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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 second survey!

You will receive a **CHF 30.- voucher** (Media Markt, Manor, or FNAC) for filling in this questionnaire - it takes **about 45 minutes**. *If you had filled in the first questionnaire about 15 months ago, you will receive* ***a second CHF 30.- voucher for your faithfulness****. Which sums up to CHF 60.-.*

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 will never be directly connected with your personal contact details, nor will they be handed over to the army or anybody. Your answers to this questionnaire are strictly kept separate from your personal contact details.

A project by

and

A. SOCIODEMOGRAPHIC BACKGROUND

A1. Do you have a paid job (even if it is only one hour a week, no matter whether you work as an employee, as freelance or as a trainee)?

- ❑ Yes
- ❑ No => go to question A5, next page

A2. Are you….?

- ❑ an employee (full or part time)
- ❑ freelance
- ❑ in training
- ❑ an occasional employee

A3. How many hours a week do work?

_____________ hours / week

A4. The following statements are about how you perceive your professional activity. Please indicate to what extent you agree or disagree with each one of the following statements.

	I strongly disagree	I disagree	I neither disagree nor agree	I agree	I agree strongly
I receive recognition for a job well done	☐	☐	☐	☐	☐
I feel close to the people at work	☐	☐	☐	☐	☐
I feel secure about my job	☐	☐	☐	☐	☐
My wages are good	☐	☐	☐	☐	☐
All my talents and skills are used	☐	☐	☐	☐	☐
I feel good about working at this company	☐	☐	☐	☐	☐

A5. 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
- ❑ Technical University
- ❑ University
- ❑ Paid professional activity
- ❑ Jobless
- ❑ Looking for a job
- ❑ Disability Insurance
- ❑ Social Security
- ❑ Military Service
- ❑ Civil service
- ❑ Other :________________________

A6. 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:____________________________

A7. What is your date of birth?

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

A8. What is your postal code?

___ ___ ___ ___

- ❑ I do not live in Switzerland

A9. 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 parents'
- ❑ 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

A10. 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

A11. 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

A12. Do you have children?

☐ No ☐ Yes => How many? _______

A13. Are you expecting a child (is your wife/partner pregnant)?

☐ No ☐ Yes

A14. To what extent do you agree with the following statements?

	I strongly disagree	I disagree	I slightly disagree	I neither disagree nor agree	I slightly agree	I agree	I agree strongly
In most ways my life is close to my ideal	☐	☐		☐		☐	☐
The conditions of my life are excellent	☐	☐		☐		☐	☐
I am satisfied with life	☐	☐		☐		☐	☐
So far I have gotten the important things I want in life	☐	☐		☐		☐	☐
If I could live my life over, I would change almost nothing	☐	☐		☐		☐	☐

A15. At the recruitment at the army, were you considered able to the military service?

- ❑ No => *go on with question B1, next page*
- ❑ Yes

A16. To what service were you assigned?

- ❑ Civil service => *go on with question B1, next page*
- ❑ Military service

A17. You have…..

- ❑ … not yet started your military service?
- ❑ … started your military service?
- ❑ … finished your military service?
- ❑ … prematurely interrupted your military service?

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. How much do you weigh?

_______ 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?	☐	☐	☐	☐	☐	☐

B.12. Many people have lived through or witnessed a very stressful and traumatic event at some point in their lives. Below is a list of traumatic events.

Put a checkmark in the box “Yes” next to ALL the events that have happened to you or that you have witnessed (i.e. not only heard of in TV or newspapers). Otherwise put a checkmark in the box “No, never”.

	YES, in the past 12 months	YES, more than 12 months ago	NO, never
1. Serious accident, fire or explosion (for example, an industrial farm, car, plane or boating accident).	☐	☐	☐
2. Been in any other situation in which you were seriously injured, or someone else was seriously injured or even killed.	☐	☐	☐
3. Any other situation in which you feared you or someone else might be killed or seriously injured.	☐	☐	☐
4. Natural disaster (tornado, hurricane, flood, major earthquake, etc.).	☐	☐	☐
5. Any other disaster such as a building collapse, bank robbery, etc., where you felt you or your loved ones were in danger of death or injury.	☐	☐	☐
6. Non-sexual assault by a family member or someone you know (being mugged, physically attacked, shot, stabbed, or held at gunpoint, etc.).	☐	☐	☐
7. Non-sexual assault by a stranger (being mugged, physically attacked, shot, stabbed, or held at gunpoint, etc.).	☐	☐	☐
8. Anyone tried to or succeeded in breaking into your home while you were there.	☐	☐	☐
9. Sexual assault by a family member or someone you know (rape or attempted rape, etc.).	☐	☐	☐
10. Sexual assault by a stranger (rape or attempted rape, etc.).	☐	☐	☐
11. Military combat or war zone.	☐	☐	☐
12. Sexual contact when you were younger than 18 with someone who was 5 or more years older than you.	☐	☐	☐

… continued…	YES, in the past 12 months	YES, more than 12 months ago	NO, never
13. Imprisonment (prison inmate, prisoner of war, hostage).	☐	☐	☐
14. Torture.	☐	☐	☐
15. Life-threatening illness.	☐	☐	☐
16. Exposed to dangerous chemicals or radioactivity that might threaten your health.	☐	☐	☐
17. Have you seriously injured, physically harmed or even caused death to someone else?	☐	☐	☐
18. Serious injury, life-threatening illness or unexpected death of someone close to you.	☐	☐	☐
19. Seen a seriously injured person or dead body (other than at a funeral).	☐	☐	☐
20. Other traumatic event. Please describe it: ……………………………………………………………… ……………………………………………………………… …………………………………………	☐	☐	☐

B.13. If you check marked "yes" for more than one traumatic event in the above answers, indicate the number of the event that bothers you most:

Event number:________________

If you replied „YES" to only one event above, then this very event is considered the most traumatic by default.

⇨ *If you have NOT lived or witnessed ANY traumatic event, then go to question C1, page 14.*

The following questions are about this most traumatic event:

B.14. How long ago did the traumatic event happen?
Check only one box

- ☐ Less than one month ago
- ☐ 1 to 3 months
- ☐ 3 to 6 months

B.15. During this traumatic event…

	Yes	No
…were you physically injured?	☐	☐
… was someone else physically injured?	☐	☐
… do you think that your life was in danger?	☐	☐
…did you think that someone else's life was in danger?	☐	☐
…did you think that the life of someone close to you was in danger?	☐	☐
…did you feel helpless?	☐	☐
…did you feel terrified?	☐	☐

C. SOCIAL CONTEXT

C1. We are interested in how you feel about your neighborhood. "Neighborhood" refers to the place where you live and its surroundings.

Each row below refers to two opposite situations, one on the left, the other on the right. Please choose in each row the situation which is closest to your perception and tick ONE BOX ONLY in each row. If you cannot choose between the two opposite situations, tick the box "neutral".

	I agree very strongly	I strongly agree	I Middly agree	Neutral	I Middly disagree	I strongly disagree	I disagree very strongly	
In my neighborhood, most people are **NOT trustworthy**	☐	☐	☐	☐	☐	☐	☐	In my neighborhood, most people are **trustworthy**
In my neighborhood, people **fear to walk alone outdoors** after nightfall	☐	☐	☐	☐	☐	☐	☐	In my neighborhood, people feel **secure about walking alone outdoors** after nightfall
In my neighborhood, people **take advantage of me**	☐	☐	☐	☐	☐	☐	☐	In my neighborhood, people **treat me with respect**
If I were in **trouble nobody** in my neighborhood **would come to help me**	☐	☐	☐	☐	☐	☐	☐	If I were in **trouble**, **many people** in my neighborhood **would offer help**
If a house were being **broken into**, people in my neighborhood would **close their eyes**	☐	☐	☐	☐	☐	☐	☐	If a house were being **broken into**, people in my neighborhood would **do something**
In my neighborhood, people **do not react** when they see children **vandalizes**	☐	☐	☐	☐	☐	☐	☐	In my neighborhood, people **do something** when they see children **vandalize**
I feel I **do not belong** to this neighborhood	☐	☐	☐	☐	☐	☐	☐	I feel I **truly belong** to this neighborhood
In my neighborhood most people are **unfriendly**	☐	☐	☐	☐	☐	☐	☐	In my neighborhood most people are **friendly**
In my neighborhood people are **not community-focused**	☐	☐	☐	☐	☐	☐	☐	In my neighborhood people are **strongly community-focused**
In my neighborhood, people **care about nothing but their own interests**	☐	☐	☐	☐	☐	☐	☐	In my neighborhood, people **do care about the community**

	I agree very strongly	I strongly agree	I Middly agree	Neutral	I Middly disagree	I strongly disagree	I disagree very strongly	
Some people in my neighborhood **should not have the same rights** as others (e.g. right to speech)	☐	☐	☐	☐	☐	☐	☐	**Everybody** in my neighborhood **should have the same rights** (including the right to speech)
It is **difficult to earn people's respect** in my neighborhood	☐	☐	☐	☐	☐	☐	☐	People **treat each other with respect** in my neighborhood
In my neighborhood, some people **are in the right place**, others **are not**	☐	☐	☐	☐	☐	☐	☐	In my neighborhood, every person is a much **in the right place** as others
In my neighborhood people are **under the pressure** to **behave in the same way**	☐	☐	☐	☐	☐	☐	☐	In my neighborhood, people are **not under any pressure** to **behave in whatever way**
People in my neighborhood like to **poke their nose into each others' business**	☐	☐	☐	☐	☐	☐	☐	People in my neighborhood **respect each others' privacy**

C2. How do you feel about the following statements?

	Very strongly disagree	Strongly disagree	Midly disagree	Neutral	Midly Agree	Strongly agree	Very strongly agree
My friends really try to help me	☐	☐	☐	☐	☐	☐	☐
I can count on my friends when things go wrong	☐	☐	☐	☐	☐	☐	☐
I have friends with whom I can share my joys and sorrows	☐	☐	☐	☐	☐	☐	☐
I can talk about my problems with my friends	☐	☐	☐	☐	☐	☐	☐
There is a special person who is around when I am in need.	☐	☐	☐	☐	☐	☐	☐
There is a special person with whom I can share joys and sorrows.	☐	☐	☐	☐	☐	☐	☐

…continued…	Very strongly disagree	Strongly disagree	Midly disagree	Neutral	Midly Agree	Strongly agree	Very strongly agree
There is a special person who is a real source of comfort to me	☐	☐	☐	☐	☐	☐	☐
There is a special person in my life who cares about my feelings	☐	☐	☐	☐	☐	☐	☐

C3. Think of common situations. To what extent do the following statements correspond to your own habits?

Tick one box in each row.	Never /almost never true	Occasion-nally true	Sometimes true	Often true	Almost always /always true
I try to help others.	☐	☐	☐	☐	☐
I am empathic with those who are in need.	☐	☐	☐	☐	☐
I do what I can to help others avoid getting in trouble.	☐	☐	☐	☐	☐
I intensely feel what others feel.	☐	☐	☐	☐	☐
I try to console those who are sad.	☐	☐	☐	☐	☐
I easily put myself in the shoes of those who are in discomfort.	☐	☐	☐	☐	☐
I try to be close to and take care of those who are in need.	☐	☐	☐	☐	☐

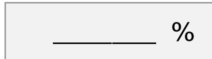
C4. Think of your close friends: those with whom you hang around most. Has any of them had a serious problem related to his/her use of alcohol, drugs or a psychiatric disorder that needed treating?

Tick one box in each row.	Most of them	Some of them	1 or 2 of them	None of them
Alcohol	☐	☐	☐	☐
Drugs	☐	☐	☐	☐
Psychiatric disorder				

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. In the PAST 12 MONTHS, how many of your friends have drunk alcohol in order to get drunk (beer, wine, strong alcohol, other) at least ONCE A MONTH?

None of my friends	1 or 2 of my friends	Several friends	Almost all of my friends
☐	☐	☐	☐

D3. IN THE PAST 12 MONTHS, have you drunk AT LEAST ONE standard drink with alcohol (not counting when you just had a sip to give it a try)?

❑ Yes

❑ No => *go to the next section on Tobacco, page 27.*

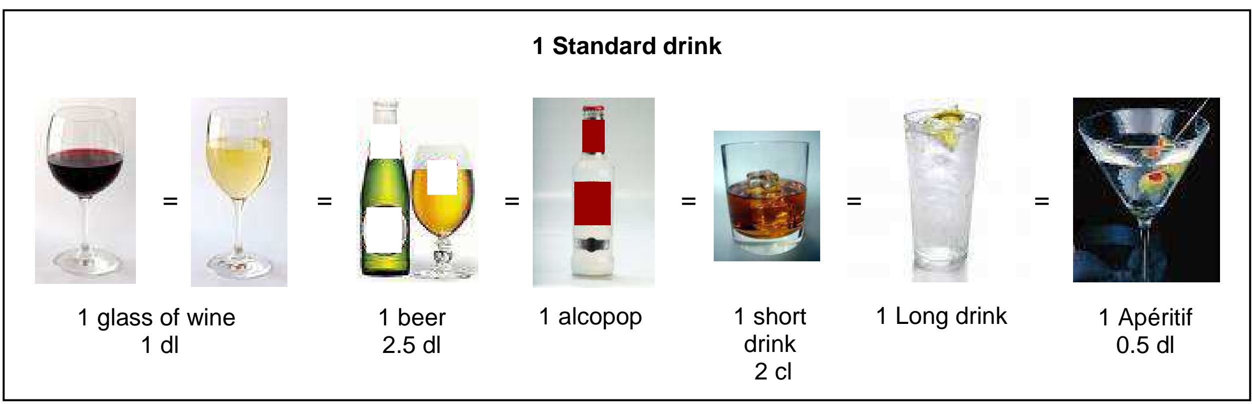
Here is what we call a standard drink. One standard drink corresponds to the drinks illustrated below. 2 standard drinks correspond to 2 glasses of beer or a great bottle of beer (5dl) or a double schnapps.

D4. 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

D5. 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



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

D6. 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

D7. 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**

Think of THE LAST 12 MONTHS:

D8. 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

D9. 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

D10. 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

D11. How many standard drinks (see picture) do you have on average within a weekday (<u>from Monday to Thursday</u>) when you drink alcohol?

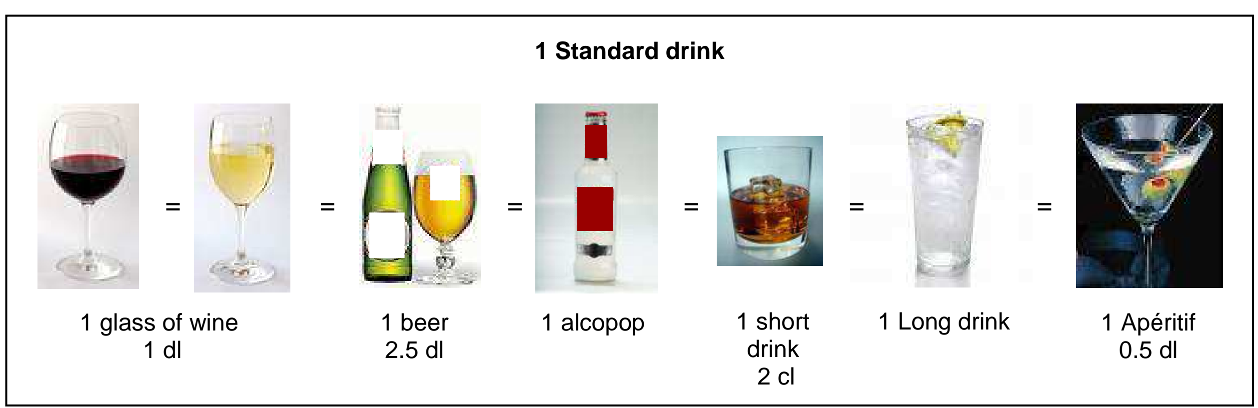
❑	12 or more	❑	5 or 6
❑	9 to 11	❑	3 or 4
❑	7 or 8	❑	1 or 2

D12. 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)	☐	☐	☐	☐	☐	☐	☐	☐

D13. 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)	☐	☐	☐	☐	☐	☐	☐	☐



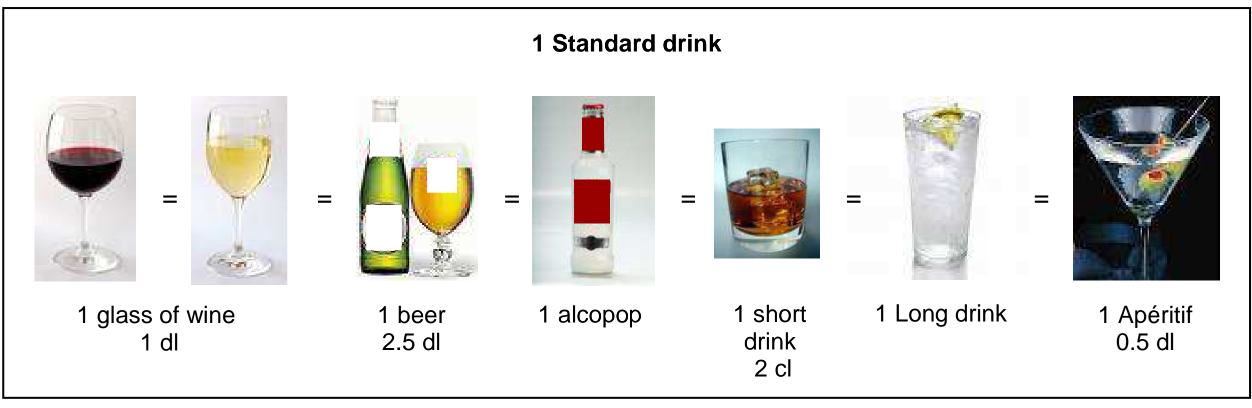
In case you had a 5dl beer or a double schnapps, then it makes 2 standard drinks.

D14. 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



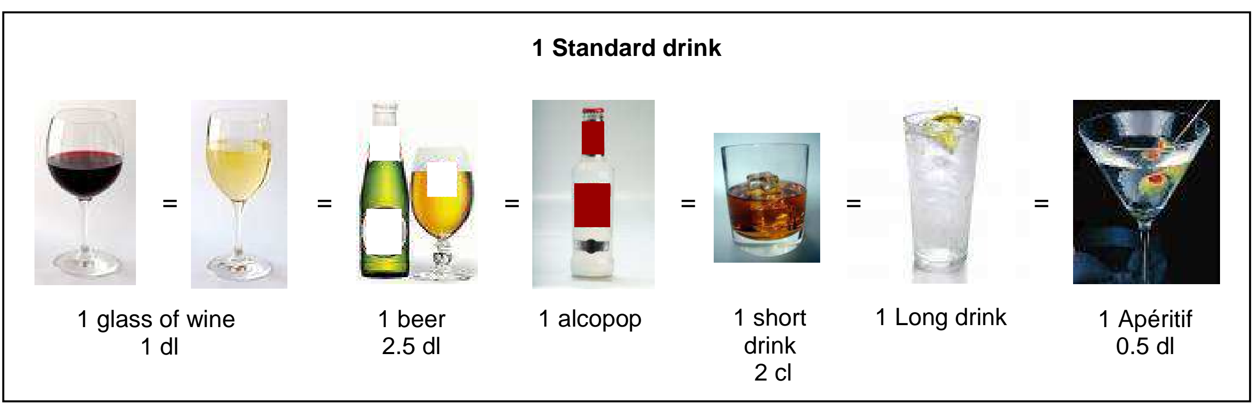
1 glass of wine 1 dl = 1 beer 2.5 dl = 1 alcopop = 1 short drink 2 cl = 1 Long drink = 1 Apéritif 0.5 dl

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

D15. Imagine you find yourself in a situation where you usually drink alcohol (bar, club, party, at your place, etc.). Assume that you have not drunk alcohol before and will not go somewhere else later to drink alcohol.

How many standard drinks with alcohol would you have if….?

Write the number of drinks in each row (see picture below)	**Number of drinks**
- Drinks are **free**?	______
- Every drink costs **50 cents**?	______
- Every drink costs **1 Swiss franc**?	______
- Every drink costs **2 Swiss francs**?	______
- Every drink costs **3 Swiss francs**?	______
- Every drink costs **4 Swiss francs**?	______
- Every drink costs **6 Swiss francs**?	______
- Every drink costs **8 Swiss francs**?	______
- Every drink costs **10 Swiss francs**?	______
- Every drink costs **15 Swiss francs**?	______
- Every drink costs **20 Swiss francs**?	______



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

D16. <u>In the past 12 months</u>, 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.	☐	☐

D17. Think of the past 12 months and choose one answer in each row.

In the past 12 months…	**Yes**	**No**
…has your drinking alcohol caused you more than once to miss a class, work or to fail to look after your family at home?	☐	☐
...did you more than once 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 more than once 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?	☐	☐

D18. 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 helped you enjoy a party?	☐	☐	☐	☐	☐
…because it helped you when you feel depressed or nervous?	☐	☐	☐	☐	☐
...to cheer up when you were in a bad mood?	☐	☐	☐	☐	☐
...because you liked the feeling?	☐	☐	☐	☐	☐
...to get high?	☐	☐	☐	☐	☐
...because it made social gatherings more fun?	☐	☐	☐	☐	☐
...to fit in with a group you like?	☐	☐	☐	☐	☐
...because it improved parties and celebrations?	☐	☐	☐	☐	☐
...to forget about your problems?	☐	☐	☐	☐	☐
...because it was fun?	☐	☐	☐	☐	☐
...to be liked?	☐	☐	☐	☐	☐
...so you wouldn’t feel left out?	☐	☐	☐	☐	☐

D19. How often did you take the following substances along with alcohol (simultaneously) in the past 12 months?

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 (hashish, 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®; Stilnox®) - 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

E1. How much percent of young men of your age do you think smoke cigarettes?

_______ %

E2. In the PAST 12 MONTHS, how many of your FRIENDS have smoked a cigarette REGULARLY?

None of my friends	1 or 2 of my friends	Several friends	Almost all of my friends
☐	☐	☐	☐

Cigarettes (INCLUDING THE ONES YOU ROLLED YOURSELF)

E3. Did you smoke cigarettes <u>in the past 12 months</u>?

- ❑ Yes
- ❑ No => *GO ON TO QUESTION E9 (e-cigarettes)*

E4. 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

E5. <u>On a usual day when you smoke cigarettes</u>, how many cigarettes do you smoke?

_______ Cigarettes

E6. Did you attempt to stop smoking IN THE PAST 12 MONTHS, that is to say did you try during SEVERAL DAYS until you resumed smoking and if yes, how many times?

❑	Once	➔ *go to question E8, next page*
❑	twice	
❑	3 times	
❑	4 times or more	
❑	No attempt in the past 12 months	➔ *Go to question E9 on e-cigarettes, next page*

E7. What has been the LONGEST PERIOD during which you have ATTEMPTED TO STOP smoking tobacco in the PAST 12 MONTHS?

❑ 2-5 days	❑ 2-3 months
❑ 1 week	❑ 4-6 months
❑ 2-3 weeks	❑ Between 7 months and a year
❑ 1 month	❑ More than a year

E8. How long did your LAST ATTEMPT to stop smoking tobacco last for IN THE PAST 12 MONTHS?

❑ 2-5 days	❑ 2-3 months
❑ 1 week	❑ 4-6 months
❑ 2-3 weeks	❑ Between 7 months and a year
❑ 1 month	❑ More than a year

E-cigarettes

E9. IN THE PAST 12 MONTHS, did you smoke e-cigarettes (electronic cigarettes)?

❑ Yes
❑ No => *GO ON TO QUESTION E12 (other tobacco products) , next page*

E10. Think of the PAST 12 MONTHS. How often did you smoke e-cigarettes (electronic cigarettes)?

❑ 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 (now and then)

E11. On a typical day when you smoke e-cigarettes (electronic cigarettes), how many e-cigarettes do you smoke?

_______ e-cigarettes

Other tobacco products

E12. <u>In the past 12 months</u> did you use other tobacco products (see the image below), and how often ?

	Daily	**5-6 days a week**	**3-4 days a week**	**1-2 days a week**	**2-3 days a month**	**Once a month or less often**	**Never**
Shisha, water pipe – with tobacco only (without cannabis)	☐	☐	☐	☐	☐	☐	☐
Snus (plug, tobacco in portions)	☐	☐	☐	☐	☐	☐	☐
Snuff	☐	☐	☐	☐	☐	☐	☐
Chewing tobacco	☐	☐	☐	☐	☐	☐	☐
Cigars/cigarillos	☐	☐	☐	☐	☐	☐	☐
Pipe (except shisha or water pipe)	☐	☐	☐	☐	☐	☐	☐

Water pipe Snus Snuff Chewing tobacco

Attitudes regarding tobacco

The following questions are about all sorts of tobacco use: cigarettes, water pipe, snus, snuff, chewing tobacco, cigar, cigarillo and pipe.

E13. <u>In the past 12 months</u>, did you smoke or use at least once one of these tobacco products?

- ❑ Yes
- ❑ No => *GO ON TO SECTION F on cannabis, page 32.*

E14. How much time (in minutes) after you wake up do you usually smoke your first cigarette/tobacco product of the day?

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

E15. Do you find it difficult to keep from smoking in places where it is forbidden (ex. cinemas, restaurants, libraries, etc.)?

- ❑ Yes
- ❑ No

E16. Which cigarette / tobacco product do you find the most difficult to give up ?

- ❑ The one in the first hours of the day
- ❑ The one later in the day

E17. Do you smoke at closer times in the first hours in the morning than during the rest of the day?

- ❑ Yes
- ❑ No

E18. Do you smoke when you are so ill that you have to stay in bed all day long?

- ❑ Yes
- ❑ No

E19. <u>In the past 12 months</u>, how often did you smoke or use a tobacco product simultaneously with…?

"Simultaneously" refers to the time just before or just after one same evening, but NOT the day before or the day after.

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**
…**alcohol** ?	☐	☐	☐	☐	☐	☐
…**cannabis** (hashish, 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®; Stilnox®) - 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. How many times IN THE PAST 12 MONTHS did your friends smoke cannabis (grass, marihuana, hashish, etc.) at least ONCE A MONTH?

None of my friends	1 or 2 of my friends	Several friends	Almost all of my friends
☐	☐	☐	☐

F3. Have you smoked cannabis (hashish, marihuana, grass) IN THE PAST 12 MONTHS?

- ☐ Yes
- ☐ No => *GO ON WITH SECTION G, other illicit drugs* *(p. 36)*

F4. IN THE PAST 12 MONTHS, how often did you usually smoke cannabis?

- ☐ Once a month or less
- ☐ 2 to 4 times a month
- ☐ 2 to 3 times a week
- ☐ 4 to 5 times a week or more often
- ☐ Every day or nearly every day

F5. During a typical day when you take cannabis, during how many hours do you feel “high”?

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

F6. Think of <u>the 12 past months</u>, and reply to the following questions:

Tick one box in each row.	Never	Less than once a month	Once a month	Once a week	Once a day or nearly
How often have you felt « high » during at least 6 hours ?	☐	☐	☐	☐	☐
How often have you felt like you could not stop taking cannabis?	☐	☐	☐	☐	☐
How often were you not any more able to do what you were normally expected to, because of your use of cannabis?	☐	☐	☐	☐	☐
How often have you taken cannabis in the morning in order to recover from an important intake of cannabis the day before?	☐	☐	☐	☐	☐
How often have you felt guilty or remorseful because of your use of cannabis?					
How often have you had difficulties remembering things or concentrating because of your use of cannabis?					
How often have you given up leisure time activities because of your use of cannabis (e.g. going out, sport, hobby, etc.)?					
How often have you had problems at school, college, or at work because of your use of cannabis?					

F7. Which one of the following two statements corresponds best to your situation?

- ❑ "I smoke cannabis out of pleasure, because it is something special".
- ❑ "I smoke cannabis out of habit, because it is part of my daily life".

F8. Were you or anybody else physically hurt IN THE PAST 12 MONTHS because of your use of cannabis?

- ❑ Yes
- ❑ No

F9. IN THE PAST 12 MONTHS, has any relative, friend or doctor felt concerned about your use of cannabis or advised you to reduce your consumption?

- ❑ Yes
- ❑ No

F10. IN THE PAST 12 MONTHS, how often did your use of cannabis drive you to…

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

F11. How often <u>in the 12 past months</u> have you driven a vehicle (car, motorcycle, moped, etc.) in the 4 hours following to your consumption of cannabis?

❑ Never ❑ Seldom ❑ Sometimes ❑ Often ❑ Always

F12. 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 (hashish, 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®; Stilnox®)) - 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. How many of your friends took drugs (other than cannabis) such as cocaine, methamphetamines (“meth”) IN THE PAST 12 MONTHS?

None of my friends	1 or 2 of my friends	Several friends	Almost all of my friends
☐	☐	☐	☐

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)	☐	☐	☐
Chemicals used in research (e.g. mephedrone, butylone and methedrone)	☐	☐	☐
Spices or similar substances	☐	☐	☐

H. PRESCRIBED DRUGS

*Now we would like to ask you about your experiences with prescribed drugs 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®)	☐	☐	☐	☐	☐	☐	☐	☐

H2. Have you ever used anabolic steroids?

- ❑ No, never
- ❑ Yes, but not last year
- ❑ Yes, last year, but not in the last 30 days
- ❑ Yes, in the past 30 days

I. SUBSTANCE COMBINATIONS

Now think of the substances you have generally ***combined*** ***in the last 12 months*** *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 use to combine at weekends or on a holiday?

Tick the relevant boxes

Alcohol	Beer, wine spirits, alcopops etc.	☐
Tobacco	Cigarettes, pipes, water pipes, snus, snuff, cigars, etc.	☐
Drugs	Cannabis (grass, hashish, joints)	☐
	„Magic Mushrooms", Psylocibin, Peyote, Mescalin	☐
	Other Hallucinogens (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)	☐
	Chemicals 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 substances did you combine then?

Tick the relevant boxes below

Alcohol	Beer, wine spirits, alcopops etc.	☐
Tobacco	Cigarettes, pipes, water pipes, snus, snuff, cigars, etc.	☐
Drugs	Cannabis (grass, hashish, joints)	☐
	„Magic Mushrooms“, Psylocibin, Peyote, Mescalin	☐
	Other Hallucinogens (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. Each item below is a statement that a person may either agree with or disagree with. For each item, indicate how much you agree or disagree with what it says. If you are not sure of your reply, tick the answer that corresponds best in your opinion.

Tick a box in each row.	Utterly true	Some-what true	Some-what wrong	Utterly wrong
Even if something bad is about to happen to me, I rarely experience fear or nervousness.	☐	☐	☐	☐
I go out of my way of things to get what I want.	☐	☐	☐	☐
When I'm doing well at something I love to keep at it.	☐	☐	☐	☐
I'm always willing to try something new if I think it will be fun.	☐	☐	☐	☐
When I get something I want, I feel excited and energized.	☐	☐	☐	☐
Criticism or scolding hurts me quite a bit.	☐	☐	☐	☐
When I want something I usually go all-out to get it.	☐	☐	☐	☐
I will often do things for no other reason than that they might be fun.	☐	☐	☐	☐
If I see a chance to get something I want I move on it right away.	☐	☐	☐	☐
I feel pretty worried or upset when I think or know somebody is angry at me.	☐	☐	☐	☐
When I see an opportunity for something I like, I get excited right away.	☐	☐	☐	☐
I often act on the spur of the moment.	☐	☐	☐	☐
If I think something unpleasant is going to happen I usually get pretty "worked up".	☐	☐	☐	☐
When good things happen to me, it affects me strongly.	☐	☐	☐	☐
I feel worried when I think I have done poorly at something important.	☐	☐	☐	☐

…continued….	Utterly true	Some-what true	Some-what wrong	Utterly wrong
I crave excitement and new sensations.	☐	☐	☐	☐
When I go after something I use a “no holds barred” approach.	☐	☐	☐	☐
I have very few fears compared to my friends.	☐	☐	☐	☐
It would excite me to win a contest.	☐	☐	☐	☐
I worry about making mistakes.	☐	☐	☐	☐

J2. Think of this time in your life. By “time in your life” we refer to the present time, plus the last few years that have gone by, and the next few years to come, as you see them.

In short, think of a roughly five-year period, with the present in the middle.

Is this period of your life … Tick one box in each row	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly Agree
…a time of many possibilities?	☐	☐	☐	☐
… a time of exploration?	☐	☐	☐	☐
… a time of confusion?	☐	☐	☐	☐
…a time of experimentation?	☐	☐	☐	☐
…a time of personal freedom?	☐	☐	☐	☐
…a time of feeling restricted?	☐	☐	☐	☐
…a time of responsibility for yourself?	☐	☐	☐	☐
…a time of feeling stressed out?	☐	☐	☐	☐
…a time of instability?	☐	☐	☐	☐
…a time of optimisms?	☐	☐	☐	☐
…a time of high pressure?	☐	☐	☐	☐
… a time of finding out who you are?	☐	☐	☐	☐
…a time of settling down?	☐	☐	☐	☐
…a time of responsibility for others?	☐	☐	☐	☐
…a time of independence?	☐	☐	☐	☐
…a time of open choices?	☐	☐	☐	☐

…continued…	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly Agree
…a time of unpredictability?	☐	☐	☐	☐
…a time of commitments to others?	☐	☐	☐	☐
…a time of self-sufficiency?	☐	☐	☐	☐
… a time of many worries?	☐	☐	☐	☐
…a time of trying out new things?	☐	☐	☐	☐
…a time of focusing on yourself?	☐	☐	☐	☐
… a time of separating from parents?	☐	☐	☐	☐
…a time of defining yourself?	☐	☐	☐	☐
… a time of planning for the future?	☐	☐	☐	☐
…a time of seeking a sense of meaning?	☐	☐	☐	☐
…a time of deciding on your own beliefs and values?	☐	☐	☐	☐
…a time of learning to think for yourself?	☐	☐	☐	☐
…a time of feeling adult in some ways but not others?	☐	☐	☐	☐
… a time of gradually becoming an adult?	☐	☐	☐	☐
… a time of being not sure whether you have reached full adulthood?	☐	☐	☐	☐

J3. Check a number from 1 (totally true) to 9 (totally wrong) to indicate how much each of the following is true of you.

I am the king of person who…	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
…is considered unusually "gifted" or talented at academic things.	☐	☐	☐	☐	☐	☐	☐	☐	☐
…is considered exceptionally or unusually intelligent.	☐	☐	☐	☐	☐	☐	☐	☐	☐
…is considered a very "brainy" or scholarly person.	☐	☐	☐	☐	☐	☐	☐	☐	☐
…usually had grades near the very top of every class.	☐	☐	☐	☐	☐	☐	☐	☐	☐

J4. How often did you do the following things in the past 12 months?

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 centers, 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 to do something or not to do something else.

For each pair, READ both statements and decide whether your 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	☐	☐	☐	☐	☐	☐	☐	… Talk or act the SAME way as 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 at weekends	☐	☐	☐	☐	☐	☐	☐	… Stay at home at 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 cyber games on internet or games on a console (e.g. Nintendo, Play station, 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. **<u>Over the past 12 months</u>, 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	Monthey (but not weekly)	Weekly (but not daily)	Daily Ort 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 machines (Slot Machine, 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. **<u>During the past 12 months</u>, has your betting or gambling caused you personal problems?**

❑ Yes
❑ No
❑ I did not gamble in the past 12 months => *Continue with question J11 (next page).*

J9. **How much money have you spent <u>in the last 12 months</u> on average <u>in a month</u> 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. IN THE PAST 12 MONTHS…

Tick one box in each row

	Yes	No
...have you often found yourself thinking about gambling (e.g. reliving past gambling experiences, planning the next time you will play or thinking of ways to get money to gamble)?	☐	☐
...have you needed to gamble with more and more money to get the amount of excitement you are looking for?	☐	☐
...have you become restless or irritable when trying to cut down or stop gambling?	☐	☐
...have you gambled to escape from problems or when you are feeling depressed, anxious or bad about yourself?	☐	☐
...after losing money gambling, have you returned another day in order to get even?	☐	☐
...have you lied to your family or others to hide the extent of your gambling?	☐	☐
…have you made repeated unsuccessful attempts to control, cut back or stop gambling?	☐	☐
…have you been forced to go beyond what is strictly legal in order to finance gambling or to pay gambling debts?	☐	☐
…have you risked or lost a significant relationship, job, educational or career opportunity because of gambling?	☐	☐
…have you sought help from others to provide the money to relieve a desperate financial situation caused by gambling?	☐	☐

J11. We are interested to know how people cope with stressful or difficult situations in their life. Obviously, different people deal with things in different ways. What do you do or how do you feel when facing a stressful situation?

	I usually …			
Mark one box for each line	**…don't do this at all**	**…do this a little bit**	**…do this a medium**	**…do this a lot**
I concentrate my efforts on doing something bout the situation I'm in.	☐	☐	☐	☐
I try to come up with a strategy about what to do.	☐	☐	☐	☐
I get help and advice from other people.	☐	☐	☐	☐
I get emotional support from others.	☐	☐	☐	☐

…continued…	I usually …			
	…don't do this at all	…do this a little bit	…do this a medium	…do this a lot
I turn to work or other activities to take my mind off things.	☐	☐	☐	☐
I say to myself "this isn't real".	☐	☐	☐	☐
I give up trying to deal with it.	☐	☐	☐	☐
I criticize myself.	☐	☐	☐	☐

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 with 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 **<u>the last 6 months</u>** (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 Fnac ❑ Voucher Media Markt

Provided that we get additional funding, we would like to continue this study, and to continue rewarding you with incentives for your participation. Are you willing to fill in the 3rd questionnaire in about 12 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 receive the questionnaire by post.

Thank you for your participation!