sciensano

STATBEL
Belgium in figures

Health Interview Survey, 2023-2024

Selected person

First (given) name:

Number: _ - 0 _ _ _ - 0 _ _ - 0 _ - 0 _

Interviewer

Number: _ _ _ _

Date of the survey: D D - M M - 2 0 2 _

How to fill in the questionnaire? Here are some examples:

Cross the box that best matches your reply, e.g.:

EX.01 **Did you get the visit of an interviewer?**

- [x] 1 Yes
- [ ] 2 No

Write numbers in the boxes when asked for, e.g.:

EX.02 **When did the interviewer contact you the first time?**

| 1 | 6 | days ago

Sometimes, depending on your answer...

* you might be directed to a sub-question, shown with an arrow, e.g.:

EX.03 **Have you ever taken part in one of our national health surveys before?**

- [x] 1 Yes
  - a) if yes, what year did you last take part? | 1 | 9 | 9 | 7 |
- [ ] 2 No

* you might be directed to a question that is further away in the questionnaire, as indicated with a red arrow, e.g.:

EX.04 **Were these explanations clear enough to proceed with the survey?**

- [x] 1 Yes ⇨ *Go to SH.01 page 3*
- [ ] 3 No

Important

Unless otherwise indicated, tick only one answer per question, then move on to the question that follows directly.

If you wish to change your answer, put a cross in the new box and black out the one that no longer fits.

Information

To ensure a correct match with your interview survey, please fill in the following information:

Your residence zip code: [ ][ ][ ][ ]

Your date of birth: [ ][ ] / [ ][ ] / [ ][ ][ ][ ]

You are
- 1 ☐ a man
- 2 ☐ a woman
- 3 ☐ other

Perceived health

SH.01 **How is your health in general? Is it ...**

- 1 ☐ Very good
- 2 ☐ Good
- 3 ☐ Fair
- 4 ☐ Bad
- 5 ☐ Very bad

SH.02 **Do you suffer from (have) any chronic (long-standing) illness or condition (health problem)?**

- 1 ☐ Yes
- 2 ☐ No

SH.03 **For the past 6 months or more, have you been limited in activities people usually do because of a health problem?**

- 1 ☐ Yes, strongly limited
- 2 ☐ Yes, limited
- 3 ☐ No, not limited

Stress and well-being

VT.01 **How satisfied do you currently feel with your life as a whole?**

Use this scale from 0 to 10, where 0 means “not at all satisfied” and 10 means “completely satisfied”.

☐ – ☐ – ☐ – ☐ – ☐ – ☐ – ☐ – ☐ – ☐ – ☐ – ☐

0 1 2 3 4 5 6 7 8 9 10

not at all satisfied — completely satisfied

How have you been feeling the last few weeks?

Please report your current situation, not one you might have had in the past.

WB.01 **Have you been able to concentrate on whatever you’re doing?**

- ☐ 1 Better than usual
- ☐ 2 Same as usual
- ☐ 3 Less than usual
- ☐ 4 Much less than usual

WB.02 **Have you lost much sleep over worry?**

- ☐ 1 Not at all
- ☐ 2 No more than usual
- ☐ 3 Rather more than usual
- ☐ 4 Much more than usual

WB.03 **Have you felt that you are playing a useful part in things?**

- ☐ 1 More so than usual
- ☐ 2 Same as usual
- ☐ 3 Less useful than usual
- ☐ 4 Much less useful

In the last few weeks...

WB.04 **Have you felt capable of making decisions about things?**

- ☐ 1 More so than usual
- ☐ 2 Same as usual
- ☐ 3 Less so than usual
- ☐ 4 Much less capable

WB.05 **Have you felt constantly under strain?**

- ☐ 1 Not at all
- ☐ 2 No more than usual
- ☐ 3 Rather more than usual
- ☐ 4 Much more than usual

WB.06 **Have you felt you couldn't overcome your difficulties?**

- ☐ 1 Not at all
- ☐ 2 No more than usual
- ☐ 3 Rather more than usual
- ☐ 4 Much more than usual

WB.07 **Have you been able to enjoy your normal day-to-day activities?**

- ☐ 1 More so than usual
- ☐ 2 Same as usual
- ☐ 3 Less so than usual
- ☐ 4 Much less than usual

WB.08 **Have you been able to face up to your problems?**

- ☐ 1 More so than usual
- ☐ 2 Same as usual
- ☐ 3 Less able than usual
- ☐ 4 Much less able

In the last few weeks...

WB.09 **Have you been feeling unhappy or depressed?**

- ☐ 1 Not at all
- ☐ 2 No more than usual
- ☐ 3 Rather more than usual
- ☐ 4 Much more than usual

WB.10 **Have you been loosing confidence in yourself?**

- ☐ 1 Not at all
- ☐ 2 No more than usual
- ☐ 3 Rather more than usual
- ☐ 4 Much more than usual

WB.11 **Have you been thinking of yourself as a worthless person?**

- ☐ 1 Not at all
- ☐ 2 No more than usual
- ☐ 3 Rather more than usual
- ☐ 4 Much more than usual

WB.12 **Have you been feeling reasonably happy, all things considered?**

- ☐ 1 More so than usual
- ☐ 2 About same as usual
- ☐ 3 Less so than usual
- ☐ 4 Much less than usual

WB.13 **Have you felt optimistic about your future?**

- ☐ 1 More so than usual
- ☐ 2 About same as usual
- ☐ 3 Less so than usual
- ☐ 4 Much less than usual

VT.02 How much during the past week…

Tick one box per line	None of the time	A little of the time	Some of the time	Most of the time	All of the time
01. did you feel full of life?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
02. did you have a lot of energy?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
03. did you feel worn out?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
04. did you feel tired?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

VT.03 Overall, how was your sleep quality over the past 2 weeks?

terrible (0) – poor (1, 2, 3) – fair (4, 5, 6) – good (7, 8, 9) – exellent (10)

☐ 0 – ☐ 1 – ☐ 2 – ☐ 3 – ☐ 4 – ☐ 5 – ☐ 6 – ☐ 7 – ☐ 8 – ☐ 9 – ☐ 10

DR.01 In the past 2 weeks, have you used any sleeping tablets or tranquillizers that were prescribed for you by a doctor?

1 ☐ Yes

2 ☐ No

DR.02 In the past 2 weeks, have you used any antidepressants that were prescribed for you by a doctor?

1 ☐ Yes

2 ☐ No

Anxious or depressive feelings

AD.01 In the past two weeks, have you encountered problems such as... :

Tick one box per line	No, not at all	Yes, a few days	Yes, more than half the days	Yes, nearly every day
01. Feeling nervous, anxious or on edge	☐ 1	☐ 2	☐ 3	☐ 4
02. Not being able to stop or control worrying	☐ 1	☐ 2	☐ 3	☐ 4
03. Worrying too much about different things	☐ 1	☐ 2	☐ 3	☐ 4
04. Trouble relaxing	☐ 1	☐ 2	☐ 3	☐ 4
05. Being so restless that it is hard to sit still	☐ 1	☐ 2	☐ 3	☐ 4
06. Becoming easily annoyed or irritable	☐ 1	☐ 2	☐ 3	☐ 4
07. Feeling afraid as if something awful might happen	☐ 1	☐ 2	☐ 3	☐ 4
08. Having little interest or pleasure in doing things	☐ 1	☐ 2	☐ 3	☐ 4
09. Feeling down, depressed, or hopeless	☐ 1	☐ 2	☐ 3	☐ 4
10. Trouble falling or staying asleep, or sleeping too much	☐ 1	☐ 2	☐ 3	☐ 4
11. Feeling tired or having little energy	☐ 1	☐ 2	☐ 3	☐ 4
12. Poor appetite or overeating	☐ 1	☐ 2	☐ 3	☐ 4
13. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	☐ 1	☐ 2	☐ 3	☐ 4
14. Trouble concentrating on things, such as reading the newspaper or watching television	☐ 1	☐ 2	☐ 3	☐ 4
15. 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	☐ 1	☐ 2	☐ 3	☐ 4
16. Thoughts that you would be better off if you were no longer alive or thoughts of hurting yourself in some way	☐ 1	☐ 2	☐ 3	☐ 4

AD.02 **If you experienced any of these problems above, did they make it difficult for you to carry out your work, take care of things at home or get along with social relationships?**

- ☐1 No, not at all difficult
- ☐2 Yes, somewhat difficult
- ☐3 Yes, very difficult
- ☐4 Yes, extremely difficult
- ☐5 Not applicable

AD.03 **Have you ever sought professional help for mental, psychological or emotional health problems?**

- ☐1 Yes, in the past 12 months
- ☐2 Yes, but more than 12 months ago
- ☐3 No, never ⇨ *Go to SU.01 page 10*

AD.04 **What type of help did you receive for your mental, psychological or emotional health problems?**

More than one answer possible

- ☐1 Online help or call service for mental health
- ☐2 GP or family doctor
- ☐3 Psychiatrist
- ☐4 Psychologist or psychotherapist
- ☐5 Mental health service or psychomedical center
- ☐6 Ambulatory assistance center
- ☐7 Residential care and assistance center
- ☐8 Pyschiatric hospital or psychiatric service in a general hospital
- ☐9 Other professional, specify: ____________________
- ☐10 Other health institution, specify: ____________________

SU.01 **Have you ever seriously thought of ending your life?**

- ☐ 1 Yes
- ☐ 2 No

SU.02 **Did you have such thoughts in the past 12 months?**

- ☐ 1 Yes
- ☐ 2 No

SU.03 **Have you ever attempted to commit suicide?**

- ☐ 1 Yes
- ☐ 2 No

SU.04 **Did you attempt suicide in the past 12 months?**

- ☐ 1 Yes
- ☐ 2 No

Eating disorders

	Tick one box per line	Yes	No
EB.01	Have you recently lost more than 6 kilos in a 3-month period?	☐ 1	☐ 2
EB.02	Do you worry that you have lost control over how much you eat?	☐ 1	☐ 2
EB.03	Do you make yourself sick because you feel uncomfortably full?	☐ 1	☐ 2
EB.04	Would you say that food dominates your life?	☐ 1	☐ 2
EB.05	Are you told you are too thin, while you believe yourself to be too fat ?	☐ 1	☐ 2
EB.06	Do you have episodes of excessive overeating (i.e., eating much more and faster than others would in a similar time span)?	☐ 1	☐ 2

EB.07 **Are you currently trying to lose weight, gain weight, maintain your weight, or your weight is not a concern?**

- ☐ 1 I am trying to lose weight
- ☐ 2 I am trying to gain weight
- ☐ 3 I am trying to keep my weight stable
- ☐ 4 I am not concerned about my weight

Alcohol consumption

AL.01 **In the past 12 months, how often have you had an alcoholic drink of any kind (beer, wine, cider, breezers, cocktails, premixes, liquor, spirits, homemade alcohol...)?**

- ☐ 1 Every day or almost
- ☐ 2 5 - 6 days a week
- ☐ 3 3 - 4 days a week
- ☐ 4 1 - 2 days a week

⇨ Go to AL.02

- ☐ 5 2 - 3 days in a month
- ☐ 6 Once a month
- ☐ 7 Less than once a month

⇨ Go to AL.06 page 12

- ☐ 8 Not in the past 12 months, as I no longer drink alcohol ⇨ Go to AL.08 page 13
- ☐ 9 Never, or only a few sips or trials in my whole life ⇨ Go to TA.01 page 15

Weekdays consumption (Monday to Thursday)

AL.02 **On weekdays (Monday to Thursday), on how many of these 4 weekdays do you usually drink alcohol?**

- ☐ 4 On **all 4** weekdays (Monday to Thursday)
- ☐ 3 On **3** of the 4 weekdays
- ☐ 2 On **2** of the 4 weekdays
- ☐ 1 On **1** of the 4 weekdays
- ☐ 0 I don't drink on weekdays (Monday to Thursday)

AL.03 **When you drink alcohol on a weekday (Monday - Thursday), how many drinks do you have on average on such a day?**

Please refer to standard drinks (pictogram)

- ☐ 7 16 or more drinks on one weekday
- ☐ 6 10 to 15 drinks
- ☐ 5 6 to 9 drinks
- ☐ 4 4 to 5 drinks
- ☐ 3 3 drinks
- ☐ 2 2 drinks
- ☐ 1 1 drink or less
- ☐ 0 I don't drink on weedays (Monday - Thursday)

Weekend consumption (Friday to Sunday)

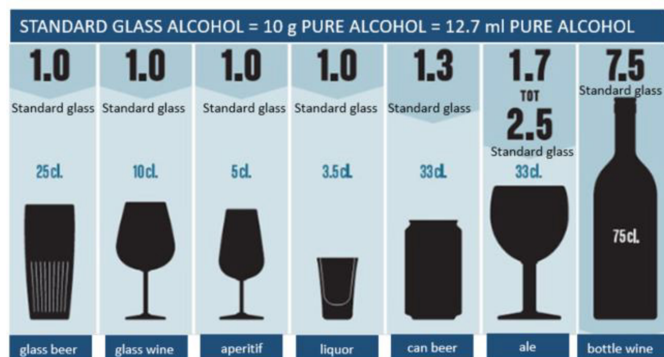
AL.04 **On <u>weekends</u> (Friday to Sunday), on how many of these 3 weekend days do you usually drink alcohol?**

- ☐ 3 On **all 3** weekend days (Friday - Sunday)
- ☐ 2 On **2** of the 3 weekend days
- ☐ 1 On **1** of the 3 weekend days
- ☐ 0 I don't drink on weekends (Friday - Sunday)

AL.05 **When you drink alcohol on a <u>weekend day</u> (Friday - Sunday), how many drinks do you have on average on <u>such a day</u>?**

Please refer to standard drinks (pictogram)

- ☐ 7 16 or more drinks on <u>one</u> weekend day
- ☐ 6 10 - 15 drinks
- ☐ 5 6 - 9 drinks
- ☐ 4 4 - 5 drinks
- ☐ 3 3 drinks
- ☐ 2 2 drinks
- ☐ 1 1 drink or less
- ☐ 0 I don't drink on weekends (Friday - Sunday)



Consumption pattern

AL.06 **In the <u>past 12 months</u>, how often have you had <u>6 or more</u> drinks containing alcohol on a <u>single occasion</u>? For instance, during a party, a meal, an evening out with friends, alone at home,...**

I have 6 or more drinks per occasion...

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

AL.07 **How frequently have you had at least 4 drinks (for women) or at least 6 drinks (for men) in 2 hours' time?**

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

AL.08 **Not counting small sips, how old were you when you started drinking alcoholic beverages?**

I was ☐☐ years old

AL.09 **Have you ever felt the need to cut down on your drinking?**

- ☐ 1 Yes, in the past 12 months
- ☐ 2 Yes, but more than 12 months ago
- ☐ 3 No, never

AL.10 **Have you ever been critisized concerning your drinking?**

- ☐ 1 Yes, in the past 12 months
- ☐ 2 Yes, but more than 12 months ago
- ☐ 3 No, never

AL.11 **Have you ever felt guilty about your drinking?**

- ☐ 1 Yes, in the past 12 months
- ☐ 2 Yes, but more than 12 months ago
- ☐ 3 No, never

AL.12 **Have you ever felt the need to take a drink first thing in the morning (eye opener)?**

- ☐ 1 Yes, in the past 12 months
- ☐ 2 Yes, but more than 12 months ago
- ☐ 3 No, never

AL.13 **Have you ever been unable to remember what you did or said because you had been drinking?**

- ☐ 1 Yes, in the past 12 months
- ☐ 2 Yes, but more than 12 months ago
- ☐ 3 No, never

AL.14 **Have you ever sought professional help for problems related to your alcohol consumption?**

- ☐ 1 Yes, in the past 12 months
- ☐ 2 Yes, but more than 12 months ago
- ☐ 3 No, never ⇨ *Go to TA.01 page 15*

AL.15 **What type of help or health professional did you sollicit for your problems related to drinking?**

More than one answer possible

- ☐ 1 Specialised help online or by phone (Infor-drugs, Alcohol help...)
- ☐ 2 GP
- ☐ 3 Psychiatrist
- ☐ 4 Psychologist or psychotherapist
- ☐ 5 Mental health care center
- ☐ 6 Ambulatory care center
- ☐ 7 Residential care center
- ☐ 8 Psychiatric hospital or psychiatric service in a general hospital
- ☐ 9 Other professional, specify: ______________________________
- ☐ 10 Other health institution, specify: ______________________________

Tobacco consumption

Warning: Do <u>NOT include</u> electronic cigarettes, but <u>only refer to classic</u> cigarettes, cigars, pipes, shishas...!

TA.01 **Have you ever smoked, even just one whole cigarette in your life?**

- ☐ 1 Yes
- ☐ 2 No ⇨ *Go to EC.01 page 17*

TA.02 **How old were you when you smoked your first whole cigarette?**

I was ☐☐ years old

TA.03 **Have you smoked, in total in your whole life, at least 100 cigarettes (about 5 packets) or the equivalent amount of tobacco?**

- ☐ 1 Yes
- ☐ 2 No ⇨ *Go to EC.01 page 17*

TA.04 **Have you ever smoked daily for more than 1 year?**

- ☐ 1 Yes
- ☐ 2 No ⇨ *Go to TA.06*

TA.05 **For how many years in total have you smoked daily?**

Add all separate periods of daily smoking up to today

I have smoked daily for ☐☐ years in total

If it is less than a year, write "0"

TA.06 **Do you smoke nowadays?**

- ☐ 1 Yes, daily ⇨ *Go to TA.07*
- ☐ 2 Yes, occasionally ⇨ *Go to EC.01 page 17*
- ☐ 3 No, not at all ⇨ *Go to EC.01 page 17*

Current daily smokers

These questions are only for respondents who currently smoke every day.
If you don't smoke every day at this moment, go to questions EC.01 page 17.

TA.07 **How old were you when you started smoking daily (even if you have occasionally stopped)?**

I was ☐☐ years old

TA.08 **How much do you usually smoke per day?**

More than 1 answer possible

BEWARE! Please report the number of items you smoke per day, not the number of packs, nor what you smoke occasionally!

01. I smoke daily ☐☐ cigarettes (rolled &/or manufactured)
02. I smoke daily ☐☐ cigar/cigarillos
03. I smoke daily ☐☐ pipefuls of tobacco
04. I smoke daily ☐☐ sittings of ookah, nargileh, waterpipes
05. I smoke daily ☐☐ Other, specify: ____________________

TA.09 **Do you currently smoke more, less or as much as 2 years ago?**

☐ 1 I smoke **more** than 2 years ago
☐ 2 I smoke **less** than 2 years ago
☐ 3 I smoke **as much** as 2 years ago

TA.10 **When do you smoke your first cigarette (cigar, pipe,...) of the day after waking?**

☐ 1 Within 5 minutes after waking
☐ 2 Within 6 to 30 minutes after waking
☐ 3 Within 31 to 60 minutes after waking
☐ 4 More than 60 minutes after waking

TA.11 **In the past 12 months, have you stopped smoking for at least 24 hours because you were trying to quit?**

☐ 1 Yes, several times
☐ 2 Yes, once
☐ 3 No ⇨ *Go to TA.13 page 17*

TA.12 **Think about the last time you stopped smoking for at least 24 hours because you were trying to quit. What method(s) (if any) did you use to help you quit?**

More than 1 answer possible

- ☐ 1 No particular method or assistance
- ☐ 2 Online/phone service "Tabac Stop"
- ☐ 3 Individual or group counselling with a tabacologist (not my doctor)
- ☐ 4 Consultation with a medical doctor (not tabacoligist)
- ☐ 5 Use of prescribed medicine (Zyban, Champix, ...)
- ☐ 6 Use of electronic cigarette (with or without nicotine)
- ☐ 7 Heated tobacco (pen heating a mini tobacco stick)
- ☐ 8 Nicotine substitutes (patch, gums, spray, tablets,..)
- ☐ 9 Psychological support
- ☐ 10 Acupuncture, hypnosis, aromatherapy, kinesiology...
- ☐ 11 Self-help materials through Internet, leaflets, books...

TA.13 **Do you intend to quit smoking in the next 12 months?**

- ☐ 1 Yes, most certainly
- ☐ 2 Yes, probably
- ☐ 3 No, not at all
- ☐ 4 I don't know

Electronic cigarettes (e-cigarettes)

An electronic cigarette (e-cigarette) or an electronic pipe, cigar or shisha, are small battery-powered electronic devices that simulate the act of smoking.
These devices heat a liquid solution and produce vapor instead of combustion smoke.

In the following questions, the term "e-cigarette" refers to such electronic devices.

EC.01 **Have you ever tried an e-cigarette, even just a few pufs?**

- ☐ 1 Yes
- ☐ 2 No ⇨ *Go to ID.01 page 19*

EC.02 **Are you currently using e-cigarettes?**

- ☐ 1 Yes, every day
- ☐ 2 Yes, once a week or more, but not daily
- ☐ 3 Yes, once a month or more, but not each week
- ☐ 4 Yes, less than monthly
- ☐ 5 No, not at all ⇨ *Go to ID.01 page 19*

EC.03 **What type of e-cigarette do you use the most?**

- ☐ 1 A disposable e-cigarette (non-rechargeable)
- ☐ 2 An e-cigarette that uses replaceable pre-filled cartridges or pods (rechargeable)
- ☐ 3 An e-cigarette with a tank or pod that you refill with e-liquids (rechargeable)
- ☐ 4 A modular system (own combination of separate parts: batteries, atomizers, etc.) that you refill with e-liquids (rechargeable)
- ☐ 5 A device that heats, rather than burns, real tobacco, so it produces vapor instead of smoke (HNB-cigarettes such as IQOS)
- ☐ 6 Don't know

EC.04 **Curently, the e-cigarettes you use the most are...:**

- ☐ 1 without nicotine
- ☐ 2 with nicotine
- ☐ 3 as many with than without nicotine

EC.05 **For how long have you been using e-cigarettes?**

- ☐ 1 Less than 1 month
- ☐ 2 1 month or longer, but less than 6 months
- ☐ 3 6 months or longer, but less than 1 year
- ☐ 4 1 year or longer, but less than 2 years
- ☐ 5 2 years or longer

EC.06 **Before you first used an e-cigarette, did you smoke tobacco?**

- ☐ 1 Yes
- ☐ 2 No

Consumption of cannabis

ID.01 **Have you ever taken cannabis (hashish or marijuana, also known as weed, shit, dope...)?** *Warning: do NOT report CBD use here!*

- ☐ 1 Yes
- ☐ 2 No ⇨ *Go to ID.07 page 20*

ID.02 **How old were you when you took cannabis for the first time?**

I was ☐☐ years old

ID.03 **Have you taken cannabis in the past 12 months?**

- ☐ 1 Yes
- ☐ 2 No ⇨ *Go to ID.07 page 20*

ID.04 **Have you taken cannabis in the past 30 days?**

- ☐ 1 Yes
- ☐ 2 No ⇨ *Go to ID.07 page 20*

ID.05 **In the past 30 days, on how many days did you take cannabis?**

- ☐ 1 Every day
- ☐ 2 20-29 days
- ☐ 3 10-19 days
- ☐ 4 4-9 days
- ☐ 5 1-3 days

ID.06 **Have you ever tried to stop using cannabis without succeeding?**

- ☐ 1 Yes, in the past 12 months
- ☐ 2 Yes, more than 12 months ago
- ☐ 3 No, never

Consumption of other substances

ID.07 **Which other substances have you used, even if it was just once, and when did you last take them?**

Tick one box per line

	In the past 30 days	In the past 12 months	More than 12 months ago	Never
01. Cocaine	☐ 1	☐ 2	☐ 3	☐ 4
02. Crack	☐ 1	☐ 2	☐ 3	☐ 4
03. Ecstasy (XTC, MDMA)	☐ 1	☐ 2	☐ 3	☐ 4
04. Amphetamines, speed	☐ 1	☐ 2	☐ 3	☐ 4
05. Methamphetamines	☐ 1	☐ 2	☐ 3	☐ 4
06. Ketamine	☐ 1	☐ 2	☐ 3	☐ 4
07. GHB/GBL	☐ 1	☐ 2	☐ 3	☐ 4
08. Heroin	☐ 1	☐ 2	☐ 3	☐ 4
09. LSD or other hallucinogens (magic mushrooms, psilos, DMT, mescaline, ayahuasca...)	☐ 1	☐ 2	☐ 3	☐ 4
10. New psychoactive substances (NPS) and synthetics, e.g. synthetic cannabis ('spice'), mephedrone (4-MMC, 3-MMC, 3-CMC), 2C-B, 1p-LSD, 1cP-LSD, methoxetamine, K24-FA, 4-FA, K2, 25I-NBOMe ...	☐ 1	☐ 2	☐ 3	☐ 4
11. Opioids that were not prescribed for you (e.g, fentanyls, buprenorphine, oxycodone, codein,...)	☐ 1	☐ 2	☐ 3	☐ 4
12. Medical psychoactive drugs that were not prescribed for you (ex. Valium, Rilatin, Rohypnol, Temesta, Tramadol ...)	☐ 1	☐ 2	☐ 3	☐ 4
13. CBD ou cannabidiol	☐ 1	☐ 2	☐ 3	☐ 4
14. Laughing gas or nitrous oxide	☐ 1	☐ 2	☐ 3	☐ 4

ID.08 **Have you ever sought professional help for problems related to your substance use?**

- ☐ 1 Yes, in the past 12 months
- ☐ 2 Yes, but more than 12 months ago
- ☐ 3 No, never ⇨ *Go to GS.01 page 21*

ID.09 **What type of help or health professional have you sought for problems related to your substance use?**

More than one answer possible

- ☐ 1 Specialised help online or call center (Infor-drugs...)
- ☐ 2 Family doctor or GP
- ☐ 3 Psychiatrist
- ☐ 4 Psychologist or psychotherapist
- ☐ 5 Mental health service or psychomedical center
- ☐ 6 Ambulatory care center
- ☐ 7 Residential care center
- ☐ 8 Psychiatric hospital or psychiatric service in a general hospital
- ☐ 9 Other professional, specify: ____________________
- ☐ 10 Other health institution, specify: ____________________

Gambling and betting

The first two questions ask about your "exposure" to advertising and sponsorship of gambling, betting or lotteries. The next questions probe your participation in gambling and betting.

GS.01 **In the past 6 months, how often were you exposed to advertising for gambling, betting or lotteries via the following channels ...**

Tick one reply per line	Daily	Several times a week	About once a week	Less than once a week	Never or almost never
01. on TV? (e.g. commercials, during shows or movies)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
02. on social media? (e.g. sponsored posts on Facebook, Instagram, YouTube)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
03. on websites and apps? (e.g. ad banners on websites)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
04. via email and text message?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
05. in newspapers and magazines?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
06. in stores?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
07. on the street? (e.g. billboards in bus shelters)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

GS.02 How often do you come across gambling brands (e.g. logos on shirts, billboards or flags) during the following activities:

Tick "non applicable" if you don't participate in these activities.
Tick one reply per line

	Very often	Often	Somme-times	Rarely	Never	Not applicable
01. During sports matches	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
02. In the news coverage of sports matches	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
03. In TV shows	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
04. During festivals, concerts and theatre	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
05. During charity events and fundraisers	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
06. In the posts of social media influencers	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

Participation in gambling and betting

GA.01 In the past 12 months, have you spent any money on games such as lottery (lotto, keno, scratchcards,...), casino games (slot machines, roulette, dice or card games, ...), Bingo, betting on sport events or races... ?

☐ 1 Yes

☐ 2 No ⇨ *Go to ST.01 page 24*

GA.02 Not including internet games, in the past 12 months, how often have you bet or spent money on the following activities on location: in retail shops, cafés, casinos, agencies...?

Do NOT include internet games here
Tick one box per line

	Every day	Once a week or more	Once a month or more	Less than once a month	Not in the past 12 months	Never
01. Lottery draw tickets: Loto, Keno, Euromillions, Joker+...	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
02. Instant win or scratch cards: Win-for-life, Subito, Cash, Super 20...	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
03. Bingo in pubs and clubs	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
04. Playing poker for money	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
05. Slot machines, jackpot	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
06. Casino games: roulette, black jack, dice...	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
07. Betting on (horse-) races	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
08. Betting on sport games	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
09. Other games for money	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

GA.03 **In the past 12 months, how often (if ever) have you bet or spent money on internet games or gambling activities :**

Only internet games /gambling *Tick one reply per line*	Every day	Once a week or more	Once a month or more	Less than once a month	Not in the past 12 months	Never
01. Online lottery tickets: Loto, Keno, Euromillions, Joker+…	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
02. Online scratch cards: Win-for-life, Subito, Cash, Super 20...	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
03. Online bingo	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
04. Online poker	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
05. Online slot machines, jackpot	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
06. Online casino games: roulette, black jack, dice…	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
07. Online (horse-) race bets	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
08. Online bets on sport games	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
09. Other online games for money	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

GA.04 **In the past 12 months, how much money did you spend in average per month on bets, gambling or chance games (not counting the gains)?**

Please specify: ☐☐☐☐ Euros per month

The following questions are about problematic situations that can stem from gambling activities…

GA.05 **Thinking about your gambling activities in the past 12 months, how often….**

Tick one reply per line	Almost always	Most of the time	Some-times	Never
01. Have you bet more than you could really afford to lose?	☐ 1	☐ 2	☐ 3	☐ 4
02. Have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was	☐ 1	☐ 2	☐ 3	☐ 4
03. Have you felt guilty about the way you gamble or what happens when you gamble?	☐ 1	☐ 2	☐ 3	☐ 4

GA.06 **In the past 12 months, have you searched/received any professional help in relation to problems caused by your gambling activities?**

☐ 1 Yes

☐ 2 No

Screen time

ST.01 **On a typical day during your leisure time, how much time do you spend on the following screen-based activities?**

Refer to the time you spend on television, computer, laptop, game console, smartphone, tablet and other mobile devices.

	Hour(s)	Minute(s)
01. Watching TV programs, videos, films and other entertainment	☐☐	☐☐
02. Playing games (by this we mean online and offline electronic games)	☐☐	☐☐
03. Using social networking sites or apps (for example, Facebook, WhatsApp, Instagram, Messenger...)	☐☐	☐☐
04. Using the Internet for other purposes (for example, emailing, looking up information, shopping online...)	☐☐	☐☐

Leisure time physical activities

PA.11 **What describes best your leisure time activities during the last year?**

Only one answer possible!

- ☐ 1 Hard training and competitive sport more than once a week
- ☐ 2 Jogging and other recreational sports or gardening, 4 hours or more per week
- ☐ 3 Jogging and other recreational sports or gardening, less than 4 hours per week
- ☐ 4 Walking, bicycling or other light activities 4 hours or more a week
- ☐ 5 Walking, bicycling or other light activities less than 4 hours a week
- ☐ 6 Reading, watching TV or other sedentary activities

Social contacts

SO.01 **How would you judge your social contacts?**

- ☐ 1 Really satisfying
- ☐ 2 Rather satisfying
- ☐ 3 Rather unsatisfying
- ☐ 4 Really unsatisfying

SO.02 **In general, how many times do you have contact with relatives, children, friends, ...?**

- ☐ 1 At least once a week
- ☐ 2 At least once a month
- ☐ 3 At least 3 or 4 times a year
- ☐ 4 At least once a year
- ☐ 5 Never

SO.03 **How many people are so close to you that you can count on them if you have serious personal problems?**

- ☐ 1 None
- ☐ 2 1 or 2
- ☐ 3 3 - 5
- ☐ 4 6 or more

SO.04 **How much concern do people show in what you are doing?**

- ☐ 1 A lot of concern and interest
- ☐ 2 Some concern and interest
- ☐ 3 Uncertain
- ☐ 4 Little concern and interest
- ☐ 5 No concern and interest

SO.05 **How easy is it to get practical help from neighbours if you should need it?**

- ☐ 1 Very easy
- ☐ 2 Easy
- ☐ 3 Possible
- ☐ 4 Difficult
- ☐ 5 Very difficult

SO.06 **To what extent do each of the following statements apply to you?**

Tick one box per line	Yes	More or less	No
01. I experience a general sense of emptiness	☐ 1	☐ 2	☐ 3
02. There are plenty of people I can rely on when I have problems	☐ 1	☐ 2	☐ 3
03. There are many people I can trust completely	☐ 1	☐ 2	☐ 3
04. There are enough people I feel close to	☐ 1	☐ 2	☐ 3
05. I miss having people around me	☐ 1	☐ 2	☐ 3
06. I often feel rejected	☐ 1	☐ 2	☐ 3

Concerns for the climate

EA.01 **How important is the issue of climate change to you personally?**

- ☐ 1 Extremely important
- ☐ 2 Very important
- ☐ 3 Somewhat important
- ☐ 4 Not too important
- ☐ 5 Not at all important

EA.02 **How worried are you about climate change?**

- ☐ 1 Very worried
- ☐ 2 Somewhat worried
- ☐ 3 Not very worried
- ☐ 4 Not at all worried

EA.03 **How much do you think climate change will harm you <u>personally</u>?**

- [ ] 1 A great deal
- [ ] 2 A moderate amount
- [ ] 3 Only a little
- [ ] 4 Not at all
- [ ] 5 Don't know

EA.04 **How much do you think climate change will harm <u>future generations</u> of people?**

- [ ] 1 A great deal
- [ ] 2 A moderate amount
- [ ] 3 Only a little
- [ ] 4 Not at all
- [ ] 5 Don't know

EA.05 **Which of the following emotions do you feel about the issue of climate change?**

Check all emotions that match

- [ ] 1 Interested
- [ ] 2 Sad
- [ ] 3 Afraid
- [ ] 4 Angry
- [ ] 5 Guilty
- [ ] 6 Hopeful
- [ ] 7 Powerless
- [ ] 8 Indifferent
- [ ] 9 Anxious
- [ ] 10 Depressed
- [ ] 11 Optimistic
- [ ] 12 Disgusted
- [ ] 13 None of these emotions

Violence

VI.01 **In the past 12 months, have you been a victim of burglary, robbery or armed robbery, or of verbal or psychological violence (e.g. insults, threats, isolation), economic violence, physical violence (e.g. being pushed, being beaten) or sexual violence (e.g. exhibitionism, rape)?**

☐ 1 Yes

☐ 2 No ⇨ *Go to RH.01 page 30*

VI.02 **What type of violence have you personally experienced in the past 12 months, and where did it take place?**

More than one answer possible. Tick the appropriate box(es) in function of the type of violence experienced and where it took place.

More than one answer possible	At home	At work / school	In a public place/on the public road	Elsewhere
01. Burglary, robbery or armed robbery	☐ 1	☐ 2	☐ 3	☐ 4
Verbal or psychological violence				
02. Insults, mockery, humiliations, sarcasm, bullying, constant criticism, derogatory, sexual or racist remarks	☐ 1	☐ 2	☐ 3	☐ 4
03. Intimidation, threats, stalking, blackmail, power, manipulation, control	☐ 1	☐ 2	☐ 3	☐ 4
04. Isolation, deprivation of freedom	☐ 1	☐ 2	☐ 3	☐ 4
Economic violence				
05. Control of family expenditure, not being allowed to work, having to hand in earnings	☐ 1	☐ 2	☐ 3	☐ 4
Physical violence				
06. Being knocked down, pushed, shaken...	☐ 1	☐ 2	☐ 3	☐ 4
07. Being hit/beaten, wounded with a weapon, strangled,...	☐ 1	☐ 2	☐ 3	☐ 4
Sexual violence				
08. Exhibitionism	☐ 1	☐ 2	☐ 3	☐ 4
09. Sexual assault, forced intercourse, rape	☐ 1	☐ 2	☐ 3	☐ 4

If you were the victim of several violent incidents in the past 12 months, please refer to the worst you experienced when answering the following questions.

VI.03 **Did you contact or consult one or more of the following people, services or authorities as a result of this violent incident?**

More than one answer possible

- ☐ 1 Family (father, mother, brother, sister,...)
- ☐ 2 Friends
- ☐ 3 Trustee at work or in school, Familiarity Center Child Abuse
- ☐ 4 Police
- ☐ 5 Medical service (practitioner, hospital,...)
- ☐ 6 Psychologist
- ☐ 7 Law- or juridicial service agency, lawyer, courthouse
- ☐ 8 Sexual Assault Centre (SAC)
- ☐ 9 Victim assistance or support services, youth help services, shelter/safe house
- ☐ 10 Call-centers for assistance (télé-accueil, SOS children, SOS sexual abuse, Center for battered women)
- ☐ 11 Other, specify: ____________________
- ☐ 12 I did not consult or contact anyone

VI.04 **Sometimes people happen to know the offender(s) or the perpetrator(s) of the violent incidents. In your case, was/were the offender(s) or perpetrator(s) of this incident:**

- ☐ 1 Unknown person(s)
- ☐ 2 Colleague(s)
- ☐ 3 Acquaintance(s)
- ☐ 4 Friend(s)
- ☐ 5 My partner
- ☐ 6 My ex-partner
- ☐ 7 My parent(s)
- ☐ 8 My (step)child(ren)
- ☐ 9 Another member of the family
- ☐ 10 Other, specify: ____________________
- ☐ 11 I don't know
- ☐ 12 I prefer not to answer this question

Health and Sexuality

The following questions may appear very personal to you. They concern sexual behavior which is also an important health determinant. You can be assured that anything you answer will remain strictly anonymous and confidential.

RH.01 **Have you ever had sexual intercourse? Please include vaginal, anal and oral sex.**

- ☐ 1 Yes
- ☐ 2 No ➪ *Go to RH.10 page 32*

RH.02 **How old were you when <u>you first had</u> sexual intercourse?**

I was |__|__| years old

RH.03 **Did you have sexual intercourse in the <u>past 12 months</u>?**

- ☐ 1 Yes
- ☐ 2 No ➪ *Go to RH.10 page 32*

RH.04 **Which partner(s) did you have sexual intercourse with in the <u>past 12 months</u>?**

More than one answer possible

- ☐ 1 One steady partner
- ☐ 2 Several steady partners
- ☐ 3 Casual / occasional partner(s)
- ☐ 4 Other, specify: ____________________

RH.05 **What is the sex of this/those partner(s)?**

More than one answer possible

- ☐ 1 Male
- ☐ 2 Female
- ☐ 3 Other, specify: ____________________

RH.06 **Did you, or your partner, use a condom the last time you had sexual intercourse?**

1 ☐ Yes
2 ☐ No
3 ☐ I don't know

RH.07 **Have you ever had a test done for STI (sexually transmitted infection, HIV included)?**

1 ☐ Yes
2 ☐ No ⇨ *Go to RH.10 page 32*
3 ☐ I don't know ⇨ *Go to RH.10 page 32*

RH.08 **When was the last time (if ever) you got tested for the following STI?**

Tick one box per line	In the past 12 months	More than 12 months ago	Never	I don't know
01. Chlamydia	1 ☐	2 ☐	3 ☐	4 ☐
02. Gonorrhea	1 ☐	2 ☐	3 ☐	4 ☐
03. Syphilis	1 ☐	2 ☐	3 ☐	4 ☐
04. HIV/AIDS	1 ☐	2 ☐	3 ☐	4 ☐

RH.09 **What was the reason you had your <u>last IST test</u>?**

More than one answer possible

- ☐1 I had started a new relationship
- ☐2 We wanted to stop using condoms
- ☐3 I wanted to get pregnant
- ☐4 I thought it a good idea to get tested from time to time
- ☐5 I had had unprotected sex
- ☐6 I had had sex with someone with a STI/HIV
- ☐7 I had physical complaints
- ☐8 A doctor had recommended it
- ☐9 I wanted to make sure I did not have an STI/HIV
- ☐10 I had been alerted by someone I had had sex with
- ☐11 Other, specify: ______________________________

RH.10 **The following 4 statements are about HIV/AIDS knowledge. All these statements are true, but did you know this already?**

Tick one box per line	I already knew this	I did not know this for sure	I did not know this yet	I do not understand this	I do not believe this
01. AIDS is caused by a virus called HIV	☐1	☐2	☐3	☐4	☐5
02. You cannot know if someone has HIV by judging by their appearance	☐1	☐2	☐3	☐4	☐5
03. There is a medical test that can show whether you have HIV or not	☐1	☐2	☐3	☐4	☐5
04. An HIV-infected person who is taking an effective treatment cannot transmit the virus during sexual intercourse	☐1	☐2	☐3	☐4	☐5

Information about health

It is not always easy to get understandable, reliable and useful information about health. We would like to know how easy or difficult it is for you to find and understand such information.

HL.1 How easy or difficult is it for you...

Read the statements and evaluate them on the scale from "very easy" to "very difficult".

Tick one box per line	Very easy	Fairly easy	Fairly difficult	Very difficult
01. to find out where to get professional help when you are ill, for instance from a doctor, a pharmacist, or a psychologist?	1 ☐	2 ☐	3 ☐	4 ☐
02. to understand information about what to do in a medical emergency situation?	1 ☐	2 ☐	3 ☐	4 ☐
03. to judge the advantages and disadvantages of different treatment options?	1 ☐	2 ☐	3 ☐	4 ☐
04. to follow advice from your doctor or pharmacist?	1 ☐	2 ☐	3 ☐	4 ☐
05. to find information about how to handle mental health problems such as stress or depression?	1 ☐	2 ☐	3 ☐	4 ☐
06. to understand information about recommended health screenings, such as colorectal cancer screening or a blood sugar test?	1 ☐	2 ☐	3 ☐	4 ☐
07. to judge if information on unhealthy habits, such as smoking, low physical activity, or drinking alcohol, are reliable?	1 ☐	2 ☐	3 ☐	4 ☐
08. to make decisions about how to protect yourself from illness based on information from newspapers, television, or the internet?	1 ☐	2 ☐	3 ☐	4 ☐
09. to find information on healthy lifestyles such as physical exercise, healthy food or nutrition?	1 ☐	2 ☐	3 ☐	4 ☐
10. to understand advice concerning your health from family or friends?	1 ☐	2 ☐	3 ☐	4 ☐
11. to understand how housing conditions may affect your health and wellbeing?	1 ☐	2 ☐	3 ☐	4 ☐
12. to make decisions to improve your health and wellbeing?	1 ☐	2 ☐	3 ☐	4 ☐

Quality of life

Under each heading, please tick the ONE box that best describes your health TODAY.

QL.01 Mobility

- ☐[1] I have no problems in walking about
- ☐[2] I have slight problems in walking about
- ☐[3] I have moderate problems in walking about
- ☐[4] I have severe problems in walking about
- ☐[5] I am unable to walk about

QL.02 Self-care

- ☐[1] I have no problems washing or dressing myself
- ☐[2] I have slight problems washing or dressing myself
- ☐[3] I have moderate problems washing or dressing myself
- ☐[4] I have severe problems washing or dressing myself
- ☐[5] I am unable to wash or dress myself

QL.03 Usual activities (e.g. work, study, housework, family or leisure activities)

- ☐[1] I have no problems doing my usual activities
- ☐[2] I have slight problems doing my usual activities
- ☐[3] I have moderate problems doing my usual activities
- ☐[4] I have severe problems doing my usual activities
- ☐[5] I am unable to do my usual activities

QL.04 Pain/discomfort

- ☐[1] I have no pain or discomfort
- ☐[2] I have slight pain or discomfort
- ☐[3] I have moderate pain or discomfort
- ☐[4] I have severe pain or discomfort
- ☐[5] I have extreme pain or discomfort

QL.05 Anxiety/depression

- ☐[1] I am not anxious or depressed
- ☐[2] I am slightly anxious or depressed
- ☐[3] I am moderately anxious or depressed
- ☐[4] I am severely anxious or depressed
- ☐[5] I am extremely anxious or depressed

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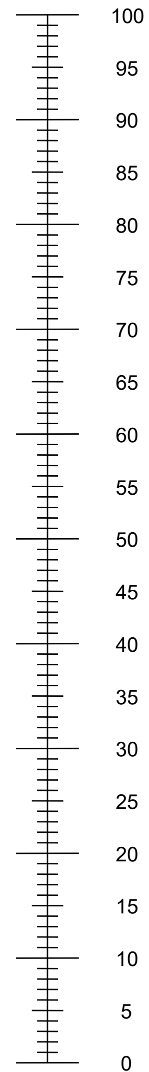
QL.06

The best health
you can
imagine



The worst health
you can
imagine

- We would like to know how good or bad your health is TODAY.
- This scale is numbered from 0 to 100.
- **100** means the best health you can imagine.
- **0** means the worst health you can imagine.
- Please mark an X on the scale to indicate how your health is TODAY.
- Now, write the number you marked on the scale in the box below.

YOUR HEALTH TODAY = ☐

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Many thanks for your time and collaboration!

Need for support?

If you are in distress or in need of emotional/psychological support, do not hesitate

- to call the English speaking Community Help Service, available 24/7 : Tel.: 02 648 40 14
- or visit the Community Help Service website : www.chsbelgium.org/en/

Calls are free of charge, anonymous and confidential.

Any comments or suggestions?

_ _

_ _

_ _

_ _

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Were to find more information?

SCIENSANO
Health Interview Survey 2023
Directorate Epidemiology and Public health
Juliette Wytsman street 14
B - 1050 Brussels

Lydia Gisle 02/642 57 53

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E-mail: his@sciensano.be

web: www.healthsurvey.be

Sciensano, Health Interview Survey 2023-2024, Auto-questionnaire V2, January 2024.