

DRUG VIBES - The Belgian Survey on Drugs (6NT)

Thank you for your interest in our survey!

The aim of this study is to understand changes in drug use patterns and habits in Belgium. The survey takes about 10 minutes.

We value your trust and want to assure you that all information shared in this survey will be handled in a **secure and anonymous way**.

This survey is conducted by **Unit Drugs** of **Sciensano**, the key responsible for supporting the Belgian Drug Policy.

There are 58 questions in this survey.

Participation in the DRUG VIBES - The Belgian Survey on Drugs - Part I

Informed consent

Procedure

You are invited to answer a series of questions about your drug use and related habits, your current living situation, and your emotional wellbeing.

Rights of the participant

Your participation in this survey is entirely **voluntary**. If at any time you wish to stop the survey, you are free to do so.

Data privacy

Your **personal information will always be treated in a secure and anonymous way**. All data shared with us is strictly confidential and will only be used for **research purposes**. No results containing individual information or details that may lead back to you will be published.

Since drug use behaviour can change over time, you will be asked at the end of the survey if you would like to be contacted for follow-up rounds of this survey. The decision for future participation is completely voluntary.

Data storage and access

The encrypted data from this survey is kept for the necessary duration of this research, after which it is archived. In accordance with the General Data Protection Regulation (GDPR), you have the right to view, change or delete your data during this period. You can request your data from Sciensano by using this form: <https://www.sciensano.be/en/privacy-notice-sciensano> (<https://www.sciensano.be/en/privacy-notice-sciensano>).

Do you have further questions or concerns about your data privacy?

You can contact Sciensano's data protection officer at DPO@sciensano.be (<mailto:DPO@sciensano.be>), or call at 02/642 51 02. If you have a complaint about the way your data is being processed, please contact the Belgian Data Protection Authority: Drukpersstraat 35 - 1000 Brussels, Tel .: 02/274 48 00 - e-mail: contact@apd-gba.be (<mailto:contact@apd-gba.be>).

Contact

If you need additional information about the study or if you experience technical problems when completing the questionnaire, you can always contact us at bmcdada@sciensano.be (mailto:bmcdada@sciensano.be).

By participating in this study, I indicate that I accept the terms above and that I understand the following:

My participation is voluntary and I can stop my participation at any moment and without any consequences.

All information provided will be used for research purposes only and it will not be traceable back to me.

By clicking on the “I participate” button, I agree to take part in this study.

*

Please choose **only one** of the following:

☐

I participate

☐

I don't want to participate

Participation in the DRUG VIBES - The Belgian Survey on Drugs - Part II

Have you been living in Belgium for at least three months?

*

Please choose **only one** of the following:

☐

Yes

☐

No

Please select **all products** that you ever tried or consumed.

*

❗ Check all that apply

Please choose **all** that apply:

☐

Cannabis (weed, marijuana or hashish)

☐

Powder cocaine (coke)

☐

Crack cocaine (base)

☐

Ecstasy (XTC, MDMA)

☐

Amphetamines (Speed)

☐

Heroin

☐

Methamphetamine (Crystal Meth)

☐

GHB or GBL (Liquid Ecstasy)

☐

Ketamine

☐

LSD

☐

Other Hallucinogens (e.g., magic mushrooms, DMT, ayahuasca)

☐

Alcohol

☐

Laughing gas

☐

New psychoactive substances, known as: 'legal highs', 'research chemicals', 'designer drugs' or 'smart drugs'.

☐

Opioid medication (pain relievers) not prescribed to you or used in a different way than prescribed (e.g. Fentanyl, Oxycodone, Codeine, Buprenorphine, Methadone, etc.)

☐

Tranquilizers or sedatives not prescribed to you or used in a different way than prescribed (e.g. Valium, Rohypnol, Temesta, Zolpidem, Zopiclone, etc.)

☐

Stimulant medication not prescribed to you or used in a different way than prescribed (e.g. Ritalin, Concerta, Adderal, Daytran, Dexedrine, Focalin, Provigil, Nuvigil, etc.)

☐

Other:

And when was the last time you used these products?

*

Please choose the appropriate response for each item:

Only answer this question for the items you selected in question drug1 ('Please select all products that you ever tried or consumed.')

Only answer this question for the items you did not select in question drug1 ('Please select all products that you ever tried or consumed.')

	In the last 30 days	In the last 12 months but not in the last 30 days	More than 12 months ago
Cannabis (weed, marijuana or hashish)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Powder cocaine (coke)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crack (Base)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ecstasy (XTC, MDMA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amphetamines (Speed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methamphetamine (Crystal Meth)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GHB or GBL (Liquid Ecstasy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ketamine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LSD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Hallucinogens (e.g., magic mushrooms, DMT, ayahuasca)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	In the last 30 days	In the last 12 months but not in the last 30 days	More than 12 months ago
Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Laughing gas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New psychoactive substances, known as: 'legal highs', 'research chemicals', 'designer drugs' or 'smart drugs'.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opioid medication (pain relievers) not prescribed to you or used in a different way than prescribed (e.g. Fentanyl, Oxycodone, Codeine, Buprenorphine, Methadone, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tranquilizers or sedatives not prescribed to you or used in a different way than prescribed (e.g. Valium, Rohypnol, Temesta, Zolpidem, Zopiclone, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stimulant medication not prescribed to you or used in a different way than prescribed (e.g. Ritalin, Concerta, Adderal, Daytran, Dexedrine, Focalin, Provigil, Nuvigil, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What is your year of birth? *

Please choose **only one** of the following:

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I was born later than 2004.

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- ☐ 1910
- ☐ 1909
- ☐ 1908
- ☐ 1907
- ☐ 1906
- ☐ 1905

What is your gender ?

Please choose **only one** of the following:

- ☐ Male
- ☐ Female
- ☐ Other
- ☐ I prefer not to say

CANNABIS USE IN THE LAST MONTH

We are now going to ask you a few questions about your cannabis consumption in the **last month**.

How often did you use cannabis?

Only answer this question if the following conditions are met:

Answer was 'In the last 30 days' at question '4 [drug2]' (And when was the last time you used these products? (Cannabis (weed, marijuana or hashish)))

❗ Choose one of the following answers

Please choose **only one** of the following:

- ☐ Everyday
- ☐ Four to six times a week
- ☐ Two to three times a week
- ☐ Once a week
- ☐ One to three times a month

Which types of cannabis did you use?

Only answer this question if the following conditions are met:

Answer was 'In the last 30 days' at question '4 [drug2]' (And when was the last time you used these products? (Cannabis (weed, marijuana or hashish)))

❗ Check all that apply

Please choose **all** that apply:

- ☐ Hashish
- ☐ Marijuana
- ☐ Oil
- ☐ Edibles
- ☐ E-liquids
- ☐ Cosmetic products

☐ Other:

Only answer this question for the items you did not select in question can2 ('Which types of cannabis did you use?')

[illegible]

Where did you use cannabis **most often**?

Only answer this question if the following conditions are met:

Answer was 'In the last 30 days' at question '4 [drug2]' (And when was the last time you used these products? (Cannabis (weed, marijuana or hashish)))

❗ Choose one of the following answers

Please choose **only one** of the following:

- ☐ At home alone
- ☐ At home with other people or at someone else's place (e.g., at a friend's place, in a small gathering, or at a house party)
- ☐ In a bar, restaurant or club
- ☐ On the street, in a park or other outdoor public spaces
- ☐ At work
- ☐ Other place

How often did you use cannabis to...

Only answer this question if the following conditions are met:

Answer was 'In the last 30 days' at question '4 [drug2]' (And when was the last time you used these products? (Cannabis (weed, marijuana or hashish)))

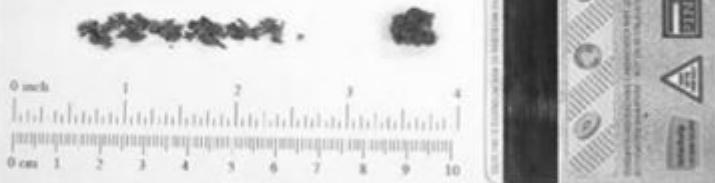
Please choose the appropriate response for each item:

	Always	Often	Sometimes	Rarely	Never
help you to relax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help you to stay awake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
enhance an activity such as listening to music or playing a game or sport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help make something you were doing less boring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
just get really stoned or intoxicated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help you feel elated or euphoric	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help you keep going on a night out with friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help you feel more confident or more able to talk to people in a social situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
enhance feelings when having sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
improve the effects of other substances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

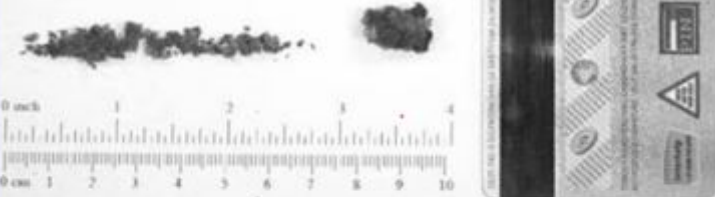
	Always	Often	Sometimes	Rarely	Never
help you stop worrying about a problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
make yourself feel better when down or depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help you to concentrate or to work or study	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help you lose your inhibitions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help you enjoy the company of your friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help ease the after effects of other substances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help you to sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The pictures below show four different amounts of marijuana (weed) in crumbled and non-crumbled form. Which picture best represents the amount of marijuana you usually used as one portion (joint, water-pipe, dry pipe, edibles, etc.)?

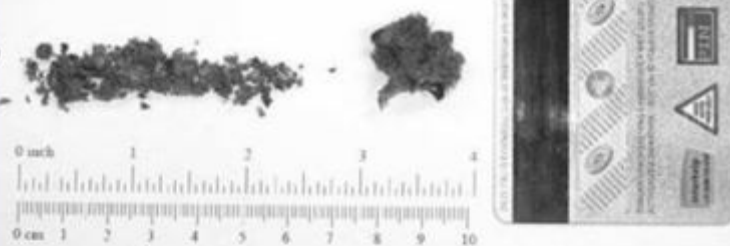
Picture A – 0.05 grams (50 milligrams)



Picture B – 0.1 grams (100 milligrams)



Picture C – 0.2 grams (200 milligrams)



Picture D – 0.3 grams (300 milligrams)



Only answer this question if the following conditions are met:

Answer was 'Marijuana' at question '8 [can2]' (Which types of cannabis did you use?)

❗ Choose one of the following answers

Please choose **only one** of the following:

- ☐ Less than Picture A (<0.05 g)
- ☐ Picture A (0.05g)
- ☐ Between Picture A and Picture B
- ☐ Picture B (0.1g)
- ☐ Between Picture B and Picture C
- ☐ Picture C (0.2g)
- ☐ Between Picture C and Picture D
- ☐ Picture D (0.3g)
- ☐ More than Picture D

How many portions (joints, water-pipes, dry pipes, edibles, etc.) of **marijuana (weed)** did you consume on a typical day of use? Please provide your best approximation.

Only answer this question if the following conditions are met:

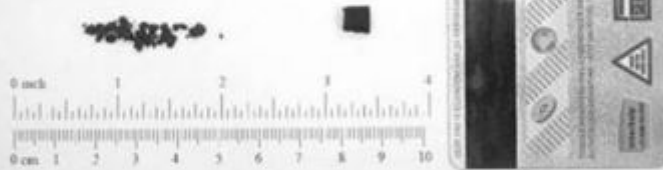
Answer was 'Marijuana' at question '8 [can2]' (Which types of cannabis did you use?)

❗ Only numbers may be entered in this field.

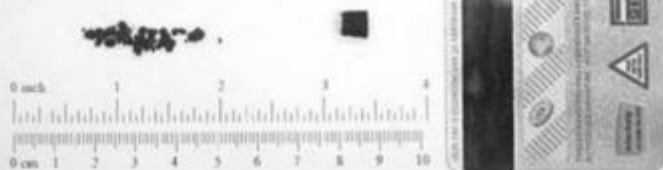
Please write your answer here:

The pictures below show four different amounts of **hashish** in crumbled and non-crumbled form. Which picture best represents the amount of hashish that you usually used as one portion (joint, water-pipe, dry pipe, edibles, etc.)?

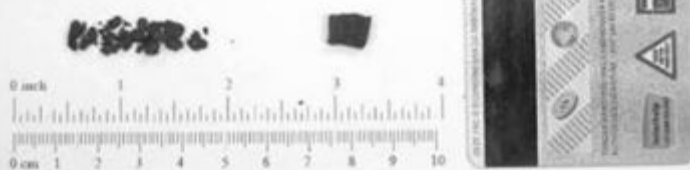
Picture A – 0.05 grams (50 milligrams)



Picture B – 0.1 grams (100 milligrams)



Picture C – 0.2 grams (200 milligrams)



Picture D – 0.3 grams (300 milligrams)



Only answer this question if the following conditions are met:

Answer was at question '8 [can2]' (Which types of cannabis did you use?)

❗ Choose one of the following answers

Please choose **only one** of the following:

- ☐ Less than Picture A (<0.05 g)
- ☐ Picture A (0.05g)
- ☐ Between Picture A and Picture B
- ☐ Picture B (0.1g)
- ☐ Between Picture B and Picture C
- ☐ Picture C (0.2g)
- ☐ Between Picture C and Picture D
- ☐ Picture D (0.3g)
- ☐ More than Picture D

How many portions of **hashish** (amount of joints, water-pipes, dry pipes, edibles,...) did you consume on a typical day of use? Please provide your best approximation.

Only answer this question if the following conditions are met:

Answer was at question '8 [can2]' (Which types of cannabis did you use?)

❗ Only numbers may be entered in this field.

Please write your answer here:

Please think now about your cannabis consumption in the **LAST YEAR.**

How often have you...

Only answer this question if the following conditions are met:

Answer was 'In the last 30 days' at question '4 [drug2]' (And when was the last time you used these products? (Cannabis (weed, marijuana or hashish)))

Please choose the appropriate response for each item:

	Very often	Fairly often	From time to time	Rarely	Never
used cannabis before midday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used cannabis when you were alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
experienced memory problems while consuming cannabis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
been told by any of your friends or family members to reduce or stop your cannabis consumption	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
tried to reduce or stop your cannabis consumption but without success	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
experienced problems because of your cannabis use (for example, arguments, fights, accidents, poor results at school/work or other similar situations)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CANNABIS USE IN THE LAST YEAR

Please think about your cannabis consumption in the **LAST YEAR**.

How often have you...

Only answer this question if the following conditions are met:

Answer was 'In the last 12 months but not in the last 30 days' at question '4 [drug2]' (And when was the last time you used these products? (Cannabis (weed, marijuana or hashish)))

Please choose the appropriate response for each item:

	Very often	Fairly often	From time to time	Rarely	Never
used cannabis before midday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
used cannabis when you were alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
experienced memory problems while consuming cannabis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
been told by any of your friends or family members to reduce or stop your cannabis consumption	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
tried to reduce or stop your cannabis consumption but without success	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
experienced problems because of your cannabis use (for example, arguments, fights, accidents, poor results at school/work or other similar situations)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

COCAINE USE IN THE LAST MONTH

We are now going to ask you a few questions about your cocaine consumption in the **last month**.

How often did you use cocaine?

Only answer this question if the following conditions are met:

Answer was 'In the last 30 days' at question '4 [drug2]' (And when was the last time you used these products? (Powder cocaine (coke)))

❗ Choose one of the following answers

Please choose **only one** of the following:

- ☐ Everyday
- ☐ Four to six times a week
- ☐ Two to three times a week
- ☐ Once a week
- ☐ One to three times a month

Where did you use cocaine **most often**?

Only answer this question if the following conditions are met:

Answer was 'In the last 30 days' at question '4 [drug2]' (And when was the last time you used these products? (Powder cocaine (coke)))

❗ Choose one of the following answers

Please choose **only one** of the following:

- ☐ At home alone
- ☐ At home with other people or at someone else's place (e.g., at a friend's place, in a small gathering, or at a house party)
- ☐ In a bar, restaurant or club
- ☐ On the street, in a park or other outdoor public spaces
- ☐ At work
- ☐ Other place

How often did you use cocaine to...

Only answer this question if the following conditions are met:

Answer was 'In the last 30 days' at question '4 [drug2]' (And when was the last time you used these products? (Powder cocaine (coke)))

Please choose the appropriate response for each item:

	Always	Often	Sometimes	Rarely	Never
help you to relax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help you to stay awake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
enhance an activity such as listening to music or playing a game or sport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help make something you were doing less boring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
just get really stoned or intoxicated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help you feel elated or euphoric	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help you keep going on a night out with friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help you feel more confident or more able to talk to people in a social situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
enhance feelings when having sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
improve the effects of other substances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Always	Often	Sometimes	Rarely	Never
help you stop worrying about a problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
make yourself feel better when down or depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help you to concentrate or to work or study	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help you lose your inhibitions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help you enjoy the company of your friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help ease the after effects of other substances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help you to lose weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Think about the last time you used cocaine, from where did you get it?

Only answer this question if the following conditions are met:

Answer was 'In the last 30 days' at question '4 [drug2]' (And when was the last time you used these products? (Powder cocaine (coke)))

❗ Choose one of the following answers

Please choose **only one** of the following:

- ☐ I bought it from a shop online
- ☐ I bought it from an internet encrypted market or darknet
- ☐ I bought it from a drug dealer
- ☐ I bought it via a friend or an acquaintance
- ☐ People gave it to me or shared it with me for free
- ☐ Other

How many **grams of cocaine** did you use on a typical day of use? Please provide your best approximation.

Only answer this question if the following conditions are met:

Answer was 'In the last 30 days' at question '4 [drug2]' (And when was the last time you used these products? (Powder cocaine (coke)))

❗ Only numbers may be entered in this field.

Please write your answer here:

ECSTASY/MDMA USE IN THE LAST MONTH

We are now going to ask you a few questions about your ecstasy consumption in the **last month**.

How often did you use ecstasy?

Only answer this question if the following conditions are met:

Answer was 'In the last 30 days' at question '4 [drug2]' (And when was the last time you used these products? (Ecstasy (XTC, MDMA)))

❗ Choose one of the following answers

Please choose **only one** of the following:

- ☐ Everyday
- ☐ Four to six times a week
- ☐ Two to three times a week
- ☐ Once a week
- ☐ One to three times a month

Where did you use ecstasy **most often**?

Only answer this question if the following conditions are met:

Answer was 'In the last 30 days' at question '4 [drug2]' (And when was the last time you used these products? (Ecstasy (XTC, MDMA)))

❗ Choose one of the following answers

Please choose **only one** of the following:

- ☐ At home alone
- ☐ At home with other people or at someone else's place (e.g., at a friend's place, in a small gathering, or at a house party)
- ☐ In a bar, restaurant or club
- ☐ On the street, in a park or other outdoor public spaces
- ☐ At work
- ☐ Other place

How often did you use ecstasy to...

Only answer this question if the following conditions are met:

Answer was 'In the last 30 days' at question '4 [drug2]' (And when was the last time you used these products? (Ecstasy (XTC, MDMA)))

Please choose the appropriate response for each item:

	Always	Often	Sometimes	Rarely	Never
help you to relax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help you to stay awake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
enhance an activity such as listening to music or playing a game or sport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help make something you were doing less boring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
just get really stoned or intoxicated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help you feel elated or euphoric	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help you keep going on a night out with friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help you feel more confident or more able to talk to people in a social situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
enhance feelings when having sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
improve the effects of other substances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Always	Often	Sometimes	Rarely	Never
help you stop worrying about a problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
make yourself feel better when down or depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help you to concentrate or to work or study	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help you lose your inhibitions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help you enjoy the company of your friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help ease the after effects of other substances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help you to lose weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Think about the last time you used ecstasy, from where did you get it?

Only answer this question if the following conditions are met:

Answer was 'In the last 30 days' at question '4 [drug2]' (And when was the last time you used these products? (Ecstasy (XTC, MDMA)))

❗ Choose one of the following answers

Please choose **only one** of the following:

- ☐ I bought it from a shop online
- ☐ I bought it from an internet encrypted market or darknet
- ☐ I bought it from a drug dealer
- ☐ I bought it via a friend or an acquaintance
- ☐ People gave it to me or shared it with me for free
- ☐ Other

What forms of ecstasy did you use?

Only answer this question if the following conditions are met:

Answer was 'In the last 30 days' at question '4 [drug2]' (And when was the last time you used these products? (Ecstasy (XTC, MDMA)))

❗ Check all that apply

Please choose **all** that apply:

- ☐ Tablets
- ☐ Powder/crystals

How many **tablets** did you use on a typical day of use? Please provide your best approximation.

Only answer this question if the following conditions are met:

Answer was 'Tablets' at question '27 [xtc2]' (What forms of ecstasy did you use?)

❗ Only numbers may be entered in this field.

Please write your answer here:

How many **grams of powder/crystals** did you use on a typical day of use? Please provide your best approximation.

Only answer this question if the following conditions are met:

Answer was 'Powder/crystals' at question '27 [xtc2]' (What forms of ecstasy did you use?) *and* Answer was 'In the last 30 days' at question '4 [drug2]' (And when was the last time you used these products? (Ecstasy (XTC, MDMA)))

❗ Only numbers may be entered in this field.

Please write your answer here:

AMPHETAMINES (SPEED) USE IN THE LAST MONTH

We are now going to ask you a few questions about your amphetamine consumption in the **last month**.

How often did you use amphetamine?

Only answer this question if the following conditions are met:

Answer was at question '3 [drug1]' (Please select all products that you ever tried or consumed.) *and* Answer was 'In the last 30 days' at question '4 [drug2]' (And when was the last time you used these products? (Amphetamines (Speed)))

❗ Choose one of the following answers

Please choose **only one** of the following:

- ☐ Everyday
- ☐ Four to six times a week
- ☐ Two to three times a week
- ☐ Once a week
- ☐ One to three times a month

Where did you use amphetamine **most often**?

Only answer this question if the following conditions are met:

Answer was 'In the last 30 days' at question '4 [drug2]' (And when was the last time you used these products? (Amphetamines (Speed)))

❗ Choose one of the following answers

Please choose **only one** of the following:

- ☐ At home alone
- ☐ At home with other people or at someone else's place (e.g., at a friend's place, in a small gathering, or at a house party)
- ☐ In a bar, restaurant or club
- ☐ On the street, in a park or other outdoor public spaces
- ☐ At work
- ☐ Other place

How often did you use amphetamine to...

Only answer this question if the following conditions are met:

Answer was 'In the last 30 days' at question '4 [drug2]' (And when was the last time you used these products? (Amphetamines (Speed)))

Please choose the appropriate response for each item:

	Always	Often	Sometimes	Rarely	Never
help you to relax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help you to stay awake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
enhance an activity such as listening to music or playing a game or sport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help make something you were doing less boring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
just get really stoned or intoxicated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help you feel elated or euphoric	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help you keep going on a night out with friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help you feel more confident or more able to talk to people in a social situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
enhance feelings when having sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
improve the effects of other substances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Always	Often	Sometimes	Rarely	Never
help you stop worrying about a problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
make yourself feel better when down or depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help you to concentrate or to work or study	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help you lose your inhibitions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help you enjoy the company of your friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help ease the after effects of other substances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help you to lose weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Think about the last time you used amphetamine, from where did you get it?

Only answer this question if the following conditions are met:

Answer was 'In the last 30 days' at question '4 [drug2]' (And when was the last time you used these products? (Amphetamines (Speed)))

❗ Choose one of the following answers

Please choose **only one** of the following:

- ☐ I bought it from a shop online
- ☐ I bought it from an internet encrypted market or darknet
- ☐ I bought it from a drug dealer
- ☐ I bought it via a friend or an acquaintance
- ☐ People gave it to me or shared it with me for free
- ☐ Other

What forms of amphetamine did you use?

Only answer this question if the following conditions are met:

Answer was 'In the last 30 days' at question '4 [drug2]' (And when was the last time you used these products? (Amphetamines (Speed)))

❗ Check all that apply

Please choose **all** that apply:

- ☐ Tablets
- ☐ Powder/crystals

How many **tablets** did you use on a typical day of use? Please provide your best approximation.

Only answer this question if the following conditions are met:

Answer was 'Tablets' at question '34 [amph2]' (What forms of amphetamine did you use?)

❗ Only numbers may be entered in this field.

Please write your answer here:

How many **grams of powder/crystals** did you use on a typical day of use? Please provide your best approximation.

Only answer this question if the following conditions are met:

Answer was 'Powder/crystals' at question '34 [amph2]' (What forms of amphetamine did you use?)

❗ Only numbers may be entered in this field.

Please write your answer here:

KETAMINE USE LAST MONTH

We are now going to ask you a few questions about your ketamine consumption in the **last month**.

How often did you use ketamine?

Only answer this question if the following conditions are met:

Answer was 'In the last 30 days' at question '4 [drug2]' (And when was the last time you used these products? (Ketamine))

❗ Choose one of the following answers

Please choose **only one** of the following:

- ☐ Everyday
- ☐ Four to six times a week
- ☐ Two to three times a week
- ☐ Once a week
- ☐ One to three times a month

Where did you use ketamine **most often**?

Only answer this question if the following conditions are met:

Answer was 'In the last 30 days' at question '4 [drug2]' (And when was the last time you used these products? (Ketamine))

❗ Choose one of the following answers

Please choose **only one** of the following:

- ☐ At home alone
- ☐ At home with other people or at someone else's place (e.g., at a friend's place, in a small gathering, or at a house party)
- ☐ In a bar, restaurant or club
- ☐ On the street, in a park or other outdoor public spaces
- ☐ At work
- ☐ Other place

How often did you use ketamine to...

Only answer this question if the following conditions are met:

Answer was 'In the last 30 days' at question '4 [drug2]' (And when was the last time you used these products? (Ketamine))

Please choose the appropriate response for each item:

	Always	Often	Sometimes	Rarely	Never
help you to relax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help you to stay awake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
enhance an activity such as listening to music or playing a game or sport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help make something you were doing less boring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
just get really stoned or intoxicated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help you feel elated or euphoric	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help you keep going on a night out with friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help you feel more confident or more able to talk to people in a social situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
enhance feelings when having sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
improve the effects of other substances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Always	Often	Sometimes	Rarely	Never
help you stop worrying about a problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
make yourself feel better when down or depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help you to concentrate or to work or study	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help you lose your inhibitions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help you enjoy the company of your friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help ease the after effects of other substances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help you to lose weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Think about the last time you used ketamine, from where did you get it?

Only answer this question if the following conditions are met:

Answer was 'In the last 30 days' at question '4 [drug2]' (And when was the last time you used these products? (Ketamine))

❗ Choose one of the following answers

Please choose **only one** of the following:

- ☐ I bought it from a shop online
- ☐ I bought it from an internet encrypted market or darknet
- ☐ I bought it from a drug dealer
- ☐ I bought it via a friend or an acquaintance
- ☐ People gave it to me or shared it with me for free
- ☐ Other

What forms of ketamine did you use?

Only answer this question if the following conditions are met:

Answer was 'In the last 30 days' at question '4 [drug2]' (And when was the last time you used these products? (Ketamine))

❗ Check all that apply

Please choose **all** that apply:

- ☐ Tablets
- ☐ Powder/crystals
- ☐ Liquid

How many **tablets** did you use on a typical day of use? Please provide your best approximation.

Only answer this question if the following conditions are met:

Answer was 'Tablets' at question '41 [ket2]' (What forms of ketamine did you use?)

❗ Only numbers may be entered in this field.

Please write your answer here:

How many **grams of powder/crystals** did you use on a typical day of use? Please provide your best approximation.

Only answer this question if the following conditions are met:

Answer was 'Powder/crystals' at question '41 [ket2]' (What forms of ketamine did you use?)

❗ Only numbers may be entered in this field.

Please write your answer here:

How many **milliliters of liquid** did you use on a typical day of use? Please provide your best approximation.

Only answer this question if the following conditions are met:

Answer was 'Liquid' at question '41 [ket2]' (What forms of ketamine did you use?)

❗ Only numbers may be entered in this field.

Please write your answer here:

ABOUT YOU

We would like to ask a few additional questions about your personal situation. We ask these questions only to know more about some differences between the people who answer this survey.

We would like to stress that your personal information is not accessible to others and that your answers stay confidential.

In which province do you live?

Please choose **only one** of the following:

- ☐ Antwerp
- ☐ Brussels
- ☐ Flemish Brabant
- ☐ East Flanders
- ☐ Hainaut
- ☐ Liège
- ☐ Limburg
- ☐ Luxembourg
- ☐ Namur
- ☐ Walloon Brabant
- ☐ West Flanders

What best describes your living situation in the past month?

*by partner we refer to husband/wife, boyfriend/girlfriend, legal life partner etc.

Please choose **only one** of the following:

- ☐ I lived alone
- ☐ I was a single parent and lived with my child(ren) or shared custody with the second parent
- ☐ I lived with my partner* and child(ren)
- ☐ I lived with my partner*, without children
- ☐ I lived with my parents
- ☐ I lived with roommates
- ☐ Other

What is your highest diploma or degree you obtained?

Please choose **only one** of the following:

- ☐ No diploma
- ☐ Lower or primary education
- ☐ Lower secondary education or secondary education of the 1st or 2nd degree
- ☐ Higher secondary education or secondary education of the 3rd degree
- ☐ Post-secondary not-higher education (4th grade, 7th year, training management small enterprises ,...)
- ☐ Higher education outside the university - short type, graduate (A1), professional bachelor
- ☐ Higher education outside the university - the long type, master on a high school
- ☐ Academic bachelor (university)
- ☐ Licentiate, engineer or master (university)
- ☐ Doctorate with thesis
- ☐ Other

Which of the descriptions apply to what you have done in the past 7 days?

* Full-time – 4 or 5 full days of work

** Part-time – 3 full days of work or less

❗ Check all that apply

Please choose **all** that apply:

☐ Full-time* paid work performed (or temporarily absent) (employee, self-employed, working for family business)

☐ Part-time** paid work performed (or temporarily absent) (employee, self-employed, working for family business)

☐ Student, received education, even if on vacation (not paid by employer)

☐ Unemployed and actively looking for work

☐ Unemployed, wants work but not actively looking for it

☐ Chronically ill or disabled

☐ Retired

☐ Active in household or caring for children or other persons

☐ Other:

ALCOHOL USE IN THE LAST MONTH

We are now going to ask you a few questions about your alcohol consumption in the **last month**.

How often did you use alcohol?

Only answer this question if the following conditions are met:

Answer was 'In the last 30 days' at question '4 [drug2]' (And when was the last time you used these products? (Alcohol))

❗ Choose one of the following answers

Please choose **only one** of the following:

- ☐ Everyday
- ☐ Four to six times a week
- ☐ Two to three times a week
- ☐ Once a week
- ☐ One to three times a month

Where did you consume alcohol **most often**?

Only answer this question if the following conditions are met:

Answer was 'In the last 30 days' at question '4 [drug2]' (And when was the last time you used these products? (Alcohol))

❗ Choose one of the following answers

Please choose **only one** of the following:

- ☐ At home alone
- ☐ At home with other people or at someone else's place (e.g., at a friend's place, in a small gathering, or at a house party)
- ☐ In a bar, restaurant or club
- ☐ On the street, in a park or other outdoor public spaces
- ☐ At work
- ☐ Other place

How often did you use alcohol to...

Only answer this question if the following conditions are met:

Answer was 'In the last 30 days' at question '4 [drug2]' (And when was the last time you used these products? (Alcohol))

Please choose the appropriate response for each item:

	Always	Often	Sometimes	Rarely	Never
help you to relax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help you to stay awake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
enhance an activity such as listening to music or playing a game or sport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help make something you were doing less boring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
just get really stoned or intoxicated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help you feel elated or euphoric	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help you keep going on a night out with friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help you feel more confident or more able to talk to people in a social situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
enhance feelings when having sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
improve the effects of other substances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Always	Often	Sometimes	Rarely	Never
help you stop worrying about a problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
make yourself feel better when down or depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help you to concentrate or to work or study	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help you lose your inhibitions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help you enjoy the company of your friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help ease the after effects of other substances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
help you to sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How many alcoholic drinks of any kind (beer, wine, cider, breezers, cocktails, premixes, liquor, spirits, homemade alcohol,...) did you have on a typical day of use? Please give your best approximation.

Only answer this question if the following conditions are met:

Answer was 'In the last 30 days' at question '4 [drug2]' (And when was the last time you used these products? (Alcohol))

❗ Only numbers may be entered in this field.

Please write your answer here:

YOUR EMOTIONAL WELLBEING THESE DAYS

On a scale from 0 to 10 where **0 indicates "not at all satisfied"** and **10 indicates "completely satisfied"**, how satisfied do you currently feel with your life as a whole?

❗ Choose one of the following answers

Please choose **only one** of the following:

- ☐ 0 - not at all satisfied
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 - completely satisfied

How often were you bothered by the following problems in **the past two weeks**?

Please choose the appropriate response for each item:

	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious or on edge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worrying too much about different things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble relaxing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being so restless that it is hard to sit still	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming easily annoyed or irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling afraid as if something awful might happen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How often were you bothered by the following problems in **the past two weeks**?

Please choose the appropriate response for each item:

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling or staying asleep, or sleeping too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tired or having little energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor appetite or overeating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling bad about yourself — or that you are a failure or have let yourself or your family down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble concentrating on things, such as reading the newspaper or watching television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all	Several days	More than half the days	Nearly every day
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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thoughts that you would be better off dead	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FOLLOW-UP

You reached the end of the survey. Before you leave, we would like to ask you if we can contact you via e-mail to participate in the next round of this survey.

We would like to reassure you that we make use of an automatic system that encrypts your information, so your participation and personal data remain anonymous every time.

❗ Choose one of the following answers

Please choose **only one** of the following:

- ☐ Yes, I would like to participate in future waves of this survey. You can contact me via e-mail.
- ☐ In this moment I am not interested in participating in the future.

Please fill in your email address:

Only answer this question if the following conditions are met:

Answer was 'Yes, I would like to participate in future waves of this survey. You can contact me via e-mail.' at question '56 [fu1]' (You reached the end of the survey. Before you leave, we would like to ask you if we can contact you via e-mail to participate in the next round of this survey. We would like to reassure you that we make use of an automatic system that encrypts your information, so your participation and personal data remain anonymous every time.)

Please write your answer here:

Is there anything else you'd like to tell us?

Please write your answer here:

Thank you for your participation! Your contribution is highly appreciated.

We hope to welcome you in the other rounds of this survey as well. Please be assured once more that the information you provided is entirely confidential.

What if your drug use just becomes too much?

The use of drugs of alcohol never comes without some risks and every substance may have different consequences on our lives. How to best cope with this? What are the risks that come with drug use? And how do you keep your use under control? Don't push your limits. There are several national helplines and local services for anyone who has questions, needs advice or seeks guidance in taking a first step towards treatment. The support is **confidential and available to everyone**.

Helplines in Belgium

Nederlands & English



Français



02 2270 52 52
www.infodrogues.be

Deutsch



087 74 36 77
www.asl-eupen.be

Are you in emotional/psychological distress?

If you are in distress or in need of emotional/psychological support, do not hesitate to contact the Community Help Service: www.tele-onthaal.be (<https://www.tele-onthaal.be>) or call 106. Young people can also contact www.chsbelgium.org/en/ (<https://www.chsbelgium.org/en/>), www.awel.be (<https://www.awel.be/>) or call 102.

Do you want to know more about our research on drugs?

For more information about our work, please visit our website: **Unit Drugs** (<https://drugs.wiv-isp.be/Research/Pages/default.aspx/>)

If you would like to read past or future reports based on the data from this survey, please visit: **Web Survey on Drugs - Reports** (<https://datastudio.google.com/reporting/d34a237c-07d1-4ee6-9720-6aaf3ea754fe/page/PkyCC?s=mA-uycrzeGE>)

For any additional information or questions about this study you can contact us at **bmcdada@sciensano.be** (**<mailto:bmcdada@sciensano.be>**).

Data privacy

If you have any questions about your data privacy, you can contact Sciensano's data protection officer at DPO@sciensano.be (<mailto:DPO@sciensano.be>) or call 02/642 51 02. If you have a complaint about the way your data is processed, please contact the Belgian Data Protection Authority: Drukpersstraat 35 - 1000 Brussels, Tel.: 02/274 48 00 - e-mail: contact@apd-gba.be (<mailto:contact@apd-gba.be>).

28.03.2022 – 23:59

Submit your survey.

Thank you for completing this survey.