

Questionnaire B.A.S.E. 2017

Personal data

year of birth gender male female
 nationality country of residence
 occupation
 Your email-address

Experience / behaviour in B.A.S.E

Experience skydiving years (number) jumps (number) instructor no
 Experience B.A.S.E. years (number) jumps (number)

From where do you jump?

building antennas span earth

What kind of base-jumping do you do?

normal clothes Wingsuit Tracking

Do you jump alone?

yes no

Do you jump with others at the same time?

yes no

What prevents you from doing a jump?

bad feeling bad conditions (wind, view,...) other:

Do you use your own equipment?

yes no

If no: To who does the equipment belong?

How old is your equipment?

parachute: years suit: years

Do you pack your parachute yourself?

yes no

If no: Who packs it?

Who taught you how to pack it?

Does anybody watch you while packing (for control)?

yes no

Exit points

Favourite exitpoint name region / country

Visits in Lauterbrunnen Valley number first visit (year)

How many jumps do you do in Lauterbrunnen per day on average (with good conditions)?

1 or 2 3 or 4 5 or 6 more than 6

From which exit points in Lauterbrunnen have you already jumped?

Nose 1 Nose 2 Nose 3 High Nose Dumpster
 Yellow Ocean La Mousse Ultimate High Ultimate Flower Box
 Via Ferrata Gimmelwald Eiger Mushroom High Eiger Melkstuhl
 Mönchsbüffel

Health

Do you have any chronic illnesses? yes, which? no

Do you take any regular medications? yes, which? no

Do you take any drugs in general?

yes no

If yes: which one? Marijuana Amphetamine Cocaine Heroin
 others

Do you jump under the influence of drugs? never sometimes always

Do you jump under the influence of alcohol? never sometimes always

If yes: why?

Have you ever had an accident? yes, number year no

If yes :

How did you jump when the accident(s) happened?

normal clothes Wingsuit Tracking

What was the reason for the accident(s)?

bad packing canopy problems (e.g. line twist or line over) instability low pull

bad landing other:

Which injuries have you had?

headtrauma: skull fracture bleeding in / around the brain

fractures: column hip extremities

inner injuries: lungs liver spleen kidneys

other:

Medical treatment: ambulance hospital (no surgery) surgery no

How much time did it take before you jumped again?

immediately after 1 week 1 month 6 months later

Fatalities

Do you know of anyone personally who died while base-jumping? yes no

If yes: number of people

What was the relationship to this person / these persons?

relative life partner friend known by name

Did you witness an event of a base-jumping fatality? yes no

If yes: After the event, did you see the deceased? yes no

Were you involved in the rescue or recovery? yes no

Does this experience have any influence on your base-jumping behaviour ?

no influence (more) fear more careful while preparing for the jump

other :

Relationship / Family

Do you have a partnership or are you married? yes no

Do you have kids? yes; number..... age no

What does your partner think about your base-jumping?

no problem fear about me my partner would like to stop me

Does your partner join you while base-jumping? yes no

If yes: he / she jumps with me he / she witnesses the jump

THANK YOU VERY MUCH!