

APPENDIX B: QUESTIONNAIRE

Note

The lay-out of the questionnaire presented here is not identical to the one used for the main survey. The questionnaire in its final lay-out was an A4 booklet and utilised a colourful routing system which cannot be reprinted here.

QUESTIONNAIRE MAIN SURVEY

PLEASE READ THIS FIRST

First, we would like to thank you sincerely for your co-operation with this study. This study is conducted by NIPO as commissioned by the University of Amsterdam amongst over 20.000 randomly chosen residents of the Netherlands. The first results of this study will be shown on Internet from mid 2001 onwards: www.nipo.nl/uva.

Lay-out. The questionnaire consists of a series of different topics. Each new topic starts on a new page.

Answer possibilities. Questions are answered by either circling your answer or filling in the answer on the dotted line. If you do not know the exact answer, please try to estimate the answer as well as you can.

-
- | | | | |
|-----|--------------------------------|-----------------------|-----|
| 11. | Do you ever visit a nightclub? | <input type="radio"/> | No |
| | | 2 | Yes |
-
12. If so, how often do you on average go in ...13... times
a year?

Questions that do not apply to you should not be skipped. If a question does not apply to you - e.g. you never visit nightclubs, or you have never smoked - please do indicate the correct answer, in this case: no. This will usually mean that you have to circle the 1.

However, if the answer you circled is followed by e.g. → *please continue with question 33*, you may skip the intermediate questions and go straight to question 33. If the answer you circled is followed by e.g. → *please continue with: Aerobics* you can skip the intermediate questions and go straight to the next topic.

Tables. There are a number of tables in the questionnaire. Please answer the question for each column.

After filling out all the questions you can return this questionnaire with the enclosed return envelope. Good luck!

PERSONAL DETAILS

First, before you start filling out the questionnaire, would you please fill in your respondent number? You can find this number at the top of the enclosed letter. (*We need this number in order to be able to send you your gift voucher*)

Respondent number

-
- | | | | |
|----|----------------|---|-------|
| 1. | You are a | 1 | Man |
| | | 2 | Woman |
-
2. What is your age? years

LEISURE

-
3. Could you indicate how many evenings a week you usually spend at home?
- | | | | |
|--|--|---|-----------------------------|
| | | 1 | All evenings at home |
| | | 2 | 5 to 6 evenings at home |
| | | 3 | 3 to 4 evenings at home |
| | | 4 | 1 to 2 evenings at home |
| | | 5 | Less than 1 evening at home |

Places of entertainment (Please answer all questions, even if you never go out)

-
4. How often did you in the past....
- | | <i>Never</i> | <i>Once</i> | <i>2 to 3 times</i> | <i>4 to 9 times or more</i> | <i>10 times or more</i> | <i>Don't know how often</i> |
|--|--------------|-------------|---------------------|-----------------------------|-------------------------|-----------------------------|
| a 4 weeks go to a café, dancing or nightclub?
<i>(Including houseparty's etc.)</i> | 0 | 1 | 2 | 3 | 4 | 6 |
| b 4 weeks go out for a meal in the evening, either in a restaurant, café or snackbar? | 0 | 1 | 2 | 3 | 4 | 6 |
| c 8 weeks go the cinema? | 0 | 1 | 2 | 3 | 4 | 6 |
| d 8 weeks go to the theatre, cabaret, opera or ballet? | 0 | 1 | 2 | 3 | 4 | 6 |

Sports (Please answer all questions, even if you never do any sports)

-
5. Have you in the past 6 months practised any sports, either by yourself or within a club? *(We mean any physical sports, such as athletics, cycling, football or tennis)*
- | | | | |
|--|--|---|-----|
| | | 1 | No |
| | | 2 | Yes |
-
6. Have you ever done any weight training, and if so, when?
- | | | | |
|--|--|---|-----------------------|
| | | 1 | No |
| | | 2 | Yes, over a year ago |
| | | 3 | Yes, in the past year |
-
7. Have you ever done any fitness, and if so, when?
- | | | | |
|--|--|---|-----------------------|
| | | 1 | No |
| | | 2 | Yes, over a year ago |
| | | 3 | Yes, in the past year |

8.	Have you ever done any bodybuilding, and if so, when?	1	No
		2	Yes, over a year ago
		3	Yes, in the past year
9.	Have you ever done any aerobics, callanetics or steps, and if so, when ?	1	No
		2	Yes, over a year ago
		3	Yes, in the past year
10.	How often do you meet relatives, friends or acquaintances?	1	Never
		2	Daily
		3	2 to 3 times a week
		4	At least weekly
		5	At least monthly
		6	Less than once a month
		7	Very infrequently
		8	Not applicable

TOBACCO

11.	Did you ever smoke? (<i>Please circle the 1 if you never have</i>)	1	No → <i>please continue with: Alcohol</i>
		2	Yes
12.	In all, did you smoke 25 times or more?	1	No, less often
		2	Yes, 25 times or more
		3	I do not know how often
13	At what age did you smoke for the first time?	..... years	
14.	Did you smoke in the past 12 months?	1	No
		2	Yes → <i>please continue with question 16</i>
15.	At what age did you quit smoking?	..... years → <i>please continue with: Alcohol</i>	
16.	Did you smoke in the past 30 days?	1	No → <i>please continue with: Alcohol</i>
		2	Yes
17.	Approximately, how much do you smoke a day?	..... cigarettes, cigars, pipes	

ALCOHOL

-
- | | | | |
|-----|--|---|---|
| 18. | Did you ever drink an alcoholic beverage? (<i>Please circle the 1 if you never have</i>) | 1 | No → <i>please continue with: Hypnotics and ...</i> |
| | | 2 | Yes |
-
- | | | | |
|-----|----------------------------|---|-------------------------|
| 19. | Was that 25 times or more? | 1 | No, less often |
| | | 2 | Yes, 25 times or more |
| | | 3 | I do not know how often |
-
- | | | | |
|-----|---|-------|-------|
| 20. | At what age did you drink alcohol for the first time? | | years |
|-----|---|-------|-------|
-
- | | | | |
|-----|--|---|---|
| 21. | Did you drink any alcohol in the past 12 months? | 1 | No |
| | | 2 | Yes → <i>please continue with question 23</i> |
-
- | | | | |
|-----|---|-------|---|
| 22. | At what age did you last drink alcohol? | | years → <i>please continue with: Hypnotics and...</i> |
|-----|---|-------|---|
-
- | | | | |
|-----|--|---|--|
| 23. | Did you ever drink 6 or more glasses of alcohol on one day during the past 6 months? | 1 | No → <i>please continue with question 25</i> |
| | | 2 | Yes |
-
- | | | | |
|-----|---|---|------------------------------|
| 24. | How often did that happen during these past 6 months? | 1 | Every day |
| | | 2 | More than 4 times a week |
| | | 3 | 3 to 4 times a week |
| | | 4 | 1 to 2 times a week |
| | | 5 | 1 to 3 times a month |
| | | 6 | 3 to 5 times past six months |
| | | 7 | 1 to 2 times past six months |
| | | 8 | I don not know how often |
-
- | | | | |
|-----|--|---|--|
| 25. | Did you drink any alcohol over the past 30 days? | 1 | No → <i>please continue with: Hypnotics and...</i> |
| | | 2 | Yes |
-
- | | | | |
|-----|--|-------|------|
| 26. | On how many days did you drink alcohol in that period? | | days |
|-----|--|-------|------|
-
- | | | | |
|-----|---|-------|---------|
| 27. | Approximately how many glasses did you drink on these days? | | glasses |
|-----|---|-------|---------|

HYPNOTICS AND SEDATIVES (INCLUDING HOMOEOPATHIC)

Please fill in the scheme for both substances.

<i>Please answer all questions for each column</i> →XX means: please continue with the next column	Hypnotics (NOT included are things such as milk or going for a walk)	Sedatives (NOT included are yoga or other relaxing activities)
28. Have you ever taken this substance, either on prescription by a medical doctor or on your own initiative? (Please circle the 1 if you have never done so)	1 No →XX 2 Yes	1 No → Cannabis 2 Yes
29. In all, did you use a substance of this category 25 times or more?	1 No 2 Yes 3 Don't know	1 No 2 Yes 3 Don't know
30. At what age did you use a substance of this category for the first time?	..... years	..... years
31. Did you use a substance of this category during the past 12 months?	1 No 2 Yes → Please continue to question 33 in this column	1 No 2 Yes → Please continue to question 33 in this column
32. At what age did you last use a substance of this category?	..... years →XX	..... years → Cannabis
33. Have you use a substance of this category over the past 30 days?	1 No →XX 2 Yes	1 No → Cannabis 2 Yes
34. On how many days in this period did you do so?	..... days	..... days
35. Could you please indicate which substance or substances you have used over the past 30 days? If you are not sure, could you please look on the packaging? (We mean to get the names of these substances, maximum 4)	substance: A..... B..... C..... D.....	substance: A..... B..... C..... D.....

36. Did you take above mentioned substance/substances on prescription of a medical doctor or on your own initiative? 1: Prescription 2: Own initiative 3: Both 4: Don't know	<i>substance:</i>	<i>substance:</i>
	A: 1 2 3 4	A: 1 2 3 4
	B: 1 2 3 4	B: 1 2 3 4
	C: 1 2 3 4	C: 1 2 3 4
	D: 1 2 3 4	D: 1 2 3 4

CANNABIS

37. Have you ever used cannabis? (<i>Other terms used for cannabis are hash, marihuana and weed</i>)	1	No → <i>Please continue with: Cocaine, Amphetamines...</i>
	2	Yes
38. Was that 25 times or more?	1	No, less often
	2	Yes, 25 times or more
	3	Don't know how often
39. At what age did you use cannabis for the first time?	.....	years
40. Have you used cannabis over the past 12 months?	1	No
	2	Yes → <i>Please continue with question 42</i>
41. At what age did you last use cannabis?	.....	years → <i>Please continue with: Cocaine, Amphetamines...</i>
42. Where did you obtain the cannabis that you used over the past 12 months? (<i>You can give more than one answer!</i>)	2	Relatives, friends or acquaintances
	3	Coffeeshop
	4	Cafe / pub
	5	Other place of entertainment (e.g. dancing, nightclub)
	6	Bought on the streets from a stranger
	7	Community centre, youthclub, association
	8	Home dealer (not growing)
	9	Delivery service
	10	Smartshop
	11	Home growth
	12	Home dealer (growing)
	13	Internet
	18	Other

43.	Could you obtain other drugs at the place where you got your cannabis? (<i>We do NOT mean alcohol or tobacco.</i>)	<i>No</i>	<i>Yes</i>
a.	Relatives, friends or acquaintances	1	2
b.	Coffeeshop	1	2
c.	Café	1	2
d.	Other place of entertainment (e.g. dancing, nightclub)	1	2
e.	Bought on the streets from a stranger	1	2
f.	Community centre, youthclub, association	1	2
g.	Home dealer	1	2
h.	Delivery service	1	2
i.	Smartshop	1	2
j.	Home growth	1	2
k.	Home dealer (growing)	1	2
l.	Internet	1	2
m.	Other, i.e	1	2

44.	Have you used cannabis in the past 30 days?	1	No → <i>Please continue with: Cocaine, Amphetamines...</i>
		2	Yes

45. In this period, on how many days did you do so? days

COCAINE, AMPHETAMINES EN ECSTASY

Please fill in the scheme for all substances.

Please answer all questions for each column
 →XX means: please continue with the next column

		Cocaine		Amphetamines (<i>pep, speed etc.</i>)		Ecstasy (<i>XTC, MDMA of "E"</i>)	
46.	Have you ever used this substance?	1	No→XX	1	No→XX	1	No →Mushrooms
		2	Yes	2	Yes	2	Yes
47.	Was that 25 times or more?	1	No	1	No	1	No
		2	Yes	2	Yes	2	Yes
		3	Don't know	3	Don't know	3	Don't know
49.	At what age did you use this substance for the first time?	.....years		.....years		.....years	

		Cocaine	Amphetamines (<i>pep, speed etc.</i>)	Ecstasy (<i>XTC, MDMA of "E"</i>)
50.	Did you use this substance over the past 12 months?	1 No	1 No	1 No
		2 Yes → <i>question 52</i>	2 Yes → <i>question 52</i>	2 Yes → <i>question 52</i>
51.	At what age did you last use this substance?	.....years → XX	.....years → XX	.....years → Mushrooms
52.	Where did you obtain the substances that you used over the past 12 months? (<i>You can give more than one answer!</i>)			
	2 Relatives, friends or acquaintances	2	2	2
	3 Coffeeshop	3	3	3
	4 Cafe/pub	4	4	4
	5 Other place of entertainment (e.g. dancing, nightclub)	5	5	5
	6 Bought on the streets from a stranger	6	6	6
	7 Community centre, youthclub, association	7	7	7
	8 Home dealer	8	8	8
	9 Delivery service	9	9	9
	10 Smartshop	10	10	10
	13 Internet	13	13	13
	18 Other, i.e	18	18	18
53.	Did you use this substance in the past 30 days?	1 No → XX	1 No → XX	1 No → Mushrooms
		2 Yes	2 Yes	2 Yes
54.	In this period, on how many days did you do so?	.....days	..... days	.....days

MUSHROOMS

55.	Have you ever used mushrooms that can make you hallucinate? (<i>Sometimes referred to as magic mushrooms</i>)	1	No → <i>Please continue with: Hallucinogens</i>
		2	Yes
56.	Was that 25 times or more?	1	No, less often
		2	Yes, 25 times or more
		3	Don't know how often
57.	At what age did you use mushrooms for the first time?	..... years	
58.	Have you used mushrooms over the past 12 months?	1	No
		2	Yes → <i>Please continue with question 60</i>
59.	At what age did you last use mushrooms?	..... years → <i>Please continue with: Hallucinogens</i>	
60.	Where did you obtain the mushrooms that you used over the past 12 months? (<i>You can give more than one answer!</i>)	2	Relatives, friends or acquaintances
		3	Coffeeshop
		4	Café/pub
		5	Other place of entertainment (e.g. dancing, nightclub)
		6	Bought on the streets from a stranger
		7	Community centre, youthclub, association
		8	Home dealer (not growing)
		9	Delivery service
		10	Smartshop
		12	Home dealer (growing)
		13	Internet
		18	Other
61.	Have you used mushrooms in the past 30 days?	1	No → <i>Please continue with: Hallucinogens</i>
		2	Yes
62.	In this period, on how many days did you do so?	..... days	

HALLUCINOGENS

By this we mean substances that, like mushrooms, cause hallucinations, such as LSD, mescaline, pure psilocybine, 2CB, ayahuasca and ketamine

Please fill in the scheme for all substances.

-
- | | | | |
|-----|--|---|--|
| 63. | Have you ever used hallucinogens?
(Please circle the 1 if you have never done so) | 1 | No → <i>Please continue with:
Inhalants</i> |
| | | 2 | Yes |

<i>Please answer all questions for each column</i>		LSD	Mescaline	Psychoybine (<i>pure, NO mushrooms</i>)	2CB	Ayahuasca	Ketamine (<i>KET, vitamin K, "K"</i>)	Other, i.e.
<i>→XX means please continue with the next column</i>								
64.	Have you ever used this substance?	1 No→XX 2 Yes	1 No→XX 2 Yes	1 No→XX 2 Yes	1 No→XX 2 Yes	1 No→XX 2 Yes	1 No→XX 2 Yes	1 No→q. 2 Yes
65.	Was that 25 times or more?	1 No 2 Yes	1 No 2 Yes	1 No 2 Yes	1 No 2 Yes	1 No 2 Yes	1 No 2 Yes	1 No 2 Yes
66.	At what age did you use this substance for the first time?	.....years	.....years	.....years	.....years	.....years	.....years	.....years
67.	Have you used this substance over the past 12 months?	1 No 2 Yes→XX	1 No 2 Yes→XX	1 No 2 Yes→XX	1 No 2 Yes→XX	1 No 2 Yes→XX	1 No 2 Yes→XX	1 No 2 Yes→q.
68.	At what age did you last use this substance?	.....years	.....years	.....years	.....years	.....years	.....years	.....years
69.	If you used hallucinogens over the past 12 months, where did you obtain these? (<i>You can give more than one answer!</i>)	0	Did not use hallucinogens →	<i>Please continue with: Inhalants</i>				
		2	Relatives, friends or acquaintances					
		3	Coffeshop					
		4	Café/pub					
		5	Other place of entertainment (e.g. dancing, nightclub)					
		6	Bought on the streets from a stranger					
		7	Community centre, youthclub, association					
		8	Home dealer					
		9	Delivery service					
		10	Smartshop					
		13	Internet					
		18	Other, i.e.					

INHALANTS

By this we mean substances that are inhaled, such as ether, glue and tri. **Not** meant is the inhaling of these substances during gluing or other 'normal' use.

73.	Have you ever used inhalants in order to get 'high'? (<i>Please circle the 1 if you have never done so</i>)	1	No → <i>Please continue with: Opiates</i>
		2	Yes
74.	Was that 25 times or more?	1	No, less often
		2	Yes, 25 times or more
		3	Don't know how often
75.	At what age did you use inhalants for the first time?	..... years	
76.	Have you used inhalants over the past 12 months?	1	No
		2	Yes → <i>Please continue with question 78</i>
77.	At what age did you last use inhalants?	..... years → <i>Please continue with: Opiates</i>	
78.	Have you used inhalants in the past 30 days?	1	No → <i>Please continue with: Opiates</i>
		2	Yes
79.	In this period, on how many days did you do so?	..... days	

OPIATES

Examples of opiate are: opium, morphine, heroin, codeine, palfium, methadone. These opiates can also be use for medical reasons.

Please fill in the scheme for all substances.

80.	Have you ever used opiates? (<i>Please circle the 1 if you have never done so</i>)	1	No → <i>Please continue with: Smartdrugs</i>
		2	Yes

<i>Please answer all questions for each column</i>		Opium	Morphine	Heroin	Codeine	Palfium	Methadone	Other, i.e.
<i>→XX means: please continue with the next column</i>								
81.	Have you ever used this substance?	1 No→XX 2 Yes	1 No→XX 2 Yes	1 No→XX 2 Yes	1 No→XX 2 Yes	1 No→XX 2 Yes	1 No→XX 2 Yes	1 No→ <i>Smartdrugs</i> 2 Yes
82.	Have you used this substance a total of 25 times or more?	1 No 2 Yes	1 No 2 Yes	1 No 2 Yes	1 No 2 Yes	1 No 2 Yes	1 No 2 Yes	1 No 2 Yes
84.	At what age did you use this substance for the first time?	..... years	..... years	..... years	..... years	..... years	..... years	..... years
85.	Have you used this substance over the past 12 months?	1 No 2 Yes	1 No 2 Yes	1 No 2 Yes	1 No 2 Yes	1 No 2 Yes	1 No 2 Yes	1 No 2 Yes
86.	At what age did you last use this substance?	..... years	..... years	..... years	..... years	..... years	..... years	..... years
88.	Did you use this substance over the past 30 days?	1 No→XX 2 Yes	1 No→XX 2 Yes	1 No→XX 2 Yes	1 No→XX 2 Yes	1 No→XX 2 Yes	1 No→XX 2 Yes	1 No→ <i>Smartdrugs</i> 2 Yes
89.	In this period, on how many days did you do so?	..... days	..... days	..... days	..... days	..... days	..... days	..... days

SMARTDRUGS

Examples of smart drugs are: ephedra, herbal ecstasy, guarana, fast blast.
Please fill in the scheme for all substances.

90. Have you ever used smartdrugs? (Please circle the 1 if you have never done so)		1	No →	Please continue with: Performance enhancing drugs	2	Yes			
<i>Please answer all questions for each column</i>				Ephedra	Herbal ecstasy	Guarana, ginseng, kava kava, damiana, cola nut	Fast blast	Other, i.e.	
<i>→XX means: please continue with the next column</i>				1	No → XX	1	No → XX	1	No → Please continue with question 96
91.	Have you ever used this substance?	2	Yes	1	No → XX	2	Yes	1	No → Please continue with question 96
92.	Was that 25 times or more?	1	No	1	No	1	No	1	No
		2	Yes	2	Yes	2	Yes	2	Yes
93.	At what age did you use this substance for the first time?	..... years		..... years		..... years		..... years	
94.	Have you used this substance over the past 12 months?	1	No	1	No	1	No	1	No
		2	Yes	2	Yes	2	Yes	2	Yes
95.	At what age did you last use this substance?	..... years		..... years		..... years		..... years	

96. If you used smart drugs over the past 12 months, where did you obtain these? (You can give more than one answer!)

1 Did not use smartdrugs over the past 12 months → Please continue with: *Performance enhancing drugs*

2 Relatives, friends or acquaintances

3 Coffeeshop

4 Café/pub

5 Other place of entertainment (e.g. dancing, nightclub)

6 Bought on the streets from a stranger

7 Community centre, youthclub, association

8 Home dealer

9 Delivery service

10 Smartshop

13 Internet

18 Other

97. Have you used smartdrugs over the past 30 days? (Please circle the 1 if you have not done so)

1 No → Please continue with: *Performance enhancing drugs*

2 Yes

Please answer all questions for each column

→ XX means: please continue with the next column

Ephedra	Herbal ecstasy	Guarana, ginseng, kava, kava, damiana, cola nut	Fast blast	Other, i.e.
---------	----------------	---	------------	------------------

98. Have you used this substance in the past 30 days?

1 No → XX	1 No → XX	1 No → XX	1 No → XX	1 No →
2 Yes	2 Yes	2 Yes	2 Yes	2 Yes

Performance enhancing ...

99. On how many days did you do so?

..... days days days days days
------------	------------	------------	------------	------------

PERFORMANCE ENHANCING DRUGS

Examples of these are anabolic steroids, growth hormones, EPO (erythropoietin), thyroid medication, clenbuterol and stimulants such as amphetamines, cocaine, ephedrine and caffeine in high dosages.

100.	Have you ever used substances in order to improve your sports performance or to get a muscular body?	1	No → <i>Please continue with: Various questions</i>
		2	Yes
101.	What type of substances did you use? (<i>You can give more than one answer!</i>)	1	Anabolic-androgens steroids (anabolic steroids)
		2	Growth hormone
		3	EPO (erythropoietine)
		4	Thyroid medication
		5	Clenbuterol
		6	Stimulants (e.g. amphetamines (speed), cocaine, ephedrine, caffeine in high dosages)
		7	Other, i.e.
		8	Don't know
102.	Did you take this type of substances in the form of a cure?	1	No → <i>Please continue with question 104</i>
		2	Yes
103.	How many cures of this type of substances did you take?	..... cures	
104.	Did you ever take this type of substances on individual occasions, i.e. not in the form of a cure?	1	No → <i>Please continue with question 106</i>
		2	Yes
105.	Was that 25 times or more? (<i>This concerns individual occasions of use</i>)	1	No, less often
		2	Yes, 25 times or more
		3	Don't know how often
106.	At what age did you first use a substances to improve your sports performance or to get a stronger and more muscular body?	..... years	
107.	Have you used this type of substances over the past 12 months?	1	No
		2	Yes → <i>Please continue with question 109</i>

-
108. At what age did you last use this type of substances? years → *Please continue with: Various questions*
-
109. How did you obtain this substance / these substances? (*You can give more than one answer!*)
- | | |
|---|--------------------------------------|
| 1 | Doctor's prescription |
| 2 | Through trainer/sportsclub/gym |
| 3 | Through friends/acquaintances/family |
| 5 | Through internet |
| 4 | Other, i.e. |
-
110. Could you indicate which substance or which substances you used in the past 12 months? (*We mean the NAMES of these substances, maximum 4.*)
- | |
|--------|
| A..... |
| B..... |
| C..... |
| D..... |
-
111. For what purpose did you take these substances? (*You can give more than one answer!*)
- | | |
|----|--------------------------------|
| 2 | To get stronger |
| 3 | To get faster |
| 4 | To get slimmer |
| 5 | To get more stamina |
| 6 | To become more aggressive |
| 7 | To get a better figure |
| 8 | To become larger / broader |
| 9 | To cope with injuries better |
| 10 | To cope with fatigue better |
| 11 | To concentrate better |
| 12 | To increase muscle development |
| 13 | To become better looking |
| 18 | Other, i.e. |

	<i>Most important</i>	<i>Second most important</i>	<i>Third most important</i>
112. What are the three most important purposes for which you took these substances?			
2. To get stronger	2	2	2
3. To get faster	3	3	3
4. To get slimmer	4	4	4
5. To get more stamina	5	5	5
6. To become more aggressive	6	6	6
7. To get a better figure	7	7	7
8. To become larger / broader	8	8	8
9. To cope with injuries better	9	9	9
10. To cope with fatigue better	10	10	10
11. To concentrate better	11	11	11
12. To increase muscle development	12	12	12
13. To become better looking	13	13	13
18. Other, i.e.	18	18	18
113. Have you used this type of substances in the past 30 days?	1 No 2 Yes		

VARIOUS QUESTIONS ABOUT MEDICINAL AND RECREATIONAL DRUGS

114. Did you ever smoke cocaine in the form of freebase, or crack?	1 No 2 Yes		
115. Have either of your parents ever used cannabis (hash, marihuana or weed)?	1 No 2 Yes 3 Don't know		
116. Has any of your siblings ever used cannabis (hash, marihuana or weed)?	1 No 2 Yes 3 Don't know 4 Not applicable, I do not have siblings		
117. Has any of your children ever used cannabis (hash, marihuana or weed)?	1 No 2 Yes 3 Don't know 4 Not applicable, I have no children		

119.	Have you ever administered a medicinal or recreational drug to yourself with a hypodermic needle? (<i>This could for example be a hypnotic, heroin, morphine or a sedative</i>)	1	No → <i>Please continue with question 121</i>
		2	Yes
120.	Which recreational or medicinal drug did you ever administer to yourself with a hypodermic needle? (<i>You can give more than one answer!</i>)	2	Hypnotic
		3	Sedative
		4	Heroin
		5	Methadone
		6	Opium
		7	Codeine
		8	Palfium
		9	Morphine
		10	Hallucinogen (mushrooms, LSD, mescaline, psilocybine, ketamine)
		11	Amphetamine
		12	Other, i.e.
		13	Don't know anymore
		121.	Have you ever got in touch with an organisation for alcohol or drug treatment (CAD, GG&GD, wijkpost)?	1	No → Please continue with: Final questions
2	Yes		
122.	When were you last in touch with such an organisation?	1	Longer than 1 year ago
		2	In past 12 month
		3	In past 30 days
123.	The use of what type of drug did it concern? (<i>You can give more than one answer!</i>)	2	Alcohol
		3	Hypnotics or sedatives
		4	Anabolic steroids or other substances for sports
		5	Cannabis (hashish, marihuana)
		6	Cocaine
		7	Amphetamines
		8	Ecstasy
		9	Hallucinogens (mushrooms, LSD, mescaline, psilocybine, ketamine)
		10	Heroin
		11	Other opiates
		12	Other, i.e.

FINAL QUESTIONS

124.	Since what year have you lived in this municipality?	Since		
125.	What is your nationality? (<i>You can give more than one answer!</i>)	1	Dutch	
		2	Turkish	
		3	Moroccan	
		4	Surinam	
		5	German	
		6	British (Great Britain + Northern Ireland)	
		7	Belgian	
		8	Other, i.e.....	
126.	In which country were you born?	1	Netherlands	
		2	Surinam	
		3	Dutch Antilles/Aruba	
		4	Indonesia	
		5	Turkey	
		6	Morocco	
		7	Germany	
		8	United Kingdom (Great Britain + Northern Ireland)	
		9	Belgium	
		10	Other, i.e.....	
127.	In which country were your parents born?	<i>Native country</i>	<i>Native country</i>	
		<i>MOTHER</i>	<i>FATHER</i>	
1.	Netherlands	1	1	
2.	Surinam	2	2	
3.	Dutch Antilles/Aruba	3	3	
4.	Indonesia	4	4	
5.	Turkey	5	5	
6.	Morocco	6	6	
7.	Germany	7	7	
8.	United Kingdom (Great Britain + N. Ireland)	8	8	
9.	Belgium	9	9	
10.	Other, i.e.			

128. If you include yourself, how large is your household? (<i>Don't include children who live in lodgings somewhere else.</i>)	1 2 3 4 5	One person → <i>Please continue with question 132</i> Two persons Three persons Four persons Five persons or more
129. What is the composition of the household of which you are part?	1 2 3 4 5 6 7	(Married) couple alone → <i>please continue with question 132</i> (Married) couple with child(ren) (Married) couple with child(ren) and others (Married) couple with others Single parent with child(ren) Single parent with child(ren) and others Other household, so no married couple, no stable partner, no single parent (with or without children).
130. What is your position in this household?	1 2 3 4	I am part of the (married) couple → <i>please continue with question 132</i> I am the head of a single parent family (i.e. the parent) → <i>please continue with question 132</i> I am a live in child / stepchild / foster child → <i>please continue with question 132</i> I am another person present in the household
131. What term is applicable to you? Are you (<i>This concerns your relationship to the head of the household!</i>)	1 2 3 4 5 6 7 8	Father/mother Father/mother in law Brother/sister Brother/sister in law Son/daughter in law Grandchild Other: family (in law) Other: no family (in law)

132.	Do you consider yourself in the first place as: <i>(Only 1 answer possible!)</i>	1 2 3 4 5 6	Employed with paid job Housewife/husband Voluntary worker Student Old-age pensioner or early retiree None of the above
133.	Would you consider yourself as unemployed or disabled? <i>(You can give more than one answer!)</i>	1 2 3	No → <i>Please continue with question 136</i> Yes, unemployed Yes, disabled
134.	Do you receive social security benefits because of being unemployed or disabled?	1 2	No Yes
135.	How long have you been unemployed or disabled for? <i>(We mean one uninterrupted period)</i>	1 2 3 4	Shorter than 6 months 6-12 months 1-2 years Longer than 2 years
136.	Other than on hobbies and relaxation, what do you spend most of your time on? <i>(Only one answer possible!)</i>	1 2 3 4 5	Paid labour → <i>Please continue with question 138</i> Domestic work at home Education, study or school Voluntary work Other, i.e
137.	Do you have a paid job at the moment? <i>(1 hour per week or a shorter period counts as well)</i>	1 2	No → <i>Please continue with question 141</i> Yes
138.	How many hours do you work in an average working week, unpaid hours not included?	..... hours	
139.	Are you an employee?	1 2	No Yes → <i>Please continue with question 142</i>
140.	Are you employed in the business or practice: <i>(You can give more than one answer!)</i>	1 2 3 4	Of yourself Of your partner Of your parents (in law) None of these

141.	Do you have a profession? (If you are not currently employed, we mean the occupation for which you studied or which you previously held)	1	No profession → <i>Please continue with question 143</i>
		2	Yes
142.	What is your profession?	.....
143.	Are you currently enrolled in a course/education at a school or another educational institute?	1	No → <i>Please continue with question 148</i>
		2	Yes
144.	What type of education are you enrolled in? (When following more than one type of education, please indicate the type of education on which you spend most time)	1	Primary education
		2	Low level vocational education (lbo, vbo, lts, leao, domestic science school)
		3	Medium level general education years 1-3 (mavo)
		4	Medium level general education year 4
		5	Higher level general education years 1-3 (havo, vwo, atheneum, grammar school)
		6	Higher level general education years 4 and up (havo, vwo, atheneum, grammar school)
		7	Medium level vocational education (e.g.: meao, mts, inas)
		8	Higher level vocational education (hts, heao, Soc. Academie)
		9	University: propaedeutic, bachelor's or master's degree
		10	University: doctoral
		11	University: post-doctoral
		12	Other, i.e.
145.	Are you enrolled fulltime or part-time?	1	Fulltime
		2	Part-time
146.	Have you ever played truant in the past 2 months, or missed lessons without a valid excuse? (Holidays do not count)	1	No → <i>Please continue with question 148</i>
		2	Yes

147.	How many hours have you played truant or missed lessons without a valid excuse in the past 2 months? <i>(Holidays do not count)</i>	..... hours
148.	What is the highest level of education you completed? <i>(You must have finished this education entirely)</i>	<ol style="list-style-type: none"> 1 Primary education 2 Low level vocational education (lbo, vbo, lts, leao, domestic science school) 3 Medium level general education years 1-3 (mavo) 4 Medium level general education year 4 5 Higher level general education years 1-3 (havo, vwo, atheneum, grammar school) 6 Higher level general education years 4 and up (havo, vwo, atheneum, grammar school) 7 Medium level vocational education (e.g.: meao, mts, inas) 8 Higher level vocational education (hts, heao, Soc. Academie) 9 University: bachelor's or master's degree 10 University: doctoral 11 University: post-doctoral 13 No education completed
149.	Some income classes are listed here. Could you please indicate which income class applies to YOUR OWN monthly net income?	<ol style="list-style-type: none"> 2 Less than f 750 3 f 750 to f 1250 4 f 1250 to f 1500 5 f 1500 to f 2000 6 f 2000 to f 2500 7 f 2500 to f 3000 8 f 3000 to f 4000 9 f 4000 to f 5000 10 f 5000 to f 6000 11 f 6000 to f 7000 12 f 7000 to f 8000 13 More than f 8000 17 Don't know

-
150. Could you please indicate which income class applies to the monthly net income of your ENTIRE HOUSEHOLD, i.e. of all member together?
- | | |
|----|-------------------|
| 2 | More than f 750 |
| 3 | f 750 to f 1250 |
| 4 | f 1250 to f 1500 |
| 5 | f 1500 to f 2000 |
| 6 | f 2000 to f 2500 |
| 7 | f 2500 to f 3000 |
| 8 | f 3000 to f 4000 |
| 9 | f 4000 to f 5000 |
| 10 | f 5000 to f 6000 |
| 11 | f 6000 tot f 7000 |
| 12 | f 7000 to f 8000 |
| 13 | More than f 8000 |
| 17 | Don't know |
-
153. Would you have preferred to have filled in this questionnaire in a different way?
- | | |
|---|--|
| 1 | No, this was fine |
| 2 | Yes, rather by telephone |
| 3 | Yes, rather through a personal interview with an interviewer at home |
| 5 | Yes, rather on my computer, questionnaire on disk |
| 6 | Yes, rather on my computer, downloading questionnaire from internet |
| 7 | Yes, rather straight on the internet |
| 9 | Don't know |
-
156. Here you may indicate whether you would prefer a gift voucher or Air Miles, or whether you would like us to pay the money to a charity
- | | |
|---|-----------------------------|
| 1 | Gift Voucher Blokker |
| 2 | CD-voucher Free Record Shop |
| 4 | 75 Air Miles |
| 6 | Doctors Without Borders |
| 7 | Dutch Cancer Research |
-
157. Please fill in your Air Miles number here. You can find this number on your Air Miles card
-

Thank you very much for filling out this questionnaire; your reward will be sent to you as soon as possible.

Please send this questionnaire back using the enclosed return envelope.