



# Interview

- 1) Ensure that the respondent has read and signed the consent sheet
- 2) Please complete the following information

## 1. Enter the ID of the interviewee

*3 chiffres (c.f. liste au dos de la tablette).  
En cas de perte/oubli attribuez 999.  
Reportez cet identifiant sur le feuillet d'entretien (en haut à droite) et sur la feuille de consentement*

## 2. Indicate the date of the interview

## 3. Is the interviewee ...

- A man
- A woman



## Socio-demographic elements

*We will start by discussing some points about your accommodation and your family life in Geneva ...  
I remind you that at any time if a question is bothering you, you do not have to answer it and I will move on to the next one.*

**4. What's your birthday ? (dd/mm/yyyy)**

**5. In which country were you born?**

If other, specify :



**6. What is your nationality?**

If other, specify :

**7. Do you have a second nationality?**

- No
- Yes

**8. What is your second nationality?**

If other, specify :



**9. What is your marital status (from a formal point of view)?**

- Single
- Married
- Divorced or separated
- Widowed, widowed

**10. Currently, are you living as a couple?**

- No
- Yes

**11. Do you live in the same home as your current spouse or partner?**

- No
- Yes

**12. What is the nationality of your spouse or partner ?**

If other, specify :



13. How many children do you have ? (regardless of their current residence)

*Any children of the partner are not considered here.*

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**As for your first child, can you tell me ...**

*Enter the first name / surname in the maintenance slip*

**14. Date of birth (mm/yyyy)**

**15. His country of birth**

If other, specify :

**16. His current country of residence**

If other, specify :

**17. Does he live with you in the same accomodation?**

No

Yes

**18. Currently, is he attending school in Geneva?**

No

Yes

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**Concerning your 2nd child, can you tell me ...**  
*Enter the first name / surname in the maintenance slip*

**19. Date of birth (mm/yyyy)**

**20. His country of birth**

If other, specify :

**21. His current country of residence**

If other, specify :

**22. Does he live with you in the same accomodation?**  
 No  Yes

**23. Currently, is he attending school in Geneva?**  
 No  Yes



**Concerning your 3rd child, can you tell me ...**  
*Enter the first name / surname in the maintenance slip*

**24. Date of birth (mm/yyyy)**

**25. His country of birth**

If other, specify :

**26. His current country of residence**

If other, specify :

**27. Does he live with you in the same accomodation?**  
 No  Yes

**28. Currently, is he attending school in Geneva?**  
 No  Yes





**Concerning your 4th child, can you tell me ...**

*Enter the first name / surname in the maintenance slip*

**29. Date of birth (mm/yyyy)**

**30. His country of birth**

If other, specify :

**31. His current country of residence**

If other, specify :

**32. Does he live with you in the same accomodation?**

- No  Yes

**33. Currently, is he attending school in Geneva?**

- No  Yes



**Concerning your 5th child, can you tell me ...**  
*Enter the first name / surname in the maintenance slip*

**34. Date of birth (mm/yyyy)**

**35. His country of birth**  
  
If other, specify :

**36. His current country of residence**  
  
If other, specify :

**37. Does he live with you in the same accomodation?**  
 No  Yes

**38. Currently, is he attending school in Geneva?**  
 No  Yes



**Concerning your 6th child, can you tell me ...**  
*Enter the first name / surname in the maintenance slip*

**39. Date of birth (mm/yyyy)**

**40. His country of birth**

If other, specify :

**41. His current country of residence**

If other, specify :

**42. Does he live with you in the same accomodation?**  
 No  Yes

**43. Currently, is he attending school in Geneva?**  
 No  Yes



**Concerning your 7th child, can you tell me ...**  
*Enter the first name / surname in the maintenance slip*

**44. Date of birth (mm/yyyy)**

**45. His country of birth**  
  
If other, specify :

**46. His current country of residence**  
  
If other, specify :

**47. Does he live with you in the same accomodation?**  
 No  Yes

**48. Currently, is he attending school in Geneva?**  
 No  Yes



Concerning your 8th child, can you tell me ...

*Enter the first name / surname in the maintenance slip*

49. Date of birth (mm/yyyy)

50. His country of birth

If other, specify :

51. His current country of residence

If other, specify :

52. Does he live with you in the same accomodation?

No

Yes

53. Currently, is he attending school in Geneva?

No

Yes

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**Concerning your 9th child, can you tell me ...**  
*Enter the first name / surname in the maintenance slip*

**54. Date of birth (mm/yyyy)**

**55. His country of birth**  
  
If other, specify :

**56. His current country of residence**  
  
If other, specify :

**57. Does he live with you in the same accomodation?**  
 No  Yes

**58. Currently, is he attending school in Geneva?**  
 No  Yes



## Level of education

We will now discuss your education background

### 59. At what age did you complete your education?

years

### 60. Which of the following levels of education corresponds to your degree?

- Not completed primary school
- Primary school completed
- Secondary school not completed (business school, learning, college, high school, etc.)
- Completed secondary school (profesional school, apprenticeship, college, high school, etc. )
- University or superior education
- Do not know

*If university not completed -> tick " completed secondary school"*

### 61. In which country did you graduate?

If other, specify :

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**62. Have you worked in your country of origin?**

- No  Yes

**63. What was your last job in your country of origin?**

**64. What was your situation in this paid activity?**

- Employed  
 Independent(e)  
 Employed in family business  
 Other  
 Do not know

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# Housing

We will now talk about your current accomodation in Geneva

**65. How many people, who you consider to be part of your family, live with you (in the same accommodation in Geneva)?**

*Do not count ego in the answer -> if ego lives alone, the answer is 0  
Include children and spouse who may have been previously reported*

**66. Among these people, live with ...**

	No	Yes
Your mother	<input type="radio"/>	<input type="radio"/>
Your father	<input type="radio"/>	<input type="radio"/>
Your mother in law	<input type="radio"/>	<input type="radio"/>
Your father in law	<input type="radio"/>	<input type="radio"/>



67. How many years have you been living in your current home?

 years

*If for less than a year -> enter 0*

68. Your last move was either a choice or constrained by external factors (overpriced housing, limited time, etc.)

- Personal choices
- Choice constraints



**69. Outside your family, with how many people do you share?**

*These are people who were not cited as part of the family nucleus*

**70. Can you tell me if your accommodation is:**

- In poor condition
- In average condition
- In good condition
- New

**71. How many rooms do you have (not including the kitchen, bathroom and toilet) ?**

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**72. Are you facing any of the following problems with your accommodation?**

	No	Yes
Accommodation too small	<input type="radio"/>	<input type="radio"/>
Accommodation not heated well enough	<input type="radio"/>	<input type="radio"/>
Accommodation too hot (eg. under the roof during the summer)	<input type="radio"/>	<input type="radio"/>
Too much noise from neighbors or outside (road traffic, businesses, factories, etc.).	<input type="radio"/>	<input type="radio"/>
Pollution problems (related to traffic or industry, for example)	<input type="radio"/>	<input type="radio"/>

**73. If 0 means 'not at all satisfied' and 10 'completely satisfied'? (Investigator), present the answer modalities A):**

**What is your overall level of satisfaction with your current housing?**

0 1 2 3 4 5 6 7 8 9 10



**74. With regard to your current accommodation, is it:**

- sublet
- accommodation provided by your employer (= at home or elsewhere, but included in the employment contract)
- lease at your own name or that of your spouse

**75. What is the total rent of the dwelling?** (Distinguish what ego pays and the total amount)

CHF

*If ego does not know, indicate -1*

**76. How much do you pay per month for your rent (including charges)?**

CHF

*If ego does not know, indicate -1*

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## Trajectories of migration

We will now address your migration history

77. In what year did you leave your country of origin (to move to another country)?

78. In what year did you arrive?

In Switzerland

In Geneva

79. In total, how long have you lived in Geneva?

 years

*Indicate the number of years*

80. Have you had a residency permit (other than a visa) since your arrival in Switzerland ? (before the Papyrus regularization)

- No  Yes

*For example, a permit B, L (short-term authorization), F (provisionally admitted), N (asylum seeker)*



**81. For what reason(s) did you leave your country of origin (starting with the most important)**  
**(Investigator), present the terms and conditions ( B )**

*MAXIMUM 3 answers (4 if the respondent insists)*

- Economic reasons
- Political, religious, ethnic, sexual orientation
- Family conflicts
- To ensure a better future for my loved ones
- For health reasons
- To follow or join someone
- To study
- Other

Drag and drop your answers here, and order them

If other, specify :



**82. Have you returned to your country of origin since settling in Switzerland?**

- No
- Yes

**83. How many times ?**





**84. Have you started a regularization procedure for Papyrus?**

- No  Yes

*Si le répondant a été régularisé avant février 2017, indiquez "oui" (même si cela ne s'appelait pas encore Papyrus)*

**85. At what stage is the regularization procedure?**

- In preparation  
 File submitted to the authorities  
 Answer received

**86. What is the answer ?**

- Negative  Positive

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87. What is the date of your B permit ? (mm/yyyy)

88. Enquêteur(trice): ego a-t-il(elle) obtenu son permis B au cours des 3 derniers mois ? (Faire le calcul au jour exact)

*Aide-mémoire:*

*Aujourd'hui = XX.11.2017 -> date d'obtention du permis B >= XX.08.2017 ->oui*

*Aujourd'hui = XX.12.2017 -> date d'obtention du permis B >= XX.09.2017 ->oui*

*Aujourd'hui = XX.01.2018 -> date d'obtention du permis B >= XX.10.2017 ->oui*

*Aujourd'hui = XX.02.2018 -> date d'obtention du permis B >= XX.11.2017 ->oui*

*Aujourd'hui = XX.03.2018 -> date d'obtention du permis B >= XX.12.2017 ->oui*

*Aujourd'hui = XX.04.2018 -> date d'obtention du permis B >= XX.01.2018 ->oui*

Oui

Non (obtention du permis B plus ancienne)

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# Health

We will now discuss in more detail some points concerning your health

## 89. What is your size?

meters

*If ego does not know and you are not in a public place, use the meter  
Estimate the height of shoes (soles, heels) and subtract this value from the answer*

## 90. What is your weight ?

kilos

*If ego does not know and you are not in a public place, use the balance  
Weigh ego with the shoes without the jacket*



I will tell you a series of health problems.

Can you tell me if they are of concern to you or if someone working in the medical field told you that you are suffering from these diseases (even if they do not bother you right now).

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91.	Disease		For how many years ?	Do you take medication?	
	No	Yes		No	Yes
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
Chronic lung disease (bronchitis_emphysema)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
Heart disease (infarction or angina, heart failure)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
High blood pressure (hypertension)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
Stroke	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
Joint pain (osteoarthritis, arthritis)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
Chronic back pain and lumbar region	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
Chronic pain in the neck	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
High cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
Osteoporosis	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
Allergy (hay fever, conjunctivitis, eczema)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
Chronic liver disease	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
Chronic kidney disease (do not include urinary tract infection / cystitis)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
Depression or anxiety	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>



92. Usually, during your leisure time, do you have a physical activity of at least 30 min that makes you sweat? (fast walking, running, cycling, etc.)

- No  Yes  Do not know

93. On average, how many days per week?

days

*The answer must be between 1 and 7*

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## Quality of Sleep

94. During the last month, how many hours did you sleep on average per night?  
(This number may be different from the number of hours you spent in bed)

 hours per night

95. During the last month, how do you evaluate the overall quality of your sleep?

- Very good
- Fairly good
- Bad
- Very bad

96. During the past month, how many times did you take medications to sleep? (prescribed by your doctor or purchased without a prescription)

- Never
- Less than once a week
- 1-2 times a week
- 3-4 times a week

97. During the past month, how many times did you fall asleep unintentionally during the day?

- Never
- Less than once a week
- 1-2 times a week
- 3-4 times a week



## Health care access

98. Do you have a health insurance?

- No  Yes  (Do not know)

99. What is the monthly premium for your health insurance? (how much do you pay per month for this insurance?)

 CHF

*Si ego ne sait pas, indiquez -1*





**100. What is the amount of the (annual) deductible for this insurance?**

- 300 CHF
- 500 CHF
- 1000 CHF
- 1500 CHF
- 2000 CHF
- 2500 CHF
- (Do not know)

**101. Are you currently receiving subsidies for your basic health insurance premiums (LAMal)?**

- No
- Yes
- (Do not know)



## Basic illness insurance (LAMal) for children

*With regard to your children (residents in Switzerland), can you tell me if they have health insurance?*

**102. Child 1: Does he or she have basic health insurance (LAMal)?**

- No  Yes  Do not know

*Refer to the first name of child 1 noted in the maintenance sheet*

**103. Child 1: What is the monthly premium for her health insurance?**

CHF

*Si ego ne sait pas, indiquez -1*

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**104. Child 1: What is the amount of his health insurance deductible (basic LAMal) each month?**

- 0 CHF
- 100 CHF
- 200 CHF
- 300 CHF
- 400 CHF
- 500 CHF
- 1000 CHF
- 1500 CHF
- 2000 CHF
- 2500 CHF
- Do not know

*If the child is a minor, deductibles may be: 0, 100, 200, 300, 500 (CHF)  
If the child is of age, the deductibles may be 300, 500, 1000, 1500, 2500 (CHF)*

**105. Child 1: Are you currently receiving subsidies for basic health insurance premiums (LAMal)?**

- No
- Yes
- Do not know



**106. Child 2: Does he or she have basic health insurance (LAMal)?**

- No  Yes  Do not know

*Refer to the first name of child 2 noted in the maintenance sheet*

**107. Child 2: What is the monthly premium for his health insurance?**

CHF

*Si ego ne sait pas, indiquez -1*

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**108. Child 2: What is the amount of his / her annual health insurance deductible (basic LAMal)?**

- 0 CHF
- 100 CHF
- 200 CHF
- 300 CHF
- 400 CHF
- 500 CHF
- 1000 CHF
- 1500 CHF
- 2000 CHF
- 2500 CHF
- Do not know

*If the child is a minor, deductibles may be: 0, 100, 200, 300, 500 (CHF)  
If the child is of age, the deductibles may be 300, 500, 1000, 1500, 2500 (CHF)*

**109. Child 2: Are you currently receiving subsidies for basic health insurance premiums (LAMal)?**

- No
- Yes
- Do not know



**110. Child 3: Does he or she have basic health insurance (LAMal)?**

- No  Yes  Do not know

*Refer to the first name of the child 3 noted in the maintenance sheet*

**111. Child 3: What is the monthly premium for her health insurance?**

CHF

*Si ego ne sait pas, indiquez -1*

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**112. Child 3: What is the amount of his annual health insurance deductible (basic LAMal)?**

- 0 CHF
- 100 CHF
- 200 CHF
- 300 CHF
- 400 CHF
- 500 CHF
- 1000 CHF
- 1500 CHF
- 2000 CHF
- 2500 CHF
- Do not know

*If the child is a minor, deductibles may be: 0, 100, 200, 300, 500 (CHF)*

*If the child is of age, the deductibles may be 300, 500, 1000, 1500, 2500 (CHF)*

**113. Child 3: Do you currently receive subsidies for basic health insurance premiums (LAMal)?**

- No
- Yes
- Do not know

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**114. Child 4: Does he or she have basic health insurance (LAMal)?**

- No  Yes  Do not know

*Refer to the first name of the child 4 noted in the maintenance sheet*

**115. Child 4: What is the monthly premium for her health insurance?**

CHF

*Si ego ne sait pas, indiquez -1*

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**116. Child 4: What is the amount of his annual health insurance deductible (basic LAMal)?**

- 0 CHF
- 100 CHF
- 200 CHF
- 300 CHF
- 400 CHF
- 500 CHF
- 1000 CHF
- 1500 CHF
- 2000 CHF
- 2500 CHF
- Do not know

*If the child is a minor, deductibles may be: 0, 100, 200, 300, 500 (CHF)*

*If the child is of age, the deductibles may be 300, 500, 1000, 1500, 2500 (CHF)*

**117. Child 4: Are you currently receiving subsidies for basic health insurance premiums (LAMal)?**

- No
- Yes
- Do not know

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**118. Child 5: Does he or she have basic health insurance (LAMal)?**

- No
- Yes
- Do not know

*Refer to the first name of the child 5 noted in the maintenance sheet*

**119. Child 5: What is the monthly premium for her health insurance?**

 CHF

*Si ego ne sait pas, indiquez -1*



**120. Child 5: What is the amount of his annual health insurance deductible (basic LAMal)?**

- 0 CHF
- 100 CHF
- 200 CHF
- 300 CHF
- 400 CHF
- 500 CHF
- 1000 CHF
- 1500 CHF
- 2000 CHF
- 2500 CHF
- Do not know

*If the child is a minor, deductibles may be: 0, 100, 200, 300, 500 (CHF)  
If the child is of age, the deductibles may be 300, 500, 1000, 1500, 2500 (CHF)*

**121. Child 5: Are you currently receiving subsidies for basic health insurance premiums (LAMal)?**

- No
- Yes
- Do not know



**122. Child 6: Does he or she have basic health insurance (LAMal)?**

- No  Yes  Do not know

*Refer to the first name of child 6 noted in the maintenance sheet*

**123. Child 6: What is the monthly premium for her health insurance?**

CHF

*Si ego ne sait pas, indiquez -1*

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**124. Child 6: What is the amount of his annual health insurance deductible (basic LAMal)?**

- 0 CHF
- 100 CHF
- 200 CHF
- 300 CHF
- 400 CHF
- 500 CHF
- 1000 CHF
- 1500 CHF
- 2000 CHF
- 2500 CHF
- Do not know

*If the child is a minor, deductibles may be: 0, 100, 200, 300, 500 (CHF)  
If the child is of age, the deductibles may be 300, 500, 1000, 1500, 2500 (CHF)*

**125. Child 6: Are you currently receiving subsidies for basic health insurance premiums (LAMal)?**

- No
- Yes
- Do not know



**126. Child 7: Does he or she have basic health insurance (LAMal)?**

- No  Yes  Do not know

*Refer to the first name of the child 7 noted in the maintenance sheet*

**127. Child 7: What is the monthly premium for her health insurance?**

CHF

*Si ego ne sait pas, indiquez -1*

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**128. Child 7: What is the amount of his annual health insurance deductible (basic LAMal)?**

- 0 CHF
- 100 CHF
- 200 CHF
- 300 CHF
- 400 CHF
- 500 CHF
- 1000 CHF
- 1500 CHF
- 2000 CHF
- 2500 CHF
- Do not know

*If the child is a minor, deductibles may be: 0, 100, 200, 300, 500 (CHF)*

*If the child is of age, the deductibles may be 300, 500, 1000, 1500, 2500 (CHF)*

**129. Child 7: Are you currently receiving subsidies for basic health insurance premiums (LAMal)?**

- No
- Yes
- Do not know

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**130. Child 8: Does he or she have basic health insurance (LAMal)?**

- No
- Yes
- Do not know

*Refer to the first name of child 8 noted in the maintenance sheet*

**131. Child 8: What is the monthly premium for her health insurance?**

 CHF

*Si ego ne sait pas, indiquez -1*





**132. Child 8: What is the amount of his annual health insurance deductible (basic LAMal)?**

- 0 CHF
- 100 CHF
- 200 CHF
- 300 CHF
- 400 CHF
- 500 CHF
- 1000 CHF
- 1500 CHF
- 2000 CHF
- 2500 CHF
- Do not know

*If the child is a minor, deductibles may be: 0, 100, 200, 300, 500 (CHF)*

*If the child is of age, the deductibles may be 300, 500, 1000, 1500, 2500 (CHF)*

**133. Child 8: Are you currently receiving subsidies for basic health insurance premiums (LAMal)?**

- No
- Yes
- Do not know

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**134. Child 9: Does he or she have basic health insurance (LAMal)?**

- No
- Yes
- Do not know

*Refer to the child's first name 9 in the maintenance sheet*

**135. Child 9: What is the monthly premium for her health insurance?**

 CHF

*Si ego ne sait pas, indiquez -1*



**136. Child 9: What is the amount of his annual health insurance deductible (basic LAMal)?**

- 0 CHF
- 100 CHF
- 200 CHF
- 300 CHF
- 400 CHF
- 500 CHF
- 1000 CHF
- 1500 CHF
- 2000 CHF
- 2500 CHF
- Do not know

*If the child is a minor, deductibles may be: 0, 100, 200, 300, 500 (CHF)  
If the child is of age, the deductibles may be 300, 500, 1000, 1500, 2500 (CHF)*

**137. Child 9: Are you currently receiving subsidies for basic health insurance premiums (LAMal)?**

- No
- Yes
- Do not know



**Basic illness insurance (LAMal) of other members of the household**

**138. Does your spouse have basic health insurance (LAMal)?**

- No
- Yes
- (Do not know)

**139. Spouse: What is the amount of his / her monthly health insurance premium?**

CHF per month

*If ego does not know, indicate -1*



**140. Spouse: What is the annual amount of the insurance deductible?**

- 300 CHF
- 500 CHF
- 1000 CHF
- 1500 CHF
- 2000 CHF
- 2500 CHF
- (Do not know)

**141. Spouse: Is he currently receiving subsidies for his basic health insurance premiums (LAMal)?**

- No
- Yes
- (Do not know)



**142. Does your mother have basic health insurance (LAMal)?**

- No
- Yes
- (Do not know)

**143. Mother: What is the amount of her monthly health insurance premium?**

CHF per month

*If ego does not know, indicate -1*

**144. Mother: Is she currently receiving subsidies for her basic health insurance premiums (LAMal)?**

- No
- Yes
- (Do not know)



**145. Does your father have basic health insurance (LAMal)?**

- No
- Yes
- (Do not know)

**146. Father: What is the amount of his monthly health insurance premium?**

CHF per month

*If ego does not know, indicate -1*

**147. Father: Is she currently receiving subsidies for her basic health insurance premiums (LAMal)?**

- No
- Yes
- (Do not know)



**148. Does your mother-in-law have basic health insurance (LAMal)?**

- No  Yes  (Do not know)

**149. Mother-in-law: What is the amount of her monthly health insurance premium?**

CHF per month

*If ego does not know, indicate -1*

**150. Mother-in-law: Is she currently receiving subsidies for her basic health insurance premiums (LAMal)?**

- No  Yes  (Do not know)

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**151. Does your father in law have basic health insurance (LAMal)?**

- No
- Yes
- (Do not know)

**152. father in law: What is the amount of his monthly health insurance premium?**

 CHF per month

*If ego does not know, indicate -1*

**153. father in law: Is he currently receiving subsidies for his basic health insurance premiums (LAMal)?**

- No
- Yes
- (Do not know)



**Access to care, continued**

**154. Do you have a family doctor?**

*(That is, a doctor to whom you can go for most of your health problems)*

- No
- Yes

**155. Is it a doctor ...**

- private, outside the hospital
- at CAMSCO (Hugo) or HUG
- (Do not know)

**156. During the past 12 months, how often have you visited a doctor** (general practitioner, specialist, psychiatrist or gynecologist), not including a dentist?



157. In the past 12 months, how often have you consulted in a emergency service?

158. In the past 12 months, were you hospitalized for more than 24 hours?

- No
- Yes
- (Do not know)

159. How many times ?



**160. During the past 6 months, did you have an accident that prevented you from working?**

- No
- Yes

**161. In what context ?**

- At work
- At home
- During your leisure time, sport
- Outside your home
- Other



**162. In the past 12 months, have you renounced to seek health care or to buy equipment because of the price to pay?**

- No
- Yes
- (Do not know)

**163. What kind of care have you given up?**

- A surgical procedure
- Medical care with a general practitioner
- Medical care with a gynecologist
- Medical care with a specialist (cardiologist, pneumologist, etc.)
- Dental care
- Radiology (x-ray, scanner, ultrasound)
- Buying medicine / prescription drugs
- Rehabilitation at hospital
- Physical therapy (physio, osteopathy)
- Buying glasses, hearing aid device, crutches, etc.
- Home care with nurses
- Other

If other, specify :

*Make sure that the motivation to give up this care has been financial.  
MULTIPLE ANSWERS POSSIBLE*



Health more ...

164. In the past two weeks , how often have you been disturbed by the following problems? (Investigator, present the answer modalities C )

	Never	Rarely	Often	Almost every day
Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You feel sad, depressed or desperate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having difficulty falling asleep or staying asleep, or sleeping too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tired or having little energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have little appetite or overeating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having low self-esteem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having difficulty concentrating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your loved ones tell you that you are particularly agitated or slowed down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You thought you'd hurt yourself or you'd be better off dead	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



165. In the past two weeks, how often have you been disturbed by the following problems? (Investigator, present the answer modalities C )

	Never	Rarely	Often	Almost every day
Feelings of nervousness, anxiety or tension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being unable to control your concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worrying about everything	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty to relax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restlessness such that it is difficult to remain quiet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming easily angry or irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Be afraid that something terrible may happen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**166. Overall, do you think your health is ...**

- Excellent
- Very good
- Good
- Fair
- Poor

**167. Compared to the Swiss population, do you think your health is ...**  
*(Investigator, present the answer modalities D)*

- Much better
- Better
- Identical
- Worse
- Really worse
- Do not know

**168. Compared to other undocumented migrants in Geneva, do you think your health is ...**  
*(Investigator, present the answer modalities D)*

- Much better
- Better
- Identical
- Worse
- Really worse
- Do not know

**169. Compared to the population in your country of origin, do you think your health is...**  
*(Investigator, present the answer modalities D)*

- Much better
- Better
- Identical
- Worse
- Really worse
- Do not know





## Economy and occupational status

170. On average, how many hours do you usually work per week in your paid work?

*If ego does not know, indicate temporal reference of the last 3 months*

171. Why are you currently unemployed ?

- Recent job loss
- Health problem, accident
- Other

If other, specify

172. How many employers do you have?

173. What is your approximate total monthly salary?

 CHF

*This is the total monthly income received by cumulating all the jobs currently occupied*

174. Are you registered at Chèque Service ?

- No
- Yes
- Do not know



So, a little more detailed, can you provide me with the following information about each of your jobs ...

*Interviewer, use the "employeurs" section of the maintenance sheet as an aide-mémoire if necessary*

**175. Employer 1: What is the type of this job?**

- Domestic work (household, personal assistance, gardening, etc.)
- Building
- Hotels / Catering / cooking in a restaurant
- Industry
- Other

If other, specify :

**176. Employer 1: How many hours per week do you work for this job?**

**177. Employer 1: What wage do you earn with this job?**

*The question is relevant only if employeurs\_nb >= 1.*

Hourly wage (per hour)  CHF

Monthly pay  CHF



**178. Employer 1: Is this job declared by your employer (are they paid social contributions) ?**

- No  Yes  (Do not know)

**179. Employer 1: How long have you been employed? (mm/yyyy)**

**180. Employer 1: Does this "new" job correspond to a change of type of activity?**

- No  Yes

*Est-ce que cet emploi (occupé depuis env. 6 mois) a remplacé un emploi occupé dans un secteur d'activité différent ?  
(secteur domestique -> hôtellerie, restauration par ex)*

**181. Employer 1: What was the type of the previous job?**

- Domestic work (household, personal assistance, gardening, etc.)  
 Building  
 Hotels / Catering / cooking in a restaurant  
 Industry  
 Other

If other, specify :

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**182. Employer 2: What is the sector of this job?**

- Domestic work (household, personal assistance, gardening, etc.)
- Building
- Hotels / Catering / cooking in a restaurant
- Industry
- Other

If other, specify :

**183. Employer 2: How many hours per week do you work for this job?**

**184. Employer 2: What wage do you earn with this job?**

*The question is relevant only if employeurs\_nb >= 2.*

Hourly wage (per hour)  CHF

Monthly pay  CHF



**185. Employer 2: Is this job declared by your employer (are the social contributions paid) ?**

- No  Yes  (Do not know)

**186. Employer 2: How long have you been employed? (mm/yyyy)**

**187. Employer 2: Does this "new" job correspond to a change of type of activity?**

- No  Yes

*Est-ce que cet emploi (occupé depuis env. 6 mois) a remplacé un emploi occupé dans un secteur d'activité différent ?  
(secteur domestique -> hôtellerie, restauration par ex)*

**188. Employer 2: What was the type of the previous job?**

- Domestic work (household, personal assistance, gardening, etc.)  
 Building  
 Hotels / Catering / cooking in a restaurant  
 Industry  
 Other

If other, specify :

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**189. Employer 3: What is the activity of this job?**

- Domestic work (household, personal assistance, gardening, etc.)
- Building
- Hotels / Catering / cooking in a restaurant
- Industry
- Other

If other, specify :

**190. Employer 3: How many hours per week do you work for this job?**

**191. Employer 3: What wage do you earn with this job?**

*The question is relevant only if employeurs\_nb >= 3.*

Hourly wage (per hour)  CHF

Monthly pay  CHF

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**192. Employer 3: Is this job declared by your employer (are the social contributions paid) ?**

- No  Yes  (Do not know)

**193. Employer 3: How long have you been employed? (mm/yyyy)**

**194. Employer 3: Does this "new" job correspond to a change of type of activity?**

- No  Yes

*Est-ce que cet emploi (occupé depuis env. 6 mois) a remplacé un emploi occupé dans un secteur d'activité différent ?  
(secteur domestique -> hôtellerie, restauration par ex)*

**195. Employer 3: What was the type of the previous job?**

- Domestic work (household, personal assistance, gardening, etc.)  
 Building  
 Hotels / Catering / cooking in a restaurant  
 Industry  
 Other

If other, specify :

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**196. Employer 4: What is the sector of this job?**

- Domestic work (household, personal assistance, gardening, etc.)
- Building
- Hotels / Catering / cooking in a restaurant
- Industry
- Other

If other, specify :

**197. Employer 4: How many hours per week do you work for this job?**

**198. Employer 4: What wage do you earn with this job?**

*The question is relevant only if employeurs\_nb >= 4.*

Hourly wage (per hour)  CHF

Monthly pay  CHF





**199. Employer 4: Is this job declared by your employer (are they paid social contributions) ?**

- No  Yes  (Do not know)

**200. Employer 4: How long have you been employed? (mm / yyyy)**

**201. Employer 4: Does this "new" job correspond to a change of type of activity?**

- No  Yes

*Est-ce que cet emploi (occupé depuis env. 6 mois) a remplacé un emploi occupé dans un secteur d'activité différent ?  
(secteur domestique -> hôtellerie, restauration par ex)*

**202. Employer 4: What was the type of the previous job?**

- Domestic work (household, personal assistance, gardening, etc.)  
 Building  
 Hotels / Catering / cooking in a restaurant  
 Industry  
 Other

If other, specify :

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**203. Employer 5: What is the sector of this job?**

- Domestic work (household, personal assistance, gardening, etc.)
- Building
- Hotels / Catering / cooking in a restaurant
- Industry
- Other

If other, specify :

**204. Employer 5: How many hours per week do you work for this job?**

**205. Employer 5: What wage do you earn with this job?**

*The question is relevant only if employeurs\_nb >= 5.*

Hourly wage (per hour)  CHF

Monthly pay  CHF



**206. Employer 5: Is this job declared by your employer (are the social contributions paid) ?**

- No  Yes  (Do not know)

**207. Employer 5: How long have you been employed? (mm/yyyy)**

**208. Employer 5: Does this "new" job correspond to a change of type of activity?**

- No  Yes

*Est-ce que cet emploi (occupé depuis env. 6 mois) a remplacé un emploi occupé dans un secteur d'activité différent ?  
(secteur domestique -> hôtellerie, restauration par ex)*

**209. Employer 5: What was the type of the previous job?**

- Domestic work (household, personal assistance, gardening, etc.)  
 Building  
 Hotels / Catering / cooking in a restaurant  
 Industry  
 Other

If other, specify :

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**210. Employer 6: What is the activity of this job?**

- Domestic work (household, personal assistance, gardening, etc.)
- Building
- Hotels / Catering / cooking in a restaurant
- Industry
- Other

If other, specify :

**211. Employer 6: How many hours per week do you work for this job?**

**212. Employer 6: What wage do you earn with this job?**

*The question is relevant only if employeurs\_nb >= 6.*

Hourly wage (per hour)  CHF

Monthly pay  CHF



**213. Employer 6: Is this job declared by your employer (are they paid social contributions) ?**

- No  Yes  (Do not know)

**214. Employer 6: How long have you been employed? (mm/yyyy)**

**215. Employer 6: Does this "new" job correspond to a change of type of activity?**

- No  Yes

*Est-ce que cet emploi (occupé depuis env. 6 mois) a remplacé un emploi occupé dans un secteur d'activité différent ?  
(secteur domestique -> hôtellerie, restauration par ex)*

**216. Employer 6: What was the type of the previous job?**

- Domestic work (household, personal assistance, gardening, etc.)  
 Building  
 Hotels / Catering / cooking in a restaurant  
 Industry  
 Other

If other, specify :

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**217. Employer 7: What is the activity of this job?**

- Domestic work (household, personal assistance, gardening, etc.)
- Building
- Hotels / Catering / cooking in a restaurant
- Industry
- Other

If other, specify :

**218. Employer 7: How many hours per week do you work for this job?**

**219. Employer 7: What wage do you earn with this job?**

*The question is relevant only if employeurs\_nb >= 7.*

Hourly wage (per hour)  CHF

Monthly pay  CHF



**220. Employer 7: Is this job declared by your employer (are they paid social contributions) ?**

- No  Yes  (Do not know)

**221. Employer 7: How long have you been employed? (mm/yyyy)**

**222. Employer 7: Does this "new" job correspond to a change of type of activity?**

- No  Yes

*Est-ce que cet emploi (occupé depuis env. 6 mois) a remplacé un emploi occupé dans un secteur d'activité différent ?  
(secteur domestique -> hôtellerie, restauration par ex)*

**223. Employer 7: What was the type of the previous job?**

- Domestic work (household, personal assistance, gardening, etc.)  
 Building  
 Hotels / Catering / cooking in a restaurant  
 Industry  
 Other

If other, specify :

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**224. Employer 8: What is the activity sector of this job?**

- Domestic work (household, personal assistance, gardening, etc.)
- Building
- Hotels / Catering / cooking in a restaurant
- Industry
- Other

If other, specify :

**225. Employer 8: How many hours per week do you work for this job?**

**226. Employer 8: What wage do you earn with this job?**

*The question is relevant only if employeurs\_nb >= 8.*

Hourly wage (per hour)  CHF

Monthly pay  CHF

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**227. Employer 8: Is this job declared by your employer (are the social contributions paid) ?**

- No  Yes  (Do not know)

**228. Employer 8: How long have you been employed? (mm/yyyy)**

**229. Employer 8: Does this "new" job correspond to a change of type of activity?**

- No  Yes

*Est-ce que cet emploi (occupé depuis env. 6 mois) a remplacé un emploi occupé dans un secteur d'activité différent ?  
(secteur domestique -> hôtellerie, restauration par ex)*

**230. Employer 8: What was the type of the previous job?**

- Domestic work (household, personal assistance, gardening, etc.)  
 Building  
 Hotels / Catering / cooking in a restaurant  
 Industry  
 Other

If other, specify :

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**231. Employer 9: What is the activity of this job?**

- Domestic work (household, personal assistance, gardening, etc.)
- Building
- Hotels / Catering / cooking in a restaurant
- Industry
- Other

If other, specify :

**232. Employer 9: How many hours per week do you work for this job?**

**233. Employer 9: What wage do you earn with this job?**

*The question is relevant only if employeurs\_nb >= 9.*

Hourly wage (per hour)  CHF

Monthly pay  CHF



**234. Employer 9: Is this job declared by your employer (are they paid social contributions) ?**

- No  Yes  (Do not know)

**235. Employer 9: How long have you been employed? (mm/yyyy)**

**236. Employer 9: Does this "new" job correspond to a change of type of activity?**

- No  Yes

*Est-ce que cet emploi (occupé depuis env. 6 mois) a remplacé un emploi occupé dans un secteur d'activité différent ?  
(secteur domestique -> hôtellerie, restauration par ex)*

**237. Employer 9: What was the type of the previous job?**

- Domestic work (household, personal assistance, gardening, etc.)  
 Building  
 Hotels / Catering / cooking in a restaurant  
 Industry  
 Other

If other, specify :

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**238. Employer 10: What is the sector of this job?**

- Domestic work (household, personal assistance, gardening, etc.)
- Building
- Hotels / Catering / cooking in a restaurant
- Industry
- Other

If other, specify :

**239. Employer 10: How many hours per week do you work for this job?**

**240. Employer 10: What wage do you earn with this job?**

*The question is relevant only if employeurs\_nb >= 10.*

Hourly wage (per hour)  CHF

Monthly pay  CHF



**241. Employer 10: Is this job declared by your employer (are the social contributions paid) ?**

- No  Yes  (Do not know)

**242. Employer 10: How long have you been employed? (mm/yyyy)**

**243. Employer 10: Does this "new" job correspond to a change of type of activity?**

- No  Yes

*Est-ce que cet emploi (occupé depuis env. 6 mois) a remplacé un emploi occupé dans un secteur d'activité différent ?  
(secteur domestique -> hôtellerie, restauration par ex)*

**244. Employer 10: What was the type of the previous job?**

- Domestic work (household, personal assistance, gardening, etc.)  
 Building  
 Hotels / Catering / cooking in a restaurant  
 Industry  
 Other

If other, specify :

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**245. Employer 11: What is the sector of this job?**

- Domestic work (household, personal assistance, gardening, etc.)
- Building
- Hotels / Catering / cooking in a restaurant
- Industry
- Other

If other, specify :

**246. Employer 11: How many hours per week do you work for this job?**

**247. Employer 11: What wage do you earn with this job?**

*The question is relevant only if employeurs\_nb >= 11.*

Hourly wage (per hour)

CHF

Monthly pay

CHF

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**248. Employer 11: Is this job declared by your employer (are the social contributions paid) ?**

- No  Yes  (Do not know)

**249. Employer 11: How long have you been employed? (mm/yyyy)**

**250. Employer 11: Does this "new" job correspond to a change of type of activity?**

- No  Yes

*Est-ce que cet emploi (occupé depuis env. 6 mois) a remplacé un emploi occupé dans un secteur d'activité différent ?  
(secteur domestique -> hôtellerie, restauration par ex)*

**251. Employer 11: What was the type of the previous job?**

- Domestic work (household, personal assistance, gardening, etc.)  
 Building  
 Hotels / Catering / cooking in a restaurant  
 Industry  
 Other

If other, specify :

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**252. Employer 12: What is the activity of this job?**

- Domestic work (household, personal assistance, gardening, etc.)
- Building
- Hotels / Catering / cooking in a restaurant
- Industry
- Other

If other, specify :

**253. Employer 12: How many hours per week do you work for this job?**

**254. Employer 12: What wage do you earn with this job?**

*The question is relevant only if employeurs\_nb >= 12.*

Hourly wage (per hour)  CHF

Monthly pay  CHF





**255. Employer 12: Is this job declared by your employer (are social security contributions paid) ?**

- No  Yes  (Do not know)

**256. Employer 12: How long have you been employed? (mm/yyyy)**

**257. Employer 12: Does this "new" job correspond to a change of type of activity?**

- No  Yes

*Est-ce que cet emploi (occupé depuis env. 6 mois) a remplacé un emploi occupé dans un secteur d'activité différent ?  
(secteur domestique -> hôtellerie, restauration par ex)*

**258. Employer 12: What was the type of the previous job?**

- Domestic work (household, personal assistance, gardening, etc.)  
 Building  
 Hotels / Catering / cooking in a restaurant  
 Industry  
 Other

If other, specify :

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**259. Is your spouse currently working?**

- No  Yes

**260. In which sector does your spouse work?**

- Domestic work (household, personal assistance, gardening, etc.)  
 Building  
 Hotels / Catering / cooking in a restaurant  
 Industry  
 Other

If other, specify :

*If several jobs indicate information for the main activity*

**261. What is the approximate monthly salary of your spouse?**

CHF

**262. Does your spouse have a working permit?**

- No  Yes  (Do not know)

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263. Among the other members of the household, do some contribute to household income through paid work in Geneva ?

No  Yes

*Do not consider the spouse here*

264. What is, approximately, the sum of the monthly wages (of each member of the family nucleus)?

CHF

*Excluindo o cônjuge e ego aqui*

265. The total monthly salary of the family is therefore approximately ...

CHF

*Make a balance sheet by summing the income of ego, his spouse and other family members*

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**266. Are you currently receiving financial assistance?** (eg. family allowances, assistance from the Hospice General, etc.)

- No  Yes  (Do not know)

*These are formal aids and not the support of relatives*

**267. Can you tell me the monthly (total) amount of this financial aid?**

CHF

*If it is easier for ego to indicate an annual amount, divide that amount by 12.*

**268. From whom (which institutions) do you receive these financial assistance?**



269. If all of a sudden you had to pay an invoice of 1500.-, would that be possible?

- No  Yes

270. Do you send money to your family in the country of origin?

- No  Yes  You do not have a family in the country of origin

271. On average, how much do you send per month?

CHF

*If it is easier for ego to indicate an annual amount, divide that amount by 12.*

272. Do you have any financial debts currently?

- No  Yes

273. How much (approximatively) ?

CHF

*Si ego ne sait pas -> indiquez -1*

274. If 0 means 'not at all satisfied' and 10 'completely satisfied'? (Investigator, present the answer modalities A):

What is your overall level of satisfaction with your financial situation?

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

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**275. In recent times, have you taken steps that have failed to find one or more new jobs?**

- No  Yes

*If ego does not know, indicate temporal reference of the last 3 months*

**276. For what reasons have you taken these steps?**

- Earn more money  
 Increase your working time  
 Decrease your working time  
 Reduce your number of employers  
 Change your sector of activity  
 Autre

Si 'Autre' précisez :

*Many possible responses*

**277. In which area would you like to find a new job?**

- Domestic work (household, personal assistance, gardening, etc.)  
 Building  
 Hotels / Catering / cooking in a restaurant  
 Industry  
 Other

If other, specify :

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**278. Did you lose a job because of your regularization ?**

No

Yes

**279. If you were to lose your current position, would you find it easy or difficult to find a new comparable position?**

Very easily

Fairly easily

Rather difficult

Very difficult

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## Working conditions

**280. How many days per month do you work 10 hours or more?**

 days per month

**281. Usually, how many nights per month do you work ?** (for at least 2 hours between 11 o'clock in the evening and 6 o'clock in the morning)

 nights per month





**282. In the past 12 months, did you ever work while you were sick?**

- I was sick and I continued to work
- I was sick and I stopped working
- I was not sick

**283. For how many days did it happen?**

 days per year





285. Please indicate each time, using the following scale (Investigator, present the answer modalities C):

How often you are exposed to your work at:

	Never	Rarely	Often	Almost all the time
Vibrations caused by hand tools, machines, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Noises so strong that you need to raise your voice to talk to people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High temperatures that make you sweat even if you do not work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low temperatures either indoors or outdoors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Harmful or toxic products (or substances): dust, industrial smoke, microbes, chemicals, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Passive smoking: Inhalation of cigarette smoke from nearby smokers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**286. Does your work affect your health?** (indicate the best answer)

- No
- Yes, mainly positive
- Yes, mostly negative
- (Do not know)

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287. In relation to your work, how often do the following statements apply to your personal situation?

If 0 means 'never' and 6 'almost every day'.

	0 Never	1	2	3	4	5	6 Almost every day
You feel emotionally exhausted by your work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You feel very annoyed at the end of your working day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You feel tired when you get up in the morning and you have to face another day of work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working with people throughout the day requires a lot of effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You feel you may breakdown because of your work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You feel frustrated by your work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You feel that you are working 'too hard' in your work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working in direct contact with people will stress you too	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your work exhausts you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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288. Can you tell me on a scale from 0 'not at all satisfied' to 10 'completely satisfied' (Investigator, present the answer modalities A) :

Your satisfaction with each of the following?

	0	1	2	3	4	5	6	7	8	9	10
Your working conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The income you earn from your work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The atmosphere with co-workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The interest of tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your amount of work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**289. In the past 12 months, have you been the subject of ...**

*Tick a maximum of 4 boxes.*

	No	Yes, at work or in the labor market context	Yes, on the street or in a public place	Yes, in the hospital or at your doctor	Yes, in another place
discrimination related to your age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
discrimination related to your gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
discrimination related to your nationality, ethnic origin or color	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
discrimination linked to disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
verbal abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threats and Humiliating Behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
physical violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
intimidation, harassment, mobbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sexual harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



290. If 0 is "not at all satisfied" and 10 "completely satisfied" (Investigator, present the answer modalities A):

Are you satisfied with your personal, family and social relationships ?

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

291. To what extent are you satisfied with living together in your household, if 0 is "not at all satisfied" and 10 "completely satisfied"? (Investigator, present the answer modalities A)

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

292. How satisfied are you with living alone in your household, if 0 is "not at all satisfied" and 10 "completely satisfied"? (Investigator, present the answer modalities A)

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----







**295. Is there anybody among your loved ones who can really talk to you at any time about very personal problems?**

- No
- Yes, one person
- Yes, several people

**296. In general, you would say that you feel ...**

- Very lonely
- Rather lonely
- Rather connected to other people
- Very connected to other people

**297. How often do you participate in the activities of a society, a sports club, a political party, a cultural association, a religious community or other groups?**

- Almost every day
- About once a week
- About 1 to 3 times a month
- A few times a year
- More rarely
- Never



**298. In your opinion, what is your level of oral proficiency in French?**

Very good

Good

Sufficient

Bad

Very bad

(Do not know)

**299. In your opinion, what is your level of mastery of written French?**

Very good

Good

Sufficient

Bad

Very bad

(Do not know)

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# Satisfaction with quality of life

Regarding your current life ...

300. In general, if 0 means 'not at all satisfied' and 10 'completely satisfied'? (Investigator, present the answer modalities A) :

How satisfied are you with your life?

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

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**301. In relation to the Swiss population, do you think your quality of life is ...**

**(Investigator, present the answer modalities D )**

Much better

Better

Identical

Worse

Really worse

(Do not know)

**302. Compared to other undocumented migrants in Geneva, do you think your quality of life is ...**

**(Investigator, present the answer modalities D )**

Much better

Better

Identical

Worse

Really worse

(Do not know)

**303. Compared to the population in your country of origin, do you think your quality of life is ...**

**(Investigator, present the answer modalities D )**

Much better

Better

Identical

Worse

Really worse

(Do not know)

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## End of interview

*The interview is now over. We thank you for your participation which is very valuable ...*

### 304. Enquêteur(trice): A quel groupe de l'étude le répondant correspond-il ?

- Contrôle (aucun dossier constitué / critères incomplets / dossier refusé)
- Indéterminé (dossier en constitution auprès d'une association / dossier transmis aux autorités, en attente de réponse)
- Papyrus (obtention d'un permis B via l'opération Papyrus au cours des 3 derniers mois)
- Mandat (obtention d'un permis B AVANT la période des 3 derniers mois)

***INVESTIGATOR, please click on "save" and fill in the "reprise de contact" section of the maintenance sheet.***

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✓ Save