

i-Share

Internet-based Students HeAlth Research Enterprise

Follow-up questionnaire 1

How are you, Sharer? #1

A tooltip will appear before beginning the questionnaire:

"For information, you completed your first general i-Share questionnaire on month/year All questions on this questionnaire stating "Since last time" refer to the period elapsed since the first questionnaire! "

This tooltip, or at least the date the questionnaire was completed, will appear as small reminders each time there is a related question, marked by an asterisk.

4 Sections

Information

This follow-up questionnaire updates your information.

You can stop, check, or return to the questionnaire as you left it at any time.

Thank you for your participation!

Who are you? (SECTION 1)

If the question number is followed by a "1", the question only appears if the response to Q3.1 = Yes; if the question number is followed by a "2" the question only appears if the response to Q3.1 = No; if the question number is followed by a "3" the question appears regardless of the answer to Q3.1.

T1. Your studies (B1P1)

Q3.1. Are you still a student this year?

- Yes No

Q1.1. Did you pass your previous university/school year?

- Yes No Waiting for results

► If "Waiting for results" is selected, Q.1.1.1 and Q1.2 are not asked

Q1.1.1. Have you changed university/school since the first questionnaire?

- Yes No

► If yes

Q1.1.1.1. State the new establishment

Q1.1.1.1.1. Country of the new establishment (*drop-down list*)

► If France

Q1.1.1.1.1.1. Departement of the new establishment (*drop-down list*)

Q1.1.1.1.1.1.1. Establishment (*drop-down list*)

► If Other

Q1.1.1.1.1.1.1.1. Please specify:

Q1.1.1.2. Subject:

- Economic and social administration
- Public administration
- Agronomy, agribusiness
- Arts (visual arts, theater)
- Right
- Economy and management
- Electronics, electrical energy, automation
- Civil engineering
- Geography and development
- History
- Art history and archeology
- Hospitality, catering, tourism
- Information and communication

- Computing
- Literature, languages, and foreign and regional civilizations
- Mathematics
- Mathematics and computing applied to human and social sciences
- Mechanics
- Philosophy
- Physics, chemistry
- Psychology
- Political science
- Cognitive science
- Life and earth sciences
- Educational sciences
- Environmental sciences
- Human, anthropology and ethnology sciences
- Material sciences
- Language sciences
- Physical and sports sciences and techniques
- Sciences and technologies
- Health sciences
- Engineering sciences
- Health and social sciences
- Social sciences
- Telecommunications
- Other

▶ *If Other*

Q1.1.1.2.1. Please specify:

▶ *If no*

Q1.1.2. Are you still studying the same subject?

- Yes
- No

▶ *If no*

Q1.1.2.1. Please select your current field of study:

- Economic and social administration
- Public administration
- Agronomy, agribusiness
- Arts (visual arts, theater)
- Right
- Economy and management
- Electronics, electrical energy, automation
- Civil engineering
- Geography and development
- History
- Art history and archeology
- Hospitality, catering, tourism
- Information and communication
- Computing
- Literature, languages, and foreign and regional civilizations
- Mathematics

- Mathematics and computing applied to human and social sciences
- Mechanics
- Philosophy
- Physics, chemistry
- Psychology
- Political science
- Cognitive science
- Life and earth sciences
- Educational sciences
- Environmental sciences
- Human, anthropology and ethnology sciences
- Material sciences
- Language sciences
- Physical and sports sciences and techniques
- Sciences and technologies
- Health sciences
- Engineering sciences
- Health and social sciences
- Social sciences
- Telecommunications
- Other

▶ *If Other*

Q1.1.2.1.1. Please specify:

Q1.2. Current year of study:

- 1st year (PACES (France), BTS (France), IUT (France), first year, freshman, foundation year, etc.)
- 2nd year (second year, sophomore, BTS (France), IUT (France), PCEM2 (France), foundation year, etc.)
- 3rd year (third year, junior, first year of engineering/business school, DCEM1 (France), etc.)
- 4th year (fourth year, first year of a masters, second year of engineering/business school, DCEM2 (France), etc.)
- 5th year (fifth year, second year of a masters, third year of engineering/business school, DCEM3 (France), etc.)
- 6th year and above (doctorate, DCEM4 (France), etc.)
- Other

▶ *If Other*

Q1.2.1. Please specify:

Tooltip: "If you are studying several courses, please select the main one"

Q2.1. Why did your student pathway end?

- End of course (desired certificate or level of study attained)
- I permanently stopped my studies (for financial reasons, application not accepted for desired diploma, personal choice, etc.)
- I've temporarily halted my studies
- Other

▶ *If Other*

Q2.1.1. Please specify:

Q2.2. What is the highest level of study you have completed (obtained a diploma)?

- 1st year (PACES (France), BTS (France), IUT (France), first year, freshman, foundation year, etc.)
- 2nd year (second year, sophomore, BTS (France), IUT (France), PCEM2 (France), foundation year, etc.)
- 3rd year (third year, junior, first year of engineering/business school, DCEM1 (France), etc.)
- 4th year (fourth year, first year of a masters, second year of engineering/business school, DCEM2 (France), etc.)
- 5th year (fifth year, second year of a masters, third year of engineering/business school, DCEM3 (France), etc.)
- 6th year and above (doctorate, DCEM4 (France), etc.)
- Other

▶ *If Other*

Q2.2.1. Please specify:

Q2.3. What is your current working situation?

- Actively working
- On leave from work (illness, maternity leave, training, parental leave, etc.)
- Apprentice on a contract or a paid internship
- Looking for work (registered with the employment office/job center)
- Homemaker
- Other

▶ *If "Other"*

Q2.3.1. Please specify:

▶ Q2.3.2, Q2.3.3, Q2.3.4 and Q2.3.5 only if "Actively" selected:

Q2.3.2. Do you work:

- Full time
- Part time
- Other

▶ *If Other*

Q2.3.2.1. Please specify:

Q2.3.3. What type of contract do you have?

- Fixed-term contract
- Permanent
- Temporary
- Zero-hour / freelance
- Other

▶ *If "Other"*

Q2.3.3.1. Please specify:

Q2.3.4. Which socio-professional category do you belong to?

(drop-down list)

- Farmer
- Craftspeople, retailers and company directors (personally own or direct a company)
- Managers, teachers (middle school, high school, university, etc.), professionals (researchers, engineers, doctors, lawyers, etc.) and knowledge workers
- Intermediate occupations, technicians (elementary/primary school teachers, schoolteachers, nurses, etc.)
- Administrative or retail employees (secretary, bookkeeper, operator, sales clerk, etc.)
- Laborers (in a factory or for a craftsperson, agricultural workers, butcher, hairdresser, hauler, etc.)
- Other
- Don't know

▶ *If Other*

Q2.3.4.1. Please specify:.....

Q2.3.5. Is this job directly connected to your studies?

- Yes
- Yes, partly
- No

T2. Your life today (B1P2)

Q3.2. What is your current relationship status?

- Single
- In a relationship (for at least 3 months) but not married or in a civil partnership
- Married, in a civil partnership
- Other

Q3.3. What is your living situation?

- With parents, or with one parent
- In a university residence or dorms
- In a house or apartment (shared, as a couple, or alone)
- Other

▶ *If Other*

Q3.3.1. Please specify:

▶ *If "In an apartment or house"*

Q3.3.2. In your apartment or house, do you live:

- With a partner
- Alone
- Shared with others

▶ *O1.3 is only shown if O3.3 is different from "With parents, or with one parent" and O3.1 is "Yes"*

Q1.3. How often have you visited your parent(s) in the last 12 months?

- Once a week
- Once a month
- During holidays
- Once or twice a year
- Never
- Other

▶ *If Other*

Q1.3.1. Please specify:

Q3.4. Have you had any children since last time?

- Yes No Do not wish to answer

(B1P3)

Q1.4. How do you fund your studies?

- Family
 - Government support (CROUS (France))
 - Scholarship
 - Current or planned paid employment (temporary or contract jobs, during the semester or holidays, etc.)
 - Paid internships
 - Other
- ▶ *If Other*

Q1.4.1. Please specify:

▶ *If "Means-test government bursary (CROUS) (France only)*

Q1.4.2. Please specify your level of bursary:

- Level 0: Exempt from payment of university fees in public universities and from student social security contributions
- Level 0a: (around €1008 over 10 months)
- Level 1: (around €1667 over 10 months)
- Level 2: (around €2510 over 10 months)
- Level 3: (around €3215 over 10 months)
- Level 4: (around €3920 over 10 months)
- Level 5: (around €4500 over 10 months)
- Level 6: (around €4773 over 10 months)
- Level 7: (around €5545 over 10 months)
- Don't know
- Do not wish to answer

▶ Q1.5 to Q1.7 are only shown if "Paid activities" is selected in Q1.4

Q1.5. Are your paid activities (excluding paid internships) equivalent to:

- Full time
- Part time
- Less than part-time but regular
- Occasional
- Only during holidays (especially during summer)

Q1.6. Are these activities:

- Your main source of income
- Additional income to supplement basic living costs (housing, transport, etc.)
- Income to supplement leisure activities (outings, sports, etc.)
- Other

Q1.7. How do these activities affect your studies (other than financially)?

- Mostly positively
- Mostly negatively
- No particular impact (neutral)

(B1P4)

Q3.5. (T3) Please rate how you feel about the following aspects of your life?

Q3.5.1. (T4) Thinking of your financial situation, are you:

- Completely satisfied
- Mostly satisfied
- Satisfied
- Mostly dissatisfied
- Completely dissatisfied

Q3.5.2. Thinking of your housing, are you:

- Completely satisfied
- Mostly satisfied
- Satisfied
- Mostly dissatisfied
- Completely dissatisfied

Q3.5.3. Thinking of your options for relaxing (hobbies, etc.), are you:

- Completely satisfied
- Mostly satisfied
- Satisfied
- Mostly dissatisfied
- Completely dissatisfied

Q3.5.4. Thinking of your social life, are you:

- Completely satisfied
- Mostly satisfied
- Satisfied
- Mostly dissatisfied
- Completely dissatisfied

Q3.5.5. Thinking of your relationship with your parent(s), are you:

- Completely satisfied
- Mostly satisfied
- Satisfied
- Mostly dissatisfied
- Completely dissatisfied

(Q3.6 and Q3.7 only shown if answer was "No" previously)

Q3.6. Have you passed your driving test since last time? (Car license)

- Yes
- No

▶ *If Yes*

Q3.6.1. In which year? |_|_|

Q3.7. Have you passed your driving test since last time? (Motorbike license)

Yes No

▶ *If Yes*

Q3.7.1. In which year? |_|_|

Technology (B1P5)

Q3.8. (T4) How much time did you spend doing the following on an average day in the last week (excluding weekends and holidays)?

Q3.8.1. Using a computer/tablet for work/study (research, online learning, etc.):

- Never
- Less than 30 minutes
- 30 mins to 2 hrs
- 2 - 4 hrs
- 4 - 8 hrs
- Over 8 hrs

Q3.8.2. Using a computer/tablet to play games (online, etc.):

- Never
- Less than 30 minutes
- 30 mins to 2 hrs
- 2 - 4 hrs
- 4 - 8 hrs
- Over 8 hrs

Q3.8.3. Using a computer/tablet online (social media, messaging, etc.):

- Never
- Less than 30 minutes
- 30 mins to 2 hrs
- 2 - 4 hrs
- 4 - 8 hrs
- Over 8 hrs

Q3.8.4. Watching TV on a television or through a computer (series, movies, live broadcasts, etc.):

- Never
- Less than 30 minutes
- 30 mins to 2 hrs
- 2 - 4 hrs
- 4 - 8 hrs
- Over 8 hrs

Q3.8.5. Using a smartphone (online research, social networks, games, etc.):

- Never
- Less than 30 minutes
- 30 mins to 2 hrs
- 2 - 4 hrs
- 4 - 8 hrs
- Over 8 hrs

How are you? (SECTION 2)

Your health (B2P1)

Q1.8. Are you registered with a student social security fund (France)?

- Yes No Don't know

▶ *If Yes*

Q1.8.1. Please specify:

- For a fee (20 years +)
- Free (20 or under)

▶ *If no*

Q1.8.2. Why?

- Covered by work
- Have not yet registered
- Lack of information
- Other

▶ *If Other*

Q1.8.2.1. Please specify:.....

Q1.9. Do you have health insurance?

- Yes No Don't know

▶ *If Yes*

Q1.9.1. Is it:

- Student health insurance (which also affects social security)
- Health insurance via your parents or spouse (if a beneficiary)
- Complementary health insurance grant (ACS (France))
- Private insurance
- Complementary comprehensive health insurance (CMU - France)
- Other health insurance

▶ *If no*

Q1.9.2. Why?

- For financial reasons
- Have not yet registered
- Lack of information
- Other

▶ *If Other*

Q1.9.2.1. Please specify:

Q2.4. Are you registered with a social security center (France)?

- Yes No Don't know

Q2.5. Do you have supplementary health insurance (France)?

- Yes No Don't know

▶ *If Yes*

Q2.5.1. Is it:

- Complementary student health insurance
- Complementary health insurance via your employer
- Health insurance via your parents or spouse (if a beneficiary)
- Complementary health insurance grant (ACS (France))
- Private insurance
- ANI (National interprofessional agreement (France))
- Complementary comprehensive health insurance (CMU - France)
- Other health insurance

Your health (B2P2)

Q3.9. Do you think your current health is:

- Very good
- Good
- Average
- Poor
- Very poor

(B2P3)

Q3.10. (T6) Since last time, have you been diagnosed with any of the following by a doctor?

Q3.10.1. Asthma

- Yes No

▶ *If Yes*

Q3.10.1.1. Have you been treated for this illness (regular medical treatment, prescription of drugs or other)?

- Yes No

Q3.10.1.2. Have you been hospitalized for this illness?

- Yes No

Q3.10.2. Allergies

- Yes No

▶ *If Yes*

Q3.10.2.1. Have you been treated for this illness (regular medical treatment, prescription of drugs or other)?

- Yes No

Q3.10.2.2. Have you been hospitalized for this illness?

- Yes No

Q3.10.3. Eczema

- Yes No

▶ *If Yes*

Q3.10.3.1. Have you been treated for this illness (regular medical treatment, prescription of drugs or other)?

- Yes No

Q3.10.3.2. Have you been hospitalized for this illness?

- Yes No

Q3.10.4. Multiple sclerosis

- Yes No

▶ *If Yes*

Q3.10.4.1. Have you been treated for this illness (regular medical treatment, prescription of drugs or other)?

- Yes No

Q3.10.4.2. Have you been hospitalized for this illness?

- Yes No

Q3.10.5. Type-I diabetes

- Yes No

▶ *If Yes*

Q3.10.5.1. Have you been treated for this illness (regular medical treatment, prescription of drugs or other)?

- Yes No

Q3.10.5.2. Have you been hospitalized for this illness?

- Yes No

Q3.10.6. Migraines

- Yes No

▶ *If Yes*

Q3.10.6.1. Have you been treated for this illness (regular medical treatment, prescription of drugs or other)?

- Yes No

Q3.10.6.2. Have you been hospitalized for this illness?

- Yes No

Q3.10.7. Tinnitus

- Yes No

▶ *If Yes*

Q3.10.7.1. Have you been treated for this illness (regular medical treatment, prescription of drugs or other)?

- Yes No

Q3.10.7.2. Have you been hospitalized for this illness?

- Yes No

Q3.10.8. Colitis (Crohn's disease, ulcerative colitis, etc.)

- Yes No

▶ *If Yes*

Q3.10.8.1. Have you been treated for this illness (regular medical treatment, prescription of drugs or other)?

- Yes No

Q3.10.8.2. Have you been hospitalized for this illness?

- Yes No

Q3.10.9. Spondylitis or spondyloarthropathy or psoriatic arthritis

- Yes No

▶ *If Yes*

Q3.10.9.1. Have you been treated for this illness (regular medical treatment, prescription of drugs or other)?

- Yes No

Q3.10.9.2. Have you been hospitalized for this illness?

- Yes No

Q3.10.10. Thyroid problems

- Yes No

▶ *If Yes*

Q3.10.10.1. Have you been treated for this illness (regular medical treatment, prescription of drugs or other)?

- Yes No

Q3.10.10.2. Have you been hospitalized for this illness?

- Yes No

Q3.10.10.3. Is this illness: (multiple answers possible)

- Hypothyroidism
- Hyperthyroidism
- Nodules
- Cancer
- Don't know
- Other

Q3.10.11. Anxiety, phobias

- Yes No

▶ *If Yes*

Q3.10.11.1. Have you been treated for this illness (regular medical treatment, prescription of drugs or other)?

- Yes No

Q3.10.11.2. Have you been hospitalized for this illness?

- Yes No

Q3.10.12. Anorexia and/or bulimia

- Yes No

▶ *If Yes*

Q3.10.12.1. Have you been treated for this illness (regular medical treatment, prescription of drugs or other)?

- Yes No

Q3.10.12.2. Have you been hospitalized for this illness?

- Yes No

Q3.10.13. OCD (Obsessive Compulsive Disorder)

- Yes No

▶ *If Yes*

Q3.10.13.1. Have you been treated for this illness (regular medical treatment, prescription of drugs or other)?

- Yes No

Q3.10.13.2. Have you been hospitalized for this illness?

- Yes No

Q3.10.14. Depression

- Yes No

▶ *If Yes*

Q3.10.14.1. Have you been treated for this illness (regular medical treatment, prescription of drugs or other)?

- Yes No

Q3.10.14.2. Have you been hospitalized for this illness?

- Yes No

(B2P4)

Q3.11. Since last time, have you suffered from lumbago, sciatica, and/or back pain?

- Yes No

▶ *If Yes*

Q3.11.1. Have you been treated for this illness (regular medical treatment, prescription of drugs or other)?

- Yes No

Q3.11.2. Have you been hospitalized for this illness?

- Yes No

(B2P5)

Q3.12. Since last time, have you been diagnosed with one or more illnesses by a doctor?

- Yes No

Tooltip: "You may then state any other diagnosed illnesses."

▶ *If Yes*

Q3.12.1. Please state which:

(Display the following 2 questions for each illness selected)

Q3.12.1.1. Have you been treated for this illness (regular medical treatment, prescription of drugs or other)?

- Yes No

Q3.12.1.2. Have you been hospitalized for this illness?

- Yes No

Q3.13. Since last time, have you been diagnosed with one or more other illnesses by a doctor?

- Yes No

▶ *If Yes*

Q3.13.1. Please state which:

(Display the following 2 questions for each illness selected)

Q3.13.1.1. Have you been treated for this illness (regular medical treatment, prescription of drugs or other)?

- Yes No

Q3.13.1.2. Have you been hospitalized for this illness?

- Yes No

Q3.14. Since last time, have you been diagnosed with one or more other illnesses by a doctor?

- Yes No

▶ *If Yes*

Q3.14.1. Please state which:

(Displays the following 2 questions for each illness stated)

Q3.14.1.1. Have you been treated for this illness (regular medical treatment, prescription of drugs or other)?

- Yes No

Q3.14.1.2. Have you been hospitalized for this illness?

- Yes No

Q3.15. Since last time, have you been diagnosed with one or more other illnesses by a doctor?

- Yes No

▶ *If Yes*

Q3.15.1. Please state which:

(Display the following 2 questions for each illness selected)

Q3.15.1.1. Have you been treated for this illness (regular medical treatment, prescription of drugs or other)?

Yes No

Q3.15.1.2. Have you been hospitalized for this illness?

Yes No

(B2P6)

Q3.16. Since last time, have you had headaches lasting several hours?

Yes No

(If no, the following question = Q1.10 for students, Q3.17 for non-students)

► If Yes

Q3.16.1. (T7) During these attacks:

Q3.16.1.1. Is the pain so strong it affects your activities?

Yes No Not sure

Q3.1.1.1. Is the pain mostly on one side of your head?

Yes No Not sure

Q3.1.1.1. Does the pain throb, or pulse?

Yes No Not sure

Q3.1.1.1. Is the pain aggravated by physical activities such as walking or climbing stairs?

Yes No Not sure

Q3.1.1.1. Do you have nausea or stomachache?

Yes No Not sure

Q3.1.1.1. Does light or noise aggravate your headache?

Yes No Not sure

Q3.1.2. Sometimes, a headache is combined with visual disturbances or swelling of certain parts of the body, typically at the onset of attacks. Have you experienced these?

Yes No

Q1.10. Have you had special arrangements for studies and/or exams this year?

Yes No

► If Yes

Q1.10.1. For which reason(s)?

Disability

- Long-term illness
- Caregiver (to a child aged over 10 or a woman over 6 months pregnant)
- Playing high-level sport
- Student with specific responsibilities in university, in student life, or in an organization
- Student studying two courses
- Established artist
- Other

► *If Other*

Q1.10.1.1. Please specify:

Your health events since last time (B2P7)

Q3.2. Since last time, have you received treatment at a hospital or clinic?

- Yes No

▶ *If Yes*

Q3.2.1. Please indicate the reason: (*Radio buttons*)

- Sports accident
- Road accident
- Domestic accident
- Leisure accident
- Violence
- Illness (infection, chronic illness, etc.)
- Scheduled surgery (wisdom teeth, appendicitis, etc.)
- Other

▶ *If "Sports accident" is selected*

Q3.2.1.1. Location of treatment:

- Accident and emergency
- Psychiatric emergency
- Medical center
- Surgical department

Q3.2.1.2. Total duration of treatment:

- Less than a day
- 1 to 3 days
- 4 days to a week
- Over a week

▶ *If "Road accident" is selected*

Q3.2.1.3. Location of treatment:

- Accident and emergency
- Psychiatric emergency
- Medical center
- Surgical department

Q3.2.1.4. Total duration of treatment:

- Less than a day
- 1 to 3 days
- 4 days to a week
- Over a week

Q3.2.1.5. Were you:

- A pedestrian
- In a car
- On a motorcycle
- On a bike

▶ If "In a car" is selected
Q3.2.1.5.1. In the car, were you:
 Driver Passenger

▶ If "On a motorbike" is selected
Q3.2.1.5.2. On the motorbike, were you:
 Driver Passenger

▶ If "On a bike" is selected
Q3.2.1.5.3. On the bike were you:
 Driver Passenger

▶ If "Domestic accident" is selected

Q3.2.1.6. Location of treatment:

- Accident and emergency
- Psychiatric emergency
- Medical center
- Surgical department

Q3.2.1.7. Total duration of treatment:

- Less than a day
- 1 to 3 days
- 4 days to a week
- Over a week

▶ If "Leisure accident" is selected

Q3.2.1.8. Location of treatment:

- Accident and emergency
- Psychiatric emergency
- Medical center
- Surgical department

Q3.2.1.9. Total duration of treatment:

- Less than a day
- 1 to 3 days
- 4 days to a week
- Over a week

▶ If "Violence" is selected

Q3.2.1.10. Location of treatment:

- Accident and emergency
- Psychiatric emergency
- Medical center
- Surgical department

Q3.2.1.11. Total duration of treatment:

- Less than a day
- 1 to 3 days

- 4 days to a week
- Over a week

► *If "Illness (infection, chronic illness, etc.)" is selected*

Q3.2.1.12. Location of treatment:

- Accident and emergency
- Psychiatric emergency
- Medical center
- Surgical department

Q3.2.1.13. Total duration of treatment:

- Less than a day
- 1 to 3 days
- 4 days to a week
- Over a week

► *If "Scheduled surgery (wisdom teeth, appendicitis, etc.)" is selected:*

Q3.2.1.14. Location of treatment:

- Accident and emergency
- Psychiatric emergency
- Medical center
- Surgical department

Q3.2.1.15. Total duration of treatment:

- Less than a day
- 1 to 3 days
- 4 days to a week
- Over a week

► *If "Other" is selected*

Q3.2.1.16. Please state the reason:

Q3.2.1.17. Location of treatment:

- Accident and emergency
- Psychiatric emergency
- Medical center
- Surgical department

Q3.2.1.18. Total duration of treatment:

- Less than a day
- 1 to 3 days
- 4 days to a week
- Over a week

Q3.3. Have you had any other treatment at a hospital or clinic?

- Yes No

► *If Yes*

Q3.3.1. Please indicate the reason: *(Radio buttons)*

- Sports accident
- Road accident
- Domestic accident
- Leisure accident
- Violence
- Illness (infection, chronic illness, etc.)
- Scheduled surgery (wisdom teeth, appendicitis, etc.)
- Other

▶ *If "Sports accident" is selected*

Q3.3.1.1. Location of treatment:

- Accident and emergency
- Psychiatric emergency
- Medical center
- Surgical department

Q3.3.1.2. Total duration of treatment:

- Less than a day
- 1 to 3 days
- 4 days to a week
- Over a week

▶ *If "Road accident" is selected*

Q3.3.1.3. Location of treatment:

- Accident and emergency
- Psychiatric emergency
- Medical center
- Surgical department

Q3.3.1.4. Total duration of treatment:

- Less than a day
- 1 to 3 days
- 4 days to a week
- Over a week

Q3.3.1.5. Were you:

- A pedestrian
- In a car
- On a motorcycle
- On a bike

▶ *If "In a car" is selected*

Q3.3.1.5.1. In the car, were you:

- Driver Passenger

▶ *If "On a motorbike" is selected*

Q3.3.1.5.2. On the motorbike, were you:

- Driver Passenger

► *If "On a bike" is selected*

Q3.3.1.5.3. On the bike were you:

- Driver Passenger

► *If "Domestic accident" is selected*

Q3.3.1.6. Location of treatment:

- Accident and emergency
- Psychiatric emergency
- Medical center
- Surgical department

Q3.3.1.7. Total duration of treatment:

- Less than a day
- 1 to 3 days
- 4 days to a week
- Over a week

► *If "Leisure accident" is selected*

Q3.3.1.8. Location of treatment:

- Accident and emergency
- Psychiatric emergency
- Medical center
- Surgical department

Q3.3.1.9. Total duration of treatment:

- Less than a day
- 1 to 3 days
- 4 days to a week
- Over a week

► *If "Violence" is selected*

Q3.3.1.10. Location of treatment:

- Accident and emergency
- Psychiatric emergency
- Medical center
- Surgical department

Q3.3.1.11. Total duration of treatment:

- Less than a day
- 1 to 3 days
- 4 days to a week
- Over a week

► *If "Illness (infection, chronic illness, etc.)" is selected*

Q3.3.1.12. Location of treatment:

- Accident and emergency
- Psychiatric emergency

- Medical center
- Surgical department

Q3.3.1.13. Total duration of treatment:

- Less than a day
- 1 to 3 days
- 4 days to a week
- Over a week

▶ *If "Scheduled surgery (wisdom teeth, appendicitis, etc.)" is selected:*

Q3.3.1.14. Location of treatment:

- Accident and emergency
- Psychiatric emergency
- Medical center
- Surgical department

Q3.3.1.15. Total duration of treatment:

- Less than a day
- 1 to 3 days
- 4 days to a week
- Over a week

▶ *If "Other" is selected*

Q3.3.1.16. Please specify:

Q3.3.1.17. Location of treatment:

- Accident and emergency
- Psychiatric emergency
- Medical center
- Surgical department

Q3.3.1.18. Total duration of treatment:

- Less than a day
- 1 to 3 days
- 4 days to a week
- Over a week

Q3.4. Have you had any other treatment at a hospital or clinic?

- Yes No

▶ *If Yes*

Q3.4.1. Please indicate the reason: (Radio buttons)

- Sports accident
- Road accident
- Domestic accident
- Leisure accident
- Violence
- Illness (infection, chronic illness, etc.)
- Scheduled surgery (wisdom teeth, appendicitis, etc.)
- Other

► *If "Sports accident" is selected*

Q3.4.1.1. Location of treatment:

- Accident and emergency
- Psychiatric emergency
- Medical center
- Surgical department

Q3.4.1.2. Total duration of treatment:

- Less than a day
- 1 to 3 days
- 4 days to a week
- Over a week

► *If "Road accident" is selected*

Q3.4.1.3. Location of treatment:

- Accident and emergency
- Psychiatric emergency
- Medical center
- Surgical department

Q3.4.1.4. Total duration of treatment:

- Less than a day
- 1 to 3 days
- 4 days to a week
- Over a week

Q3.4.1.5. Were you:

- A pedestrian
- In a car
- On a motorcycle
- On a bike

► *If "In a car" is selected*

Q3.4.1.5.1. In the car, were you:

- Driver
- Passenger

► *If "On a motorbike" is selected*

Q3.4.1.5.2. On the motorbike, were you:

- Driver
- Passenger

► *If "On a bike" is selected*

Q3.4.1.5.3. On the bike were you:

- Driver
- Passenger

► *If "Domestic accident" is selected*

Q3.4.1.6. Location of treatment:

- Accident and emergency
- Psychiatric emergency
- Medical center
- Surgical department

Q3.4.1.7. Total duration of treatment:

- Less than a day
- 1 to 3 days
- 4 days to a week
- Over a week

▶ *If "Leisure accident" is selected*

Q3.4.1.8. Location of treatment:

- Accident and emergency
- Psychiatric emergency
- Medical center
- Surgical department

Q3.4.1.9. Total duration of treatment:

- Less than a day
- 1 to 3 days
- 4 days to a week
- Over a week

▶ *If "Violence" is selected*

Q3.4.1.10. Location of treatment:

- Accident and emergency
- Psychiatric emergency
- Medical center
- Surgical department

Q3.4.1.11. Total duration of treatment:

- Less than a day
- 1 to 3 days
- 4 days to a week
- Over a week

▶ *If "Illness (infection, chronic illness, etc.)" is selected*

Q3.4.1.12. Location of treatment:

- Accident and emergency
- Psychiatric emergency
- Medical center
- Surgical department

Q3.4.1.13. Total duration of treatment:

- Less than a day
- 1 to 3 days
- 4 days to a week
- Over a week

► *If "Scheduled surgery (wisdom teeth, appendicitis, etc.)" is selected:*

Q3.4.1.14. Location of treatment:

- Accident and emergency
- Psychiatric emergency
- Medical center
- Surgical department

Q3.4.1.15. Total duration of treatment:

- Less than a day
- 1 to 3 days
- 4 days to a week
- Over a week

► *If "Other" is selected*

Q3.4.1.16. Please specify:

Q3.4.1.17. Location of treatment:

- Accident and emergency
- Psychiatric emergency
- Medical center
- Surgical department

Q3.4.1.18. Total duration of treatment:

- Less than a day
- 1 to 3 days
- 4 days to a week
- Over a week

***Your consultations over the last 12 months* (B2P8)**

Q3.5. (T1) Over the last 12 months, have you consulted a:

Q3.5.1. General practitioner

- Yes
- No

► *If Yes*

Q3.5.1.1. How many times?

Q3.5.2. Dentist

- Yes
- No

► *If Yes*

Q3.5.2.1. How many times?

Q3.5.3. Ophthalmologist

- Yes
- No

► *If Yes*

Q3.5.3.1. How many times?

Q3.6. Over the last 12 months, have you had a gynecological exam?

(Women only)

Yes No

▶ *If Yes*

Q3.6.1. How many times?

Q3.6.2. The exam was carried out by a:

Gynecologist Doctor Midwife

Q3.7. Over the last 12 months, have you consulted another specialist?

Yes No

▶ *If Yes*

Q3.7.1. Dermatologist

Yes No

▶ *If Yes*

Q3.7.1.1. How many times?

Q3.7.2. Neurologist

Yes No

▶ *If Yes*

Q3.7.2.1. How many times?

Q3.7.3. Urologist

Yes No

▶ *If Yes*

Q3.7.3.1. How many times?

Q3.7.4. Gastroenterologist

Yes No

▶ *If Yes*

Q3.7.4.1. How many times?

Q3.7.5. Otolaryngologist (ENT)

Yes No

▶ *If Yes*

Q3.7.5.1. How many times?

Q3.7.6. Rheumatologist

Yes No

▶ *If Yes*

Q3.7.6.1. How many times?

Q3.7.7. Surgeon

Yes No

▶ *If Yes*

Q3.7.7.1. How many times?

Q3.7.8. Physiotherapist, osteopath

Yes No

▶ *If Yes*

Q3.7.8.1. How many times?

Q3.7.9. Psychiatrist

Yes No

▶ *If Yes*

Q3.7.9.1. How many times?

Q3.7.10. Psychologist or psychotherapist

Yes No

▶ *If Yes*

Q3.7.10.1. How many times?

Q3.7.11. Another medical specialist

Yes No

▶ *If Yes*

Q3.7.11.1. How many times?

(B2P9)

Q3.8. Over the last 12 months, despite the need to consult a doctor (general practitioner, specialist doctor, ophthalmologist, etc.) or a dentist, have you ever chosen not to go?

Yes No

▶ *If Yes*

Q3.8.1. Please state the reason(s):

- Laziness, forgetting, postponement, etc.
- Lack of time
- Fear
- Financial reasons
- I wanted to wait for things to get better on their own
- Other

▶ *If Other*

Q3.8.1.1. Please specify:

Q3.9. Over the last 12 months, have you avoided treatment at a pharmacy (partly or completely), or avoided additional examinations prescribed by a health professional (blood test, scan, etc.)?

Yes No

▶ *If Yes*

Q3.9.1. Please state the reason(s):

- Laziness, forgetting, postponement, etc.
- Lack of time
- Fear
- Financial reasons
- I wanted to wait for things to get better on their own
- Other

▶ *If Other*

Q3.9.1.1. Please specify:

Your eyesight (B2P10)

Q3.10. In the last 12 months, have you needed to wear glasses or contact lenses or had your sight corrected?

Yes No

▶ *If Yes and Q3.1 is Yes*

Q1.11. Have you avoided going to buy glasses or contact lenses for financial reasons?

Yes No

Anthropometric measurements (B2P11)

Q3.11. Do you know your weight?

Yes No

▶ *If Yes*

Q3.11.1. How much (kg)? |_|_|_|_|

Q3.12. Do you know your height?

Yes No

▶ *If Yes*

Q3.12.1. How tall (cm)? |_|_|_|_|

Your family health (B2P12)

Q3.13. Have any of your close family died since last time (mother, father, brothers or sisters)?

- Yes No Do not wish to answer

▶ *If Yes*

Q3.13.1. Was this your father? (only appears if father was alive on the initial questionnaire)

- Yes No

▶ *If Yes*

Q3.13.1.1. What was the cause of her death?

- Accident
- Illness
- Suicide
- Don't know
- Do not wish to answer
- Other

▶ *If "Illness" selected*

Q3.13.1.1.1. Please state the illness

- Cancer
- Other illness

Q3.13.2. Was this your mother? (only appears if mother was alive on the initial questionnaire)

- Yes No

▶ *If Yes*

Q3.13.2.1. What was the cause of her death?

- Accident
- Illness
- Suicide
- Don't know
- Do not wish to answer
- Other

▶ *If "Illness" selected*

Q3.13.2.1.1. Please state the illness

- Cancer
- Other illness

Q3.13.3. Was it a brother? (only appears if the volunteer stated they had brothers)

- Yes No

► *If Yes*

Q3.13.3.1. How many have you lost? [][] (only appear if the number of brothers indicated on the initial questionnaire is >1)

Q3.13.3.2. What was the cause of your brother's (brother 1) death? (If answer >1 and response <4)

- Accident
- Illness
- Suicide
- Don't know
- Do not wish to answer
- Other

► *If "Illness" selected*

Q3.13.3.2.1. Please state the illness

- Cancer
- Other illness

Q3.13.3.3. What was the cause of your brother's (brother 2) death? (If answer >=2 and response <4)

- Accident
- Illness
- Suicide
- Don't know
- Do not wish to answer
- Other

► *If "Illness" selected*

Q3.13.3.3.1. Please state the illness

- Cancer
- Other illness

Q3.13.3.4. What was the cause of your brother's (brother 3) death? (If answer >=3 and response <4)

- Accident
- Illness
- Suicide
- Don't know
- Do not wish to answer
- Other

► *If "Illness" selected*

Q3.13.3.4.1. Please state the illness

- Cancer
- Other illness

Q3.13.4. Was it a sister? (only appears if the volunteer stated they had sisters)

- Yes No

► *If Yes*

Q3.13.4.1. How many have you lost? |_|_| (only appear if the number of sisters indicated on the initial questionnaire is >1)

Q3.13.4.2. What was the cause of your sister's (sister 1) death? (If answer >1 and response <4)

- Accident
- Illness
- Suicide
- Don't know
- Do not wish to answer
- Other

▶ *If "Illness" selected*

Q3.13.4.2.1. Please state the illness

- Cancer
- Other illness

Q3.13.4.3. What was the cause of your sister's (sister 2) death? (If answer >=2 and response <4)

- Accident
- Illness
- Suicide
- Don't know
- Do not wish to answer
- Other

▶ *If "Illness" selected*

Q3.13.4.3.1. Please state the illness

- Cancer
- Other illness

Q3.13.4.4. What was the cause of your sister's (sister 3) death? (If answer >=3 and response <4)

- Accident
- Illness
- Suicide
- Don't know
- Do not wish to answer
- Other

▶ *If "Illness" selected*

Q3.13.4.4.1. Please state the illness

- Cancer
- Other illness

Q3.14. (T10) Since last time, have any of the following been diagnosed in your:

Q3.14.1. (T11) Father:

Q3.14.1.1. A cardiovascular disease (myocardial infarction, angina pectoris, etc.) ?
Yes No Do not wish to answer

Q3.14.1.2. A stroke?
Yes No Do not wish to answer

Q3.14.1.3. Cancer?
Yes No Do not wish to answer

Q3.14.1.4. Depression or anxiety?
Yes No Do not wish to answer

Q3.14.1.5. Severe and regular headaches?
Yes No Do not wish to answer

Q3.14.1.6. Alcohol problems?
Yes No Do not wish to answer

Q3.14.2. (T12) Mother:

Q3.14.2.1. A cardiovascular disease (myocardial infarction, angina pectoris, etc.) ?
Yes No Do not wish to answer

Q3.14.2.2. A stroke?
Yes No Do not wish to answer

Q3.14.2.3. Cancer?
Yes No Do not wish to answer

Q3.14.2.4. Depression or anxiety?
Yes No Do not wish to answer

Q3.14.2.5. Severe and regular headaches?
Yes No Do not wish to answer

Q3.14.2.6. Alcohol problems?
Yes No Do not wish to answer

How do you feel? (SECTION 3)

Your physical and cultural activities (B3P1)

Q3.15. (T14) On average, how much time do you spend walking each day?

_____ ηη:μμ

Q3.16. Do you regularly take part in one or more sports activities?

- Yes No

▶ *If Yes*

Q3.16.1. How many times?

- Once a month or less
- 2 to 3 times a month
- Once a week
- 2 to 3 times a week
- More than 3 times a week

▶ *If Yes*

Q3.16.2. On average, how long do you spend doing your activity?

- Less than 30 minutes
- Between 30 minutes and 1 hour
- 1 hour
- Between 1 and 2 hours
- Over 2 hours

Q1.13. Do you take part in activities outside of class?

- Yes No

▶ *If Yes*

Q1.13.1. Please state which one(s)?

- Member of one or more clubs
- Play music
- Take part in theater activities
- Outings to the cinema, theater, concerts
- Other(s)

(T15) Your mental health (B3P2)

Q3.17. (T16) How often have you experienced the following over the last few weeks? (PHQ-9 scale)

Q3.17.1. Had little interest or enjoyment in doing things:

- Almost never
- Several days
- More than several days
- Almost every day

Q3.17.2. Felt sad, depressed, or hopeless:

- Almost never
- Several days
- More than several days
- Almost every day

Q3.17.3. Had trouble sleeping or staying asleep, or slept too much:

- Almost never
- Several days
- More than several days
- Almost every day

Q3.17.4. Felt tired or had little energy:

- Almost never
- Several days
- More than several days
- Almost every day

Q3.17.5. Had little appetite or ate too much:

- Almost never
- Several days
- More than several days
- Almost every day

Q3.17.6. Had low self-esteem — Thinking that you're worthless or that you haven't met your own expectations or your family's expectations:

- Almost never
- Several days
- More than several days
- Almost every day

Q3.17.7. Had difficulty concentrating on things such as reading the news or watching television:

- Almost never
- Several days
- More than several days
- Almost every day

Q3.17.8. Moved or spoken so slowly that other people noticed. Or have you been so agitated that you moved much more than normal:

- Almost never
- Several days
- More than several days
- Almost every day

Q3.17.9. Thought that you would be better off dead:

- Almost never
- Several days
- More than several days
- Almost every day

Q3.17.10. Thought of harming yourself:

- Almost never
- Several days
- More than several days
- Almost every day

[The section below is only displayed if the student selected at least one response other than "Almost never"]

Q3.18. Did this/these problem(s) make your life difficult (work, friends, home)?

- No difficulties
- Somewhat difficult
- Very difficult
- Extremely difficult

(B3P3)

Q3.19. (T16) How often have you experienced the following over the last two weeks? (GAD-7 scale)

Q3.19.1. Feelings of nervousness, anxiety, or tension:

- Almost never
- Several days
- More than several days
- Almost every day

Q3.19.2. Inability to stop being worried or to control your worries:

- Almost never
- Several days
- More than several days
- Almost every day

Q3.19.3. Excessive worry about various things:

- Almost never
- Several days
- More than several days
- Almost every day

Q3.19.4. Difficulty relaxing:

- Almost never
- Several days
- More than several days
- Almost every day

Q3.19.5. So agitated that you found it difficult to stay still:

- Almost never
- Several days
- More than several days
- Almost every day

Q3.19.6. A tendency to be easily irritated or annoyed:

- Almost never
- Several days
- More than several days
- Almost every day

Q3.19.7. Fearful that something terrible was going to happen:

- Almost never
- Several days
- More than several days
- Almost every day

(B3P4)

Q3.20. (T17) Please indicate how much you agree with the following:

Q3.20.1. In most ways my life is ideal:

- Strongly disagree
- Slightly disagree
- Neither agree nor disagree
- Slightly agree
- Strongly agree

Q3.20.2. My life is great:

- Strongly disagree
- Slightly disagree
- Neither agree nor disagree
- Slightly agree

- Strongly agree

Q3.20.3. I'm satisfied with my life:

- Strongly disagree
- Slightly disagree
- Neither agree nor disagree
- Slightly agree
- Strongly agree

Q3.20.4. So far I've got all the important things I've wanted in life:

- Strongly disagree
- Slightly disagree
- Neither agree nor disagree
- Slightly agree
- Strongly agree

Q3.20.5. If I could start my life over, I would change almost nothing:

- Strongly disagree
- Slightly disagree
- Neither agree nor disagree
- Slightly agree
- Strongly agree

Q3.21. (T17) Over the last month, would you say that:

Q3.21.1. You were unable to control the important things in your life:

- Never
- Rarely
- Sometimes
- Often
- Very often

Q3.21.2. You've felt confident in your ability to handle your personal problems:

- Never
- Rarely
- Sometimes
- Often
- Very often

Q3.21.3. You've felt that things are going your way:

- Never
- Rarely
- Sometimes
- Often
- Very often

Q3.21.4. You've found that problems piled up so much that you couldn't overcome them:

- Never
- Rarely
- Sometimes
- Often
- Very often

(B3P5)

Q3.22. (T18) Over the last 6 months, how often have you:

Q3.22.1. Had difficulty finishing a project when the most interesting part is done?

- Never
- Rarely
- Sometimes
- Often
- Very often

Q3.22.2. Had difficulty getting things in order when you have to do a task that requires organization?

- Never
- Rarely
- Sometimes
- Often
- Very often

Q3.22.3. Had trouble remembering appointments or obligations?

- Never
- Rarely
- Sometimes
- Often
- Very often

Q3.22.4. Avoided or put off a task which required a lot of thought?

- Never
- Rarely
- Sometimes
- Often
- Very often

Q3.22.5. Fidgeted or twiddled your hands or feet when you needed to stay sitting for a long time?

- Never
- Rarely
- Sometimes
- Often
- Very often

Q3.22.6. Felt excessively active, as if you were on a spring?

- Never
- Rarely
- Sometimes
- Often
- Very often

(B3P6)

Q3.23. Since last time, have you encountered a situation (or a risk) where death, serious injury, or sexual violence (if you encountered several situations, please answer about the one you feel was most serious) could occur?

- Yes, I have (you personally)
- Yes, as a direct witness to an event experienced by others
- Yes, as a family member or close friend of a victim (without being a direct witness)
- Yes, by being intensively exposed to details relating to these types of event over a long period (volunteer firefighter, first aider, etc.)
- No, I've never encountered any situation or risk of this type
- Do not wish to answer

► *If Yes*

Q3.23.1. Did this event cause you intense fear, a feeling of powerlessness, anger, shame or horror?

- Yes
- No
- Do not wish to answer

Q3.24. Since last time, have you thought of committing suicide (had suicidal thoughts)?

- No, never
- Yes, I have
- Yes, several times
- Do not wish to answer

► *If "Yes, several times" is selected*

Q3.24.1. Have you spoken to friends or family about it?

- Yes
- No

Q3.24.2. Have you spoken to a doctor or psychologist about it?

- Yes
- No

Q3.24.3. Did you receive treatment (regular follow-ups, taking medication, etc.)?

- Yes
- No

Q3.25. Have you passed your driving test since last time?

- Yes
- No
- Do not wish to answer

Your sleep (B3P7)

Q3.26. How was your sleep over the last 3 months?

- Good
- Mostly good
- Neither bad nor good
- Mostly bad
- Bad

Q3.27. Over the last 3 months, have you had trouble sleeping and/or staying asleep (waking up during the night)?

- Never or less than once a month
- More than once a week
- 1 to 2 times a week
- 3 to 5 times a week
- Every night or almost every night

Q3.28. Over the last 3 months, have you felt extremely sleepy during the day?

- Never or less than once a month
- More than once a week
- 1 to 2 times a week
- 3 to 5 times a week
- Every day or almost every day

Q3.29. Do you think you normally suffer from a lack of sleep (at least 1 hour less than you need)?

- Never
- Several times a year
- Several times a month
- Several times a week
- Always

Your sex life over the last 12 months (B3P8)

Q3.30. Have you had any sexual relations over the last 12 months?

- Yes No Do not wish to answer

▶ If "No" or "Do not wish to answer" are selected, the following question is displayed = Q3.49 for women and Q3.51 for men

Q3.31. Have you had one or more sexual relations with male partners?

- Yes No Do not wish to answer

▶ If Yes

Q3.31.1. How many men? |_|_|

Q3.32. Have you had one or more sexual relations with female partners?

- Yes No Do not wish to answer

▶ If Yes

Q3.32.1. How many women? |_|_|

▶ If Yes to Q3.45:

Q3.33. Did you use condoms on these occasions?

- Yes, every time
- No, not on every occasion or not all the time
- No, not as a couple or with a regular partner
- No, never (excluding relations with a regular partner)
- Do not wish to answer

▶ Q3.44 to Q3.45.1, women only

Q3.34. Do you use the oral contraceptive pill?

- Yes No

▶ If Yes

Q3.34.1. Please state which: (List of oral contraceptives)

Q3.35. Do you use any other methods of contraception?

- Yes No

▶ If Yes

Q3.35.1. Please specify:

- Implant
- Condom
- Coil (intrauterine device)
- Other

Since last time (B3P9)

Q3.36. Has a doctor diagnosed you with a sexually transmitted infection (chlamydia, gonococcus, condyloma, syphilis, herpes, HIV, etc.)?

- Yes No Do not wish to answer

▶ Q3.52 to Q3.53, women only

Q3.37. Have you used emergency contraception (morning-after pill such as Norvelo®, Levonorgestrel® or Ellaone®)?

- Yes No Do not wish to answer

▶ *If Yes*

Q3.37.1. How many times did this happen?

- Once 2 or 3 times More than 3 times Do not wish to answer

Q3.38. Have you have a voluntary termination (abortion)?

- Yes No Do not wish to answer

What do you eat? (SECTION 4)

Your eating habits (B4P1)

Q3.39. Do you follow a special diet?

- Yes No

▶ *If Yes*

Q3.39.1. Please specify:

- For medical reasons
- To lose or avoid gaining weight
- To gain weight/muscle
- To stay in shape
- I'm a vegetarian/vegan
- Other

Over the last 12 months:

Q3.40. Have you made yourself vomit because you didn't like the feeling of being full?

- Yes No

Q3.41. Have you been worried about controlling how much you eat?

- Yes No

Q3.42. Have you lost six kilos in less than three months?

- Yes No

Q3.43. Do you think you're fat even if other people think you're thin?

- Yes No

Q3.44. Would you say that food plays a central role in your life?

- Yes No

Your tobacco consumption (B4P2)

Q3.45. Do you smoke tobacco (cigarettes and/or rolling tobacco) regularly or occasionally?

- Yes Yes, but trying to stop No

▶ *If No*

Q3.45.1. Have you ever smoked?

- No, I've never smoked
 Yes, I've smoked occasionally
 Yes, I've smoked daily for at least 6 months

▶ *If "Yes" and "Yes, but trying to stop"*

Q3.45.2. How many cigarettes do you smoke per day on average? |_|_|

▶ *Only if "Yes" selected*

Q3.45.3. Do you want to stop smoking?

- Yes, within a year
 Yes, but later
 No
 Don't know

Q3.46. Do you use an electronic cigarette?

- Yes No

▶ *If Yes*

Q3.46.1. How often do you use it?

- Rarely (several times a month)
 Occasionally (several times a week)
 Often (one or more times a day)

(T24) Your alcohol consumption (B4P3)

Q3.47. How many times have you consumed alcohol over the last 12 months (alcoholic drinks such as beer, wine, whisky, vodka, tequila, rum, etc., even mixed)?

- Never (If "Never", the following question is shown = Q3.62)
- Once in the last year
- Several times in the last year
- Once a month
- Once per week or less
- 2 to 3 times a week
- 4 to 6 times a week
- Every day

Q3.47.1. Over the last 12 months, how many times have you drunk at least 6 glasses of alcohol on the same occasion (a night out, etc.)?

- Never
- Once in the last year
- Several times in the last year
- Once a month
- Once per week or less
- 2 to 3 times a week
- 4 to 6 times a week
- Every day

Q3.47.2. Over the last 12 months, how many times have you noticed that you weren't able to stop drinking once you had started?

- Never
- Once in the last year
- Several times in the last year
- Once a month
- Once per week or less
- 2 to 3 times a week
- 4 to 6 times a week
- Every day

Q3.47.3. Over the last 12 months, how many times have you had to drink alcohol in the morning to feel normal after a heavy drinking session the night before?

- Never
- Once in the last year
- Several times in the last year
- Once a month
- Once per week or less
- 2 to 3 times a week
- 4 to 6 times a week
- Every day

Q3.47.4. Over the last 12 months, how many times have you felt guilt or shame after drinking?

- Never
- Once in the last year
- Several times in the last year
- Once a month
- Once per week or less
- 2 to 3 times a week
- 4 to 6 times a week
- Every day

Q3.47.5. Over the last 12 months, how many times have you been drunk (drunk to the point of being completely drunk)?

- Never
- Once in the last year
- Several times in the last year
- Once a month
- Once per week or less
- 2 to 3 times a week
- 4 to 6 times a week
- Every day

Q3.47.6. Over the last 12 months, how many times have you been unable to remember what happened the night before because you had been drinking?

- Never
- Once in the last year
- Several times in the last year
- Once a month
- Once per week or less
- 2 to 3 times a week
- 4 to 6 times a week
- Every day

Q3.47.7. Over the last 12 months, have you hurt yourself or hurt someone else because you had been drinking?

- Yes No Do not wish to answer

Q3.47.8. Over the last 12 months, have you felt the need to lower your alcohol consumption?

- Yes No

Q3.47.9. Over the last 12 months, have any of your friends or family, a doctor or other health professional, noticed your alcohol consumption and suggested you reduce it?

- Yes No

Your consumption of psychoactive substances (B4P4)

Q3.48. (T26) Over the last 12 months, have you consumed cannabis:

- Yes No Do not wish to answer

▶ *If Yes*

Q3.48.1. Please state how many times:

- Every day
- Several times a week
- Once a week
- Several times a month
- Once a month or less
- Once

Q3.49. (T26) Over the last 12 months, have you taken any of the following:

Q3.49.1. Ecstasy, MD, MDMA:

- No, never
- Once
- Between 2 and 5 times
- 6 times or more
- Do not wish to answer

Q3.49.2. Amphetamines (speed):

- No, never
- Once
- Between 2 and 5 times
- 6 times or more
- Do not wish to answer

Q3.49.3. Cocaine:

- No, never
- Once
- Between 2 and 5 times
- 6 times or more
- Do not wish to answer

Q3.49.4. Hallucinogenic mushrooms:

- No, never
- Once
- Between 2 and 5 times
- 6 times or more
- Do not wish to answer

Q3.50. Over the last 12 months, have you taken any other drugs?

- Yes No Do not wish to answer

▶ *If Yes*

Q3.50.1. Please state which one(s)?

Q3.51. Over the last 12 months, have you felt like you've had a psychoactive substance without realizing (without your knowledge, in your drink, etc.)?

- Yes No Don't know Do not wish to answer

Q3.52. If you have consumed psychoactive substances (excluding alcohol), has your consumption changed compared to last year?

- No, it hasn't changed
- Yes, it's increased
- Yes, it's decreased
- Not applicable

Your consumption of medications (B4P5)

Q3.53. Have you taken medication regularly over the last 12 months (for one or more health problems)?

Yes No

▶ *If Yes*

Q3.53.1. Was it (multiple answers possible):

- Prescription medication
- Non-prescription medication (freely available)
- Medication borrowed from family/friends
- Other

Q3.54. Over the last 3 months, have you taken medication or other products for pain relief?

Yes No

▶ *If Yes*

Q3.54.1. Please specify the type of medication taken (multiple answers possible):

- Homeopathic, herbal medicine, natural products
- Allopathic medication (conventional, non-homeopathic, non-herbal medicine)

▶ *If "Allopathic medication" is selected*

Q3.54.1.1. Please specify how you obtained the allopathic medication:

- On prescription
- Over the counter
- From my friends/family
- Other

Q3.54.1.2. How often do you use allopathic medication?

- Once a month or less
- Several times a month
- Several times a week
- At least once a day

Q3.55. Over the last 3 months, have you taken medication or other products for anxiety, nervousness or stress (in the daytime)?

Yes No

► *If Yes*

Q3.55.1. Please specify the type of medication taken (multiple answers possible):

- Homeopathic, herbal medicine, natural products
- Allopathic medication (conventional, non-homeopathic, non-herbal medicine)

► *If "Allopathic medication" is selected*

Q3.55.1.1. Please specify how you obtained the allopathic medication:

- On prescription
- Over the counter
- From my friends/family
- Other

Q3.55.1.2. How often do you use allopathic medication?

- Once a month or less
- Several times a month
- Several times a week
- At least once a day

Q3.56. Over the last 3 months, have you taken medication or other products to sleep?

- Yes No

► *If Yes*

Q3.56.1. Please specify the type of medication taken (multiple answers possible):

- Homeopathic, herbal medicine, natural products
- Allopathic medication (conventional, non-homeopathic, non-herbal medicine)

► *If "Allopathic medication" is selected*

Q3.56.1.1. Please specify how you obtained the allopathic medication:

- On prescription
- Over the counter
- From my friends/family
- Other

Q3.56.1.2. How often do you use allopathic medication?

- Once a month or less
- Several times a month
- Several times a week
- At least once a day

(B4P6)

Q3.57. Have you taken products to help you concentrate during exam periods in the last 12 months?

- Yes No

► *If Yes*

Q3.57.1. Which type of product:

- Medication (prescribed, over the counter, borrowed from someone, etc.)
- Homeopathy, herbal medicine, etc.
- Energy drinks (containing taurine, caffeine, etc.)
- Other products

▶ *If "Other products" selected*

Q3.57.1.1. Please specify:

Q3.58. Have you taken products to help you perform better in sports in the last 12 months?

- Yes
- No

▶ *If Yes*

Q3.58.1. Which type of product:

- Medication (prescribed, over the counter, borrowed from someone, etc.)
- Homeopathy, herbal medicine, etc.
- Energy drinks (containing taurine, caffeine, etc.)
- Other products

▶ *If "Other products" selected*

Q3.58.1.1. Please specify:

Q3.59. Have you taken vitamins or dietary supplements over the last 3 months?

- Yes
- No

▶ *If Yes*

Q3.59.1. Please state if you have taken:

- Vitamin D specifically
- Vitamin E specifically
- Other vitamins (A, C, etc.)
- A mix of vitamins
- Other