live in your household / flat share including yourself?

\_\_\_\_\_ people

### D.8. How many children live in your household?

	0	1	2	3	More than 3
Children under 7 years old	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Children over 7 years old	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

### D.9. If you have children under 7 years old, are they being looked after externally together with other children?

- <sub>1</sub> no <sub>2</sub> yes

### D.10. What is the structure of your household?

- <sub>1</sub> one-person household <sub>2</sub> flat share <sub>3</sub> (married) couple with child <sub>4</sub> (married) couple without child <sub>5</sub> single parent with child <sub>6</sub> other: \_\_\_\_\_ <sub>7</sub> no specification

### D.11. Where have you attained your educational qualification?

- <sub>1</sub> compulsory school <sub>2</sub> vocational education / -training, trade school <sub>3</sub> gymnasium <sub>4</sub> higher vocational education (commercial college, higher professional school, foreman, technician) <sub>5</sub> institution of higher education (ETH, university, college, teacher training college) <sub>6</sub> other school qualification \_\_\_\_\_ <sub>7</sub> no specification

### D.12. Are you currently employed? (multiple answers possible)

- <sub>1</sub> full-time (min. 90%) <sub>2</sub> part-time/side job (<90%) <sub>3</sub> pupil/apprentice/student <sub>4</sub> housewife/househusband <sub>5</sub> pensioner <sub>6</sub> currently not employed <sub>7</sub> voluntary work <sub>8</sub> no specification

### D.13. If you are employed, what position do you hold?

- <sub>1</sub> employee with management function <sub>2</sub> employee without management function <sub>3</sub> self-employed

### D.14. Category of income (monthly gross household income)

- <sub>1</sub> up to CHF 2000 <sub>2</sub> 2001-4000 CHF <sub>3</sub> 4001-6000 CHF <sub>4</sub> 6001-8000 CHF <sub>5</sub> 8001-10'000 CHF <sub>6</sub> 10'001-15'000 CHF <sub>7</sub> > 15'000 CHF <sub>8</sub> no specification

### D.15. Where do you work? (place and postcode): \_\_\_\_\_

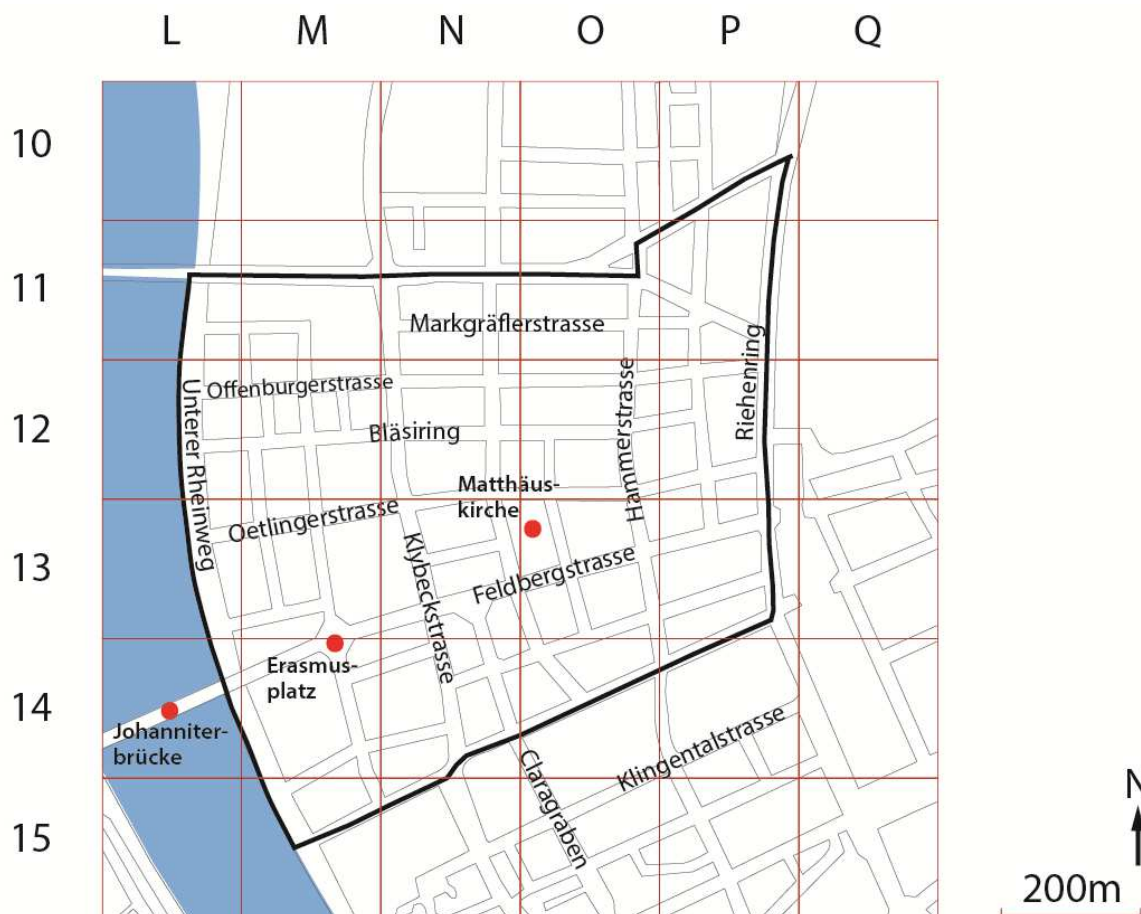
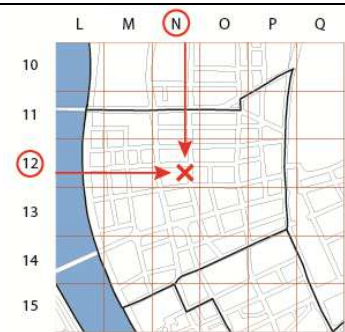
**Map for question D5**

Please look at the map of your quarter and mark the approximate location of your residence. Please state the coordinates (a combination of a letter and a number on the horizontal respectively vertical axis).

**Example (right)**

You live at the corner of Bläsiring / Müllheimerstrasse.

Answer: N12



**Thank you for your participation.**

If you would like to participate in the lottery for an Apple computer worth CHF 2500.- and two "Pro Innerstadt"-coupons each worth CHF 500.-, you can leave your name and address here: