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SURVEY ON SUBSTANCE USE

C-SURF

(Cohort Study on Substance Use Risk Factors)

Thank you very much for taking part in this survey!

This survey seeks to investigate the consumption of tobacco, alcohol and cannabis among young Swiss men and thus to better understand its connections with leisure time, personality and lifestyle.

For this study to be successful, it is most important that you answer to all questions or as many as possible. Should you hesitate between several answers, chose the answer that is the closest to your situation. There is no right or wrong answer. Please always answer with the suggested options only. Where the answer is a tick in one of the boxes, and if you wish to untick a box you have ticked, please fill this box with ink ■ and tick the right box ☒ .

Your answers will be highly confidentially dealt with. Your answers to this questionnaire will always be kept separate from your personal contact details, which guarantees the confidentiality of your participation. We only use your personal contact details in order to know who has filled in the questionnaire and to what address we have to send your incentive and further questionnaires.

A project by Universität Zürich[UZH] and Centre hospitalier universitaire vaudois

A. SOCIODEMOGRAPHIC BACKGROUND

A1. What is your current professional status?

More than one answer is possible

- ❑ Basic vocational education
- ❑ Secondary vocational/technical education
- ❑ Community colleges
- ❑ Vocational High School
- ❑ High School
- ❑ Associate degree or certificate
- ❑ Vocational/technical certificate
- ❑ College
- ❑ Professional School (engineering, etc.)
- ❑ University
- ❑ Paid professional activity
- ❑ Jobless
- ❑ Looking for a job
- ❑ Disability Insurance
- ❑ Social Security
- ❑ Other :_____

A2. What is your highest achieved level of education?

- ❑ Secondary education
- ❑ Basic vocational education
- ❑ Secondary vocational/technical education
- ❑ Community colleges
- ❑ Vocational High School
- ❑ High School
- ❑ Bachelor (University)
- ❑ Other: _____

A3. What is your date of birth?

___ ___ . ___ ___ . ___ ___ ___ ___ (dd . mm . yyyy)

A4. What is your postal code?

___ ___ ___ ___

A5. What is your current accommodation?

- ❑ By myself in a flat, studio or house
- ❑ At my mother‘s and father’s
- ❑ Only at one of my parent‘s
- ❑ At my stepfamily’s (at one of my parents’ and with his/her new partner)
- ❑ With my girlfriend/boyfriend (married or not)
- ❑ Flat sharing with friends, acquaintances or flat mates
- ❑ In a student house, boarding school
- ❑ In a social institution (orphanage, etc.)
- ❑ Homeless

A6. Which situation is closest to yours?

- ❑ I cover my own life expenses by myself
- ❑ I cover part of my life expenses by myself and benefit from external financial support (parents, grant, social aid, etc.)
- ❑ My parents and other sources (grant, social aid) cover my life expenses entirely

A7. What is your civil status?

- ❑ Single
- ❑ Living together with my partner (whether married, separated, divorced or in registered partnership)
- ❑ Divorced
- ❑ Married
- ❑ Married but separated
- ❑ Widow

A8. Do you have children?

❑ No ❑ Yes => How many? _____

A9. Are you expecting a child (is your wife/partner pregnant)?

❑ No ❑ Yes

A10. Do you have brothers and sisters?

❑ No ❑ Yes => How many? _____ Brothers _____ Sisters

A11. What religion are you (even though you don't practise or don't believe) ?

- ❑ Roman-catholic
- ❑ Protestant
- ❑ Christian-catholic
- ❑ Christian-orthodox
- ❑ Other Christian communities
- ❑ Islam
- ❑ Jewish community
- ❑ No religion
- ❑ Other church or religious communities

A12. Which of the following statements are closest to your situations? Only one answer is possible. "God" refers to all forms of divinity.

- ❑ I don't believe in God (atheist).
- ❑ I think one cannot be sure whether God exists or not (agnostic).
- ❑ I don't know, what I should think of God.
- ❑ I believe in God but do not practice.
- ❑ I believe in God and I practice.

B. HEALTH

The following questions are about your health in general.

B.1. How tall are you in centimeters (e.g.: 172 cm = 1 meter 72)?

_____ centimeters

B.2. What is your weight?

_____ kilos

B.3. In general, would you say your health is

Excellent	Very good	Good	Fair	Poor
☐	☐	☐	☐	☐

B.4. The following two questions are about activities you might do during a typical day. Does YOUR HEALTH NOW LIMIT YOU in these activities? If so, how much?

Tick one box in each row

	YES, limited a lot	YES, limited a little	NO, not limited at all
MODERATE ACTIVITIES, such as moving a table, using a vacuum cleaner, bowling, or playing golf	☐	☐	☐
Climbing SEVERAL flights of stairs	☐	☐	☐

B.5. During the PAST 4 WEEKS have you had any of the following problems with your work or other regular activities AS A RESULT OF YOUR PHYSICAL HEALTH?

Tick one box in each row

	Always	Most of the time	Sometimes	Seldom	Never
You ACCOMPLISHED LESS than you would have liked	☐	☐	☐	☐	☐
You were limited in the KIND of work you do or other activities	☐	☐	☐	☐	☐

B.6. During the PAST 4 WEEKS, were you limited in the kind of work you do or other regular activities AS A RESULT OF ANY EMOTIONAL PROBLEMS (such as feeling depressed or anxious)?

Tick one box in each row

	Always	Most of the time	Sometimes	Seldom	Never
You ACCOMPLISHED LESS than you would have liked	☐	☐	☐	☐	☐
You didn't do work or other activities as CAREFULLY as usual	☐	☐	☐	☐	☐

B.7. During the PAST 4 WEEKS, how much did PAIN interfere with your normal work (including both work outside the home and housework)?

Not at all	A little bit	Moderately	Quite a lot	Extremely
☐	☐	☐	☐	☐

B.8. The next three questions are about how you feel and how things have been DURING THE PAST 4 WEEKS. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the PAST 4 WEEKS –

Tick one box in each row

	Always	Most of the time	Sometimes	Seldom	Never
Have you felt calm and peaceful?	☐	☐	☐	☐	☐
Did you have a lot of energy?	☐	☐	☐	☐	☐
Have you felt downhearted and blue?	☐	☐	☐	☐	☐

B.9. During the PAST 4 WEEKS, how much of the time has your PHYSICAL HEALTH OR EMOTIONAL PROBLEMS interfered with your social activities (like visiting friends, relatives, etc.)?

Always	Most of the time	Sometimes	Seldom	Never
☐	☐	☐	☐	☐

B.10. How often during the LAST 12 MONTHS have you experienced the following?

Tick one box in each row

	Never	1-2 times	3-5 times	6-9 times	10 times or more often
Physical fight	☐	☐	☐	☐	☐
Accident or injury	☐	☐	☐	☐	☐
Serious problems with your parents	☐	☐	☐	☐	☐
Serious problems with your friends	☐	☐	☐	☐	☐
Performed poorly at school or work, got behind with work	☐	☐	☐	☐	☐
Victimized by robbery or theft	☐	☐	☐	☐	☐
Trouble with police	☐	☐	☐	☐	☐
Hospitalized or admitted to an emergency room	☐	☐	☐	☐	☐
Engaged in sexual intercourse you regretted the next day	☐	☐	☐	☐	☐
Engaged in sexual intercourse without a condom	☐	☐	☐	☐	☐
Damaged public or private property on purpose	☐	☐	☐	☐	☐
Attempted suicide	☐	☐	☐	☐	☐
Required medical treatment	☐	☐	☐	☐	☐
Having to spend a night in the hospital	☐	☐	☐	☐	☐
Having surgery when you did not have to stay in a hospital overnight (that is, outpatient surgery)	☐	☐	☐	☐	☐
Having been examined or treated in the emergency room because of an accident or injury	☐	☐	☐	☐	☐
Having been in an emergency department, ambulatory care or special clinic because of problems with substance use	☐	☐	☐	☐	☐

B.11. The following questions ask about how you have been feeling over the last two weeks.

How often…

Tick one box in each row

	All the time	Most of the time	Slightly more than half the time	Slightly less than half the time	Some of the time	At no time
...have you felt low in spirits or sad?	☐	☐	☐	☐	☐	☐
...have you lost interest in your daily activities?	☐	☐	☐	☐	☐	☐
...have you felt lacking in energy and strength?	☐	☐	☐	☐	☐	☐
...have you felt less self-confident?	☐	☐	☐	☐	☐	☐
...have you had a bad conscience or feelings of guilt?	☐	☐	☐	☐	☐	☐
...have you felt that life wasn't worth living?	☐	☐	☐	☐	☐	☐
...have you had difficulty in concentrating, e.g. when reading the newspaper or watching television?	☐	☐	☐	☐	☐	☐
...have you felt very restless?	☐	☐	☐	☐	☐	☐
...have you felt subdued or slowed down?	☐	☐	☐	☐	☐	☐
...have you had trouble sleeping at night?	☐	☐	☐	☐	☐	☐
...have you suffered from reduced appetite?	☐	☐	☐	☐	☐	☐
...have you suffered from increased appetite?	☐	☐	☐	☐	☐	☐

I'm going to ask you about the time you spent being physically active **in the last 7 days** as part of your day-to-day life.

Please answer each question even if you do not consider yourself an active person.

Think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport.

*Now think about all strenuous activities **in the past 7 days**. **Strenuous** physical activities refer to activities that take hard physical effort and make you breathe much harder that normal.Think only about those activities that you did for **at least 10 minutes at a time**.*

B.12. During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, digging, aerobics, or fast bicycling?

_____ days per week
❑ none

→ *CONTINUE WITH B14 (see below)*

B.13. How much time in total did you usually spend on one of those days doing vigorous physical activities?

_____ hours _____ minutes per day

*Now think about activities which take moderate physical effort that you did **in the past 7 days**. **Moderate** activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Again, think about only those activities that you did for **at least 10 minutes at a time.***

B.14. During the last 7 days, on how many days did you do moderate physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.

_____ days per week
❑ none

→ *CONTINUE WITH B16 (next page)*

B.15. How much time in total did you usually spend on one of those days doing moderate physical activities?

_____ hours _____ minutes per day

*Now think about the time you spent **walking in the past 7 days.** This includes walking at work and at home, walking to travel from place to place, and any other walking that you did solely for recreation, sport, exercise or leisure.*

B.16. During the last 7 days, on how many days did you walk for at least 10 minutes at a time?

_____ days per week
❑ none

→ *CONTINUE WITH C1 (next page)*

B.17. How much time in total did you usually spend walking on one of those days?

_____ hours _____ minutes per day

C. FAMILY BACKGROUND

C1. Which of the following statements describes best your family situation before you were 18 years old?

- ❑ I lived most of the time with my biological parents (both parents).
- ❑ I lived most of the time with my parents, one of which is a step-parent.
- ❑ I lived most of the time with only one of my parents.
- ❑ I grew up with adoptive parents.
- ❑ I grew up with relatives, foster parents or in an orphanage.

C2. Did your (biological/adoptive) parents get divorced or permanently stopped living together BEFORE you were 18?

- ❑ No, they stayed together.
- ❑ Yes, but they stopped living together before I was born.
- ❑ Yes => How old were you then? _____

The following questions are about your parents. If you grew up with foster parents, step-parents or other persons, think of them when answering. For instance, if you both have a father and a step-father, think of the one who was most important in your education.

C3. What is the highest level of education your parents achieved?

Tick the box where most relevant.

	Your father	Your mother
Compulsory School (achieved or not)	☐	☐
Secondary vocational/technical studies (at least 2 years)	☐	☐
High School	☐	☐
Vocational/technical certificate or associate degree	☐	☐
Professional schools (engineering, etc.) or University – **unfinished**	☐	☐
Professional schools (engineering, etc.) or University	☐	☐

C4. How well off is your family compared to other families in your country?

- ❑ Very much better off
- ❑ Much better off
- ❑ Better off
- ❑ About the same
- ❑ Less well off
- ❑ Much less well off
- ❑ Very much less off

C5. Think of the situation <u>before you were 18 years old</u>, even though it may have changed completely since then. How satisfied were you usually with...
Tick one box in each row

	Very satisfied	Satisfied	Neither satisfied nor not satisfied	Not satisfied	Not at all satisfied	There is no such person
...your relationship to your mother?	☐	☐	☐	☐	☐	☐
...your relationship to your father?	☐	☐	☐	☐	☐	☐
...your relationship to your friends?	☐	☐	☐	☐	☐	☐

C6. Think of the situation <u>when you were approximately 15 years old</u>. How often did the following statements apply to you?
Tick one box in each row

	Almost always	Often	Some-times	Seldom	Almost never
My parent(s) set definite rules about what I was allowed to do at home	☐	☐	☐	☐	☐
My parent(s) set definite rules about what I was allowed to do outside home	☐	☐	☐	☐	☐
My parent(s) knew whom I was with in the evenings	☐	☐	☐	☐	☐
My parent(s) knew where I was in the evenings	☐	☐	☐	☐	☐
I could easily get warmth and caring from my mother and/or father	☐	☐	☐	☐	☐
I could easily get emotional support from my mother and/or father	☐	☐	☐	☐	☐
I could easily borrow money from my mother and/or father.	☐	☐	☐	☐	☐
I could easily get money as a gift from my mother and/or father	☐	☐	☐	☐	☐

*The following questions are about your parents' attitude towards the consumption of alcohol, tobacco and drugs **when you were approximately 15 years old**, even though things may have changed since then.*

C7. What do you think your mother's reaction would have been if you did the following things (even if you did not do them)?

Tick one box in each row

	She would not (did not) allow it	She would (did) discourage it	She would (did) not mind	She would (did) approve it	Don't know
Drink so much to the point of not being able to articulate clearly, or feel unsteady on one's feet	☐	☐	☐	☐	☐
Use marihuana or hashish (cannabis)	☐	☐	☐	☐	☐
Smoke cigarettes or use tobacco in another way	☐	☐	☐	☐	☐
Have 1 or 2 drinks with alcohol a day	☐	☐	☐	☐	☐
Have 3 or 4 drinks with alcohol a day	☐	☐	☐	☐	☐
Once or twice a day, have 5 drinks with alcohol or more every weekend	☐	☐	☐	☐	☐

C8. What do you think your father's reaction would have been if you did the following things (even if you did not do them)?

Tick one box in each row

	He would not (did not) allow it	He would (did) discourage it	He would (did) not mind	He would (did) approve it	Don't know
Drink so much to the point of not being able to articulate clearly, or feel unsteady on one's feet	☐	☐	☐	☐	☐
Use marihuana or hashish (cannabis)	☐	☐	☐	☐	☐
Smoke cigarettes or use tobacco in another way	☐	☐	☐	☐	☐
Have 1 or 2 drinks with alcohol a day	☐	☐	☐	☐	☐
Have 3 or 4 drinks with alcohol a day	☐	☐	☐	☐	☐
Once or twice a day, have 5 drinks with alcohol or more every weekend	☐	☐	☐	☐	☐

C9. Has any of your relatives had what you would call a significant drinking, drug use, or psychiatric problem – one that did or should have lead to treatment?

In each row, more than one answer is possible. Please **tick at least one box in each row**.

	Alcohol	Drugs	Psychiatric problem	No, never
Mother	☐	☐	☐	☐
Father	☐	☐	☐	☐
Family Mother's side				
Grandmother	☐	☐	☐	☐
Grandfather	☐	☐	☐	☐
Aunt	☐	☐	☐	☐
Uncle	☐	☐	☐	☐
Family Father's side				
Grandmother	☐	☐	☐	☐
Grandfather	☐	☐	☐	☐
Aunt	☐	☐	☐	☐
Uncle	☐	☐	☐	☐
Brothers and sisters				
Brother 1	☐	☐	☐	☐
Brother 2	☐	☐	☐	☐
Sister 1	☐	☐	☐	☐
Sister 2	☐	☐	☐	☐

C10. Has any of your closest friends had what you would call <u>a significant drinking, drug use, or psychiatric problem</u> – one that did or should have lead to treatment?

Tick one box in each row

	Yes, most of them	Yes, some of them	Yes, one or two	No, no one
Alcohol	☐	☐	☐	☐
Drugs	☐	☐	☐	☐
Psychiatric problem	☐	☐	☐	☐

D. ALCOHOL

The next questions are about drinking alcohol. This includes coolers; beer; wine; champagne; liquor such as whiskey, rum, gin, vodka, bourbon, scotch, or liqueurs; and also any other type of alcohol.

D1. How much percentage of men of your age do you think drink more alcohol than you do?

_____ %

D2. At what age have you drunk at least one standard drink with alcohol (see the picture below)?

_____ Years old

❑ Never => GO TO SECTION E (page 25)

D3. How old were you when you were drunk for the first time?

_____ Years old

❑ Never

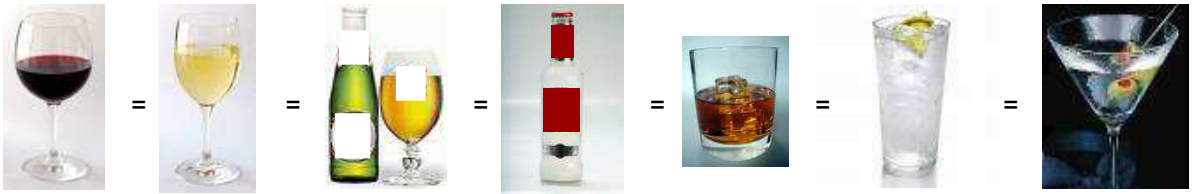
D4. In your entire life, have you had a total of at least 12 drinks of any kind of alcohol (not counting small tastes or sips)?

❑ Yes

❑ No

Here is what we call a standard drink. One standard drink corresponds to the drinks illustrated below. Two standard drinks correspond to 2 glasses of beer or a great bottle of beer (5dl) or a double schnapps.

1 Standard drink



1 glas of wine 1 dl = 1 beer 2.5 dl = 1 alcopop = 1 short drink 2 cl = 1 Longdrink = 1 Aperitif 0.5 dl

In case you had a 5dl beer or a double schnapps, then it makes 2 standard drinks.

1 Standard drink

1 glas of wine 1 dl = 1 beer 2.5 dl = 1 alcopop = 1 short drink 2 cl = 1 Longdrink = 1 Aperitif 0.5 dl

In case you had a 5dl beer or a double schnapps, then it makes 2 standard drinks.

D5. Think of the first time when you drank alcohol. How much alcohol did you need to feel different?

Indicate in each row the number of standard drinks you had. In case a question does not apply to you, just reply „never happened".

	The first time ever you drunk	**Never happened**
How many drinks did it take for you to begin to **feel different** (where you could feel an effect)?	_____	☐
How many drinks did it take for you to feel a bit **dizzy, or to begin to slur your speech?**	_____	☐
How many drinks did it take you to begin **stumbling, or walking in an uncoordinated manner**?	_____	☐
How many drinks did it take you to pass out, or fall **asleep when you did not want to?**	_____	☐

D6. <u>During the last 12 months, did you have at least 1 drink</u> of any kind of alcohol (not counting small tastes or sips)?

- ❑ Yes
- ❑ No => go on to the tobacco section (page 25)

1 Standard drink

1 glas of wine 1 dl = 1 beer 2.5 dl = 1 alcopop = 1 short drink 2 cl = 1 Longdrink = 1 Aperitif 0.5 dl

In case you had a 5dl beer or a double schnapps, then it makes 2 standard drinks.

D7. How many days a week do you usually drink alcohol (see the picture)?

- ❑ 7 days a week
- ❑ 6 days a week
- ❑ 5 days a week
- ❑ 4 days a week
- ❑ 3 days a week
- ❑ 2 days a week
- ❑ 1 days a week
- ❑ 2 to 3 times a month
- ❑ Once a month or less
- ❑ Never

D8. How many standard drinks (see picture) do you drink on average on days when you drink alcohol?

_____ standard drink(s) on a day when I drink alcohol

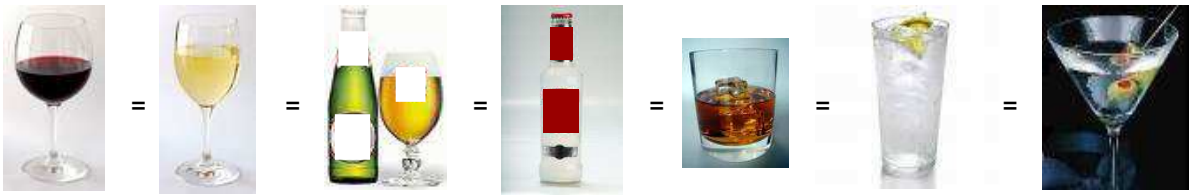
D9. About how often do you drink <u>six or more units</u> of alcohol on a single occasion (see picture below)?

- ❑ Every or nearly every day
- ❑ Every week
- ❑ Every month
- ❑ Less than once a month
- ❑ Never

D10. During the last 12 months, what was the largest number of standard drinks of alcohol that you drank in a single day (see picture below)?

_____ standard drinks

1 Standard drink



1 glas of wine 1 dl = 1 beer 2.5 dl = 1 alcopop = 1 short drink 2 cl = 1 Longdrink = 1 Aperitif 0.5 dl

In case you had a 5dl beer or a double schnapps, then it makes 2 standard drinks

Think of THE LAST 12 MONTHS:

D11. How many days at weekends (<u>from Friday to Sunday</u>) do you drink alcohol on average?

❑	3 days in a weekend	❑	2-3 weekend-days a month
❑	2 days in a weekend	❑	1 weekend-day a month
❑	1 days in a weekend	❑	Less than 1 weekend-day a month
		❑	Never

D12. How many standard drinks (see picture) do you drink on average within a weekend-day when you drink alcohol (<u>from Friday to Sunday</u>)?

❑	12 or more	❑	5 or 6
❑	9 to 11	❑	3 or 4
❑	7 or 8	❑	1 or 2

D13. On how many days in a week (<u>from Monday to Thursday</u>) do you drink alcohol on average?

❑	Every 4th weekday	❑	2-3 weekdays a month
❑	3 out of the 4 weekdays	❑	1 weekday a month
❑	2 out of the 4 weekdays	❑	Less than 1 weekday a month
❑	1 out of the 4 weekdays	❑	Never

D14. How many standard drinks (see picture) do you have on average within a weekday (<u>from Monday to Thursday</u>) when you drink alcohol?

❑	12 or more	❑	5 or 6
❑	9 to 11	❑	3 or 4
❑	7 or 8	❑	1 or 2

Now some questions on how often you drink alcohol and where. It is important to include all occasions, but don't repeat occasions.

D15. How often did you drink alcohol in the following places <u>in the last 12 months</u>?

Tick one box in each row

	Never	1 or 2 times	1-2 days a month	3-4 days a month	1-2 days a week	3-4 days a week	5-6 days a week	Daily
At home	☐	☐	☐	☐	☐	☐	☐	☐
At somebody else's place	☐	☐	☐	☐	☐	☐	☐	☐
In pubs/inns	☐	☐	☐	☐	☐	☐	☐	☐
In discos, nightclubs	☐	☐	☐	☐	☐	☐	☐	☐
In restaurants	☐	☐	☐	☐	☐	☐	☐	☐
In sports clubs (e.g. football, hockey, gymnastics)	☐	☐	☐	☐	☐	☐	☐	☐
In other clubs/societies (orchestra, choir, chess club, etc.)	☐	☐	☐	☐	☐	☐	☐	☐
At the theatre/cinema	☐	☐	☐	☐	☐	☐	☐	☐
At sports events	☐	☐	☐	☐	☐	☐	☐	☐
In outdoor public places (e.g., parks, swimming pools, streets)	☐	☐	☐	☐	☐	☐	☐	☐
At special events (e.g. festivals, street parties, carnival, markets, exhibitions, concerts)	☐	☐	☐	☐	☐	☐	☐	☐

1 Standard drink

1 glas of wine 1 dl = 1 beer 2.5 dl = 1 alcopop = 1 short drink 2 cl = 1 Longdrink = 1 Aperitif 0.5 dl

In case you had a 5dl beer or a double schnapps, then it makes 2 standard drinks.

D16. Think of the past 12 months. When you drank alcohol at the following places, how many standard drinks (see picture) did you drink on average on this occasion?

Mark one box for each line

	None	1-2 Standard drinks	3-4 Standard drinks	5-6 Standard drinks	7-8 Standard drinks	9-11 Standard drinks	12 or more Standard drinks
At home	☐	☐	☐	☐	☐	☐	☐
At someone else's place	☐	☐	☐	☐	☐	☐	☐
In a bar or pub	☐	☐	☐	☐	☐	☐	☐
In discos, nightclubs etc.	☐	☐	☐	☐	☐	☐	☐
In restaurants	☐	☐	☐	☐	☐	☐	☐
At sports clubs (e.g. Football, Hockey etc.)	☐	☐	☐	☐	☐	☐	☐
In other societies and clubs (e.g. music bands, orchestra, choir, chess society, etc.)	☐	☐	☐	☐	☐	☐	☐
At the theater or cinema	☐	☐	☐	☐	☐	☐	☐
At sports events	☐	☐	☐	☐	☐	☐	☐
In outdoor public places a (park, in the street, at the swimming pool, etc.)	☐	☐	☐	☐	☐	☐	☐
At special occasions (festivals, street parades, carnival, concerts, exhibitions, markets, etc.)	☐	☐	☐	☐	☐	☐	☐

D17. Now think of <u>the past 7 days</u> (including yesterday), even if it was a week out of the ordinary. Please describe the amount of standard drinks with alcohol you had during last week:

Start describing the day of yesterday (e.g. Sunday), then go on with the day before yesterday (e.g. Saturday), all the way back to the last day. On days when you did not drink any alcohol, then simply tick the box „no drink with alcohol“.

	Beer **<u>Amount of drinks</u>** 2.5 dl	**Wine** (red, white, Champa-gne) **<u>Amount of drinks</u>** 1 dl	**Strong alcohol** (Whisky, Vodka, Pastis, etc.) **<u>Amount of drinks</u>** 2 cl	**Aperitifs** (Martini, Suze etc.) **<u>Amount of drinks</u>** 0.5 dl	**Alcopops** (Smirnof Ice, Bacardi Breezer, etc) **<u>Amount of drinks</u>** 3 dl	**Beer pops Wine pops, Chiller, Cooler** (Cardinal Lemon, Eve, Swizly, Chiller, Strongbow, Sputnik) **<u>Amount of drinks</u>** 3 dl	**Homemade Cocktail** (e.g. Caipirinha, Vodka orange, Whisky Coca) **<u>Amount of drinks</u>** 2 cl	**No drink with alcohol** **Tick the box**
Sunday	_____	_____	_____	_____	_____	_____	_____	☐
Saturday	_____	_____	_____	_____	_____	_____	_____	☐
Friday	_____	_____	_____	_____	_____	_____	_____	☐
Thursday	_____	_____	_____	_____	_____	_____	_____	☐
Wednesday	_____	_____	_____	_____	_____	_____	_____	☐
Tuesday	_____	_____	_____	_____	_____	_____	_____	☐
Monday	_____	_____	_____	_____	_____	_____	_____	☐

1 Standard drink

1 glas of wine 1 dl = 1 beer 2.5 dl = 1 alcopop = 1 short drink 2 cl = 1 Longdrink = 1 Aperitif 0.5 dl

In case you had a 5dl beer or a double schnapps, then it makes 2 standard drinks.

D18. In the past 12 months, have you ever experienced any of the following ?

Tick one box in every row

In the last 12 months, it happened that…	Yes	No
I drank alcohol or took drugs or medicine (anything but mere pain killers) in order to GET OVER any of the bad secondary effects of drinking alcohol?	☐	☐
I had a mental blackout after drinking alcohol (I could not remember anything or only fragments).	☐	☐
While drinking alcohol, I did something that I badly regretted later.	☐	☐
I had unplanned sex because I was drunk.	☐	☐
I had sex without a condom because I was drunk.	☐	☐
I had an accident or I got injured because I was drunk.	☐	☐
I came into **conflict** with the **police or with authorities** more than once because of my consumption of alcohol.	☐	☐
I came into an **argument** or into a **fight** while drinking alcohol or straight after**.**	☐	☐
I damaged property, because I was drunk.	☐	☐

D19. Think of the <u>past 12 months</u> and choose one answer in each row.

In the past 12 months…	**Yes**	**No**
…has your drinking alcohol caused you <u>more than once</u> to miss a class, work or to fail to look after your family at home?	☐	☐
...did you <u>more than once</u> drive a car or another vehicle (such as a bicycle, motorcycle or moped) shortly after you had had several drinks with alcohol?	☐	☐
…did you find yourself <u>more than once</u> in a situation that increased your chances of getting injured (using machines, walking or doing sport in a dangerous area or around heavy traffic) after you had been drinking too much alcohol?	☐	☐
…did you resume your **drinking habits** even though your drinking had caused problems with your **partner**, **friend** or **acquaintances**?	☐	☐
…did you find you needed **a lot more** alcohol to become high or drunk than you used to?	☐	☐
…did you start feeling **nervous or shaky** for a full day or more after you had cut down on your drinking?	☐	☐
…did you often find yourself drinking **more and for longer periods of time** than you intended?	☐	☐
…did you try to **cut down on your drinking**, but couldn't?	☐	☐
…did you find yourself spending **a great deal of time** obtaining, using, or recovering from the effects of alcohol?	☐	☐
…did you **give up** activities you care about (e.g. **school, work or being with friends and family**) because of your drinking?	☐	☐
…did you continue drinking even though you were aware that alcohol had repeatedly caused you **anxiety, depression or health problems**?	☐	☐
…have you had such a **strong desire or urge to drink** that you could not help drinking?	☐	☐

D20. Think back to the times when you drank alcohol (beer, wine, spirits etc.) over the last 12 months. Please state how often you drank alcohol …

Tick one box in each row

	(almost) never	some of the time	half of the time	most of the time	(almost) always
…because it helps you enjoy a party?	☐	☐	☐	☐	☐
…because it helps you when you feel depressed or nervous?	☐	☐	☐	☐	☐
...to cheer up when you're in a bad mood?	☐	☐	☐	☐	☐
...because you like the feeling?	☐	☐	☐	☐	☐
...to get high?	☐	☐	☐	☐	☐
...because it makes social gatherings more fun?	☐	☐	☐	☐	☐
...to fit in with a group you like?	☐	☐	☐	☐	☐
...because it improves parties and celebrations?	☐	☐	☐	☐	☐
...to forget about your problems?	☐	☐	☐	☐	☐
...because it's fun?	☐	☐	☐	☐	☐
...to be liked?	☐	☐	☐	☐	☐
...so you won't feel left out?	☐	☐	☐	☐	☐

D21. How often did you take the following substances <u>along with alcohol</u> (simultaneously) <u>in the past 12 months</u>?

By "simultaneously" we mean shortly before or after drinking alcohol (in the same evening), but not the day after nor the day before.

Tick one box in each row

	Almost always	**Often** (more than half of the time)	**More or less half of the time**	**Seldom** (less than half of the time)	**Hardly ever**	**Never**
Tobacco products (cigarettes, cigars, pipe, snus, etc.)	☐	☐	☐	☐	☐	☐
Cannabis (haschisch, marihuana, grass)	☐	☐	☐	☐	☐	☐
Other drugs (cocaine, heroin, speed, LSD, magic mushrooms, hallucinogens, ecstasy etc.)	☐	☐	☐	☐	☐	☐
Drugs: - Hypnotics, tranquillizers (e.g. sleeping pills such as Stilnox®); Benzodiazepine such as Temesta®, Valium®, Xanax®, or Rohypnol®) - Stimulating pills (Amphetamine) such Ritaline®, Strattera®, Adderal® - Strong painkillers, mostly based on opium or codeine (Tamgesic®, Benylin®, Bexin®, Fentanyl; **BUT NOT** usual painkillers such as Aspirin, Paracetamol or herbal teas) - Antidepressants (e.g. Remeron®, Fluoxétine®, Citalopram®, Trimin®)	☐	☐	☐	☐	☐	☐

E. TOBACCO

E.1. How much percent of young men of your age do you think smoke cigarettes?

_____ %

E.2. In your ENTIRE LIFE have you ever...

Tick the box, only if relevant

- ❑ smoked at least **50 cigarettes (whether you rolled it yourself or not)?**
- ❑ smoked at least **10 bongs** (Shisha, exclusively with tobacco and without cannabis or other drugs)?
- ❑ used **snus** at least **10 times?**
- ❑ used **snuff** at least **10 times**?
- ❑ used **chewing tobacco** at least **10 times?**
- ❑ smoked at least **25 cigars or cigarillos?**
- ❑ smoked at least **25 pipes** (no water pipes/bong)?

- ❑ **No, never in such quantities**

E.3. <u>The first time</u> you smoked tobacco….

Tick one box in each row

- ❑ I have never smoked before => *GO ON TO SECTION "F" on cannabis, (page 34)*

	Yes	No
…Did you feel not very well?	☐	☐
… Did you cough or feel pain in the chest?	☐	☐
…Did you have a headache?	☐	☐
…Did you feel irritated in the eyes, with a bad taste in the mouth?	☐	☐
…Was your stomach upset?	☐	☐
…Did you feel your heart pounding?	☐	☐
…Did you feel dizzy, lightheaded?	☐	☐
…Did you feel like you were going to throw up?	☐	☐
…Did you like the experience?	☐	☐
…Did you feel relaxed?	☐	☐

Cigarettes (INCLUDING THE ONES YOU ROLLED YOURSELF)

E.4. How old were you when you smoked your FIRST cigarette?

_____ years old

❑ I have never smoked any cigarette => *GO TO QUESTION E9, water pipe (below)*

E.5. How old were you approximately when you started smoking cigarettes ON A DAILY BASIS (or nearly every day)?

_____ years old

❑ I have never smoked cigarettes on a daily basis, nor nearly every day

E.6. Have you smoked cigarettes <u>in the past 12 months</u>?

❑ Yes

❑ No => *GO ON TO QUESTION E9, water pipe (below)*

E.7. How often have you generally smoked cigarettes in the past 12 months?

❑ Every day

❑ 5-6 days a week

❑ 3-4 days a week

❑ 1-2 days a week

❑ 2-3 days a month

❑ Once in a month or less

E.8. <u>On a usual day when you smoke cigarettes</u>, how many cigarettes do you smoke?

_____ Cigarettes

Water pipe (Shisha, ONLY WITH TOBACCO without Cannabis or other drugs)

E.9. How old were you when you smoked a water pipe FOR THE FIRST TIME?

_____ years old

❑ I have never smoked any water pipe => *GO ON TO QUESTION E14, snus (next page)*

E.10. How old were you approximately when you started smoking a water pipe ON A DAILY BASIS (or nearly every day)?

___ years old

❑ I have never smoked a water pipe on a daily basis, nor nearly every day

E.11. Have you smoked a water pipe <u>in the past 12 months</u>?

❑ Yes
❑ No => *GO ON TO QUESTION E14, snus (below)*

E.12. How often have you generally smoked a water pipe <u>in the past 12 months</u> ?

❑ Every day
❑ 5-6 days a week
❑ 3-4 days a week
❑ 1-2 days a week
❑ 2-3 days a month
❑ Once in a month or less

E.13. <u>On a usual day when you smoke a water pipe</u>, how many water pipe portions do you smoke?

_____ portion(s)

Snus (oral tobacco)

E.14. How old were you when you took snus FOR THE FIRST TIME?

_____ years old

❑ I have never taken snus

=> GO ON TO QUESTION E19, snuff (next page)

E.15. How old were you approximately when you started taking snus ON A DAILY BASIS (or nearly every day)?

_____ years old

❑ I have never taken snus on daily basis, nor nearly every day

E.16. Have you taken snus <u>in the past 12 months</u>?

- ❑ Yes
- ❑ No => *GO ON TO QUESTION E19, snuff (below)*

E.17. How often have you generally taken snus <u>in the past 12 months</u>?

- ❑ Every day
- ❑ 5-6 days a week
- ❑ 3-4 days a week
- ❑ 1-2 days a week
- ❑ 2-3 days a month
- ❑ Once in a month or less

E.18. <u>On a usual day when you take snus,</u> how many portions of snus do you take?

_____ portions

Snuff tobacco

E.19. How old were you when you took snuff FOR THE FIRST TIME?

_____ years old

- ❑ I have never had snuff => *GO ON TO QUESTION E24, chewing tobacco (next page*

E.20. How old were you approximately when you started taking snuff ON A DAILY BASIS (or nearly every day)?

_____ years old

- ❑ I have never taken snuff on a daily basis, nor nearly every day

E.21. Have you taken snuff <u>in the past 12 months</u>?

- ❑ Yes
- ❑ No => *GO ON TO QUESTION E24, chewing tobacco (next page)*

E.22. How often have you generally taken snuff <u>in the past 12 months</u> ?

- ❑ Every day
- ❑ 5-6 days a week
- ❑ 3-4 days a week
- ❑ 1-2 days a week
- ❑ 2-3 days a month
- ❑ Once in a month or less

E.23. <u>On a usual day when you take</u> snuff, how many portions do you take?

_____ portions

Chewing tobacco

E.24. How old were you when you took chewing tobacco FOR THE FIRTST TIME?

_____ years old

- ❑ I have never taken chewing tobacco => *GO TO QUESTION E29, cigars (next page)*

E.25. How old were you approximately when you started taking chewing tobacco ON A DAILY BASIS (or nearly every day)?

_____ years old

- ❑ I have never taken chewing tobacco on a daily basis, nor nearly every day

E.26. Have you taken chewing tobacco <u>in the past 12 months</u>?

- ❑ Yes
- ❑ No => *GO ON TO QUESTION E29, cigars and cigarillos (next page)*

E.27. How often have you generally taken chewing tobacco <u>in the past 12 months</u>?

- ❑ Every day
- ❑ 5-6 days a week
- ❑ 3-4 days a week
- ❑ 1-2 days a week
- ❑ 2-3 days a month
- ❑ Once in a month or less

E.28. <u>On a usual day when you take chewing</u> tobacco, how many portions of chewing tobacco do you take?

_____ portions

Cigars / cigarillos

E.29. How old were you when you smoked a cigar/cigarillo FOR THE FIRST TIME ?

_____ years old

❑ I have never smoked any cigar/cigarillo => *GO ON TO QUESTION E34, pipe (next page)*

E.30. How old were you approximately when you started smoking cigars/cigarillos ON A DAILY BASIS (or nearly every day)?

_____ years old

❑ I have never smoked cigars/cigarillos on a daily basis, nor nearly every day

E.31. Have you smoked cigars/cigarillos <u>in the past 12 months</u>?

❑ Yes
❑ No => *GO ON TO QUESTION E34, pipe (next page)*

E.32. How often have you generally smoked cigars/cigarillos <u>in the past 12 months</u> ?

❑ Every day
❑ 5-6 days a week
❑ 3-4 days a week
❑ 1-2 days a week
❑ 2-3 days a month
❑ Once in a month or less

E.33. <u>On a usual day when you smoke cigars/cigarillos</u>, how many cigars/cigarillos do you smoke?

_____ cigars/cigarillos

Pipe (except for water pipes)

E.34. How old were you when you smoked a pipe FOR THE FIRST TIME?

_____ years old

❑ I have never smoked any pipe => *GO ON TO QUESTION E39, tobacco consumption habits (below)*

E.35. How old were you approximately when you started smoking the pipe ON A DAILY BASIS (or nearly every day)?

_____ years old

❑ I have never smoked the pipe on a daily basis, nor nearly every day

E.36. Have you smoked the pipe <u>in the past 12 months</u>?

❑ Yes

❑ No => *GO ON TO QUESTION E39, tobacco consumption habits (below)*

E.37. How often have you generally smoked the pipe <u>in the past 12 months</u>?

❑ Every day
❑ 5-6 days a week
❑ 3-4 days a week
❑ 1-2 days a week
❑ 2-3 days a month
❑ Once in a month or less

E.38. <u>On a usual day when you smoke the pipe,</u> how many pipes do you smoke?

_____ pipes

Tobacco consumption habits

We are now interested in you consumption of all forms of tobacco (cigarettes, water pipe, snus, snuff, etc.).

E.39. Have you taken tobacco at least once <u>in the past 12 months</u>?

❑ Yes

❑ No => *GO ON WITH SECTION F, cannabis (p. 34)*

E.40. How long after waking up do you smoke your first cigarette?

- ❑ 0-5 minutes
- ❑ 6-15 minutes
- ❑ 16-30 minutes
- ❑ 31-60 minutes
- ❑ 61 or more minutes

E.41. Do you find it difficult to refrain from smoking in places where it is forbidden e.g. in church, at the library, at the cinema, etc.?

- ❑ Yes
- ❑ No

E.42. Which cigarette would you hate most to give up?

- ❑ The first one in the morning
- ❑ All others

E.43. Do you smoke more frequently during the first hours after waking up than during the rest of the day?

- ❑ Yes
- ❑ No

E.44. Do you smoke when you are so ill that you stay in bed most of the day?

- ❑ Yes
- ❑ No

E.45. How often have you consumed <u>other substances than tobacco simultaneously with tobacco</u> <u>in the past 12 months</u>?

By „simultaneously with tobacco“, we mean shortly before or after taking tobacco (e.g. the same evening), but not on the next day nor on the day before.

Tick one box in each row.

	Almost always	**Often** (more than half of the time)	**More or less half of the time**	**Seldom** (less than half of the time)	**Hardly ever**	**Never**
Tobacco products (cigarettes, cigars, pipe, snus, etc.)	☐	☐	☐	☐	☐	☐
Cannabis (haschisch, marihuana, grass)	☐	☐	☐	☐	☐	☐
Other drugs (cocaine, heroin, speed, LSD, magic mushrooms, hallucinogens, ecstasy etc.)	☐	☐	☐	☐	☐	☐
Drugs: - Hypnotics, tranquillizers (e.g. sleeping pills such as Stilnox®); Benzodiazepine such as Temesta®, Valium®, Xanax®, or Rohypnol®) - Stimulating pills (Amphetamine) such Ritaline®, Strattera®, Adderal® - Strong painkillers, mostly based on opium or codeine (Tamgesic®, Benylin®, Bexin®, Fentanyl; **BUT NOT** usual painkillers such as Aspirin, Paracetamol or herbal teas) - Antidepressants (e.g. Remeron®, Fluoxétine®, Citalopram®, Trimin®)	☐	☐	☐	☐	☐	☐

F. CANNABIS

F1. How much percent of young men of your age do you think smoke cannabis?

_____ %

F2. Have you ever smoked cannabis (hashish, marihuana, grass) before, i.e. more than one drag to try it out?

- ❑ Yes, at least once
- ❑ No, I have never smoked cannabis => *GO ON WITH SECTION G, other illicit drugs (p. 38)*

F3. Think of <u>the first time</u> you took cannabis. How did you feel or behave yourself?

Mark one box for each line

	Yes	No
I felt high	☐	☐
I lost consciousness	☐	☐
I felt relaxed	☐	☐
I felt anxious	☐	☐
I laughed a lot	☐	☐
I felt sick and dizzy	☐	☐
I did crazy things	☐	☐
I felt happy	☐	☐

F4. At what age did you smoke cannabis <u>for the first time</u>?

_____ years old

F5. At what age did you get high with cannabis <u>for the first time</u>?

_____ years old

- ❑ Never

F6. Have you used any cannabis <u>over the past 12 months</u>?

- ❑ Yes
- ❑ No -> GO ON WITH SECTION G, other substances (p. 38)

F7. How often have you used cannabis over the past 12 months?

- ❑ Monthly or less
- ❑ 2-4 times a month
- ❑ 2-3 times a week
- ❑ 4-5 or more times a week
- ❑ Every day or almost every day

F8. How many hours have you felt "stoned" on a typical day when you have been using cannabis?

- ❑ 1 or 2 hours
- ❑ 3 or 4 hours
- ❑ 5 or 6 hours
- ❑ 7-9 hours
- ❑ 10 or more hours

F9. Now think of the past 12 months:

Tick one box in each row

	Never	Less than once a month	Once a month	Weekly	Daily or nearly every day
How often have you felt "stoned" for 6 or more hours?	☐	☐	☐	☐	☐
How often have you found that you were not able to stop using cannabis once you had started?	☐	☐	☐	☐	☐
How often have you failed to do what was normally expected from you because of using cannabis?	☐	☐	☐	☐	☐
How often have you been in the need of cannabis in the morning to get yourself going after a heavy cannabis intake the day before?	☐	☐	☐	☐	☐
How often have you felt guilty or remorseful after using cannabis?	☐	☐	☐	☐	☐
How often have you had a problem with your memory or concentration after using cannabis?	☐	☐	☐	☐	☐
How often have you refrained from taking part in leisure time activities that you originally wanted to do, e.g. going out, sports, hobbies, etc., because of using cannabis?	☐	☐	☐	☐	☐
How often have you had difficulties at work or school, because of using cannabis?	☐	☐	☐	☐	☐

F10. Which of the following statements best fits your personal situation?

- ❑ „'I smoke cannabis for fun, because it's something special."
- ❑ „I smoke cannabis out of habit, because it's part of my daily life."

F11. Have you or someone else been injured as a result of your use of cannabis over the past 12 months?

- ❑ Yes
- ❑ No

F12. Has a relative, friend or a doctor or other health worker been concerned about your use of cannabis or suggested you cut down over the past 12 months?

- ❑ Yes
- ❑ No

F13. How often has your consumption of cannabis over the past 12 months driven you into the following situations:

	Never	Seldom	Some-times	Often	Always
Having trouble to go to sleep without smoking cannabis before?	☐	☐	☐	☐	☐
Feeling tired, weak or listless?	☐	☐	☐	☐	☐
Going to work straight after smoking cannabis?	☐	☐	☐	☐	☐
Smoking more cannabis than originally intended?	☐	☐	☐	☐	☐
Having done something that you regretted later?	☐	☐	☐	☐	☐
Feeling bad or sick after smoking cannabis?	☐	☐	☐	☐	☐
Spending more money on cannabis than originally wanted?	☐	☐	☐	☐	☐

F14. How often in the 12 past months have you driven a vehicle (car, motorcycle, moped, etc.) in the 4 hours following to your consumption of cannabis?

❑ Never ❑ Seldom ❑ Sometimes ❑ Often ❑ Always

F15. How do you consume cannabis?

Tick one box in each row.	Never	Seldom	Some-times	Most of the time	Always
Joint of pure cannabis (without tobacco)	☐	☐	☐	☐	☐
Joint of cannabis and tobacco	☐	☐	☐	☐	☐
Water pipe (bong) with tobacco	☐	☐	☐	☐	☐
Water pipe (bong) without tobacco	☐	☐	☐	☐	☐
Mixed with food (cooking, tea, etc.)	☐	☐	☐	☐	☐
In other ways	☐	☐	☐	☐	☐

F16. How often in the past 12 months have you consumed the following substances simultaneously with cannabis?

By „simultaneously with tobacco“, we mean shortly before or after taking tobacco (e.g. the same evening), but not on the next day nor on the day before.

Tick one box in each row.	Almost always	Often (more than half of the time)	More or less half of the time	Seldom (less than half of the time)	Hardly ever	Never
Tobacco products (cigarettes, cigars, pipe, snus, etc.)	☐	☐	☐	☐	☐	☐
Cannabis (haschisch, marihuana, grass)	☐	☐	☐	☐	☐	☐
Other drugs (cocaine, heroine, speed, LSD, magic mushrooms, hallucinogens, ecstasy etc.)	☐	☐	☐	☐	☐	☐
Medicine: - Hypnotics, tranquillizers (e.g. sleeping pills such as Stilnox®); Benzodiazepine such as Temesta®, Valium®, Xanax®, or Rohypnol®) - Stimulating pills (Amphetamine) such Ritaline®, Strattera®, Adderal® - Strong painkillers, mostly based on opium or codeine (Tamgesic®, Benylin®, Bexin®, Fentanyl; **BUT NOT** usual painkillers such as Aspirin, Paracetamol or herbal teas) - Antidepressants (e.g. Remeron®, Fluoxétine®, Citalopram®, Trimin®)	☐	☐	☐	☐	☐	☐

G. OTHER ILLICIT DRUGS

G1. How much percent of young men of your age do you think take other drugs than cannabis?

_____ %

G2. Have you ever taken any of the following drugs in your life before? If yes, how often?

Tick one box in each row

	Never	1 to 3 times	4 times or more
Hallucinogens, magic mushrooms, psylocibin, peyote, mescalin	☐	☐	☐
Other hallucinogens (LSD, PCP/Angeldust, 2-CB, 2-CI)	☐	☐	☐
Salvia divinorum	☐	☐	☐
Speed	☐	☐	☐
Amphetamine, Metamphetamine, Amphetaminsulfate (e.g. Dexedrine, Benzedrin)	☐	☐	☐
Chrystal Meth (Ice)	☐	☐	☐
Poppers (Amylnitrit, Butylnitrit)	☐	☐	☐
Solvant sniffing (e.g. glue, solvent and gas such as benzin, ether, toulol, trichloräthylen, nitrous oxide, etc.)	☐	☐	☐
Ecstasy, MDMA	☐	☐	☐
Cocaine, crack, freebase	☐	☐	☐
Heroine	☐	☐	☐
Ketamin (Special K), DXM (Bexin ®)	☐	☐	☐
GHB / GBL / I-4 Butandiol (BDB)	☐	☐	☐
Chemics used in reserach (e.g. mephedrone, butylone and methedrone)	☐	☐	☐
Spices or similar substances	☐	☐	☐

If you ticked „never“ all the way through the answers, than go on to section H, medicine, p. 41.

G3. Have you taken any of the following drugs <u>in the past 12 months</u>? If yes how often?

Tick one box in each row	Never	1 to 3 times	4 times or more
Hallucinogens, magic mushrooms, psylocibin, peyote, mescalin	☐	☐	☐
Other hallucinogens (LSD, PCP/Angeldust, 2-CB, 2-CI)	☐	☐	☐
Salvia divinorum	☐	☐	☐
Speed	☐	☐	☐
Amphetamine, Metamphetamine, Amphetaminsulfate (e.g. Dexedrine, Benzedrin)	☐	☐	☐
Chrystal Meth (Ice)	☐	☐	☐
Poppers (Amylnitrit, Butylnitrit)	☐	☐	☐
Solvant sniffing (e.g. glue, solvent and gas such as benzin, ether, toluol, trichloräthylen, nitrous oxide, etc.)	☐	☐	☐
Ecstasy, MDMA	☐	☐	☐
Cocaine, crack, freebase	☐	☐	☐
Heroine	☐	☐	☐
Ketamin (Special K), DXM (Bexin ®)	☐	☐	☐
GHB / GBL / I-4 Butandiol (BDB)	☐	☐	☐
Chemics used in reserach (e.g. mephedrone, butylone and methedrone)	☐	☐	☐
Spices or similar substances	☐	☐	☐

If you answered „never“ all the way down, then go on with section H on medicine, p.41.

G4. Have you taken any of the following drugs <u>in the past 30 days</u>? If yes, then how often?

Tick one box in each row	Never	1 to 3 times	4 times or more
Hallucinogens, magic mushrooms, psylocibin, peyote, mescalin	☐	☐	☐
Other hallucinogens (LSD, PCP/Angeldust, 2-CB, 2-CI)	☐	☐	☐
Salvia divinorum	☐	☐	☐
Speed	☐	☐	☐
Amphetamine, Metamphetamine, Amphetaminsulfate (e.g. Dexedrine, Benzedrin)	☐	☐	☐
Chrystal Meth (Ice)	☐	☐	☐
Poppers (Amylnitrit, Butylnitrit)	☐	☐	☐
Solvant sniffing (e.g. glue, solvent and gas such as benzin, ether, toulol, trichloräthylen, nitrous oxide, etc.)	☐	☐	☐
Ecstasy, MDMA	☐	☐	☐
Cocaine, crack, freebase	☐	☐	☐
Heroine	☐	☐	☐
Ketamin (Special K), DXM (Bexin ®)	☐	☐	☐
GHB / GBL / I-4 Butandiol (BDB)	☐	☐	☐
Chemics used in reserach (e.g. mephedrone, butylone und methedrone)	☐	☐	☐
Spices or similar substances	☐	☐	☐

H. PRESCRIBED DRUGS

Now we would like to ask you about your experiences with prescribed medicine and *other kinds of drugs* ***in the last 12 months*** *that you may have decided to use OF YOUR OWN WILL - that is, either WITHOUT a doctor's prescription or without a doctor telling you to use them.*

H1. People use the following medicine and drugs OF THEIR OWN WILL to feel more alert, to relax or calm down, to feel better, to enjoy themselves, or to get high or just to see how they would work. Have you taken such medicine OF YOUR OWN WILL, and if yes, how often?

Tick one box in each row	Never	Once	2-3 times a year	4-9 times a year	1-2 times a month	3-4 times a month	2-3 times a week	4 times a week or more
Sleeping pills (Hypnotika) E.g. Benzodiazepine (Dalmadorm®, Rohypnol®, Halcion®), Barbiturate, Chloralhydrate (Nervifène®), zopiclon, zolpidem (Imovane®, Stilnox®)	☐	☐	☐	☐	☐	☐	☐	☐
Tranquilizers E.g. Benzodiazepine (Valium®, Xanax®, Librax®, Temesta®, Normison®, Demetrin®, Dalmadorm®) or muscle relaxing products	☐	☐	☐	☐	☐	☐	☐	☐
Strong painkillers Not mere painkiller such as Aspirine or Paracetamol. E.g. based on Buprenorphin (Tamgesic®), Codeine (Benylin®), or opium-based products (Fentanyl, Hydrocodon, Jurnista®, Palladon®, Targin®, Oxycontin®, Vicodin®, Dilaudid®) or DXM (Bexin®)	☐	☐	☐	☐	☐	☐	☐	☐
Stimulants and amphetamine E.g. Amphetaminsulphate (Aderall) ; Atomoxetine (Strattera®), Methylphenidate (Ritalin®)	☐	☐	☐	☐	☐	☐	☐	☐
Antidepressants (Remeron®, Fluoxétine®, Citalopram®, Trimin®)	☐	☐	☐	☐	☐	☐	☐	☐
Beta-Blocker E.g. Propranolol (Indéral®), Atenolol (Aténil®, Tenormin®), Metoprolol (Loprésor®)	☐	☐	☐	☐	☐	☐	☐	☐

*Now think of your experience with **smart drugs in the past 12 months**. Smart drugs are medicine that can be prescribed in case of illnesses. Most of the time they are used for other reasons: to raise one's concentration capacity and mental energy, to strengthen one's memory and ability to learn and be alert, as well as to reduce stressful feelings during examinations or to feel oneself more effective.*

H2. Have you taken SMART DRUGS for any of the following reasons below? If yes, how often?

Tick one box in each row	Never	Once	2-3 times a year	4-9 times a year	1-2 times a month	3-4 times a month	2-3 times a week	4 times a week or more
In order to raise your vigilance capacity, effectiveness or energy	☐	☐	☐	☐	☐	☐	☐	☐
In order to increase your capacity to pay attention or to concentrate at work	☐	☐	☐	☐	☐	☐	☐	☐
In order to raise your capacity to remember things generally, as well as to increase your capacity to learn and recall things	☐	☐	☐	☐	☐	☐	☐	☐
In order to improve your concentration and cognitive capacities	☐	☐	☐	☐	☐	☐	☐	☐
In order to reduce anxiety or stress (i.e. examinations)	☐	☐	☐	☐	☐	☐	☐	☐

In case you answered "Never" all the way down, then go on to question H4.

H3. What medicine have you taken?

Please tick the relevant boxes

- ❑ Modafinil (e.g.: Modasomil®, Provigil®, Vigil®) ; Adrafinil (e.g. Olmifon®), Armodafinil (e.g. Nuvigil®)
- ❑ Venlafaxin (Efexor®), Fluoxetin (Fluctine®, Fluocim®, Fluoxifar®, Fluxet®, Prozac®), Reboxetin (Edronax®, Solvex®), Mirtazapin (Remeron®, Remergil®), Proponolol (Inderal®)
- ❑ Donezepil (Aricept®), Rivastigmin (Exelon®), Galantamin (Reminyl®)
- ❑ Desmopressin, Vasopressin (Nocutil®, Octostim®, Minirin®), Idebenone (Mnesis®), Selegilin (Jumexal®, Deprenyl®)
- ❑ Ritalin®
- ❑ Beta-Blocker, e.g. Propranolol (Inderal®), Atenolol (Atenil®, Tenormin®), Metoprolol (Lopresor®)
- ❑ Other: _____

H4. Have you ever taken Anabolika (anabole steroid)?

- ❑ No
- ❑ Yes, but NOT over last year
- ❑ Yes, over last year, but NOT in the past 30 days
- ❑ Yes, in the past 30 days

I. SUBSTANCE COMBINATIONS

*Now think of the substances you have generally **combined <u>in the last 12 months</u>** in a single evening or at a weekend (i.e. when going out with friends, at someone's place or at your place).*

I1. What substances did you <u>use to</u> combine <u>at weekends or on a holiday</u>?

Tick the relevant boxes

Alcohol	Beer, wine spirits, alcopops etc.	☐
Tobacco	Cigarettes, pipes, water pipes, snus, snuff, cigars, etc.	☐
Drugs	Cannabis (grass, haschisch, joints)	☐
	„Magic Mushrooms", Psylocibin, Peyote, Mescalin	☐
	Other Halluzinogens (LSD, PCP / angeldust / 2-CB, 2-CI)	☐
	Salvia divinorum	☐
	Speed	☐
	Amphetamine, Metamphetamine, Amphetaminsulfate	☐
	Chrystal Meth (Ice)	☐
	Poppers (Amylnitrit, Butylnitrit)	☐
	Solvant sniffing (e.g. glue, solvent and gas such as benzin, ether, toluol, nitrous oxide, etc.)	☐
	Ecstasy, MDMA	☐
	Cocaine, crack, freebase	☐
	Heroine	☐
	Ketamine (Special K) DXM (Bexin)	☐
	GHB / GBL / 1-4 Butandiol (BDB)	☐
	Medicine used in research (e.g. mephedrone, butylone and methedrone)	☐
	Spices or similar substances	☐
Medicine	Tranquilizers	☐
	Sleeping pills / Sedatives	☐
	Strong painkillers (not merely Aspirin or Dafalgan®)	☐
	Stimulants and Amphetamine (Ritalin®)	☐
	Smart Drugs (Modafinil, Racetams, etc.)	☐
None		☐

I2. Think of the evening when you combined a <u>maximum of various substances</u> <u>in the past 12 months</u>. Which ones of the following were these substances?

Tick the relevant boxes below

Alcohol	Beer, wine spirits, alcopops etc.	☐
Tobacco	Cigarettes, pipes, water pipes, snus, snuff, cigars, etc.	☐
Drugs	Cannabis (grass, haschisch, joints)	☐
	„Magic Mushrooms“, Psylocibin, Peyote, Mescalin	☐
	Other Halluzinogens (LSD, PCP / angeldust / 2-CB, 2-CI)	☐
	Salvia divinorum	☐
	Speed	☐
	Amphetamine, Metamphetamine, Amphetaminsulfate	☐
	Chrystal Meth (Ice)	☐
	Poppers (Amylnitrit, Butylnitrit)	☐
	Solvant sniffing (e.g. glue, solvent and gas such as benzin, ether, toluol, nitrous oxide, etc.)	☐
	Ecstasy, MDMA	☐
	Cocaine, crack, freebase	☐
	Heroine	☐
	Ketamine (Special K) DXM (Bexin)	☐
	GHB / GBL / 1-4 Butandiol (BDB)	☐
	Medicine used in research (e.g. mephedrone, butylone and methedrone)	☐
	Spices or similar substances	☐
Medicine	Tranquilizers	☐
	Sleeping pills / Sedatives	☐
	Strong painkillers (not merely Aspirin or Dafalgan®)	☐
	Stimulants and Amphetamine (Ritalin®)	☐
	Smart Drugs (Modafinil, Racetams, etc.)	☐
None		☐

J. PERSONALITY AND LEISURE TIME ACTIVITIES

Anyone feels different and has different difficulties and problems, enjoys different things and has different hobbies etc.
We would like to know more about you. Please answer the following questions spontaneously, without thinking them over.

J1. Think of how you have felt or behaved yourself <u>in the past 12 months</u> and tick the most relevant box in each row below.

	Never	Rarely	Sometimes	Often	Very often
How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?	☐	☐	☐	☐	☐
How often do you have difficulties getting things in order when you have to do a task that requires organization?	☐	☐	☐	☐	☐
How often do you have problems remembering appointments or obligations?	☐	☐	☐	☐	☐
When you are working on something that requires a lot of thinking, how often do you postpone or avoid the task?	☐	☐	☐	☐	☐
How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?	☐	☐	☐	☐	☐
How often do you feel overly active and compelled to do things, like you were driven by a motor?	☐	☐	☐	☐	☐

J2. To what extent do you agree with the following statements?

Tick one box in each row

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly Agree
I would like to explore strange places	☐	☐	☐	☐	☐
I get restless when I spend too much time at home	☐	☐	☐	☐	☐
I like to do frightening things	☐	☐	☐	☐	☐
I like wild parties	☐	☐	☐	☐	☐
I would like to take off on a trip with no pre-planned routes or timetables	☐	☐	☐	☐	☐
I prefer friends who are excitingly unpredictable	☐	☐	☐	☐	☐
I would like to try bungee jumping	☐	☐	☐	☐	☐
I would love to have new and exciting experiences, even if they are illegal	☐	☐	☐	☐	☐

J3. On this page you will find a series of statements that people might use to describe themselves. Read each statement and decide whether or not it describes yourself. Choose "true" or "false", even though you may not be 100% sure.

	True	False
When I get mad, I say ugly things	☐	☐
It's natural for me to curse when I am mad	☐	☐
I do not mind going out alone and usually prefer it to being out in a large group	☐	☐
I almost never feel like I would like to hit someone	☐	☐
I spend as much time with my friends as I can	☐	☐
My body often feels all tightened up for no apparent reason	☐	☐
I frequently get emotionally upset	☐	☐
If someone offends me, I just try not to think about it	☐	☐
I tend to be oversensitive and easily hurt by thoughtless remarks and actions of others	☐	☐
I do not need a large number of casual friends	☐	☐
I am easily frightened	☐	☐
If people annoy me I do not hesitate to tell them so	☐	☐
I tend to be uncomfortable at big parties	☐	☐
I sometimes feel panicky	☐	☐
At parties, I enjoy mingling with many people whether I already know them or not	☐	☐
I often feel unsure of myself	☐	☐
I would not mind being socially isolated in some place for some period of time	☐	☐
I often worry about things that other people think are unimportant	☐	☐
When people disagree with me I cannot help getting into an argument with them	☐	☐
I like to be alone so I can do things I want to do without social distractions	☐	☐
I have a very strong temper	☐	☐
I can't help being a little rude to people I do not like	☐	☐

J3. (..continuing)

	True	False
I am a very sociable person	☐	☐
I often feel like crying sometimes without a reason	☐	☐
I don't let a lot of trivial things irritate me	☐	☐
I am always patient with others even when they are irritating	☐	☐
I usually prefer to do things alone	☐	☐
I often feel uncomfortable and ill at ease for no real reason	☐	☐
I probably spend more time than I should socializing with friends	☐	☐
When people shout at me, I shout back	☐	☐

J4. How often did you do the following things <u>in the past 12 months</u>?

Tick one box in each row

	Never	A few times a year	Once to 3 times a month	At least once a week	Almost every day
Actively participate in sports, athletics or exercising	☐	☐	☐	☐	☐
Read books for pleasure (do not count schoolbooks	☐	☐	☐	☐	☐
Go out in the evening (to a disco, cafe, party etc .)	☐	☐	☐	☐	☐
Other hobbies (play an instrument, sing, draw, write etc.)	☐	☐	☐	☐	☐
Hang around with friends (in shopping centres, streets, parks, etc.)	☐	☐	☐	☐	☐
Use Internet for leisure activities (chats, looking for music, playing games etc)	☐	☐	☐	☐	☐
Play on slot machines	☐	☐	☐	☐	☐
Play computer games online (e.g. World of Warcraft)	☐	☐	☐	☐	☐
Play computer games on a console (e.g. Play Station, X-Box, Wii) or on a PC (NOT ONLINE)	☐	☐	☐	☐	☐

J5. Here are some PAIRS of STATEMENTS describing PEER PRESSURE which is when your friends encourage you <u>to do something</u> or <u>not</u> to <u>do something else.</u>
For each pair, READ both statements and decide whether friends mostly encourage you to do the one on the LEFT or the one on the RIGHT. Then, MARK AN "X" in one of the boxes on the side toward the statement you choose, depending on HOW MUCH your friends encourage you to do that ("A Little," "Somewhat" or "A Lot"). If you think there's no pressure from friends to do either statement, mark the middle ("No Pressure") box. Remember, mark just ONE "X" for each pair of statements.

HOW STRONG is the pressure from your FRIENDS to:	A lot	Somewhat	Little	No pressure	Little	Somewhat	A lot	**Or…**
…Smoke marijuana	☐	☐	☐	☐	☐	☐	☐	… NOT to smoke marijuana
…Be social, do things with other people	☐	☐	☐	☐	☐	☐	☐	… NOT to be social, do things by yourself
…Drink beer or liquor	☐	☐	☐	☐	☐	☐	☐	… NOT to drink beer or liquor
…Be part of one (or more) of the "crowds" at school or work	☐	☐	☐	☐	☐	☐	☐	… NOT to be part of any of the "crowds" at school or work
…NOT to go to parties	☐	☐	☐	☐	☐	☐	☐	... Go to parties
…Wear the SAME types of clothes your friends wear	☐	☐	☐	☐	☐	☐	☐	… Wear styles of clothes DIFFERENT from your friends
…Smoke cigarettes	☐	☐	☐	☐	☐	☐	☐	… NOT to smoke cigarettes
…Talk or act DIFFERENTLY from your friends do	☐	☐	☐	☐	☐	☐	☐	… Talk or act the SAME way your friends do
…Get drunk or get "a buzz"	☐	☐	☐	☐	☐	☐	☐	… NOT to get drunk
…Go out with girls (opposite sex)	☐	☐	☐	☐	☐	☐	☐	… NOT to go out with girls (opposite sex)
…Wear your hair DIFFERENT from your friends	☐	☐	☐	☐	☐	☐	☐	… Wear your hair like your friends do
…Have the SAME opinion about things as your friends do	☐	☐	☐	☐	☐	☐	☐	… Have DIFFERENT opinions than your friends do
… NOT to "trash" things or vandalize property	☐	☐	☐	☐	☐	☐	☐	… "Trash" or vandalize things (write on walls, break windows, etc.)
…Listen to the music, groups your friends think are good	☐	☐	☐	☐	☐	☐	☐	… Listen to music and groups that no one else likes
…Have sexual intercourse (go "all the way")	☐	☐	☐	☐	☐	☐	☐	… NOT to go "all the way" (not have sexual intercourse)
… Go out with friends on weekends	☐	☐	☐	☐	☐	☐	☐	… Stay at home on weekends
…Do things to impress members of the opposite sex	☐	☐	☐	☐	☐	☐	☐	… Try NOT to impress members of the opposite sex

Now we are interested to know how much time you have spent on games. This includes cybergames on internet or games on a console (e.g. Nintendo, Playstation, X-Box, Wii).

J6. How often <u>in the last 6 months</u>…

Tick one box in each row

	Never	Rarely	Some-times	Often	Very often
… Have you thought all day long about playing a game or spending time on internet?	☐	☐	☐	☐	☐
…Have you played longer than intended?	☐	☐	☐	☐	☐
…Have you played games or spent time on internet to forget about real life?	☐	☐	☐	☐	☐
…Have others unsuccessfully tried to make you reduce your time spent on games or on internet?	☐	☐	☐	☐	☐
…Have you felt upset when you were unable to play or to spend time on internet?	☐	☐	☐	☐	☐
…Have you had arguments with others (e.g., family, friends) over your time spent on games or on internet?	☐	☐	☐	☐	☐
…Have you neglected important activities (e.g. school, work, sports) to play games or spent time on internet?	☐	☐	☐	☐	☐

J7. Over the past 12 months, how often did you spend money on each of the following gambling activities?

Tick one box in each row

	Never	A few times a year	Monthly (but not weekly)	Weekly (but not daily)	Daily or nearly daily
Lottery und bets (but not electronic lottery) • Scratch lottery • Numbers game • Lotto/Bingo • Sport betting (Toto-R, Toto-X, PMU)	☐	☐	☐	☐	☐
Electronic Lottery (e.g. Tactilo)	☐	☐	☐	☐	☐
Gambling mashines (Slot Maschine, Poker Automat etc.)	☐	☐	☐	☐	☐
Gambling tables in Casinos (Roulette, Black Jack, Poker, etc.)	☐	☐	☐	☐	☐
Chance /money games on Internet • Internet Casino • Poker with money on Internet • Sports bets (Bet & Win, PMU etc.)	☐	☐	☐	☐	☐
Money games and card games with money (e.g. Poker) **in private clubs**	☐	☐	☐	☐	☐
Other money and chance games (Skills and strategy games, bets in private clubs, etc.)	☐	☐	☐	☐	☐

J8. During the past 12 months, has your betting or gambling caused personal problems for you?

- ❑ Yes
- ❑ No
- ❑ Did not gamble in the past 12 months => *Continue with question J10 (next page).*

J9. How much money have you spent in the last 12 months on average in a month on chance or money games?

- ❑ CHF 1.- to CHF 50.-
- ❑ CHF 51.- to 100.-
- ❑ CHF 101.- to 200.-
- ❑ CHF 201.- to 500.-
- ❑ CHF 501.- to 1000.-
- ❑ More than CHF 1000.-

J10. Before you were 15 years old, how often did you...

Tick one box in each row

	Never	1-2 times	3-5 times	6-9 times	10-19 times	20 times or more
...repeatedly skip school or run away from home overnight?	☐	☐	☐	☐	☐	☐
...lie, cheat, rip off or steal from other persons?	☐	☐	☐	☐	☐	☐
...start fights or bully, threaten, or intimidate others?	☐	☐	☐	☐	☐	☐
...deliberately destroy things or start fires?	☐	☐	☐	☐	☐	☐
...deliberately hurt animals or people?	☐	☐	☐	☐	☐	☐
...force someone to have sex with you?	☐	☐	☐	☐	☐	☐

J11. Since you were 15 years old, how often have you...

Mark one box for each line	Never	1-2 times	3-5 times	6-9 times	10-19 times	20 times or more
... repeatedly behaved in a way that others would consider irresponsible, being impulsive or deliberately not working to support yourself?	☐	☐	☐	☐	☐	☐
... done things that are illegal even if you didn't get caught (for example, destroying property, shoplifting, stealing, selling drugs, or committing a felony)?	☐	☐	☐	☐	☐	☐
... been in physical fights repeatedly (including physical fights with your spouse or children)?	☐	☐	☐	☐	☐	☐
... often lied or "conned" other people to get money or pleasure, or lied just for fun?	☐	☐	☐	☐	☐	☐
... exposed others to danger without caring?	☐	☐	☐	☐	☐	☐
... felt no guilt after hurting, mistreating, lying to, or stealing from others, or after damaging property?	☐	☐	☐	☐	☐	☐

K. SEXUALITY

Here are very personal questions about love relationships and sexuality. But do not worry: your answers are kept highly confidential.

K1. People feel different about sexual preferences. How do you feel yourself? Do you feel…

- ❑ Attracted only by women?
- ❑ Predominantly attracted by women?
- ❑ Attracted by women and men equally?
- ❑ Predominantly attracted by men?
- ❑ Attracted only by men?

K2. Have you ever had sexual intercourse?

- ❑ Yes, only once
- ❑ Yes, several times
- ❑ No, never => *Please continue to the last page of the questionnaire*

K3. What was your age the first time you had sexual intercourse?

- ❑ 11 years or younger
- ❑ 12 or 13 years
- ❑ 14 or 15 years
- ❑ 16 or 17 years
- ❑ 18 or 19 years
- ❑ 20 or 21 years
- ❑ 22 years or older

K4. Overall, how many sexual partners have you had <u>in the past 12 months</u>?

- ❑ None
- ❑ One
- ❑ Two
- ❑ Three
- ❑ Four or more

*Now think back over **the last 6 months** (for all the remaining questions):*

K5. How do you rate your confidence that you could get and keep an erection?

- ❑ Very low
- ❑ Low
- ❑ Moderate
- ❑ High
- ❑ Very high

K6. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?

- ❑ Never or hardly ever
- ❑ Much less than half the time
- ❑ About half the time
- ❑ Much more than half the time
- ❑ Almost always or always

K7. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?

- ❑ Never or hardly ever
- ❑ Much less than half the time
- ❑ About half the time
- ❑ Much more than half the time
- ❑ Almost always or always

K8. During sexual intercourse how difficult was it to maintain your erection to the completion of intercourse?

- ❑ Extremely difficult
- ❑ Very difficult
- ❑ Difficult
- ❑ Slightly difficult
- ❑ Not difficult

K9. When you attempted sexual intercourse, how often was it satisfactory for you?

- ❑ Never or hardly ever
- ❑ Much less than half the time
- ❑ About half the time
- ❑ Much more than half the time
- ❑ Almost always or always

K10. Think <u>of the</u> <u>last 6 months</u>: Do you feel that your control over your ejaculation during sexual intercourse is…

- ❑ Fair
- ❑ Poor
- ❑ Good
- ❑ Very good
- ❑ Excellent

K11. Which one of these four statements describes how your typical length of time from penetration to climax has affected your relationship?

- ❑ It is a problem for me but not for my partner
- ❑ It is not a problem for me but it is for my partner
- ❑ It is a problem for both me and my partner
- ❑ It is not a problem for me or my partner

* * *

Please write the date of today below:

___ ___ / ___ ___ / ___ ___ ___ ___ (DD/MM/YYYY)

We would like to thank you with a voucher of CHF 30.- (you will receive it by post – it can take up to 6 weeks). **Please tick the voucher of your choice below :**

❑ Voucher Manor ❑ Voucher Ochsner Sports ❑ Voucher Fnac

Would you like to fill in the 2nd questionnaire (in 18 months) <u>online</u>?

- ❑ Yes
  If yes, what is your email address?_____
  (so that we can send you the internet link to the questionnaire by email)
- ❑ No, I would rather get the questionnaire by post.

Thank you for your participation!