NIGHTLIFE QUESTIONNAIRE – RECREATIONAL USE V9 core module / 2020

Date: ……… **Institution code:** …………… **Drug checking**: No ☐0 Yes ☐1 *Substance?*......................

Where did you obtain the analysed substance?

On the street	private (acquaintances)	Party/event	Internet	self-production
☐1	☐2	☐3	☐4	☐5

Survey setting

Intervention type:

Mobile intervention Info stand Chill-out Office Other: …………………………..

Event type:

Club One-off party Outdoor party Festival Public place Bar Other: ……….............

Estimated number of visitors:

< 200 200 - 500 501 - 1,000 1,001 - 2,000 2,001 - 5,000 > 5,000

Personal data

Q1. How old are you? ☐☐ **Q2. Gender? M** ☐0 **F** ☐1 **other, namely**………………………… ☐2

Canton of residence? ☐☐

Q3. Highest completed level of education? (only one response)

None	Compulsory schooling	Apprenticeship, full-time vocational school Higher vocational training	(Vocational) school-leaving certificate, vocational secondary school	College / university of applied science / university
☐1	☐2	☐3	☐4	☐5

Q4. What is your current "occupation"? (only one response)

Work & education	I am in school	I have a job	I am looking for a job	I am not active in the job market
☐0	☐1	☐2	☐3	☐4

T1. Have you ever had a substance analyzed?

Yes ☐1 No ☐0 If yes, where? ………………………….. When was the last time?...................

How often have you used a drug check? ☐1 1 time ☐2 2-5 times ☐3 more than 5 times

Have you ever completed this questionnaire?

No ☐0 Yes ☐1 If yes, where? ………………………….. When was the last time?...................

Q5. Have you ever consumed the substances listed below? (*Note: There are six questions for each substance with one response each)*	**1. Ever in your life? No / yes?**		**2. In the last 12 months? No / yes? … If yes,**		**3. How often in the last 30 days?**					**4. What was the dosage / quantity of the last consumption before the day of the survey?**	**5. How old were you the first time?**	**6. From what age on a regular basis?**[1]
					On 20 or more days	On 10 to 19 days	On 3 to 9 days	On 1 or 2 days	Never			
Alcohol	No ☐0	Yes ☐1	No ☐0	Yes ☐1 →	☐5	☐4	☐3	☐2	☐1	Number of standard drinks: __	….. years	….. years
Tobacco	No ☐0	Yes ☐1	No ☐0	Yes ☐1 →	☐5	☐4	☐3	☐2	☐1	Number of cigarettes: __	….. years	….. years
Cannabis products (weed, pot)	No ☐0	Yes ☐1	No ☐0	Yes ☐1 →	☐5	☐4	☐3	☐2	☐1	Number of grams: __ *(1 joint ≈ 0.2 grams)*	….. years	….. years
Ecstasy (MDMA)	No ☐0	Yes ☐1	No ☐0	Yes ☐1 →	☐5	☐4	☐3	☐2	☐1	Number of pills: __ Number of milligrams: __	….. years	….. years
Amphetamine (speed)	No ☐0	Yes ☐1	No ☐0	Yes ☐1 →	☐5	☐4	☐3	☐2	☐1	Number of grams: __ *(1 line ≈ 0.1 grams)*	….. years	….. years
Cocaine	No ☐0	Yes ☐1	No ☐0	Yes ☐1 →	☐5	☐4	☐3	☐2	☐1	Number of grams: __ *(1 line ≈ 0.1 grams)*	….. years	….. years
LSD	No ☐0	Yes ☐1	No ☐0	Yes ☐1 →	☐5	☐4	☐3	☐2	☐1	Number of tabs: __ Number of drops: __ Number of µg __	….. years	….. years
Shrooms	No ☐0	Yes ☐1	No ☐0	Yes ☐1 →	☐5	☐4	☐3	☐2	☐1	Quantity/unit: __	….. years	….. years
Ketamine	No ☐0	Yes ☐1	No ☐0	Yes ☐1 →	☐5	☐4	☐3	☐2	☐1	Number of milligrams: __	….. years	….. years
2C-B	No ☐0	Yes ☐1	No ☐0	Yes ☐1 →	☐5	☐4	☐3	☐2	☐1	Number of milligrams: __	….. years	….. years
Poppers	No ☐0	Yes ☐1	No ☐0	Yes ☐1 →	☐5	☐4	☐3	☐2	☐1	Quantity/unit: __	….. years	….. years
GHB/GBL	No ☐0	Yes ☐1	No ☐0	Yes ☐1 →	☐5	☐4	☐3	☐2	☐1	Number of milliliters: __	….. years	….. years
Methamphetamine (meth, ya ba, crystal)	No ☐0	Yes ☐1	No ☐0	Yes ☐1 →	☐5	☐4	☐3	☐2	☐1	Number of pills: __ Number of milligrams: __	….. years	….. years
Heroin	No ☐0	Yes ☐1	No ☐0	Yes ☐1 →	☐5	☐4	☐3	☐2	☐1	Number of milligrams: __	….. years	….. years

[1] Possible additional question for the counselling

Q5. Have you ever consumed the substances listed below?

(*Note: There are six questions for each substance with one response each)*

	1. Ever in your life? No / yes?	2. In the last 12 months? No / yes? … If yes,	3. How often in the last 30 days?					4. What was the dosage / quantity of the last consumption before the day of the survey?	5. How old were you the first time?	6. From what age on a regular basis?[2]
			On 20 or more days	On 10 to 19 days	On 3 to 9 days	On 1 or 2 days	Never			
New psychoactive substances (NPS), e.g. mephedrone, methylone, 4-FA, spice, 2C-E, MDPV										
✎	No ☐0 Yes ☐1	No ☐0 Yes ☐1 →	☐5	☐4	☐3	☐2	☐1	Quantity/unit: __	….. years	….. years
✎	No ☐0 Yes ☐1	No ☐0 Yes ☐1 →	☐5	☐4	☐3	☐2	☐1	Quantity/unit: __	….. years	….. years
✎	No ☐0 Yes ☐1	No ☐0 Yes ☐1 →	☐5	☐4	☐3	☐2	☐1	Quantity/unit: __	….. years	….. years
Drugs to get high, e.g. benzodiazepine, Ritalin, codeine										
✎	No ☐0 Yes ☐1	No ☐0 Yes ☐1 →	☐5	☐4	☐3	☐2	☐1	Quantity/unit: __	….. years	….. years
✎	No ☐0 Yes ☐1	No ☐0 Yes ☐1 →	☐5	☐4	☐3	☐2	☐1	Quantity/unit: __	….. years	….. years
✎	No ☐0 Yes ☐1	No ☐0 Yes ☐1 →	☐5	☐4	☐3	☐2	☐1	Quantity/unit: __	….. years	….. years
Herbal drugs, e.g. mescaline, nightshade drugs, Salvia divinorum, CBD										
✎	No ☐0 Yes ☐1	No ☐0 Yes ☐1 →	☐5	☐4	☐3	☐2	☐1	Quantity/unit: __	….. years	….. years
✎	No ☐0 Yes ☐1	No ☐0 Yes ☐1 →	☐5	☐4	☐3	☐2	☐1	Quantity/unit: __	….. years	….. years
✎	No ☐0 Yes ☐1	No ☐0 Yes ☐1 →	☐5	☐4	☐3	☐2	☐1	Quantity/unit: __	….. years	….. years

[2] Possible additional question for the counselling

Q6. Over the last 12 months, what did you consume and in what setting? (Multiple responses possible)

a) ***Which substance?*** *(Tick all those that you consumed over the last 12 months)*	b) ***In which setting?*** Party / going out	Privately / at home	Work / school
☐ Alcohol	☐1	☐2	☐3
☐ Tobacco	☐1	☐2	☐3
☐ Cannabis products	☐1	☐2	☐3
☐ Ecstasy / MDMA	☐1	☐2	☐3
☐ Amphetamine (speed)	☐1	☐2	☐3
☐ Cocaine	☐1	☐2	☐3
☐ LSD	☐1	☐2	☐3
☐ Shrooms	☐1	☐2	☐3
☐ Ketamine	☐1	☐2	☐3
☐ 2C-B	☐1	☐2	☐3
☐ Poppers	☐1	☐2	☐3
☐ GHB/GBL	☐1	☐2	☐3
☐ Methamphetamine (ya ba, crystal, meth)	☐1	☐2	☐3
☐ Heroin	☐1	☐2	☐3
☐ New psychoactive substances / *which ones:*	☐1	☐2	☐3
☐ Drugs to get high / *which ones:*	☐1	☐2	☐3
☐ Herbal drugs */ which ones:*	☐1	☐2	☐3
☐ Other */ which ones:*	☐1	☐2	☐3

Q7. Over the last 12 months, did you consume multiple psychoactive substances at the same time or in quick succession (including alcohol, excluding tobacco)?

No ☐0 Yes ☐1 If yes, for how many hours did the consumption event last? ____ h[3]

If yes: How often does this polydrug use occur?

☐3 At least once a week ☐2 Once to three times a month ☐1 Less than once a month

Which substances do you combine most often? Please state the three most frequent combinations of substances:

Most frequent combination: ……..

Second most frequent combination: ……………………………………………………………...…………………………………………………..

Third most frequent combination: …….……………..

Q8. How often in the last 12 months did you attend a drinking event (e.g. going out, party) where you drank six or more alcoholic standard drinks?[4] (only one response)

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[3] Possible additional question for the counselling

[4] *Definition of a "standard drink":* A standard drink is a glass of wine (about 1 dL), a beer (about 3.3 dL), a shot of liquor (about 0.25 dL), a bottle of alcopop or a cocktail or mixed drink (Bacardi and coke, vodka and orange juice, etc.).

☐1 Never ☐2 Less than once a month ☐3 1-2 times a month ☐4 3-4 times a month	☐5 2-3 times a week ☐6 4-5 times a week ☐7 6-7 times a week	☐8 Once a day ☐9 Twice a day or more
How long does a drinking event with more than six alcoholic drinks usually last in hours? ___ h[5]		

Q10. Have any of the following experiences/events happened to you after consuming psychoactive substances (e.g. alcohol, cannabis, ecstasy, etc.)? (multiple responses possible)

✐*For every problem you have experienced, please also state which substance mainly contributed to the problem.*

Short-term	***Long-term***
Mental problems	*Mental problems*
☐ Bad trip ✐………………………………………………	☐ Listlessness ✐…………………………………………..
☐ Depressed mood ✐…………………………………..	☐ Depression ✐…………………………………………………
☐ Acute fear or panic attack ✐…………………………...	☐ Repeated fear or panic attacks ✐………………………...
☐ Acute psychotic episode ✐………………………………	☐ Chronic sleep problems✐………………………………
Risk behavior	*Social problems*
☐ Did not practice safer sex ✐………………………	☐ Problems with family/partner ✐…………………..
☐ Driving under the influence of drugs or alcohol ✐……	☐ Problems with friends ✐…………………….
	☐ Problems at school/work ✐…………………………
Physical problems	☐ Criminal proceedings/revocation of driver's license ✐…………………..
☐ Loss of consciousness ✐……………………………………..	☐ Financial problems/debt ✐………………………………
☐ Overdose ✐……………………………………………...	
☐ Epileptic seizure ✐…………………………………………	*Physical problems*
☐ Allergic reaction ✐………………………………………	☐ Sexual dysfunctions ✐……………………………
☐ Other health problems (diarrhea, cardiovascular problems, etc.) ✐………………………………… *(Which ones:………………………………………………………....)*	☐ Chronic infection (hepatitis, HIV) ✐…………………..
	☐ Other health problems (cardiovascular diseases, liver/kidney problems, etc.) ✐……………… *(Which ones:………………………………………………………....)*
Accidents and violent events	
☐ Traffic accident ✐………………………………………	
☐ Other accidents (hall, household, occupational, sports, etc.) ✐……	
☐ Violence problems (as a victim or offender) ✐…………………	☐ Substance addiction/dependence ✐…………………………
☐ Unwanted sexual contact ✐……………………..	
☐ Problems with the police (stop-and-search, fine) ✐………	
☐ Other *(which ones:…………………………………………..…...)*	☐ Other *(which ones:…………………………………………..…...)*
☐ None	☐ None

Q11. Have you ever sought professional help due to your consumption?

[5] Possible additional question for the counselling

No ☐0 Yes ☐1 If yes, which types? (Multiple responses possible)			
☐ Emergency hospitalization	☐ Medical treatment	☐ Psychiatrist or psychologist	☐ Addiction or social counseling
Did you got that professional help voluntairly? No ☐0 Yes ☐1	Did you got that professional help voluntairly? No ☐0 Yes ☐1	Did you got that professional help voluntairly? No ☐0 Yes ☐1	Did you got that professional help voluntairly? No ☐0 Yes ☐1

Q12. Are you currently concerned about your consumption of psychoactive substances (including alcohol and tobacco)?

No ☐0 Yes ☐1 If yes, why and due to which substance(s)?
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