GB

EHIS

RESIDENTS' HEALTH SURVEY

LE GOUVERNEMENT
DU GRAND-DUCHÉ DE LUXEMBOURG
Ministère de la Santé
et de la Sécurité sociale

Direction de la santé

LUXEMBOURG
INSTITUTE
OF HEALTH

RESIDENTS' HEALTH SURVEY

Dear Madam, Sir,

Thank you for agreeing to participate in the Residents' Health Survey (also known as the European Health Interview Survey)[1].

This survey is organised by the Directorate of Health in collaboration with the Luxembourg Institute of Health (LIH). Its main objective is to collect information on the health of Luxembourg's residents to:

- Adapt the current health system to better meet the real needs of the population,
- Assess the impact of health policies,
- Analyse national health trends over time and compare findings with other European countries.

A similar survey was conducted in 2014 and 2019 in Luxembourg. Results are available on **sante.lu**[2].

The target population for this survey includes residents **aged 15 and over** living in **private households**.
If you are living in an institution or collective household (e.g., hospital, care or residential home, prison, military barrack, religious institution, boarding house, or hostel), we regret to inform you that you are not eligible to participate.

The present health survey includes four modules: health status, healthcare use, health determinants and socio-economic background.

This questionnaire does not include your name, date of birth and address. The information collected (e.g., gender, year of birth, commune of residence and country of birth) cannot be used to identify you.

The survey data will be provided to Eurostat, the statistical office of the European Union, in accordance with the COMMISSION IMPLEMENTING REGULATION (EU) 2023/2529 of 17 November 2023. This regulation specifies the technical items of the data set, the formats for transmission of information, and the detailed arrangements and content of the quality reports

[1] Commission Implementing Regulation (EU) 2023/2529 of 17 November 2023
[2] https://sante.public.lu/fr/espace-professionnel/informations-donnees/ehis.html

on the organization of a sample health survey in line with Regulation (EU) 2019/1700 of the European Parliament and of the Council, on the European Health Interview Survey (EHIS).

Once the data has been validated by Eurostat, the completed paper or online questionnaires will be securely destroyed. However, the data gathered from the questionnaires will be retained for the duration of the EHIS waves requested by the European Union.

Although your participation in this survey is voluntary, taking part in it is extremely important for ensuring an accurate and representative picture of the health of Luxembourg's population. The more people who participate, the larger the data set, and the more representative the results will be of the population's true health status.

If you have any questions regarding data protection or need further information, please contact the data protection officer of the Health Directorate:
info_donnees@ms.etat.lu
or
Service protection des données
13a Rue de Bitbourg
L-1273 Luxembourg

LEGAL GUARDIAN'S PERMISSION FOR MINORS TO TAKE PART IN THE SURVEY

☐ I hereby **agree** that the person with regard to which I exercise the role of legal guardian, takes part in the Residents' Health Survey

☐ I hereby **disagree** that the person with regard to which I exercise the role of legal guardian, takes part in the Residents' Health Survey

GUIDELINES FOR COMPLETING THIS QUESTIONNAIRE

These guidelines aim to help you in providing accurate responses to the survey questions.

The reliability of this survey rests upon the quality and honesty of your answers. Therefore, it is necessary that you carefully consider each question and select the most appropriate response. Prior to answering, take the time to thoroughly read each question and review all available options.

1) Multiple-Choice questions: Place a cross in the box that best represents your answer to the question. For each question, select only one box, unless you find the instruction "Multiple answers possible".

Example: What is your sex?

☐ Male

☒ Female

2) The answer is a number or a text: write your answer in the boxes shown below.

Example: How tall are you?

1	6	5

cm

3) When this symbol comes along ⟶ it leads you to the next question.

Example: 4.18. Do you smoke any tobacco products (excluding heating tobacco products, electronic cigarettes or similar electronic devices)?

☐ Yes, every day

☐ Yes, occasionally

☒ Not at all ⟶ **Skip to question 4.21**

1. SOCIAL VARIABLES

1.01. What is your sex (assigned at birth)?

☐ Male
☐ Female

1.02. What is your gender identity?

☐ Man
☐ Woman
☐ Non-binary
☐ Other
☐ Prefer not to answer

1.03. What is your year of birth?

Have you already had your birthday in 2025?

☐ Yes
☐ No

1.04. In which commune do you live?

1.05. What is your country of birth?

1.06. What is (are) your citizenship(s)?

1.07. What is the country of birth of your father?

1.08. What is the country of birth of your mother?

1.09. Are you living with a partner (husband, wife, civil partner, partner or cohabitee) in the same household?

☐ Yes

☐ No

1.10. How many persons usually live in your household **including yourself**?

Example: if you live with your partner, indicate 2; if you live alone, indicate 1.

However, if you share a flat/house with others (who are not family members), please only count yourself in this question

person(s)

1.11. How many persons aged 13 or younger live in your household?

person(s)

1.12. In what type of household do you live in?

☐ One-person household

☐ Lone parent with at least one child aged less than 25

☐ Lone parent with all children aged 25 or more

☐ Couple without any child or children

☐ Couple with at least one child aged less than 25

☐ Couple with all children aged 25 or more

☐ Other type of household

1.13. How would you define your current labour status?

☐ Employed

☐ Unemployed

☐ Retired

☐ Unable to work due to long-standing health problems

☐ Student, pupil

☐ Fulfilling domestic tasks (unpaid)

☐ Military or civilian service

☐ Other

Skip to question 1.18

1.14. What is your current **profession**? Specify your profession and describe your main task accurately.

This question refers to paid work. If you have several occupations, consider the main one with the longest hours usually worked.

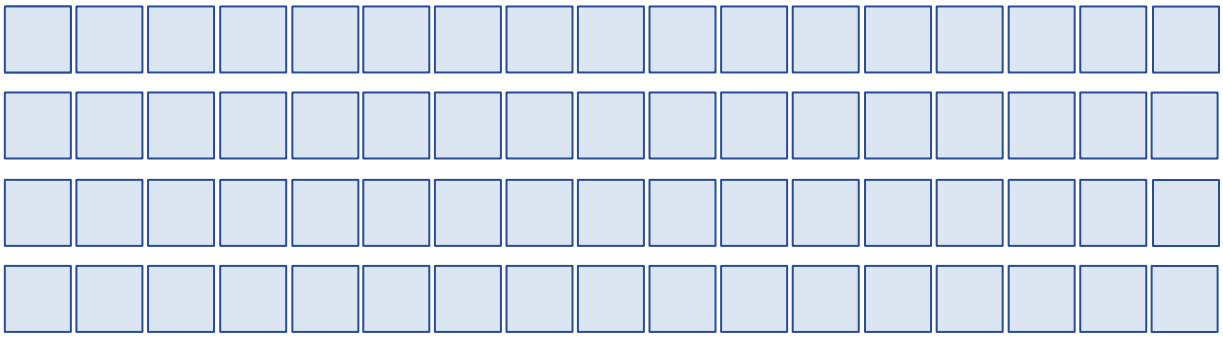
Define as precisely as possible the designation of your profession as shown by the examples below:

- Not electrician, but electrical installer

- Not state officer/employee but automobile mechanic, post office counter, teacher

- Not IT specialist but IT developer, IT network administrator, IT help desk operator

- Not secretary but medical secretary, legal secretary.



1.15. What is the **economic activity** of your workplace?

If you are employed by a temporary agency, please indicate the economic activity of the company in which you are employed, not the temporary agency.

Please put a cross in the most appropriate box. ***Only one answer is possible.***

- ☐ Agriculture, forestry and fishing
- ☐ Mining and quarrying *(for example: stone and sand extraction)*
- ☐ Manufacturing *(for example: manufacture of food/chemical/plastic products, metals)*
- ☐ Electricity, gas, steam and air conditioning supply
- ☐ Water supply, sewerage, waste management and remediation activities
- ☐ Construction
- ☐ Wholesale and retail trade, repair of motor vehicles and motorcycles *(for example : wholesalers or retail sale of all types of goods, auto repair garage)*
- ☐ Transportation and storage *(for example : transport, warehousing, postal and courier activities)*
- ☐ Accommodation and food service activities *(for example : hotel, restaurant, bar)*
- ☐ Information and communication *(for example : publishing activities, telecommunications, computer programming)*
- ☐ Financial and insurance activities
- ☐ Real estate activities *(for example : sale or rent of property)*
- ☐ Professional, scientific and technical activities *(for example: legal and accounting activities, architect's office, scientific research, advertising agencies, veterinary office)*
- ☐ Administrative and support service activities *(for example: rental and leasing activities (ex : car), temporary employment agencies, travel agencies, private security companies, cleaning companies, call centres)*
- ☐ Public administration *(for example: Ministries, communal administration, CNS, police, army)*
- ☐ Education *(for example : schools, University, driving schools, dancing/music schools)*
- ☐ Human health and social work activities *(for example: hospital, residential care activities, social work activities)*
- ☐ Arts, entertainment and recreation *(for example: artistic activities, libraries, museums, casinos, sports activities)*
- ☐ Other service activities *(for example: trade unions, religious organisations, repair of personal goods like computers, dry-cleaning of textile, hairdressing, funeral activities)*
- ☐ Activities of households as employers; undifferentiated goods- and services-producing activities of households for own use *(for example: households employing domestic personnel such as housekeepers, cooks, butlers, gardeners)*
- ☐ Activities of extraterritorial organisations and bodies *(for example: activities of international organisations : European Commission, NATO)*

1.16. In your job, do you work full- or part-time?

☐ Full-time

☐ Part-time

1.17. Are you self-employed or employee?

☐ Self-employed person with employees

☐ Self-employed person without employees

☐ Employee

☐ Family worker (unpaid)

The next question concerns the highest level of education or diploma you have successfully achieved.

1.18. What is the highest level of education or diploma that you have **completed with success**?

If you are still in secondary school, university or an apprenticeship course, this question does not concern the academic program in which you are currently enrolled, but rather the highest level you have already successfully achieved.

☐ **Early childhood development**, pre-primary education (maternal pre-primary school)

☐ **Primary education** (primary school)

☐ **Lower secondary education** (first cycle of the secondary education)

☐ **Upper secondary education** (second cycle of the secondary education)

☐ **Post-secondary but non-tertiary education** (professional school or preparatory classes to tertiary education if access from secondary level is not direct)

☐ **Tertiary education**; **short-cycle** (advanced professional/technical school or university, 2 successfully completed years)

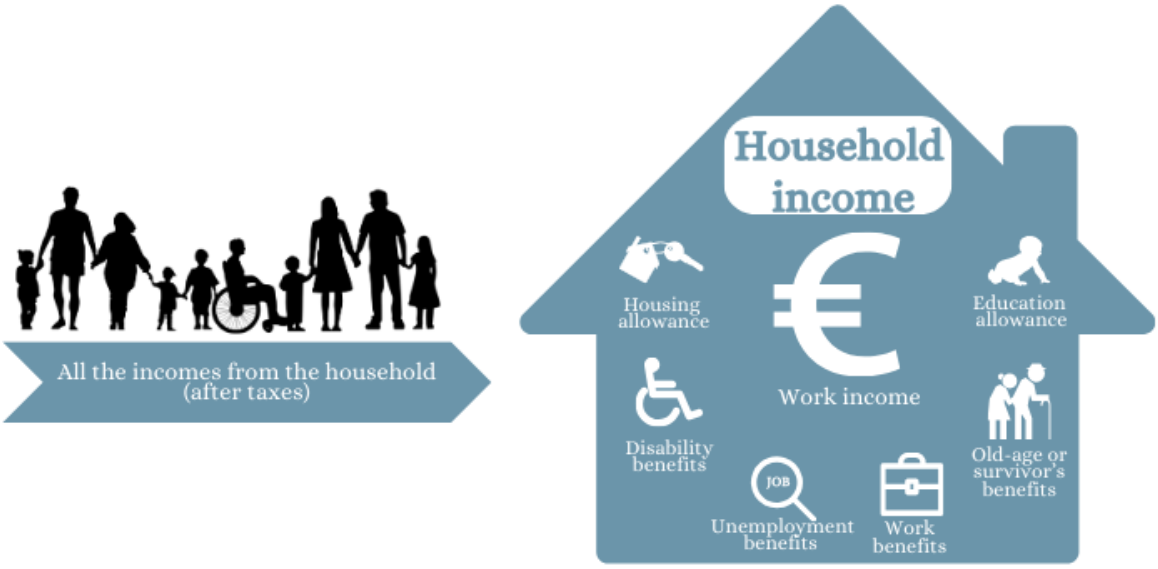
☐ **Bachelor level** or equivalent (advanced professional/technical school or university, 3-4 successfully completed years)

☐ **Master level** or equivalent (advanced professional/technical school or university, at least 4 successfully completed years)

☐ **Doctoral level** or equivalent (PhD)

1.19. What is your **household total** net monthly income?

For your household, please include all income coming from work, unemployment benefits, guaranteed minimum income, old-age or survivor's benefits, sickness or disability benefits, family/children related allowances, housing allowances, education-related allowances and any other regular benefits, and deduct taxes.



☐☐☐☐☐☐ Euros per month

If you do not know the exact amount and you cannot provide an estimate of it, please select a range:

☐ Less than 1,000 Euros
☐ 1,000 to 1,499 Euros
☐ 1,500 to 1,999 Euros
☐ 2,000 to 2,499 Euros
☐ 2,500 to 2,999 Euros
☐ 3,000 to 3,499 Euros
☐ 3,500 to 3,999 Euros
☐ 4,000 to 4,499 Euros
☐ 4,500 to 4,999 Euros
☐ 5,000 to 5,999 Euros
☐ 6,000 to 6,999 Euros
☐ 7,000 to 7,999 Euros
☐ 8,000 to 8,999 Euros
☐ 9,000 to 9,999 Euros
☐ 10,000 to 12,500 Euros
☐ More than 12,500 Euros
☐ I do not wish to answer

1.20. Are you the owner or tenant of your accommodation?

☐ Owner

☐ Tenant

☐ Other

1.21. How long have you been living at your current address?

Choose the most appropriate time period

☐☐ Days

☐☐ Month(s)

☐☐ Years(s)

☐ All your life

1.22. Do you have a green space (e.g., park, garden, or green area) within a 5-minute walk of your home?

☐ Yes

☐ No → **Skip to question 1.25**

1.23. How would you rate the quality of the green spaces in your neighbourhood/village?

☐ Very good

☐ Good

☐ Neither good nor bad

☐ Bad

☐ Very bad

1.24. In the **last week**, how many days and hours have you spent in a park, garden, green walkway or other green space in your free time?

☐ day(s) ☐☐ hour(s) per week

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

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Your neighbourhood/village has very heavy traffic	☐	☐	☐	☐	☐
There is a lot of noise in your neighbourhood/village	☐	☐	☐	☐	☐
Violence is a problem in your neighbourhood/village	☐	☐	☐	☐	☐
Your neighbourhood/village has a wide range of fruit and vegetable stores	☐	☐	☐	☐	☐
People of different origins and cultures mix well in your neighbourhood/village	☐	☐	☐	☐	☐
It is safe to walk at night in your neighbourhood/village	☐	☐	☐	☐	☐
You can influence decisions that affect your neighbourhood/village	☐	☐	☐	☐	☐

1.26. In the **last 12 months**, on a scale of 0 to 10, how much did the following noises bother you when you were at home?

From 0="not bothered at all" to 10="extremely bothered"

	During the **day**											During the **night**, during your usual sleeping hours										
	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
Road traffic (cars, buses, trucks, motorcycles, etc.)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Airplane traffic	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Train or tram traffic	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Construction	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Industry	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Another noise source Please specify: _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

1.27. How many nights **per month** do you typically wake up due to noise?

Put 0 if noise never wakes you up at night

☐☐ night(s)

1.28. To what extent do you feel burdened or not burdened by the following environmental factors in your place of residence?

	Not burdened at all	Slightly burdened	Moderately burdened	Strongly burdened	Very strongly burdened
Bad smell from industries or from other sources (e.g., sewer, waste, manure)	☐	☐	☐	☐	☐
Fine particles, dust from industry	☐	☐	☐	☐	☐
Fine particles, dust from a building site	☐	☐	☐	☐	☐
Fine particles or odours from a neighbour's chimney	☐	☐	☐	☐	☐
Exhaust fumes from road traffic	☐	☐	☐	☐	☐
Pesticides from intensive agriculture or viticulture	☐	☐	☐	☐	☐

1.29. How would you rate your risk for personal health issues during heat waves?

☐ Very low
☐ Low
☐ Moderate
☐ High
☐ Very high

1.30. Do you have mould in your home?

☐ Yes
☐ No

If yes, where is it located? (You can select multiple answers)

☐ Basement
☐ Bathroom (on the wall, not just on the joints)
☐ Kitchen
☐ Bedroom
☐ Living room
☐ Elsewhere, please specify: _____

1.31. Do you have experienced symptoms in your home that you do not feel in other buildings?

For example, headaches, blocked or runny nose, dry or itchy skin, dry or sore eyes or throat, cough or wheezing, skin rashes, tiredness and difficulty concentrating.

☐ Yes
☐ No

2. HEALTH STATUS

Next chapter is about your health

2.01. How is your health in general?

☐ Very good

☐ Good

☐ Neither good nor bad

☐ Bad

☐ Very bad

2.02. Do you have any **long-standing** illness or long-standing health problem?

The word 'long-standing' refers here to illnesses or health problems that have lasted, or are expected to last, for at least 6 months.

☐ Yes

☐ No

2.03. Are you limited because of a health problem in activities people usually do?

☐ Severely limited

☐ Limited but not severely

☐ Not limited at all → **Skip to question 2.05**

2.04. Have you been limited for at least the past 6 months?

☐ Yes

☐ No

2.05. Over the **last 2 weeks**,

	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
You have felt cheerful and in good spirits	☐	☐	☐	☐	☐	☐
You have felt calm and relaxed	☐	☐	☐	☐	☐	☐
You have felt active and vigorous	☐	☐	☐	☐	☐	☐
You woke up feeling fresh and rested	☐	☐	☐	☐	☐	☐
Your daily life has been filled with things that interest you	☐	☐	☐	☐	☐	☐

Diseases and Chronic Conditions

2.06. How would you describe the state of your teeth and gums?

☐ Very good
☐ Good
☐ Neither good nor bad
☐ Bad
☐ Very bad

2.07. During the **past 12 months**, have you had any of the following diseases or conditions?

Asthma (allergic asthma included)	☐ Yes ☐ No
Chronic bronchitis, chronic obstructive pulmonary disease (COPD), emphysema	☐ Yes ☐ No
Myocardial infarction (heart attack) or chronic consequences of myocardial infarction	☐ Yes ☐ No
Coronary heart disease or angina pectoris	☐ Yes ☐ No
High blood pressure (hypertension)	☐ Yes ☐ No
Stroke (cerebral haemorrhage, cerebral thrombosis) or chronic consequences of stroke	☐ Yes ☐ No
Arthrosis (arthritis excluded)	☐ Yes ☐ No
Low back disorder or other chronic back defect	☐ Yes ☐ No
Neck disorder or other chronic neck defect	☐ Yes ☐ No
Diabetes	☐ Yes ☐ No
Allergies (excluding allergic asthma). *Examples: allergic rhinitis, hay fever, allergic conjunctivitis, skin allergy, food allergy*	☐ Yes ☐ No
Urinary incontinence, problems in controlling the bladder	☐ Yes ☐ No
Kidney problems	☐ Yes ☐ No
Depression	☐ Yes ☐ No
High cholesterol or high blood lipids	☐ Yes ☐ No
Cancer *Consider newly diagnoses, if you received a cancer treatment (such as surgery, radiotherapy, chemotherapy, immunotherapy…), or if you did checks to monitor cancer*	☐ Yes ☐ No

Accidents and Injuries

2.08. In the **past 12 months**, have you had any of the following types of accidents resulting in injury?

Consider also injuries resulting from poisoning or inflicted by animals or insects. Injuries caused by wilful acts of other persons (e.g., aggression) are excluded.

Road traffic accident	☐ Yes ☐ No
Home accident	☐ Yes ☐ No
Leisure accident *(excluding home accident)*	☐ Yes ☐ No
Accident at work	☐ Yes ☐ No

Absence from Work (due to health problems)

2.09. In the **past 12 months**, have you been absent from work for reasons of health problems?

Please take into account all kind of diseases, injuries and other health problems that you had and which resulted in your absence from work.

***Exclude**: maternity leave, parental leave, unpaid leave, etc.*

☐ Yes

☐ No → **Skip to question 2.11**

☐ I do not work → **Skip to question 2.12**

2.10. In the **past 12 months**, how many days in total were you absent from work for reasons of health problems?

☐☐☐ day(s)

2.11. In the **past 12 months**, have you ever gone to work although you were sick?

☐ Yes

If yes, during how many days in the past 12 months? ☐☐☐ day(s)

☐ No

Functional Limitations

This section is about your general physical health and mental health. These questions deal with your ability to do different basic activities. Please ignore any temporary health problems.

2.12. Do you wear glasses or contact lenses?

☐ Yes

☐ No

☐ I am blind or cannot see at all → **Skip to question 2.14**

2.13. Do you have difficulty seeing?

Even when wearing your glasses or contact lenses, if concerned.

☐ No difficulty

☐ Some difficulty

☐ A lot of difficulty

☐ I cannot see at all / Unable to do

2.14. Do you use a hearing aid?

☐ Yes

☐ No

☐ I am profoundly deaf → **Skip to question 2.16**

2.15. Do you have difficulty hearing what is said in a conversation with one other person…

Even when using your hearing aid, if concerned.

	No difficulty	Some difficulty	A lot of difficulty	I cannot hear at all / unable to do
…in a **quiet** room?	☐	☐	☐	☐
…in a **noisier** room?	☐	☐	☐	☐

2.16. Do you have difficulty…

	No difficulty	Some difficulty	A lot of difficulty	I cannot do at all / unable to do
… walking half a kilometre (500 metres) on level ground without the use of any aid? *(that would be the length of 5 football fields)*	☐	☐	☐	☐
… walking up or down 12 steps? *(that would be one flight of stairs)*	☐	☐	☐	☐
… remembering or concentrating?	☐	☐	☐	☐
… communicating using your usual language? *(**Include** understanding or being understood, **exclude** having difficulty understanding or being understood due to non-native or unfamiliar language)*	☐	☐	☐	☐
… biting and chewing on hard foods, such as firm apple?	☐	☐	☐	☐

Personal Care Activities

Now we would like you to consider everyday personal care activities. Please ignore temporary problems.

2.17. Do you usually have difficulty doing any of these activities without help?

	No difficulty	Some difficulty	A lot of difficulty	I cannot do at all / unable to do
Feeding yourself	☐	☐	☐	☐
Getting in and out of bed or chair	☐	☐	☐	☐
Dressing and undressing	☐	☐	☐	☐
Using toilets	☐	☐	☐	☐
Bathing or showering	☐	☐	☐	☐

If you answered NO DIFFICULTY to ALL questions, Skip to question 2.20 (Household Activities)

Consider all personal care activities where you have difficulty in doing them without help.

2.18. Do you usually have help with any of these activities?

☐ Yes, with at least one activity

☐ No

2.19. Would you need more help, or help if you have no help?

☐ Yes, with at least one activity

☐ No

Household Activities

Now we would like you to consider some household activities. Please ignore any temporary problems.

2.20. Do you usually have difficulty doing any of these activities without help?

	Never tried it / do not need to do it	No difficulty	Some difficulty	A lot of difficulty	I cannot do at all / unable to do
Preparing meals	☐	☐	☐	☐	☐
Using the telephone	☐	☐	☐	☐	☐
Shopping	☐	☐	☐	☐	☐
Managing medication	☐	☐	☐	☐	☐
Light housework (making beds, washing dishes…)	☐	☐	☐	☐	☐
Occasional heavy housework (cleaning windows, walking with heavy shopping…)	☐	☐	☐	☐	☐
Taking care of finances and everyday administrative tasks	☐	☐	☐	☐	☐

If you answered NO DIFFICULTY or NEVER TRIED IT/DO NOT NEED TO DO IT to all items, skip to question 2.23 (Barriers to participation in specific life)

Consider all household activities where you have difficulty in doing them without help.

2.21. Do you usually have help with any of these activities?

☐ Yes, with at least one activity

☐ No

2.22. Would you need more help, or help if you have no help?

☐ Yes, with at least one activity

☐ No

Barriers to participation in specific life domains

Next questions are on participation restrictions, due to a long-standing health problem (i.e. physical or mental health condition, illness or disease for at least 6 months)

2.23. Because of **long-standing health problem**, do you usually have difficulty…

	No interest in this activity / Do not want to do it	No difficulty	Some difficulty	A lot of difficulty	I cannot do at all / Unable to do
… leaving your home (that is going out on the street)	☐	☐	☐	☐	☐
… using various forms of transportation (such as a car, bus, train, coach, taxi)	☐	☐	☐	☐	☐
… accessing the buildings you want or need to use, including moving about once inside and using indoor building facilities	☐	☐	☐	☐	☐
… attending social activities, such as getting together with family or friends, going to dinner, going to social events (either alone or accompanied)	☐	☐	☐	☐	☐
… using the internet	☐	☐	☐	☐	☐

Pain

Next questions are about any physical pain you have had during the past 4 weeks.

2.24. During the **past 4 weeks,** how much bodily pain have you had?

- ☐ None
- ☐ Very mild
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Very severe

2.25. 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 bit
- ☐ Extremely

Mental Health

Next questions are about how you feel and how things have been with you during the past 2 weeks. For each question, please give the answer that comes closest to the way you have been feeling.

2.26. Over the **last 2 weeks**, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	☐	☐	☐	☐
Feeling down, depressed or hopeless	☐	☐	☐	☐
Trouble falling or staying asleep, or sleeping too much	☐	☐	☐	☐
Feeling tired or having little energy	☐	☐	☐	☐
Poor appetite or overeating	☐	☐	☐	☐
Feeling bad about yourself - or that you are a failure or have let yourself or your family down	☐	☐	☐	☐
Trouble concentrating on things, such as reading the newspaper or watching television	☐	☐	☐	☐
Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	☐	☐	☐	☐

2.27. Have you **ever** made a suicide attempt?

☐ Yes, in the past 12 months

☐ Yes, more than 12 months ago

☐ No → **Skip to the question 3.01**

2.28. If you have ever attempted suicide, have you ever been to a hospital (with or without hospitalization)?

☐ Yes → **Skip to the question 3.01**

☐ No

2.29. Did you consult a health professional for this issue?

☐ Yes

☐ No

3. HEALTH CARE MODULE

Use of Inpatient and Day Care

Next set of questions is about time spent in hospital. All types of hospitals or clinics are included.

*If you **have given birth**, the time spent in hospital for the birth of your child should not be included.*

3.01. In the **past 12 months**, have you been in hospital as an inpatient that is overnight or longer?

Visits to emergency departments or as outpatient, should not be included (for example if you go to hospital for a medical consultation only).

☐ Yes

If yes, how many nights in the **past 12 months**? ☐☐☐ night(s)

☐ No

3.02. In the **past 12 months**, have you been admitted to hospital as a day patient, that is admitted to a hospital for diagnosis, treatment or other types of health care, but not required to remain overnight?

☐ Yes

If yes, how many times in the **past 12 months**? ☐☐☐ Time(s)

☐ No

Use of Ambulatory and Home Care

3.03. When was **the last time** you visited a dentist or orthodontist on your own behalf?

On your own behalf means not while accompanying a child, spouse, etc.

☐ Less than 6 months

☐ 6 months to less than 12 months

☐ 12 months ago or longer

☐ Never

*Next set of questions are about consultations with your **general practitioner** or **family doctor**. Please include visits to your doctor's office as well as home visits and consultations by telephone.*

3.04. When was **the last time** you consulted a general practitioner or family doctor on your own behalf?

- ☐ Less than 12 months ago
- ☐ 12 months ago or longer
- ☐ Never

3.05. During the **past 4 weeks**, how many times did you consult a general practitioner or family doctor on your own behalf?

☐☐ Time(s) ☐ Never

*Next questions are about consultations with **medical** or **surgical specialists**. Include visits hospital as outpatient or emergency departments only, but do not include contact to physicians while in hospital as an inpatient or day patient.*

***Include:** dental surgeon, physician at workplace.*
***Exclude:** dentist and orthodontist.*

3.06. When was **the last time** you consulted a medical or surgical specialist on your own behalf?

- ☐ Less than 12 months ago
- ☐ 12 months ago or longer
- ☐ Never

3.07. During **the past 4 weeks**, how many times did you consult a medical or surgical specialist on your own behalf?

☐☐ Time(s) ☐ Never

*The following questions refer to the **last time you had a consultation with a doctor** (any doctor: generalist or specialist).*

3.08. Did the doctor spend enough time with you during this **last visit**?

- ☐ Yes, definitely
- ☐ Yes, to some extent
- ☐ No, not really
- ☐ No, definitely not
- ☐ Not sure

3.09. Did the doctor explain things in a way that was easy to understand during your **last visit**?

- ☐ Yes, definitely
- ☐ Yes, to some extent
- ☐ No, not really
- ☐ No, definitely not
- ☐ Not sure

3.10. Did the doctor give you an opportunity to ask questions or raise concerns about recommended treatment during your **last visit**?

- ☐ Yes, definitely
- ☐ Yes, to some extent
- ☐ No, not really
- ☐ No, definitely not
- ☐ Not sure

3.11. Did the doctor involve you as much as you wanted to be in decisions about your care and treatment during your **last visit**?

- ☐ Yes, definitely
- ☐ Yes, to some extent
- ☐ No, not really
- ☐ No, definitely not
- ☐ No, I did not want to be involved
- ☐ No decisions about treatment were made
- ☐ Not sure

3.12. In the **past 12 months**, have you visited on your own behalf a…?

Physiotherapist, kinesitherapist, chiropractor or osteopath	☐ Yes ☐ No
Speech therapist	☐ Yes ☐ No
Psychologist, psychiatrist or psychotherapist	☐ Yes ☐ No

*Next question is about **informal care or assistance***

3.13. In the **past 12 months**, have you received any unpaid care or assistance from a family member, partner, friend of neighbour because of a long-standing health problem or old age, at least once a week?

Please include any help or assistance with personal care and household activities, as well as companionship and emotional support

☐ Yes, mainly a family member

☐ Yes, mainly a non-family member

☐ No

*Next question is about **home care services** that cover a wide range of health and social services provided to people with health problems at their homes. These services comprise for example: home care service provided by a nurse or midwife, home help for the housework or for elderly people, meals on wheels or transportation service.*

Only services provided by professional health or social workers should be included.

3.14. In the **past 12 months**, have you used or received for yourself any home care services provided by professional health or care workers, at least once a week?

☐ Yes

☐ No → **Skip to question 3.16 (Medicine Use)**

3.15. How many hours per week do you receive care or assistance from a professional health or care worker?

☐ Less than 5 hours per week

☐ 5 hours to less than 10 hours per week

☐ 10 hours to less than 20 hours per week

☐ 20 hours to less than 30 hours per week

☐ 30 hours to less than 40 hours per week

☐ 40 hours per week or more

Medicine Use

3.16. During the **past 2 weeks**, have you used any medicines that were prescribed for you by a doctor?

Exclude contraceptive pills or hormones used solely for contraception.

☐ Yes

☐ No

3.17. During the **past 2 weeks**, have you used any medicines or herbal medicines or vitamins **not** prescribed by a doctor?

Exclude contraceptive pills or hormones used solely for contraception.

☐ Yes

☐ No

Preventive Service

3.18. When was the **last time** you have been vaccinated against flu?

Month Year

☐ Too long ago (before last year)

☐ Never

3.19. When was the **last time** a health professional measured …

	Within the past 12 months	1 year to less than 3 years	3 years to less than 5 years	5 years or more	Never
…your blood pressure?	☐	☐	☐	☐	☐
…your blood cholesterol?	☐	☐	☐	☐	☐
…your blood sugar?	☐	☐	☐	☐	☐

3.20. When was the **last time** you had a faecal occult blood test?

The aim of the test is to detect minor blood loss in the gastrointestinal tract, anywhere from the mouth to the colon.

☐ Within the past 12 months

☐ Between 1 year and less than 2 years

☐ Between 2 years and less than 3 years

☐ 3 years or more

☐ Never

3.21. When was the **last time** you had a colonoscopy?

It is a visual examination of the colon (with a colonoscope) from the rectum to the caecum.

☐ Within the past 12 months

☐ Between 1 year and less than 5 years

☐ Between 5 years and less than 10 years

☐ 10 years or more

☐ Never

*Next question is on **women** health.*

3.22. When was the **last time** you had …

	Within the past 12 months	1 year to less than 2 years	2 years to less than 3 years	3 years or more	Never
…a mammography (breast X-ray)?	☐	☐	☐	☐	☐
…a cervical smear test?	☐	☐	☐	☐	☐

Unmet Needs for Health Care

There are many reasons why people experience some delay in getting health care or do not get it at all. We would like to check to what extent you were confronted with such problems during the past 12 months.

3.23. In the **past 12 months**, have you experienced delay in getting health care because/due to …

	Yes	No	No need for health care
The time needed to obtain an appointment was too long	☐	☐	☐
Distance or transportation problems	☐	☐	☐

3.24. Was there any time in the **past 12 months** when you needed the following kinds of care, but could not afford it?

	Yes	No	No need for health care
Medical examination or treatment	☐	☐	☐
Dental examination or treatment	☐	☐	☐
Prescribed medicines	☐	☐	☐

3.25. Was there any time in the **past 12 months** when you needed a mental health consultation or treatment (by a psychologist, psychotherapist or a psychiatrist, for example) for yourself?

☐ Yes (really needed)

☐ No (did not need) → **Skip to question 4.01 (Health determinants)**

3.26. Did you have a mental health consultation of treatment each time you really needed?

☐ Yes (each time I needed) → **Skip to question 4.01 (Health determinants)**

☐ No (there was at least one occasion)

3.27. What was the main reason for not having a mental health consultation or treatment?

☐ Could not afford to (too expensive or not covered by the insurance fund)

☐ Waiting list, don't have the referral letter

☐ Could not take time because of work, care for children or for others

☐ Too far to travel/no means of transportation

☐ Having concerns about confidentiality and trust

☐ Being afraid of negative reaction or comments from family, friends or colleagues

☐ Fear about the consultation or treatment (for instance, fear of negative outcome or fear of side effects of medication)

☐ Not knowing where to seek help

☐ Other reason

4. HEALTH DETERMINANTS

Weight and Height

4.01. How tall are you (**without shoes**)?

☐☐☐ cm

4.02. How much do you weigh (**without clothes and shoes**)?

If you are pregnant, please give your weight before pregnancy.

☐☐☐ kg

Physical Activity / Exercise

*Next questions are about the time you spend doing different types of physical activity **in a typical week**.*

For the following question, think about the time you spend doing your main activity (work)

4.03. What best describes the physical efforts you make in your **main activity** (work, home activity or education)?

☐ Mostly sitting or standing

☐ Mostly walking or tasks of moderate physical effort

☐ Mostly heavy labour or physically demanding work

☐ Not performing any activity

*Next questions **exclude physical activities in your main activity** (work, home activity or education) that you have already mentioned in question 4.03. Now we would like to ask you about how you usually get to and from places. For example: to work, to school, for shopping, or to market.*

4.04. In a typical **week**, on how many days do you **walk** for at least 10 minutes continuously to get to and from places?

☐ day(s) → **If 0 day, skip to question 4.06**

4.05. How much time do you spend **walking** on a typical **day** to get to and from places?

Please add up all distances of 10 minutes continuously

☐ 10 - 29 minutes per day

☐ 30 - 59 minutes per day

☐ 1 hour to less than 2 hours per day

☐ 2 hours to less than 3 hours per day

☐ 3 hours or more per day

4.06. In a typical **week**, on how many days do you **bicycle** for at least 10 minutes continuously to get to and from places?

*Also include here the use of other **non-motor-driven** means of active transportation such as scooter, roller or skates, electric bikes etc.*

☐ day(s) → **If 0 day, skip to question 4.08**

4.07. How much time do you spend **bicycling** on a typical **day** to get to and from places?

Please add up distances of 10 minutes continuously

☐ 10 - 29 minutes per day

☐ 30 - 59 minutes per day

☐ Between 1 hour to less than 2 hours per day

☐ Between 2 hours to less than 3 hours per day

☐ 3 hours or more per day

*Next questions **exclude activities in your main activity** (work, home activity or education) and **transportation** that you have already mentioned in question 4.03. Now we would like to ask you about sports, fitness and recreational (leisure) physical activities that cause at least a small increase in breathing or heart rate such as brisk walking, ball games, jogging, cycling or swimming, etc.*

4.08. In a typical **week**, on how many days do you carry out **sports, fitness or recreational (leisure) physical activities** for at least 10 minutes continuously?

☐ day(s) → **If 0 day, skip to question 4.10**

4.09. How much time in total do you spend on **sports, fitness or recreational physical activities** in a typical **week**?

☐☐ : ☐☐ per week

Hour(s) Minute(s)

4.10. In a typical **week**, on how many days do you carry out physical activities specifically designed to strengthen your muscles such as doing **resistance training** or **strength exercises**?

This question includes all physical activities specifically designed to strengthen your muscles such as doing resistance training or strength exercises (for example, exercises using weights, elastic bonds, own body weight, doing knee bends (squats), push-ups (press-ups), sit-ups, etc.).

Include all such activities even if you have mentioned them before.

☐ day(s)

4.11. How much time do you usually spend sitting and reclining on a typical **day**?

This question is about sitting at work, at home, getting to and from places, or with friends including time spent sitting at a desk, sitting with friends travelling in car, bus, train, reading, playing cards or watching television on a typical day; ***but time spent sleeping should not be included here.***

☐ Less than 4 hours

☐ 4 hours to less than 6 hours

☐ 6 hours to less than 8 hours

☐ 8 hours to less than 10 hours

☐ 10 hours to less than 12 hours

☐ 12 hours or more

Dietary Habits

4.12. How often do you eat fruits (including frozen, dried, canned, etc.), excluding juice squeezed from fresh fruit or made from concentrate?

☐ Never

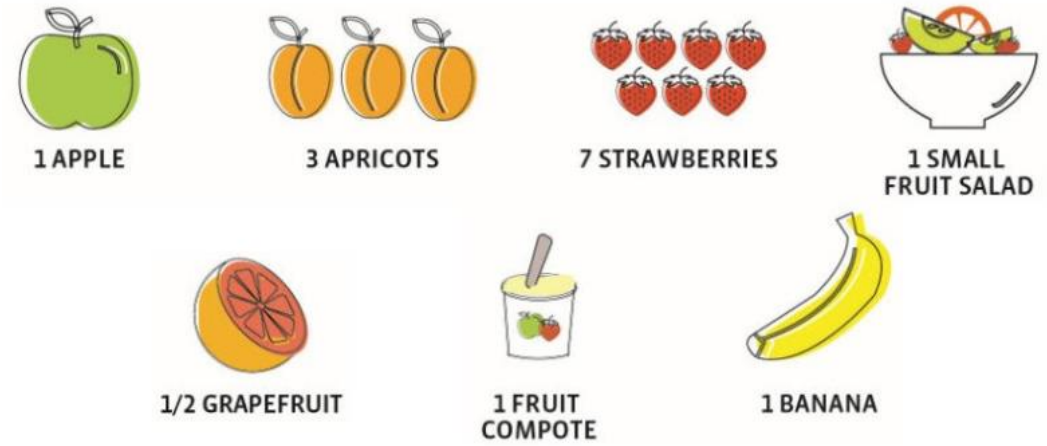
☐ Less than once a week

☐ 1 to 3 times a week

☐ 4 to 6 times a week

☐ Once or more a day → **Indicate the number of portions:** ☐☐ portion(s) / day

One portion of fruit:



4.13. How often do you eat salad or vegetables (including frozen, dried, canned, etc.), excluding soups, potatoes, fresh juice or juice made from concentrate?

☐ Never

☐ Less than once a week

☐ 1 to 3 times a week

☐ 4 to 6 times a week

☐ Once or more a day → **Indicate the number of portions:** ☐☐ portion(s) / day

One portion of vegetables:

4.14. How often do you …

	Never	Less than once a week	1 to 3 times a week	4 to 6 times a week	Once or more a day
… drink 100% pure fruit or vegetable juice, excluding juice made from concentrate or sweetened juice?	☐	☐	☐	☐	☐
… drink sugared soft drinks, for example lemonade or cola? *(Exclude light, diet or artificially sweetened soft drinks)*	☐	☐	☐	☐	☐
… eat red meat, such as beef, veal, pork, lamb? *(Please consider minced meat and meat preparation)*	☐	☐	☐	☐	☐
… eat processed meat products such as salami, sausages, hot dogs?	☐	☐	☐	☐	☐

Smoking

The following questions are about your smoking habits and exposure to tobacco smoke.

4.15. Do you smoke any tobacco products (excluding heating tobacco products, electronic cigarettes or similar electronic devices)?

☐ Yes, daily
☐ Yes, occasionally
☐ Not at all

→ **Skip to question 4.18**

4.16. Do you smoke manufactured or hand-rolled cigarettes **each day**?

☐ Yes
☐ No → **Skip to question 4.19**

4.17. On average, how many cigarettes do you smoke each day?

☐☐ cigarette(s) (manufactured or hand-rolled) → **Skip to question 4.19**

4.18. Have you ever smoked tobacco (e.g., cigarettes, cigars, pipes, shishas, etc.) daily, or almost daily, for at least one year?

☐ Yes
☐ No → **Skip to question 4.20**

4.19. For how many years have you smoked tobacco daily?

Count all separate periods of smoking daily. If you do not remember the exact number of years, please give an estimate.

☐☐ year(s)

4.20. How often are you exposed to tobacco smoke **indoors** (e.g., at home, at work, at public places, at restaurants, etc.)?

Only smoke produced by other people should be considered.

☐ Every day, 1 hour or more a day
☐ Every day, less than 1 hour per day
☐ At least once a week (but not every day)
☐ Less than once a week
☐ Never or almost never

4.21. Do you currently use heated tobacco products (e.g., tobacco sticks or products that use loose-leaf tobacco)?

- ☐ Yes, daily
- ☐ Yes, occasionally
- ☐ No, but I have used them in the past
- ☐ Never used them

4.22. Do you currently use electronic cigarettes or similar electronic devices (e.g., e-shisha, e-pipe)?

- ☐ Yes, daily vaping
- ☐ Yes, occasionally vaping
- ☐ No, but former vaping
- ☐ Never vaping

4.23. Do you currently use shisha (excluding e-shisha)?

- ☐ Every day or almost everyday
- ☐ At least once a week
- ☐ At least once a month
- ☐ Less than once a month
- ☐ Not but former user
- ☐ Never

Alcohol Consumption

The following questions are about your consumption of alcoholic beverages of any kind: that is, beer, wine, cider, cocktails, premixes, alcopops, long drinks, spirits, liquors, homemade alcohol, etc.

4.24. Have you **ever** consumed alcohol (apart from a few sips or trials)?

☐ Yes

☐ No, not in my whole life → **Skip to question 4.33 (Non-medical use of prescription drugs)**

4.25. How old were you when you have consumed an alcoholic drink **for the first time** (more than a few sips or samples)?

☐☐ years old

4.26. Have …

… you ever felt you should cut down on your drinking?	☐ Yes ☐ No
… people annoyed you by criticising your drinking?	☐ Yes ☐ No
… you ever felt bad or guilty about your drinking?	☐ Yes ☐ No
…you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?	☐ Yes ☐ No

4.27. In the **past 12 months**, how often have you had an alcoholic drink of any kind?

☐ Every day or almost

☐ 5 - 6 days a week

☐ 3 - 4 days a week

☐ 1 - 2 days a week

☐ 2 - 3 days in a month

☐ Once a month

☐ Less than once a month

☐ Not in the past 12 months, as I no longer drink alcohol

☐ Never, or a few sips or trials in my whole life

4.28. Thinking of **Monday to Thursday**, on how many of these 4 days do you usually drink alcohol?

☐ On all 4 days

☐ On 3 of the 4 days

☐ On 2 of the 4 days

☐ On 1 of the 4 days

☐ On none of the 4 days

4.29. From **Monday to Thursday**, how many standard drinks (see figure above) do you have on average on such a day when you drink alcohol?

☐ 16 or more drinks a day

☐ 10-15 drinks a day

☐ 6 - 9 drinks a day

☐ 4 - 5 drinks a day

☐ 3 drinks a day

☐ 2 drinks a day

☐ 1 drink a day

☐ 0 drink a day

4.30. Thinking of **Friday to Sunday**, on how many of these 3 days do you usually drink alcohol?

☐ On all 3 days
☐ On 2 of the 3 days
☐ On 1 of the 3 days
☐ On none of the 3 days

4.31. From **Friday to Sunday**, how many standard drinks do you have on average on such a day when you drink alcohol?

☐ 16 or more drinks a day
☐ 10-15 drinks a day
☐ 6 - 9 drinks a day
☐ 4 - 5 drinks a day
☐ 3 drinks a day
☐ 2 drinks a day
☐ 1 drink a day
☐ 0 drink a day

4.32. In the **past 12 months**, how often have you had at least 5 standard drinks containing alcohol on one occasion?

That is, during a party, a meal, an evening out with friends, alone at home, etc.

☐ Every day or almost
☐ 5 - 6 days a week
☐ 3 - 4 days a week
☐ 1 - 2 days a week
☐ 2 - 3 days in a month
☐ Once a month
☐ Less than once a month
☐ Not in the past 12 months
☐ Never in my whole life

Non-medical use of prescription drugs

Next questions concern medicines/prescription drugs delivered exclusively in pharmacies with a physician's prescription only. A non-medical use of prescription drugs refers to:

- the use that occurs without a personal medical prescription (e.g., obtained from a friend, a family member or another person);

- the use with a personal prescription from a physician, but not necessarily or no longer having a medical indication justifying its use;

- the use that does not follow the medical prescription (e.g., in larger doses, for a longer period of time, or for different purposes than prescribed).

These questions will focus on the non-medical use of prescription drugs with psychoactive effects (e.g., benzodiazepines, opioids, psychostimulants, antiepileptic or medical cannabis). Please, do not consider prescription drugs without psychoactive effects (e.g., diabetes or cholesterol medicines).

4.33. During the **last 12 months**, have you used any of the following prescription drugs for non-medical purposes?

☐ Yes

☐ No → **Skip to the question 4.36 (Licit/illicit substances)**

If yes, *please indicate among the list below which prescription drugs you have used for non-medical purposes during the last 12 months. Check all that apply*

Prescription drugs	*Used during the last 12 months*
Benzodiazepines and related drugs: *used in the treatment of sleep disturbances and the treatment of anxiety. Examples:* - Anxiolytics e.g.,: diazepam (Valium®), lorazepam (Temesta®), bromazepam (Lexotan®), alprazolam (Xanax®), clorazepat (Tranxene®), clonazepam (Rivotril®), nordazepam (Calmday®), oxazepam (Oxazepam EG®), … - Hypnotics and sedatives e.g.,: zopiclone (Imovane®), zolpidem (Stilnoct®), lormetazepam (Loramet®), …	☐
Opioids: *strong pain relievers. Examples:* - Oxycodone (Oxycontin®, OxyNorm®), oxycodone/naloxone (Targinact®), fentanyl (Matrifen®, Durogesic®), … - Tramadol (Tradonal®, Tramal®), tramadol/paracetamol (Zaldiar®), … - Codeine/paracetamol (Algisedal®, Dafalgan codeine®), codeine/ibuprofen (Brufen codeine®), ... - Buprenorphine (Subutex®), methadone (Mephenon®), ...	☐
Opioids: *for cough relieve. Examples:* - Cough syrups containing codeine (Bronchosedal codeine®, Neo-codion®, Toularynx codeine®), ... - Cough tablets containing codeine (Neo-codion®), ...	☐
Psychostimulants: *used for example for attention deficit disorders, to lose weight or to stay awake. Examples:* - Methylphenidate (Concerta®, Rilatine®, Medikinet®), …	☐
Antiepileptics: *used to prevent or treat seizures or convulsions by controlling abnormal electrical activity in the brain (for example as associated with epilepsy). Example:* - Pregabalin (Lyrica®), …	☐
Medical cannabis: *used for example to relieve chronic severe pain due to cancer or multiple sclerosis. Examples:* - Oral solution/liquid and/or mouth spray containing CBD, or CBD + THC (Sativex®, Epidyolex®)	☐

4.34. Why have you used the above mentioned prescription drugs for non-medical purposes?

Several answers possible: check all that apply

☐ To reduce pain/inflammations/coughing

☐ To improve sleep

☐ To handle feelings of depression or anxiety

☐ To cope with stress

☐ To deal with withdrawal symptoms and/or feelings of craving

☐ To handle or balance out the effects of other substances

☐ To intensify the effect of a prescribed drug (by taking a higher than recommended dose) because the dosage prescribed by a doctor does not feel adequate/sufficient

☐ To alter the state of mind or consciousness/to get high

☐ To experiment

☐ To cope with everyday life

☐ To increase productivity for work and/or studies

☐ To facilitate social interaction

☐ Other (please specify): _____

4.35. During the **last 30 days**, have you used any of the following prescription drugs for non-medical purposes?

☐ Yes

☐ No → **Skip to the question 4.36 (Licit/illicit substances)**

If yes, *please indicate among the list below which prescription drugs and approximately on how many days you have used them during the last 30 days. Check all that apply.*

Prescription drugs	*1-3 days*	*4-9 days*	*10-19 days*	*20 days or more*
Benzodiazepines and related drugs: *used in the treatment of sleep disturbances and the treatment of anxiety. Examples:* - Anxiolytics e.g.,: diazepam (Valium®), lorazepam (Temesta®), bromazepam (Lexotan®), alprazolam (Xanax®), clorazepat (Tranxene®), clonazepam (Rivotril®), nordazepam (Calmday®), oxazepam (Oxazepam EG®), … - Hypnotics and sedatives e.g.,: zopiclone (Imovane®), zolpidem (Stilnoct®), lormetazepam (Loramet®), ...	☐	☐	☐	☐
Opioids: *strong pain relievers. Examples:* - Oxycodone (Oxycontin®, OxyNorm®), oxycodone/naloxone (Targinact®), fentanyl (Matrifen®, Durogesic®), … - Tramadol (Tradonal®, Tramal®), tramadol/paracetamol (Zaldiar®) - Codeine/paracetamol (Algisedal®, Dafalgan codeine®), codeine/ibuprofen (Brufen codeine®)... - Buprenorphine (Subutex®), methadone (Mephenon®), ...	☐	☐	☐	☐
Opioids: *for cough relieve. Examples*: - Cough syrups containing codeine (Bronchosedal codeine®, Neo-codion®, Toularynx codeine®)... - Cough tablets containing codeine (Neo-codion®)...	☐	☐	☐	☐
Psychostimulants: *used for example for attention deficit disorders, to lose weight or to stay awake. Examples:* - Methylphenidate (Concerta®, Rilatine®, Medikinet®)	☐	☐	☐	☐
Antiepileptics: *used to prevent or treat seizures or convulsions by controlling abnormal electrical activity in the brain (for example as associated with epilepsy). Example:* - Pregabalin (Lyrica®), …	☐	☐	☐	☐
Medical cannabis: *used for example to relieve chronic severe pain due to cancer or multiple sclerosis. Examples*: - Oral solution/liquid and/or mouth spray containing CBD, or CBD + THC (Sativex®, Epidyolex®)	☐	☐	☐	☐

Licit/illicit substances

This section addresses exclusively the use of cannabis, licit/illicit substances and/or new psychoactive substances (NPS, definition in the table below). Please note that the use of cannabis or cannabis-based products/pharmaceuticals ***prescribed by a medical doctor*** *(for therapeutic use) as well as the use of CBD / low THC products (THC <1)* ***should not be included*** *here.*

The table below provides synonyms and slang names used for different substances, and the definition of NPS.

Tobacco	*Prefabricated cigarettes, rolled cigarettes, pipe, cigars, heated tobacco products, shisha, snuff, snus, chewing tobacco*
Cannabis – herbal	*Weed, dope, skunk, marijuana, grass, green, herb, pot, ganja, Mary Jane, reefer, bhang, dank, zaza, bud, broccoli, spliff, joint*
Cannabis – resin	*Hashish, hash, hay, shit, joint, spliff, dab*
Ecstasy/MDMA	*X, XTC, E, MD, MDMA, brownies, pills, smilies, skittles, scooby snacks, beans, love drug, hug drug, disco biscuits, molly, Emma, other names specific to the logo printed on the pills*
Amphetamine	*Speed, pep pills, uppers, amps, whizz, uppers, billy, crank, paste, wake-ups bennies, go-fast, dexies*
Methamphetamine	*Meth, crank, crystal, crystal glass, crystal meth, christina, tina, cris, chalk, chalk dust, ice, geep, getter, go fast, trash, garbage, wash, yaba*
Cocaine	*C, coke, Charlie, snow, nose candy, white powder, rock, white girl, white lady, (peruvian) flake, bolivian marching powder, dust, yayo*
Heroin	*Smack, (big) 'H', brown, brown sugar, junk, china white, hell dust, (black) tar, chasing the dragon*
Hallucinogenic mushrooms	*Buttons, psilos, magic mushrooms, magic fungi, shrooms, psychedelic mushrooms, trippy mushrooms, mushie*
LSD	*A, Elvis, Acid, blotter, trip, dot, microdots flash, lucy, L, lightening, purple haze, blaze, tabs, Alice*
Nitrous oxide	*Laughing gas, lighter gas, air blast, N20, balloons*
Other volatile substances and inhalants	*Solvents, glue, Poppers*
Ketamine	*Cat, K, Kit Kat, purple, vitamin K, special K*
New psychoactive substances/drugs (NPS)	*Substances/products (sold legally and/or illegally) supposed to imitate the effects of different types of controlled/illegal drugs.* *New Psychoactive Substances exist in different formats (e.g., powders, pills, tablets, liquids, herbs, etc.) and are also known as: NPS, legal highs, designer drugs, smart drugs, herbal highs, bath salts, research chemicals…* *Examples of types of NPS: synthetic cannabinoids (e.g., Spice), Synthetic cathinones (e.g., mephedrone, 3-MMC, 3-CMC, bath salts), Synthetic opioids (e.g. fentanyl…)*

4.36. Have you ever used cannabis, any licit/illicit substances or any NPS in **your life**, even if only once?

☐ Yes

☐ No → **Skip to the question 4.40 (Social support)**

If yes, *please indicate among the list below which substances you have ever used and how old you were when you used them for the first time. If you don't remember the exact age, please provide an estimation*

Substances	*Have you ever used it?*	*At what age did you use it for the first time?*
Tobacco	☐	_____ years old
Cannabis – herbal	☐	_____ years old
Cannabis – resin	☐	_____ years old
Ecstasy/MDMA	☐	_____ years old
Amphetamine	☐	_____ years old
Methamphetamine	☐	_____ years old
Cocaine	☐	_____ years old
Heroin	☐	_____ years old
Hallucinogenic mushrooms	☐	_____ years old
LSD	☐	_____ years old
Nitrous oxide	☐	_____ years old
Other volatile substances and inhalants	☐	_____ years old
Ketamine	☐	_____ years old
New psychoactive substances/drugs (NPS)	☐	_____ years old
Other(s) (Please specify): _____	☐	_____ years old
I do not know/I'm not sure which drug(s) I have used	☐	_____ years old

4.37. Have you used cannabis, any licit/illicit substances or any NPS over the **last 12 months**?

☐ Yes

☐ No → **Skip to the question 4.40 (Social support)**

If yes, *please indicate among the list below which substances you have used over the last 12 months. Check all that apply.*

Substances	*Used during last 12 months*
Tobacco	☐
Cannabis – herbal	☐
Cannabis – resin	☐
Ecstasy/MDMA	☐
Amphetamine	☐
Methamphetamine	☐
Cocaine	☐
Heroin	☐
Hallucinogenic mushrooms	☐
LSD	☐
Nitrous oxide	☐
Other volatile substances and inhalants	☐
Ketamine	☐
New psychoactive substances/drugs (NPS)	☐
Other(s) (Please specify): _____	☐
I do not know/I'm not sure which drug(s) I have used	☐

4.38. Have you used cannabis, any licit/illicit substances or any NPS over the **last 30 days**?

☐ Yes

☐ No → **Skip to the question 4.40 (Social support)**

Substances	*1-3 days*	*4-9 days*	*10-19 days*	*20 days or more*
Tobacco	☐	☐	☐	☐
Cannabis – herbal	☐	☐	☐	☐
Cannabis – resin	☐	☐	☐	☐
Ecstasy/MDMA	☐	☐	☐	☐
Amphetamine	☐	☐	☐	☐
Methamphetamine	☐	☐	☐	☐
Cocaine	☐	☐	☐	☐
Heroin	☐	☐	☐	☐
Hallucinogenic mushrooms	☐	☐	☐	☐
LSD	☐	☐	☐	☐
Nitrous oxide	☐	☐	☐	☐
Other volatile substances and inhalants	☐	☐	☐	☐
Ketamine	☐	☐	☐	☐
New psychoactive substances/drugs (NPS)	☐	☐	☐	☐
Other(s) (Please specify): _____	☐	☐	☐	☐
I do not know/I'm not sure which drug(s) I have used	☐	☐	☐	☐

4.39. Have you ever used cannabis, any illicit substance or any NPS **together with** another licit/illicit substance (e.g., alcohol, prescription drugs) at the same time or within a few hours with the intention to overlap (e.g., enhance, modulate or reduce) their effects?

By prescription drugs we mean drugs that are delivered in pharmacies with a doctor's prescription only and with a psychoactive effect (e.g., benzodiazepines, opioids, psychostimulants, antiepileptics)

☐ Yes

☐ No → **Skip to the question 4.40 (Social support)**

***If yes,** please indicate among the list below which combinations of substances have you used in your lifetime, during the last 12 months, and during the last 30 days.*

Substances	*Used during lifetime*	*Used during last 12 months*	*Used during last 30 days*
Cannabis (herbal, resin or other) and alcohol	☐	☐	☐
Cannabis (herbal, resin or other) and illicit drugs	☐	☐	☐
Cannabis (herbal, resin or other) and prescription drugs	☐	☐	☐
Illicit drugs and alcohol	☐	☐	☐
Illicit drugs and prescription drugs	☐	☐	☐
Other combinations: _____and_____	☐	☐	☐

Social Support

Next questions concern your social relationships.

4.40. How many persons are so close to you that you can count on them if you have serious personal problems?

- ☐ None
- ☐ 1 or 2
- ☐ 3 to 5
- ☐ 6 or more

4.41. How much concern do people show in what you are doing?

- ☐ A lot of concern and interest
- ☐ Some concern and interest
- ☐ Uncertain
- ☐ Little concern and interest
- ☐ No concern and interest

4.42. How easy is it to get practical help from neighbours if you should need it?

- ☐ Very easy
- ☐ Easy
- ☐ Possible
- ☐ Difficult
- ☐ Very difficult

Provision of Informal Care or Assistance

This section is about the provision of informal care or assistance to other people with health problems.

4.43. Do you provide care or assistance to one or more persons suffering from some age problem, chronic health condition or infirmity **(**excluding any care provided as part of your profession), **at least once a week**?

☐ Yes

☐ No → **End of the questionnaire**

4.44. Is this person or are these persons…?

*Select the one to whom you are providing **the most** care.*

☐ Member(s) of your family

☐ Someone else (non-member(s) of your family)

4.45. For how many hours per week do you provide care or assistance?

☐ Less than 5 hours per week

☐ 5 hours to less than 10 hours per week

☐ 10 hours to less than 20 hours per week

☐ 20 hours to less than 30 hours per week

☐ 30 hours to less than 40 hours per week

☐ 40 hours per week or more

THE QUESTIONNAIRE IS NOW COMPLETED

THANK YOU

for your participation

To follow the next steps of the survey:
www.ehis.lu