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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 the fourth survey!

First of all, we would like to thank you for your participation in the previous questionnaires. Thanks to your participation, the study became one of the most important in Switzerland and worldwide. Your contribution to this fourth questionnaire will allow us to achieve our initial goal: follow you from the age of 20 to the age of 30. As our funding is nearing its end, this will be the last questionnaire in this form.

You will receive a CHF 50.- voucher (Coop, Media Markt, Zalando) for filling out this questionnaire, which takes about **55 minutes.**

For this study to be successful, it is most important that you answer all questions as spontaneously 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. Please answer the questions by ticking the correct box. 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 treated as highly confidential. Your answers will never be directly connected with your personal contact details, nor will they be handed over to the army or anybody else. Your answers to this questionnaire are strictly kept separate from your personal contact details.

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, a freelancer or a trainee)?

- ❑ yes
- ❑ no => *go to question A6, next page*

A2. Are you… ?

- ❑ an employee (full or part time)
- ❑ a freelancer
- ❑ in training
- ❑ a temporary worker

A3. How many hours a week do you work?

_____ hours / week

A4. What is your current job?

_____

A5. 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

Tick one box in each row.	I strongly disagree	I disagree	I neither disagree nor agree	I agree	I strongly agree
I receive recognition for a job well done.	☐	☐	☐	☐	☐
I feel close to the people at work.	☐	☐	☐	☐	☐
Ifeel secure about my job.	☐	☐	☐	☐	☐
My wages are good.	☐	☐	☐	☐	☐
All my talents and skills are used at work.	☐	☐	☐	☐	☐
I feel good about my job.	☐	☐	☐	☐	☐

A6. The following questions are bout how you perceive your job. Please indicate to whch point you agree with the following statements.

Tick one box in each row.	I strongly disagree	I disagree	I neither disagree nor agree	I agree	I strongly agree
My work allows me to make decisions.	☐	☐	☐	☐	☐
I can use my judgement when solving work-related problems.	☐	☐	☐	☐	☐
I can take on responsibilities at my job.	☐	☐	☐	☐	☐
At my work, I feel free to execute my tasks in my own way.	☐	☐	☐	☐	☐
I have the ability to do my work well.	☐	☐	☐	☐	☐
I feel competent at work.	☐	☐	☐	☐	☐
I am able to solve problems at work.	☐	☐	☐	☐	☐
I succeed in my work.	☐	☐	☐	☐	☐
When I'm with the people from my work environment,I feel understood.	☐	☐	☐	☐	☐
When I'm with the people from my work environment,I feel heard.	☐	☐	☐	☐	☐
When I'm with the people from my work environment, I feel as though I can trust them.	☐	☐	☐	☐	☐
When I'm with the people from my work environment, I feel I am a friend to them.	☐	☐	☐	☐	☐

A7. 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 : _____

A8. What is your HIGHEST ACHIEVED level of education?

Only one answer is possible (highest level)

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

A9. Please think about your job(s) / studies / apprenticeship: in the last 12 months, how often / to which degree…

Tick one box in each row.	**Always**	**Often**	**Sometimes**	**Seldom**	**Never / almost never**
… do you feel worn out at the end of the working day?	☐	☐	☐	☐	☐
… are you exhausted in the morning at the thought of another day at work?	☐	☐	☐	☐	☐
… do you feel that every working hour is tiring for you?	☐	☐	☐	☐	☐
… do you have enough energy for family and friends during leisure time?	☐	☐	☐	☐	☐
	To a very high degree	**To a high degree**	**Somewhat**	**To a low degree**	**To a very low degree**
is your work emotionally exhausting?	☐	☐	☐	☐	☐
does your work frustrate you?	☐	☐	☐	☐	☐
do you feel burnt out because of your work?	☐	☐	☐	☐	☐

A10. Please think at your job(s) / studies / apprenticeship: in the last 12 months, how often have you…

Tick one box in each row	Never	Rarely	Sometimes	Often	Always
…thought of how you could free up more time to work?	☐	☐	☐	☐	☐
…spent much more time working than initially intended?	☐	☐	☐	☐	☐
…worked in order to reduce feelings of guilt, anxiety, helplessness and depression?	☐	☐	☐	☐	☐
…been told by others to cut down on work without listening to them?	☐	☐	☐	☐	☐
…become stressed if you have been prohibited from working?	☐	☐	☐	☐	☐
…deprioritized hobbies, leisure activities, and exercise because of your work?	☐	☐	☐	☐	☐
…Worked so much that it has negatively influenced your health?	☐	☐	☐	☐	☐

A11. Compared to other people of your age in Switzerland, is your financial situation…

- ❑ …very much above average?
- ❑ …much above average ?
- ❑ …above average ?
- ❑ …average ?
- ❑ …below average?
- ❑ …much below average ?
- ❑ …very much below average?

A12. Considering your total income, how well can you make ends meet at the end of the month, in other words, how well are you able to pay your usual bills? Would you say this is …

- ❑ …very difficult
- ❑ …difficult
- ❑ …rather difficult
- ❑ …rather easy
- ❑ …easy
- ❑ …very easy

A13. What is your date of birth?

_____ . _____ . _____ (dd . mm . yyyy)

A14. What is your postal code?

— — — —

❑ I do not live in Switzerland

A15. What is your current accommodation (during the week)?

❑ By myself in a flat, studio or house
❑ At my mother‘s and father’s
❑ At one of my parent’s only
❑ At my step family’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

A16. 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

A17. What is your civil status?

❑ single
❑ not married, not separated, not divorced but living together with my partner (e.g. in registered partnership)
❑ Divorced
❑ Married
❑ Married, but seperated
❑ Widow

A18. Do you have children?

❑ No, *continue with A20*
❑ Yes => How many? _____

A19. Do you live with your children?

❑ No
❑ Yes
❑ Yes but part time (e.g. shared parenting)

A20. Are you expecting a child (is your wife/partner pregnant)?

❑ No
❑ Yes

B. HEALTH

The following questions are about your health in general.

B1. How tall are you in centimeters (e.g.: 172 cm = 1 meter 72)?

__ __ __ centimeters

B2. How much do you weigh?

__ __ __ kilos

B3. In general, would you say your health is:

Excellent	Very good	Good	Fair	Poor
☐	☐	☐	☐	☐

B4. 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	☐	☐	☐

B5. 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	☐	☐	☐	☐	☐

B6. 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	☐	☐	☐	☐	☐
ou didn't do work or other activities as **carefully** as usual	☐	☐	☐	☐	☐

B7. 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
☐	☐	☐	☐	☐

B8. 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?	☐	☐	☐	☐	☐

B9. 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
☐	☐	☐	☐	☐

Below, we are interested in any head injuries that resulted in you being unconscious (knocked out) for AT LEAST 5 MINUTES, or you had to stay in the hospital for AT LEAST 1 NIGHT because of it.

B10. Did you have this type of head injury in your life…

Tick one box in each row.	Yes	No
…in the last 12 months?	☐	☐
…more than 12 months ago, but less than 3 years ago?	☐	☐
…more than 3 years ago	☐	☐

B11. 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	Never
…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?	☐	☐	☐	☐	☐	☐

Below are some questions regarding your physical activity. Physical activity can take place in various contexts : 1. at WORK / during STUDIES (University, highschool, vocational school) or USUAL ACTIVITIES ON WEEK DAYS, 2. when playing SPORT, and 3. during LEISURE TIME.

First, we are interested in your usual physical activities at WORK, during STUDIES (University, highschool, vocational school) or in your USUAL ACTIVITIES ON WEEK DAYS. For those who do not work or study, please refer to your daily activities on week days.

B12. What is the level of your usual physical activity on week days?

Low level (e.g. rare daily activity, office work, teaching, …)	**Moderate level** (e.g. average daily activity, farming, works in a factory/ in a workshop, …)	**High level** (e.g. intense daily activity, construction worker, relocation worker, …)
☐	☐	☐

B13. During my daily activities, e.g. at work, during studies, apprenticeship, …

Tick one box in each row.	**Never**	**Seldom**	**Sometimes**	**Often**	**Very often / Always**
…I lift heavy loads.	☐	☐	☐	☐	☐
…I sweat.	☐	☐	☐	☐	☐
…I sit.	☐	☐	☐	☐	☐
…I stand.	☐	☐	☐	☐	☐
…I walk.	☐	☐	☐	☐	☐
After such activities, I am tired.	☐	☐	☐	☐	☐

B14. If I compare myself whith other people of MY AGE, I believe my work/studies/apprenticeship are physically:

Much more strenuous	**More strenuous**	**Equally strenuous**	**Less strenuous**	**Much less strenuous**
☐	☐	☐	☐	☐

The following questions focus on your sports practice.

B15. IN THE PAST 12 MONTHS, how often did you actively participate in sports, athletics or exercising?

Never	A few times a year	Once to three times a month	At least once a week	Almost every day
☐	☐	☐	☐	☐

B16. Do you REGULARLY practice one (or more) sport?

❑ Yes ❑ No => go to question *B18, page 13*

a. Which sport do you practice most frequently?

_____

b. How many hours a week do you practice this sport?

_____ hours _____ minutes / week

c. How many months per year do you practice this sport (e.g. if you only ski during three months in winter, please indicate 3 in the box)?

_____ months / year

B17. If you practice more than one sport, please indicate what is the second most regularly practiced sport?

_____

I do not practice a second sport => go to *question B18 page 13*

a. How many hours a week do you practice this sport?

_____ hours _____ minutes / week

b. How many months per year do you practice this sport (e.g. if you only ski during three months in winter, please indicate 3 in the box)?

_____ months / year

The following questions concern your leisure time activities.

B18. During my leisure time, …

Tick one box in each row	Never	Seldom	Sometimes	Often	Very often
… I sit watching television / in front of my computer / games console or I listen to music or I read …	☐	☐	☐	☐	☐
… I walk (alone, with family, with my dog, …).	☐	☐	☐	☐	☐
… I do physical work (DIY, gardening, shopping, ...).	☐	☐	☐	☐	☐
… besides my **regular** sport activities, I practice other sport.	☐	☐	☐	☐	☐
… I sweat (when gardening, walking, DIY, …).	☐	☐	☐	☐	☐

B19. If I compare myself with people of MY AGE, I believe my leisure activities are physically…

Much more strenuous	More strenuous	Just as strenuous	Less strenuous	Much less sternuous
☐	☐	☐	☐	☐

B20. How much time do you spend each day MOVING (walking, taking the stairs, cycling, skating, … any form EXCEPT motorised), getting to and from work, walking the dog or shopping?

Less than 5 min	5 to 15 min	15 to 30 min	30 to 45 min	More than 45 min
☐	☐	☐	☐	☐

B21. 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/family	☐	☐	☐	☐	☐
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	☐	☐	☐	☐	☐
Damaged public or private property on purpose	☐	☐	☐	☐	☐
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	☐	☐	☐	☐	☐
Sex without condom outside of a stable relationship	☐	☐	☐	☐	☐
Suicidal thougths	☐	☐	☐	☐	☐
Suicide attempt	☐	☐	☐	☐	☐

B22 to B30: These questions are the Pittsburgh Sleep Quality Index (PSQI). These questions cannot be published here due to copyright restrictions. The full version of the questionnaire can be found at https://doi.org/10.1016/0165-1781(89)90047-4. For variable names, please contact contact@c-surf.ch.

B31. The following questions are about the pain you might feel. During the last 3 months, please rate how severe your pain was on a scale of 0 to 10. (We are speaking about your usual pain at the moment you feel it)

No pain — Pain as bad as you can imagine

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

B32. During the last 3 months, have you used any of the followings to relieve your pain and your discomfort?

Tick one box per line	Yes	No
Alcohol	☐	☐
Cannabis	☐	☐
Heroin or Cocaine	☐	☐
Prescription drugs that you used without a prescription (e.g. narcotic pain killers, sedatives / benzodiazepines or Ritalin / amphetamines)	☐	☐
Prescription drugs that you used in higher doses than prescribed (e.g. narcotic pain killers, sedatives / benzodiazepines or Ritalin / amphetamines)	☐	☐

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 agree	I strongly agree	I agree very strongly	
Most people in this area **can't be trusted**	☐	☐	☐	☐	☐	☐	☐	Most people in this area **can be trusted**
People in this area **will take advantage of you**	☐	☐	☐	☐	☐	☐	☐	People in this area will always **treat you fairly**
Ifyou were in **trouble**, there is **nobody** in this area who **would help you**	☐	☐	☐	☐	☐	☐	☐	If you were in **trouble**, there are **lots of people** in this area who **would help you**
Most people in this area are **unfriendly**	☐	☐	☐	☐	☐	☐	☐	Most people in this area are **friendly**
People in this area have **NO community spirit**	☐	☐	☐	☐	☐	☐	☐	People in this area have **LOTS of community spirit**
People in this area **only look out for themselves**	☐	☐	☐	☐	☐	☐	☐	People in this area **do things to help the community**
It is **hard to earn people's respect** in this area	☐	☐	☐	☐	☐	☐	☐	People in this area **treat each other with respect**
People in this area **disapprove of others who are not like them**	☐	☐	☐	☐	☐	☐	☐	People in this area **are tolerant of others who are not like them**
In this area there are **people who belong and some who don't**	☐	☐	☐	☐	☐	☐	☐	Everybody who lives in this area **belongs just as much as everybody else**

C2. The following questions aim to evaluate the reltionships between you and your community. In my community …

Tick one box in each row	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
…Interacting with people makes me want to try new things	☐	☐	☐	☐	☐
…Interacting with people makes me interested in what people unlike me are thinking	☐	☐	☐	☐	☐
…Interacting with people makes me feel like a part of a large community	☐	☐	☐	☐	☐
…Interacting with people makes me feel connected to the bigger picture	☐	☐	☐	☐	☐
…I come into contact with new people all the time	☐	☐	☐	☐	☐
…There are several people I trust to solve my problems	☐	☐	☐	☐	☐
…If I needed an emergency loan, I know someone I can turn to	☐	☐	☐	☐	☐
…There is someone I can turn to for advice about making very important decisions	☐	☐	☐	☐	☐
…I know several people well enough to get them to do anything important	☐	☐	☐	☐	☐
…The people I interact with would be good job references for me	☐	☐	☐	☐	☐

C3. 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? ?

Cochez une case par ligne.	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)?

See picture below

- ❑ Yes
- ❑ No => *go to the next section E on Tobacco (page 24)*

D4. How many days a week do you usually drink alcohol ?

- ❑ 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 day a week
- ❑ 2 to 3 times a month
- ❑ Once a month or less

D5. How many standard drinks (see picture below) do you drink on average on days when you drink alcohol?

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

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 de 4 cl

Note that a large beer or a "double" of a spirit correspond to 2 standard drinks.

D6. How often do you drink SIX OR MORE STANDARD DRINKS 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

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 de 4 cl

Note that a large beer or a "double" of a spirit correspond to 2 standard drinks.

Think of THE LAST 12 MONTHS:

D8. How many days on weekends (Friday, Saturday and Sunday) 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 day in a weekend	❑ Less than 1 weekend-day a month
	❑ Never => *go to question D10, page 21*

D9. How many standard drinks do you drink on average within a weekend-day when you drink alcohol (Friday, Saturday and Sunday)?

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

D10. How many days on weekdays (from Monday to Thursday) do you drink alcohol on average?

❑ All four weekdays	❑ 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 => *go to question D12*

D11. How many standard drinks (see picture on previous page) do you have on average within a weekday (from MONDAY to THURSDAY) when you drink alcohol?

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

D12. 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 like Apirin or Paracetamol) 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.	☐	☐

D13. Think of the PAST 12 MONTHS and choose one answer in each row.

Tick one box in every 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?	☐	☐

D14. 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.	Never	Rarely	Some-times	Often	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?	☐	☐	☐	☐	☐

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 cigarettes REGULARLY?

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

Cigarettes (INLCUDING THE ONES YOU ROLLED YOURSELF)

E3. Did you smoke cigarettes IN THE PAST 12 MONTHS?

- ❑ Yes
- ❑ No => go to question *E8 (e-cigarettes),* next page

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. How often have you generally smoked cigarettes IN THE PAST 30 DAYS?

- ❑ 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
- ❑ Never

E6. On a USUAL DAY WHEN YOU SMOKE CIGARETTES, how many cigarettes do you smoke?

_____ cigarettes

E7. 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?

- ❑ No
- ❑ Yes, once
- ❑ Yes, twice
- ❑ Yes, 3 times
- ❑ Yes, 4 times or more

E-cigarettes

E8. IN THE PAST 12 MONTHS, have you used e-cigarettes (electronic cigarettes, including Juul)?

- ❑ Yes
- ❑ No => *go to question E17 (other tobacco products), page 28*

E9. Think of the PAST 12 MONTHS. How often have you used e-cigarettes (electronic cigarettes, including Juul) usualy?

- ❑ 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

E10. Think of the PAST 30 days. How often have you used e-cigarettes (electronic cigarettes, including Juul) usualy?

- ❑ 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
- ❑ Never

E11. On a USUAL DAY WHEN YOU use e-cigarettes (including Juul), how many times do you use it (consider that one time corresponds approximately to 15 puffs or 5-10 minutes of e-cigarette use)?

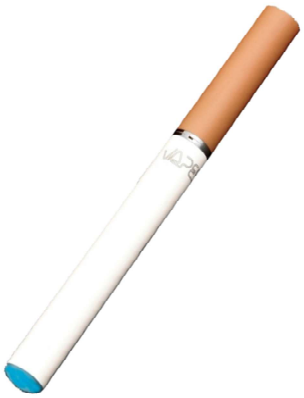
_____ times on a day when I use e-cigarettes

E12. Do you own one or several e-cigarette kit(s) (including Juul) or disposable e-cigarettes?

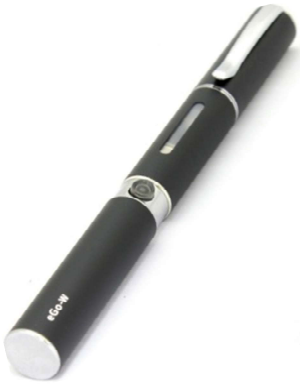
- ❑ Yes
- ❑ No

E13. What type of e-cigarette equipment do you usally use (see picture below)?

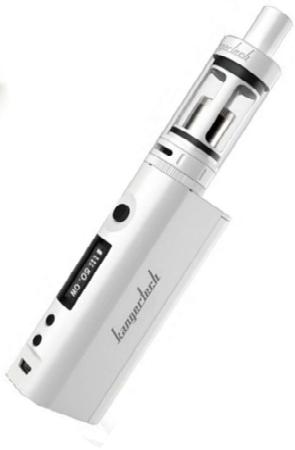
- ❑ Disposable e-cigarette or e-cigarette refillable with pre-filled cartridges (first-generation e-cigarette, cigalike)
- ❑ E-cigarette which is refillable directly with liquids (penlike, second-generation e-cigarette)
- ❑ E-cigarette which is refillable directly with liquid with adjustable intensity (modular system, third-generation e-cigarette)
- ❑ E-cigarette with nicotine salts such as Juul or Suorin (with cartridge / pods)



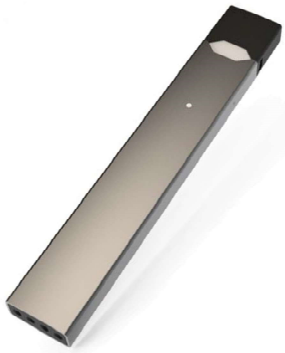
First-generation e-cigarette



Second-generation e-cigarette



Third-generation e-cigarette



Juul or similar

E14. In general, what type of e-liquid (or cartridge / pods) do you use in your e-cigarette)?

- ❑ only e-liquid WITHOUT nicotine
- ❑ only e-liquid WITH nicotine (pre-filled cartridge or refill e-liquid)
- ❑ both (use of e-liquid WITH and WITHOUT nicotine)

E15. Before using e-cigarette, were you a smoker?

- ❑ I had never smoked (except just trying)
- ❑ I had stopped smoking
- ❑ I was a daily smoker
- ❑ I was an occasional smoker.

E16. It is possible to use e-cigarette for different reasons, could you please indicate whether the following reasons apply to you.

I use e-cigarette…

Tick one box in each row.	**Yes**	**No**
… to reduce health-related risk.	☐	☐
… because I like it / because it tastes good.	☐	☐
... to reduce my tobacco consumption with **NO** intention to quit smoking.	☐	☐
... to reduce my tobacco consumption in preparation of a quit attempt.	☐	☐
... to quit smoking / avoid relapsing to smoking.	☐	☐
... to deal with situations or places where I cannot smoke (e.g. at home, at work, during business meetings, when visiting non-smoking friends, in a plane, bus or train).	☐	☐
... to avoid having to go outside to smoke.	☐	☐
... to avoid bothering other people with tobacco smoke.	☐	☐
... to deal with tobacco withdrawal symptoms.	☐	☐
... to deal with my craving for nicotine.	☐	☐
… to maintain a rite (e.g. gesture) similar to the smoking of cigarette.	☐	☐
… because it is cheaper than conventional cigarettes.	☐	☐

Other tobacco products

E17. In the past 12 months have you used other tobacco products (see the image below), and how often?

Tick one box in each row	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 (occasio-nally)	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)	☐	☐	☐	☐	☐	☐	☐
Heat not burn tobacco products (e.g.iQOS or Ploom, do no include e-cigarettes)	☐	☐	☐	☐	☐	☐	☐

Water pipe

Snus

Snuff

Chewing tobacco

Heat not burn tobacco products

Attitudes regarding tobacco

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

E18. IN THE PAST 12 MONTHS, have you smoked or used at least once one of these tobacco products?

- ❑ Yes
- ❑ No => *go to section F, Cannabis (page 30)*

E19. 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

E20. Do you find it difficult to keep from smoking in places where it is forbidden (ex. cinemas, restaurants, libraries, etc.)?

- ❑ Yes
- ❑ No

E21. Which cigarette / tobacco product do you find the most difficult to give up ?

- ❑ The first in the morning
- ❑ Any other

E22. Do you smoke at closer times in the first hours in the morning than during the rest of the day?

- ❑ Yes
- ❑ No

E23. Do you smoke when you are so ill that you have to stay in bed all day long?

- ❑ Yes
- ❑ No

F. CANNABIS

Today it is important to make a distinction between:

- ***"Illegal"** cannabis with more than 1% THC, henceforth called "**illegal cannabis"** in this questionnaire, et*
- *Legal cannabis with less than 1% THC, henceforth called **"CBD products"** in this questionnaire.*

*The following questions are about **"Illegal"** cannabis. The questions about **"CBD products"** are in the next chapter.*

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

_____ %

F2. IN THE PAST 12 MONTHS, how many of your friends smoked "illegal" cannabis (pot, marijuana, hash, joint, etc.) at least ONCE A MONTH?

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

F3. Did you take "illegal" cannabis in the last 12 months?

- ❑ Yes
- ❑ No => go to question F16 about CBD products ("legal" cannabis), page 33

F4. IN THE PAST 12 MONTHS, how often did you usually take "illegal" cannabis?

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

F5. On a typical day on which you use "illegal" cannabis, how often do you use it?

- ❑ Just a puff
- ❑ 1 time
- ❑ 2 times
- ❑ 3 times
- ❑ 4 times
- ❑ 5 times
- ❑ 6 to 9 times
- ❑ 10 or more times

F6. During a TYPICAL DAY WHEN YOU TAKE "illegal" CANNABIS, during how many hours do you feel "high"?

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

F7. How do you consume "illegal" cannabis?

Tick one box in each row.	Never	seldom	Some-times	Often	Always
Joint of pure cannabis	☐	☐	☐	☐	☐
Joint of cannabis and tobacco	☐	☐	☐	☐	☐
Water pipe (bong) **with** tobacco	☐	☐	☐	☐	☐
Water pipe (bong) **without** tobacco	☐	☐	☐	☐	☐
Mixed with food (cooking, tea, etc.)	☐	☐	☐	☐	☐

F8. Have you used, even rarely, e-cigarettes or vaporizers to vape "illegal" cannabis?

- ❑ Yes
- ❑ No => go to *question F11 below*

F9. How often do you use e-cigarettes or vaporizers to vape "illegal" cannabis?

Seldom	Sometimes	Often	Always
☐	☐	☐	☐

F10. What "illegal" cannabis product(s) do you use in your e-cigarette / vaporizer?

Tick one box in each row.	Yes	No
Flowers of cannabis	☐	☐
Haschisch	☐	☐
Cannabis oil	☐	☐
Wax / BHO	☐	☐

F11. If you think about your cannabis consumption until now, to which extent do you think that "illegal" cannabis did negatively affect your success at work or in your studies?

Not at all	A little	Somewhat	A lot	Extremely
☐	☐	☐	☐	☐

F12. Thinking about the PAST 12 MONTHS, please answer the following questions about your use of "illegal" cannabis :

Tick one box in each row.	Never	Less than once a month	Once a month	Once a week	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?	☐	☐	☐	☐	☐

F13. 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.

F14. Have you or someone else been injured as a result of your use of "illegal" cannabis OVER THE PAST 12 MONTHS?

❑ Yes ❑ No

F15. Has a relative, friend or a doctor or other health worker been concerned about your use of "illegal" cannabis or suggested you cut down OVER THE PAST 12 MONTHS

❑ Yes ❑ No

In Switzerland, some forms of cannabis can be sold and consumed legally. It is the case for cannabis with less than 1% THC and high levels of CBD. We are speaking in this case of CBD products ("legal" cannabis).

F16. IN YOUR LIFE, have you ever taken CBD products ("legal" cannabis)?

- ❑ Yes
- ❑ No => please go to the next section G (other substances), p.35

F17. When did you use CBD products ("legal" cannabis) FOR THE FIRST TIME ? That was…

…less than 12 months ago	…between 12 months and 2 years ago	…between 2 and 3 years ago	…between 3 and 4 years ago	…between 4 and 5 years ago	…more than 5 years ago
☐	☐	☐	☐	☐	☐

F18. IN THE LAST 12 MONTHS, have you taken CBD products ("legal" cannabis)?

- ❑ Yes
- ❑ No => please go to the next section G (other substances), p.35

F19. IN THE LAST 12 MONTHS, how often did you usually take CBD products ("legal" cannabis)?

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

F20. IN THE LAST 12 MONTHS, how often did you usually take the following CBD products ("legal" cannabis)?

Please tick one box per line	Never	Less than once a month	Once a month	Once a week	Daily or nearly every day
Flowers, marijuana (joints, bongs, waterpipe) WITH tobacco	☐	☐	☐	☐	☐
Flowers, marijuana (joints, bongs, waterpipe) WITHOUT tobacco	☐	☐	☐	☐	☐
CBD cigarettes	☐	☐	☐	☐	☐
Oil / tincture / drops	☐	☐	☐	☐	☐
E-liquid	☐	☐	☐	☐	☐
"Food" products (tee, food, etc.)	☐	☐	☐	☐	☐
Capsules / gelatine capsule / suppository	☐	☐	☐	☐	☐
Wax	☐	☐	☐	☐	☐
Crystals	☐	☐	☐	☐	☐

F21. Why do you use CBD products ("legal" cannabis)?

Please tick one box per line	Never	Rarely	Some-times	Often	Very often
For treating a disease or reducing symptoms	☐	☐	☐	☐	☐
For my wellbeing and health	☐	☐	☐	☐	☐
To feel the effects of cannabis	☐	☐	☐	☐	☐
To avoid the effects of THC	☐	☐	☐	☐	☐
To be able to take cannabis completely legally	☐	☐	☐	☐	☐
To reduce / stop my use of "illegal" cannabis	☐	☐	☐	☐	☐
To reduce / stop my use of tobaccco	☐	☐	☐	☐	☐
To reduce / stop my use of another substance	☐	☐	☐	☐	☐
Out of curiosity without particular expectations	☐	☐	☐	☐	☐

G. OTHER ILLICIT DRUGS

G1. Did you consume any of these drugs IN THE LAST 12 MONTHS, and if yes, how often?

Tick one box in each row.	Never	1 to 3 times	4 times or more
Natural hallucinogens (mushrooms, Magic Mushrooms, psilocybin, peyote, mescaline)	☐	☐	☐
Other synthetic hallucinogens (e.g. LSD, PCP / Angeldust, 2-CB, 2-CI)	☐	☐	☐
Salvia divinorum	☐	☐	☐
Amphetamine / Speed, amphetamine sulfate (e.g. la Dexedrine, Benzedrine)	☐	☐	☐
Khat	☐	☐	☐
Methamphetamine (Thai pills, crystal meth (Ice))	☐	☐	☐
Poppers (amyl nitrite, butyl nitrite)	☐	☐	☐
Solvent sniffing (e.g. glue, solvent and gas such as benzin, ether, toulol, trichloräthylen, nitrous oxide, etc.)	☐	☐	☐
Ecstasy (MDMA)	☐	☐	☐
Cocaine, crack, freebase	☐	☐	☐
Heroine, Morphine, Opium	☐	☐	☐
Ketamine (Special K), DXM (Bexin®)	☐	☐	☐
Methadone	☐	☐	☐
GHB / GBL / 1-4 butandiol (BDO)	☐	☐	☐
”Bath salts”, “research chemicals” or Legal Highs (e.g. MDPV, mephedrone, butylone, methedrone)	☐	☐	☐
Spice or similar substance containing synthetic cannabinoids	☐	☐	☐

G2. How much percent of young men of your age do you think take other drugs than cannabis (e.g. cocaine, methamphetamine, ecstasy, LSD, …)?

_____ %

G3. How many of your friends took drugs (other than cannabis) such as cocaine, methamphetamine, ecstasy, LSD, …, IN THE PAST 12 MONTHS?

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

H. MEDICAMENTS

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 for another reason that a doctor told 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. Benzodiazepines (Dalmadorm®, Rohypnol®, Halcion®), Barbiturates, Chloral hydrate (Nervifène®), zopiclon, zolpidem (Imovane®, Stilnox®)	☐	☐	☐	☐	☐	☐	☐	☐
Tranquilizers or anxiolytics e.g. Benzodiazepines (Valium®, Xanax®, Librax®, Temesta®, Normison®, Demetrin®, Dalmadorm®) or muscle relaxing products	☐	☐	☐	☐	☐	☐	☐	☐
Strong painkillers (Not mere painkiller such as Aspirin or Paracetamol.) e.g. based on Buprenorphine (Temgesic®), Codeine (Benylin®), or opium-based products (Fentanyl, Hydrocodone, Jurnista®, Palladon®, Targin®, Oxycontin®, Vicodin®, Dilaudid®) ou du DXM (Bexin®)	☐	☐	☐	☐	☐	☐	☐	☐
Stimulants and amphetamine e.g. Amphetamine sulfate (Aderall®) ; atomoxetine (Strattera®) ; methylphenidate (Ritaline®)	☐	☐	☐	☐	☐	☐	☐	☐
Antidepressants (Remeron®, Fluoxetine®, Citalopram®, Trimin®)	☐	☐	☐	☐	☐	☐	☐	☐
Beta-blocker e.g. Propranolol (Inderal®), atenolol (Aténil®, Tenormin®), metoprolol (Loprésor®)	☐	☐	☐	☐	☐	☐	☐	☐

I. PERSONALITY AND LEISURE TIME ACTIVITIES

Everyone 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.

I1. To what extent do you agree with the following statements?

Tick one box in each row	I strongly disagree	I disagree	I slightly disagree	I neither disagree nor agree	I slightly agree	I agree	I strongly agree
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	☐	☐	☐	☐	☐	☐	☐

I2. 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	☐	☐	☐	☐	☐

I3. Think of how you have felt or behaved yourself IN THE PAST 12 MONTHS and tick the most relevant box in each row below.

Tick one box in each row.	Never	Rarely	Some-times	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?	☐	☐	☐	☐	☐

I4. IN THE PAST 12 MONTHS, have you consulted at least once a doctor or another healthcare professional because of attention deficit / hyperactivity disorder

❑ Yes ❑ No, *please go to question I6 below*

I5. IF YES, which type of healthcare professional?

Family doctor/general practitioner	Psychiatrist	Psychologist	Other
☐	☐	☐	☐

I6. IN THE PAST 12 MONTHS, did you take medicine prescribed by a doctor against attention deficit and / or hyperactivity disorder such as RITALINE®, MODASOMIL®, CONCERTA®/MEDIKINET®, EQUASYM® , FOCALIN®, METHYLPHENIDAT®, STRATTERA®?

❑ Yes ❑ No

I7. Has there ever been a period of time when you were not your usual self and...

Tick one box in each row.	Yes	No
…you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?	☐	☐
…you were so irritable that you shouted at people or started fights or arguments?	☐	☐
…you felt much more self-confident than usual?	☐	☐
…you got much less sleep than usual and found you didn't really miss it?	☐	☐
…you were much more talkative or spoke faster than usual?	☐	☐
…thoughts raced through your head or you couldn't slow your mind down?	☐	☐
…you were so easily distracted by things around you that you had trouble concentrating or staying on track?	☐	☐
…you had much more energy than usual?	☐	☐
…you were much more active or did many more things than usual?	☐	☐
…you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	☐	☐
…you were much more interested in sex than usual?	☐	☐
…you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	☐	☐
…spending money got you or your family into trouble?	☐	☐

I8. If you checked YES to more than one of the above, have several of these ever happened during the same period of time? Please circle one response only.

❑ Yes ❑ No

I9. How much of a problem did any of these cause you — like being unable to work; having family, money, or legal troubles; getting into arguments or fights?

No problem	Minor problem	Moderate problem	Serious problem
☐	☐	☐	☐

I10. Please read attentively the questions below and decide if they correspond to you or not by checking the box "true" or "false", even if you are not completely sure of your answer.

Tick one box in each row.	True	False
Have any of your closest relationships been troubled by a lot of arguments or repeated breakups?	☐	☐
Have you deliberately hurt yourself physically (e.g. punched yourself, cut yourself, burned yourself)? How about made a suicide attempt?	☐	☐
Have you had at least two other problems with impulsivity (e.g. eating binges and spending sprees, drinking too much and verbal outbursts)?	☐	☐
Have you been extremely moody?	☐	☐
Have you felt very angry a lot of the time? How about often acted in an angry or sarcastic manner?	☐	☐
Have you often been distrustful of the other people?	☐	☐
Have you frequently felt unreal or as if things around you were unreal?	☐	☐
Have you chronically felt empty?	☐	☐
Have you often felt that you had no idea of who you are or that you have no identity?	☐	☐
Have you made desperate efforts to avoid feeling abandoned or being abandoned (e.g. repeatedly called someone to reassure yourself that he or she still cared, begged them not to leave you, clung to them physically)?	☐	☐

I11. How well the item describes you DURING THE PAST WEEK, including today?

Tick one box in each row.	Not at all true	Rarely true	Sometimes true	Often true	Almost always true
I was very afraid of being judged by others	☐	☐	☐	☐	☐
I was extremely afraid of social situations	☐	☐	☐	☐	☐
I was worried that I would make a mistake in front of others and look foolish	☐	☐	☐	☐	☐
I avoided social situations where people might pay attention to me	☐	☐	☐	☐	☐
I was afraid to walk into a crowded room because everyone would look at me	☐	☐	☐	☐	☐
I was afraid of eating, drinking, or writing in front of other people	☐	☐	☐	☐	☐
I was very concerned that people would notice that I was anxious	☐	☐	☐	☐	☐
I avoided eating, drinking, or writing in front of people	☐	☐	☐	☐	☐
I worried that I would say something stupid in front of other people	☐	☐	☐	☐	☐
I was worried about being criticized by other people	☐	☐	☐	☐	☐
I was worried that other people may not like me	☐	☐	☐	☐	☐
After I was criticized, I thought about it for a long time	☐	☐	☐	☐	☐

I12. 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.

Tick one box in each row.	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 friend	☐	☐
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	☐	☐

I12. (…continuing)

Tick one box in each row.	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	☐	☐

I13. The following questions ask about your feelings and thoughts DURING THE LAST MONTH. How often…

Cochez une case par ligne.	Never	Almost never	Some-times	Fairly often	Very often
… have you been upset because of something that happened unexpectedly ?	☐	☐	☐	☐	☐
… have you felt that you were unable to control the important things in your life?	☐	☐	☐	☐	☐
… have you felt nervous and “stressed”?	☐	☐	☐	☐	☐
… have you felt confident about your ability to handle your personal problems?	☐	☐	☐	☐	☐
… have you felt that things were going your way?	☐	☐	☐	☐	☐
… have you found that you could not cope with all the things that you had to do?	☐	☐	☐	☐	☐
… have you been able to control irritations in your life?	☐	☐	☐	☐	☐
… have you felt that you were on top of things??	☐	☐	☐	☐	☐
… have you been angered because of things that were outside of your control?	☐	☐	☐	☐	☐
… have you felt difficulties were piling up so high that you could not overcome them?	☐	☐	☐	☐	☐

The following questions are about online and offline video games. Please do not include gambling games in your answers. Questions about gambling will come later.

I14. IN THE PAST 12 MONTHS, how often did you play video games (online, offline, on console or on smartphone)?

- ❑ Never -> *Please go to question I20, page 46*
- ❑ a few times a year
- ❑ 1 to 3 times a month
- ❑ 1 to 2 times a week
- ❑ 3 to 4 times a week
- ❑ Every day or almost everyday

I15. IN THE PAST 12 MONTHS, on a typical day on which you played video games, how long did you play on average?

_____ hours _____ minutes

I16. IN THE PAST 12 MONTHS, how often did you play these different types of video games?

Please tick one box per line.	**Never**	**A few times a year**	**One to three times a year**	**One to two times a week**	**Three to four times a week**	**Every day or almost every day**
MMORPG (e.g. World of Warcraft)	☐	☐	☐	☐	☐	☐
Online battle arena (e.g. League of Legends, DotA, Heroes of the Storm)	☐	☐	☐	☐	☐	☐
Shooter games (e.g. Counter-Strike, Call of Duty)	☐	☐	☐	☐	☐	☐
Sport games (e.g. Fifa)	☐	☐	☐	☐	☐	☐
Strategy games (e.g. Starcraft)	☐	☐	☐	☐	☐	☐
Roleplaying games (RPG,e.g. Final Fantasy)	☐	☐	☐	☐	☐	☐
Race games (e.g. Need for Speed)	☐	☐	☐	☐	☐	☐
Sandbox games (e.g. Minecraft)	☐	☐	☐	☐	☐	☐
Social network games (e.g. Farmville)	☐	☐	☐	☐	☐	☐
Smartphone games	☐	☐	☐	☐	☐	☐
Hack ‘n Slash games (e.g. Devil May Cry)	☐	☐	☐	☐	☐	☐
Puzzle games (e.g. Candy Crush)	☐	☐	☐	☐	☐	☐
Card games without money (e.g. solitaire)	☐	☐	☐	☐	☐	☐
Other types of games	☐	☐	☐	☐	☐	☐

I17. IN THE PAST 12 MONTHS, how often did you play video games 5 hours or more consecutively? (Breaks for basic needs such as eating, going to the bathroom, etc., are not considered as interruptions).

- ❑ Never
- ❑ Less than once a month
- ❑ Every month
- ❑ Every week
- ❑ Several times a week
- ❑ Daily or almost daily

I18. IN THE PAST 12 MONTHS, how much money did you spend on average inside games (integrated offers), not for buying games or paying subscriptions, but for example to increase the level of your character, buy accessories in the game, or to buy new gear for your character, etc.

- ❑ None
- ❑ CHF 1.- to CHF 50.-
- ❑ CHF 51.- to 100.-
- ❑ CHF 101.- to 200.-
- ❑ CHF 201.- to 500.-
- ❑ CHF 501.- to 1'000.-
- ❑ CHF 1'001.- to 2'000.-
- ❑ CHF 2'001.- to 5'000.-
- ❑ CHF 5'001.- or more

I19. IN THE PAST 6 MONTHS, how often…

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

The following questions are about your USE OF THE INTERNET. The questions focus exclusively on your use of the Internet during your free time of for private purposes, and not on your use of the Internet for professional or school purpose. By Internet, we understand to go on-line to surf, to consult emails, to chat or to play, on a computer, a smartphone, a tablet or an iPad.

I20. Do you use the Internet during your free time at least one hour a week?

- ❑ Yes
- ❑ No => go to question *I24, page 48.*

I21. On average, how many days a week do you use the Internet during your free time (or for private purpose)?

_____ days / week

I22. On average, how many hours do you use the Internet during your free time (or for private purpose) ON DAYS WHEN YOU USE THE INTERNET?

_____ hours _____ minutes / day

I23. How often …

Tick one box in each row.	Never	Seldom	Some-times	Often	Very often
… do you find it difficult to stop using the Internet when you are online?	☐	☐	☐	☐	☐
… do you continue to use the Internet despite your intention to stop?	☐	☐	☐	☐	☐
… do others (e.g. partner, children, parents) say you should use the Internet less?	☐	☐	☐	☐	☐
… do you prefer to use the Internet instead of spending time with others (e.g. partner, children, parents)?	☐	☐	☐	☐	☐
… are you short of sleep because of the Internet?	☐	☐	☐	☐	☐
… do you think about the Internet, even when not online?	☐	☐	☐	☐	☐
… do you look forward to your next Internet session?	☐	☐	☐	☐	☐
… do you think you should use the Internet less often?	☐	☐	☐	☐	☐
… have you unsuccessfully tried to spend less time on the Internet?	☐	☐	☐	☐	☐
… do you rush through your (home) work in order to go on the Internet?	☐	☐	☐	☐	☐
… do you neglect your daily obligations (work, school, or family life) because you prefer to go on the Internet?	☐	☐	☐	☐	☐
… do you go on the Internet when you are feeling down?	☐	☐	☐	☐	☐
… do you use the Internet to escape from your sorrows or get relief from negative feelings?	☐	☐	☐	☐	☐
… do you feel restless, frustrated, or irritated when you cannot use the Internet?	☐	☐	☐	☐	☐

The following questions are about your use of social media such as Facebook, Snapchat, Twitter, Reddit, WhatsApp or Instagram.

I24. IN THE PAST 12 MONTHS, how often did you use social media?

- ❑ Never -> *Please go to question I27, page 49*
- ❑ A few times a year
- ❑ 1 to 3 times a month
- ❑ 1 to 2 times a week
- ❑ 3 to 4 times a week
- ❑ Daily or almost daily

I25. IN THE PAST 12 MONTHS, how much time did you spend on average on social media on days you used social media?

_____ hours _____ minutes

I26. IN THE PAST 12 MONTHS, how often have you…

Tick one box in each row.	**Very rarely**	**Rarely**	**Some-times**	**Often**	**Very often**
… spent a lot of time thinking about Social Media or planning how to use Social Media?	☐	☐	☐	☐	☐
… felt an urge to use Social Media more and more?	☐	☐	☐	☐	☐
… used Social Media in order to forget about personal problems?	☐	☐	☐	☐	☐
… tried to cut down on the use of Social Media without success?	☐	☐	☐	☐	☐
… become restless or troubled if you have been prohibited from using Social Media?	☐	☐	☐	☐	☐
… used Social Media so much that it has had a negative impact on your job/studies?	☐	☐	☐	☐	☐

The following questions concern your use of a smartphone.

I27. Do you own a smartphone?

❑ Yes

❑ No => go to question *I30, page 50*

I28. During how many hours a day have you used your smartphone on average in the past 12 months?

_____ hours _____ minutes / day

I29. In relation with your smartphone, please indicate to what extent you agree/disagree with the following statements?

Tick one box in each row	**Strongly disagree**	**Disagree**	**Some-what disagree**	**Some-what agree**	**Agree**	**Strongly agree**
I miss planned work due to smartphone use	☐	☐	☐	☐	☐	☐
I have a hard time concentrating in class, while doing assignments, or while working due to smartphone use	☐	☐	☐	☐	☐	☐
I feel pain in the wrists or at the back of the neck while using a smartphone	☐	☐	☐	☐	☐	☐
I won't be able to stand not having a smartphone	☐	☐	☐	☐	☐	☐
I feel impatient and fretful when I am not holding my smartphone	☐	☐	☐	☐	☐	☐
I have my smartphone in my mind even when I am not using it	☐	☐	☐	☐	☐	☐
I will never give up using my smartphone even when my daily life is already greatly affected by it.	☐	☐	☐	☐	☐	☐
I constantly check my smartphone so as not to miss conversations between other people on Twitter or Facebook	☐	☐	☐	☐	☐	☐
I use my smartphone longer than I had intended	☐	☐	☐	☐	☐	☐
The people around me tell me that I use my smartphone too much	☐	☐	☐	☐	☐	☐

The following questions are about gambling games such as lotteries, bets, casino games, gambling on the internet or gambling at private venues. This is about games in which you bet money or could win money.

I30. OVER THE PAST 12 MONTHS, how often did you gamble (lotteries, bets, casino games, gambling on the internet or gambling at private venues)?

- ❑ Never, please go to *question I38, page 53*
- ❑ A few times a year
- ❑ 1 to 3 times a month
- ❑ 1 to2 times a week
- ❑ 3 to 4 times a week
- ❑ Daily or almost daily

I31. OVER THE PAST 12 MONTHS, how long did you play on average on a day on which you gambled?

_____ hours _____ minutes

I32. OVER THE PAST 12 MONTHS, how often have you spent 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 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 settings**	☐	☐	☐	☐	☐
Other money and chance games (Skills and strategy games, bets in private clubs, etc.)	☐	☐	☐	☐	☐

I33. DURING THE PAST 12 MONTHS, has your betting or gambling caused you personal problems?

- ❑ Yes
- ❑ No

I34. How much money do you spend on gambling or betting IN A MONTH (on average over the past 12 months)?

- ❑ CHF 1.- to CHF 50.-
- ❑ CHF 51.- to 100.-
- ❑ CHF 101.- to 200.-
- ❑ CHF 201.- to 500.-
- ❑ CHF 501.- to 1'000.-
- ❑ More than CHF 1'000.-

I35. If you think about all your spendings on gambling and betting in the past 12 months, which part of these expenses did you spend online (e.g. in online casinos or online poker) ?

- ❑ No online spendings / only offline
- ❑ 1% to 25% online
- ❑ 26% to 50% online
- ❑ 51% to 75% online
- ❑ 76% to 90% online
- ❑ 91% or more online

I36. 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?	☐	☐

I37. IN THE PAST 12 MONTHS, did your gambling activities cause one of the following issues?

Tick one box in each row.	**Never**	**Rarely**	**Sometimes**	**Often**
Significant financial concerns for you.	☐	☐	☐	☐
Significant financial concerns for someone close to you.	☐	☐	☐	☐
Significant mental stress in the form of guilt, anxiety, or depression.	☐	☐	☐	☐
Serious problems in your relationship with your spouse/partner, or important friends or family.	☐	☐	☐	☐
Significant health problems or injury.	☐	☐	☐	☐
Significant work or school problems.	☐	☐	☐	☐
Reduced performance at work or study (i.e. due to tiredness or distraction).	☐	☐	☐	☐
Loss of sleep due to stress or worry about gambling or gambling-related problems.	☐	☐	☐	☐
Increased my use of tobacco.	☐	☐	☐	☐
Increased my consumption of alcohol.	☐	☐	☐	☐

I38. 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?

Tick one box in each row	I usually…			
	…don't do this at all	**…do this rarely**	**…do this occasion-nally**	**…do this often**
I turn to work or other activities to take my mind off things.	☐	☐	☐	☐
I concentrate my efforts on doing something about the situation I'm in.	☐	☐	☐	☐
I say to myself « this isn't real ».	☐	☐	☐	☐
I get emotional support from others.	☐	☐	☐	☐
I give up trying to deal with it.	☐	☐	☐	☐
I take action to try to make the situation better.	☐	☐	☐	☐
I refuse to believe that it has happened.	☐	☐	☐	☐
I get help and advice from other people.	☐	☐	☐	☐
I criticize myself.	☐	☐	☐	☐
I try to come up with a strategy about what to do.	☐	☐	☐	☐
I get comfort and understanding from someone.	☐	☐	☐	☐
I give up the attempt to cope.	☐	☐	☐	☐
I do something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping or shopping.	☐	☐	☐	☐
I try to get advice or help from other people about what to do.	☐	☐	☐	☐
I think hard to identify about what steps to take.	☐	☐	☐	☐
I blame myself for things that happened.	☐	☐	☐	☐

The following questions are about television series (e.g. Game of Thrones, Big Bang Theory), that you watched on DVD, streaming, Netflix, Amazon, downloaded, etc.

I39. Thinking about the PAST 12 MONTHS, how often did you watch TV series (television, Netflix, Amazon, streaming, DVD, etc.)?

- ❑ Never, *please go to question I42, page 55*
- ❑ A few times a year
- ❑ 1 to 3 times a month
- ❑ 1 to 2 times a week
- ❑ 3 to 4 times a week
- ❑ Daily or almost daily

I40. On a typical day on which you watch TV series, for how long do you watch them on average?

_____ hours _____ minutes

I41. Below you find 6 questions related to series watching. Answer each of the 6 questions by selecting one response alternative (ranging from "never" to "always") that best describes you.

In the last 12 months, how often have you …

	Never	Rarely	Some-times	Often	Always
… thought of how you could free up more time to watch series?	☐	☐	☐	☐	☐
… spent much more time watching series than initially intended?	☐	☐	☐	☐	☐
… watched series in order to reduce feelings of guilt, anxiety, helplessness and depression?	☐	☐	☐	☐	☐
… been told by others to cut down on watching series without listening to them?	☐	☐	☐	☐	☐
… become restless or troubled if you have been prohibited from watching series?	☐	☐	☐	☐	☐
… ignored your partner, family members, or friends because of series watching?	☐	☐	☐	☐	☐

I42. SINCE YOU WERE 25 YEARS OLD, how often have you …

Tick one box in each row	Never	1-2 times	3-5 times	6-9 times	10-19 times	20 times or more
… 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 (including physical fights with your spouse or children)?	☐	☐	☐	☐	☐	☐
… 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?	☐	☐	☐	☐	☐	☐

I43. To what extent do you agree or disagree with the following statements?

Tick one box in each row.	Agree strongly	Rather agree	Rather disagree	Disagree strongly
I usually think carefully before doing anything.	☐	☐	☐	☐
When I am really excited, I tend not to think of the consequences of of my actions.	☐	☐	☐	☐
I sometimes like doing things that are a bit frightening.	☐	☐	☐	☐
When I am upset I often act without thinking.	☐	☐	☐	☐
I generally like to see things through to the end.	☐	☐	☐	☐
My thinking is usually careful and purposeful.	☐	☐	☐	☐
In the heat of an argument, I will often say things that I later regret.	☐	☐	☐	☐
I finish what I start.	☐	☐	☐	☐
I quite enjoy taking risks.	☐	☐	☐	☐
When overjoyed, I feel like I can't stop myself from going overboard.	☐	☐	☐	☐
I almost always finish projects that I start.	☐	☐	☐	☐
I often make matters worse because I act without thinking when I am upset.	☐	☐	☐	☐
I usually make up my mind through careful reasoning.	☐	☐	☐	☐
I generally seek new and exciting experiences and sensations.	☐	☐	☐	☐
I tend to act without thinking when I am really excited.	☐	☐	☐	☐
I am a person who always gets the job done.	☐	☐	☐	☐
When I feel rejected, I will often say things that I later regret.	☐	☐	☐	☐
I welcome new and exciting experiences and sensations, even if they are a little frightening and unconventional.	☐	☐	☐	☐
Before making up my mind, I consider all the advantages and disadvantages.	☐	☐	☐	☐
When I am very happy, I feel like it is OK to give in to cravings or overindulge.	☐	☐	☐	☐

J. SEXUALITY

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

J1. 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?

J2. Have you ever had sexual intercourse?

- ❑ Yes, only once
- ❑ Yes, several times
- ❑ No, never => go to *question J4 below*

J3. Overall, how many sexual partners have you had IN THE PAST 12 MONTHS?

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

J4. Have you visited pornographic web sites at least once a month IN THE PAST 12 MONTHS?

- ❑ Yes
- ❑ No, never => go to page 59

J5. How many days a month do you visit pornographic web sites usually?

_____ days / month

J6. How much time do you spend on the Internet to visit pornographic websites ON DAYS WHEN YOU VISIT PORNOGRAPHIC WEBSITES?

Almost none	<1 hour	1 hour to <2 hours	2 hours to <3 hours	3 hoursto <4 hours	4 hours or more
☐	☐	☐	☐	☐	☐

J7. Please indicate to what extent each of the following statements below apply to your situation. Check « true » if the statements apply to your situation DURING THE PAST 12 MONTHS. Check « false » if the statements do not apply to your situation DURING THE PAST 12 MONTHS.

Tick one box in each row.	True	False
Internet sex has sometimes interfered with certain aspects of my life.	☐	☐
I have made promises to myself to stop using the Internet for sexual purposes.	☐	☐
I sometimes use cybersex as a reward for accomplishing something (e.g. finish a project, stressful day, etc.)	☐	☐
When I am unable to access sexual information online, I feel anxious, angry, or disappointed.	☐	☐
I have punished myself when I use the Internet for sexual purposes (e.g. time-out from computer, cancel Internet subscription, etc.)	☐	☐
I believe I am an Internet sex addict.	☐	☐