

Public Health Monitor Young Adults 2024

English Version of the Questionnaire

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

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Introduction


Welcome!

The GGD is interested to know how you are feeling. Your answers will give us a good idea of the health, well-being, and lifestyle of young adults in the Netherlands, so that, together with local municipalities and the Dutch government, we can improve these!

Are you aged between 16 and 25 and do you live in the Netherlands? If so, please complete our questionnaire!

- There are no wrong answers: we want you to tell us about your opinions and experiences.
- Participation in the questionnaire is voluntary, you may skip a question if you would rather not answer it¹.
- The questionnaire will take about 10 to 15 minutes to complete.
- If you fill in the questionnaire, you have a chance of winning a gift voucher worth €25 or €400. After completing the questionnaire, you will immediately see whether you have won.
- Your answers are saved immediately, even if you stop completing the questionnaire before the end. Do you want to change or remove your answer to a question? Just go back to the question by clicking  , change or remove the answer and then click  again.
- Everything that you enter remains confidential. Information about your privacy and rights and how we handle your data can be found in the privacy statement.



By clicking  I understand that by filling in this questionnaire I am providing data about my health, which will be analyzed at group level by the RIVM and the GGD of my region.

Onder-/bovenaan kleine button naar Nederlandse vragenlijst (vlaggetje), digitoegankelijke versie en FAQ

¹ The questions about age and gender are exceptions to this.

Background characteristics

Age

Question 1. How old are you?

- Younger than 16 years
- 16 years
- 17 years
- 18 years
- 19 years
- 20 years
- 21 years
- 22 years
- 23 years
- 24 years
- 25 years
- Older than 25 years

[Indien jonger dan 16 of ouder dan 25 jaar, einde vragenlijst met uitleg waarom ze niet kunnen meedoen]

Gender

Question 2. Are you ...?

- Male
- Female
- Non-binary
- Other

Geographical indicator

Question 3. What are the 4 numbers of your zip code?

This is the zip code of the address at which you live for most of the time.

- I do not live in the Netherlands --> einde vragenlijst met uitleg dat respondent niet in aanmerking komt voor de vragenlijst.

[Indien gewenst (per GGD te bepalen en vervolgens in te bouwen o.b.v. bepaalde postcoderanges)]:

Question 3a. What are the 2 letters of your zip code?

Fill in the letters of the zip code that you entered in answer to Question 3.

[Doorverwijzing: naar volgende onderwerp.]

Question 4a. Which province do you live in? [als vraag 3 niet is ingevuld]

This is the province in which you live for most of the time.

___ [in opklapscherm keuze uit alle provincies in Nederland – mogelijkheid om provincie in te typen]

Question 4b. Which village/town/city do you live in? [als vraag 3 niet is ingevuld]

This is the village/town/city in which you live for most of the time.

___ [in opklapscherm keuze uit alle woonplaatsen binnen de bij vraag 4a gekozen provincie – mogelijkheid om woonplaats in te typen]

Migration background

Question 5. Were you born in the Netherlands?

- Yes
- No -> go to the text topic

Question 6. Were both your parents born in the Netherlands?

- Yes
- No

Education

Question 7. Are you attending school/college/university?

If you take exams this school year, enter 'yes'.

- Yes
- No -> go to Question 8b

Question 8a. What level of education are you currently following?

If you take exams this school year, fill in the level at which these exams are taken.

- Special secondary education (vso) -> go to Question 9
- Practical education (*praktijkonderwijs*) -> go to Question 9
- Vmbo-b/vmbo-k (pre-vocational education) -> go to Question 9
- Vmbo-g/vmbo-t/mavo (pre-vocational education) -> go to Question 9
- Havo (senior general secondary education) -> go to Question 9
- Vwo (pre-university education) -> go to Question 9
- MBO level 1 (post-secondary vocational education level 1) -> go to Question 9
- MBO level 2 (post-secondary vocational education level 2) -> go to Question 9
- MBO level 3 (post-secondary vocational education level 3) -> go to Question 9
- MBO level 4 (post-secondary vocational education level 4) -> go to Question 9
- Hbo (university of applied sciences) -> go to Question 9
- University -> go to Question 9
- Other -> go to Question 8b

[Vraag 8b alleen stellen als 8a = 'Andere opleiding' (of vraag 7 = 'nee')]

Question 8b. What is the highest level of education that you have completed?

- Special secondary education (vso)
- Practical education (*praktijkonderwijs*)
- Vmbo-b/vmbo-k (pre-vocational education)
- Vmbo-g/vmbo-t/mavo (pre-vocational education)
- Havo (senior general secondary education)
- Vwo (pre-university education)
- MBO level 1 (post-secondary vocational education level 1)
- MBO level 2 (post-secondary vocational education level 2)
- MBO level 3 (post-secondary vocational education level 3)
- MBO level 4 (post-secondary vocational education level 4)
- Hbo (university of applied sciences)
- University
- None

Work

Question 9. Are you in paid employment?

A part-time job or a paid internship also counts as paid employment.

- Yes
- No --> [go to Question 11](#)

Question 10. How many hours do you work on average per week?

- 1–11 hours per week
- 12–19 hours per week
- 20–31 hours per week
- 32–35 hours per week
- 36 hours or more per week

[Deze vraag alleen stellen als vraag 9 = nee]

Question 11. Which of the following applies to you?

You may give more than one answer.

- I am unemployed/looking for work
- I am unable to work or have a long-term health condition (WIA, Wajong, WLZ)
- I receive social welfare
- None of the above

Living arrangements

Question 12. Do you live with your parent(s)/carer(s)?

- Yes --> go to Question 14
- No

Question 13. Which of the following best reflects your living arrangements?

- I live on my own
- I live in a house with others (e.g. a student house)
- I live with my partner
- I live with my partner and child(ren)
- I live alone with my child(ren)
- I do not have a permanent address
- Other

Financial situation

Question 14. What do you think of the following statement?

I find it difficult to pay for everything that is necessary

- Completely disagree
- Disagree
- Neither agree nor disagree
- Agree
- Completely agree

Question 15. What do you think of the following statement?

I feel like I have little control over my financial situation

- Completely disagree
- Disagree
- Neither agree nor disagree
- Agree
- Completely agree

Question 16. Do you have any debts (not including student loan or mortgage)?

A debt means that you have failed to make a payment on time, for example for rent, an online purchase or a mobile phone subscription.

- Yes
- No

Question 17. Do you have a student loan?

This is a loan from DUO that you have to repay after you have completed your study.

- Yes
- No --> [go to Question 19](#)

Question 18. Do you worry about your student loan?

- Yes
- No

Health

Perceived health

Question 19. How is your health in general?

- Very good
- Good
- Not too bad
- Bad
- Very bad

Sleep

Question 20. How well do you sleep in general?

- Very well
- Well
- Not too bad
- Poorly
- Very poorly

Question 21. How often do you feel sleepy or tired during the day due to not sleeping well?

- (Almost) never
- A few times a month
- A few times a week
- (Almost) every day

State of mind

Satisfaction with yourself/your body/your life

Question 22. How satisfied are you with yourself?

Give a number from 1 to 10, where 1 is very dissatisfied and 10 is very satisfied.

- 1 (Very dissatisfied)
- 2

-
- 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10 (Very satisfied)

Question 23. How satisfied are you with your body?

Give a number from 1 to 10, where 1 is very dissatisfied and 10 is very satisfied.

- 1 (Very dissatisfied)
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 (Very satisfied)

Question 24. How satisfied are you with your life?

Give a number from 1 to 10, where 1 is very dissatisfied and 10 is very satisfied.

- 1 (Very dissatisfied)
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 (Very satisfied)

Mental health (MHI-5)

Question 25. How is your mental health in general?

- Very good
- Good
- Not too bad

-
- Bad
 - Very bad

The next question concerns how you have felt in the last 4 weeks. Please give the answer that best reflects how you have felt.

Question 26. How much of the time have you been a very nervous person?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

The next question concerns how you have felt in the last 4 weeks. Please give the answer that best reflects how you have felt.

Question 27. How much of the time have you felt calm and peaceful?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

The next question concerns how you have felt in the last 4 weeks. Please give the answer that best reflects how you have felt.

Question 28. How much of the time have you felt downhearted and blue?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

The next question concerns how you have felt in the last 4 weeks. Please give the answer that best reflects how you have felt.

Question 29. How much of the time were you a happy person?

- All of the time
 - Most of the time
 - A good bit of the time
-

-
- Some of the time
 - A little of the time
 - None of the time

The next question concerns how you have felt in the last 4 weeks. Please give the answer that best reflects how you have felt.

Question 30. How much of the time have you felt so down in the dumps that nothing could cheer you up?

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

Question 31. Do you feel limited in your daily life because of mental health complaints?

Think of school/study, work, and leisure.

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time
- I have no mental health problems

Stress

Question 32. How often do you feel stressed?

- Very often
- Often
- Sometimes
- Almost never
- Never --> [go to Question 34](#)

Question 33. What is your stress related to?

You may give more than one answer.

- Study or school
- Work or part-time job
- My family, friends or relationship
- What other people think of me

-
- What other people expect of me
 - The demands I put on myself
 - FOMO (fear of missing out on something fun or important)
 - Social media
 - The combination of everything I have to do
 - My living arrangements
 - My financial situation or debts
 - My health
 - My identity, sexuality or gender
 - Other

Pressure to perform

Some young adults feel pressure to meet expectations. They often feel that they have to do something right or better, such as get high grades, have a good job or seem to have a perfect life.

Question 34. Do you feel pressure to meet your own expectations?

- No, never
- Yes, sometimes
- Yes, regularly
- Yes, often

Question 35. Do you feel pressure to meet someone else's expectations?

- No, never --> [go to Question 37](#)
- Yes, sometimes
- Yes, regularly
- Yes, often

Question 36. You indicate that you feel pressure to meet someone else's expectations. Who or what causes you to feel this pressure?

You may give more than one answer.

- Parent(s) or carer(s)
- Other family members
- My partner/relationship
- Friends
- Teachers or classmates at school/college/university
- Trainer or teacher from sports, music or other club
- Supervisor or colleagues at work
- Social media
- Society
- Something or someone else

Resilience

Question 37. What do you think of the following statement?

I usually recover quickly after a difficult period

- Completely disagree
- Disagree
- Neither agree nor disagree
- Agree
- Completely agree

Question 38. What do you think of the following statement?

I find it difficult to cope with stressful events

- Completely disagree
- Disagree
- Neither agree nor disagree
- Agree
- Completely agree

Trust in the future

Question 39. How much trust do you have in your own future?

Give a number from 1 to 10, where 1 is no trust and 10 is a lot of trust.

- 1 (No trust)
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 (A lot of trust)

Question 40. The next question is about an issue that you might be worried about.

To what extent do you worry about employment opportunities?

Give a number from 1 to 5, where 1 is not at all and 5 is a lot.

- 1 (Not at all)
- 2
- 3
- 4

5 (A lot)

Question 41. The next question is about an issue that you might be worried about.

To what extent do you worry about the housing market?

Give a number from 1 to 5, where 1 is not at all and 5 is a lot.

1 (Not at all)

2

3

4

5 (A lot)

Question 42. The next question is about an issue that you might be worried about.

To what extent do you worry about the climate?

Give a number from 1 to 5, where 1 is not at all and 5 is a lot.

1 (Not at all)

2

3

4

5 (A lot)

Question 43. The next question is about an issue that you might be worried about.

To what extent do you worry about discrimination?

Give a number from 1 to 5, where 1 is not at all and 5 is a lot.

1 (Not at all)

2

3

4

5 (A lot)

Question 44. The next question is about an issue that you might be worried about.

To what extent do you worry about wars?

Give a number from 1 to 5, where 1 is not at all and 5 is a lot.

1 (Not at all)

2

3

4

5 (A lot)

Question 45. The next question is about an issue that you might be worried about.

To what extent do you worry about the increasing costs of living?

Give a number from 1 to 5, where 1 is not at all and 5 is a lot.

- 1 (Not at all)
- 2
- 3
- 4
- 5 (A lot)

Question 46. The next question is about an issue that you might be worried about.

To what extent do you worry about differences between groups in society?

Give a number from 1 to 5, where 1 is not at all and 5 is a lot.

- 1 (Not at all)
- 2
- 3
- 4
- 5 (A lot)

Loneliness

Question 47. Does the following statement apply to you, based on how you have felt recently?

I experience a general sense of emptiness.

- Yes
- More or less
- No

Question 48. Does the following statement apply to you, based on how you have felt recently?

There are plenty of people I can lean on when I have problems.

- Yes
- More or less
- No

Question 49. Does the following statement apply to you, based on how you have felt recently?

There are many people I can trust completely.

- Yes
- More or less
- No

Question 50. Does the following statement apply to you, based on how you have felt recently?

I miss having people around me.

- Yes
- More or less
- No

Question 51. Does the following statement apply to you, based on how you have felt recently?

There are enough people I feel close to.

- Yes
- More or less
- No

Question 52. Does the following statement apply to you, based on how you have felt recently?

I often feel rejected.

- Yes
- More or less
- No

Lifestyle

Height and weight

Question 53. How tall are you? (without shoes)

centimetres

Question 54. How much do you weigh without clothes? (round off to whole kilograms)

If you are pregnant, please fill in your weight before your pregnancy.

kilograms

Exercise

Question 55. How many days a week do you exercise for at least half an hour (in total)?

For example: work out, walking/cycling to school/work or physical work

- Less than 1 day per week
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- Every day

Question 56. How many days a week do you work out or play sports?

For example: work out at a club or gym and other sport activities such as running or cycling.

- Less than 1 day per week
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- Every day

Question 57. Are you a member of a sport club or gym or have you got some form of (online) fitness membership?

- Yes
- No

Alcohol consumption

Question 58. Did you drink alcohol in the last 12 months?

- Yes
- No --> *go to Question 70*

Question 59. Did you drink alcohol in the last 4 weeks?

- Yes
- No

Question 60. How many glasses of alcohol do you usually drink on a Monday?

- 0
- 1
- 2, 3 or 4
- 5 or 6
- 7 or more

Question 61. How many glasses of alcohol do you usually drink on a Tuesday?

- 0
- 1
- 2, 3 or 4
- 5 or 6
- 7 or more

Question 62. How many glasses of alcohol do you usually drink on a Wednesday?

- 0
- 1
- 2, 3 or 4
- 5 or 6
- 7 or more

Question 63. How many glasses of alcohol do you usually drink on a Thursday?

- 0
- 1
- 2, 3 or 4
- 5 or 6
- 7 or more

Question 64. How many glasses of alcohol do you usually drink on a Friday?

- 0
- 1
- 2, 3 or 4
- 5 or 6
- 7 or more

Question 65. How many glasses of alcohol do you usually drink on a Saturday?

- 0
- 1
- 2, 3 or 4
- 5 or 6
- 7 or more

Question 66. How many glasses of alcohol do you usually drink on a Sunday?

- 0
- 1
- 2, 3 or 4
- 5 or 6
- 7 or more

[Deze vraag stellen als gender = Vrouw of gender = Non-binair/Anders]

Question 67. Think about the last 6 months: how often did you drink 4 or more glasses of alcohol in a single day?

- At least once a week
- At least once a month, but not every week
- Less than once a month
- Never

[Deze vraag stellen als gender = Man of gender = Non-binair/Anders]

Question 68. Think about the last 6 months: how often did you drink 6 or more glasses of alcohol in a single day?

- At least once a week
- At least once a month, but not every week
- Less than once a month
- Never

Question 69. How often do you drink alcohol when you are on your own?

- Never
- Rarely
- Sometimes
- Often
- Always

Question 70. What do you think of the following statement?

My friends find it normal to drink ten or more glasses of alcohol in one day or evening.

- Completely disagree
- Disagree
- Neither agree nor disagree
- Agree
- Completely agree

Smoking

Question 71. Do you ever smoke cigarettes/tobacco?

We mean tobacco, not vaping (e-cigarettes).

- Yes
- No, but I used to smoke --> go to Question 73
- No --> go to Question 73

Question 72. How often do you smoke cigarettes/tobacco?

- Every day
- At least once a week, but not every day
- Less than once a week

Question 73. Do you vape (e-cigarette)?

- Yes
- No, but I used to vape --> go to Question 75
- No --> go to Question 75

Question 74. How often do you vape?

- Every day
- At least once a week, but not every day
- Less than once a week

Question 75. Do you use snus or nicotine pouches?

- Yes
- No, but I used to --> go to next topic
- No --> go to text topic

Question 76. How often do you use snus or nicotine pouches?

- Every day
- At least once a week, but not every day
- Less than once a week

Drug use

Question 77. Which of the following drugs/substances have you ever used?

You may give more than one answer.

- Weed (cannabis, hash)
- Laughing gas
- XTC (ecstasy, MDMA, E)
- ADHD medication without a prescription (such as Ritalin or Concerta)
- Amphetamines (whizz or speed)
- Cocaine (coke/Charlie/Snow/China White)
- GHB
- Ketamine (ket)
- Magic mushrooms
- 2C-B

-
- 3-MMC or 4-MMC (Mephedrone/Meow Meow)
 - Other drugs/substances
 - I have never used drugs/substances --> [go to Question 80](#)

[In vraag 78 worden alleen de drugs uitgevraagd die in vraag 77 zijn aangevinkt]

Question 78. Which of the following drugs/substances have you used in the last 12 months?

You may give more than one answer.

- Weed (cannabis, hash)
- Laughing gas
- XTC (ecstasy, MDMA, E)
- ADHD medication without a prescription (such as Ritalin or Concerta)
- Amphetamines (whizz or speed)
- Cocaine (coke/Charlie/Snow/China White)
- GHB
- Ketamine (ket)
- Magic mushrooms
- 2C-B
- 3-MMC or 4-MMC (Mephedrone/Meow Meow)
- Other drugs/substances
- I have not used any drugs/substances in the last 12 months --> [go to question 80](#)

[In vraag 79 worden alleen de drugs uitgevraagd die in vraag 78 zijn aangevinkt]

Question 79. Which of the following drugs/substances have you used in the last 4 weeks?

You may give more than one answer.

- Weed (cannabis, hash)
- Laughing gas
- XTC (ecstasy, MDMA, E)
- ADHD medication without a prescription (such as Ritalin or Concerta)
- Amphetamines (whizz or speed)
- Cocaine (coke/Charlie/Snow/China White)
- GHB
- Ketamine (ket)
- Magic mushrooms
- 2C-B
- 3-MMC or 4-MMC (Mephedrone/Meow Meow)
- Other drugs/substances
- I have not used any drugs/substances in the last 4 weeks

Diversity in gender, sex and sexual orientation

Question 80. Do you consider yourself to be LGBTQIA+?

- Yes
- No --> [go to Question 82](#)
- I don't know --> [go to Question 82](#)

Question 81. Do you feel that you can be yourself as an LGBTQIA+ person when you are with other people?

- Never
- Sometimes
- Most of the time
- Always

Sexuality

Question 82. Have you ever had sex?

By sex we mean vaginal, oral or anal sex.

- No --> [go to text topic](#)
- Yes, but not in the last 6 months --> [go to next topic](#)
- Yes, in the last 6 months

Question 83. How many different people have you had sex with in the last 6 months?

- 1
- 2
- 3
- 4 or more

Question 84. Did you or your sex partner(s) use a condom or dental dam in the last 6 months when you had sex?

- Never
- Sometimes
- Most of the time
- Always

Question 85. Which contraceptive method did you or your sex partner use the last time that you had vaginal sex?

*Contraception is something you use to avoid getting pregnant.
You may give more than one answer.*

- Condom
- The pill

-
- IUD
 - Contraceptive injection or patch
 - Vaginal ring or NuvaRing
 - Contraceptive implant
 - Withdrawing the penis before ejaculation
 - Period tracking (e.g. via an app or by taking temperature)
 - Other type of contraception
 - We did not use contraception
 - I did not have vaginal sex
 - I don't know

Maltreatment

Question 86. Are you a victim of mental abuse?

For example: have you been frequently bullied, humiliated, threatened or insulted over a longer period of time

- Yes
- No, in the past but not any more
- No, never --> [go to Question 88](#)

Do you need help? If so, you can contact Veilig Thuis anonymously on 0800-2000 (available 24/7) or at veiligthuis.nl.

Question 87. Where does/did this mental abuse take place?

- At home
- Somewhere else
- Both at home and elsewhere

Do you need help? If so, you can contact Veilig Thuis anonymously on 0800-2000 (available 24/7) or at veiligthuis.nl.

Question 88. Are you a victim of physical abuse?

For example: have you been kicked, beaten or tied up.

- Yes
- No, in the past but not any more
- No, never --> [go to Question 90](#)

Do you need help? If so, you can contact Veilig Thuis anonymously on 0800-2000 (available 24/7) or at veiligthuis.nl.

Question 89. Where does/did this physical abuse take place?

- At home
- Somewhere else
- Both at home and elsewhere

Do you need help? If so, you can contact Veilig Thuis anonymously on 0800-2000 (available 24/7) or at veiligthuis.nl.

Question 90. Have you ever had a sexual experience with someone without wanting to?

By sexual experience, we mean anything from kissing to touching intimately to sex.

- Yes
- No --> [go to Question 92](#)

Do you need help? If so, you can contact Veilig Thuis anonymously on 0800-2000 (available 24/7) or at veiligthuis.nl.

Question 91. Where do(es) or did this/these unwanted sexual experience(s) take place?

- At home
- Somewhere else
- Both at home and elsewhere

Do you need help? If so, you can contact Veilig Thuis anonymously on 0800-2000 (available 24/7) or at veiligthuis.nl.

Care and support

Informal care

Question 92. Have you provided informal care in the last 12 months?

By informal care, we mean that you regularly help someone who is ill or has other problems without being paid for your help.

- Yes, and I still do
- Yes, but no longer --> [go to the next topic](#)
- No --> [go to text topic](#)

Question 93. Do you find it difficult to provide informal care?

- No
- Sometimes
- Yes, often

Question 94. Do you feel limited in doing other things because you provide informal care?

- No
- Sometimes
- Yes, often

Social support

Question 95. If you have a problem or are worried about something, do you have someone who you can turn to?

- Yes
- No --> [go to Question 98](#)

Question 96. Who can you turn to if you have a problem or are worried about something?

You may give more than one answer.

- My parent(s)/carer(s)
- Other family members
- My partner/relationship
- My friend(s)
- Someone at school/college/university (such as teacher, tutor, student counsellor)
- Someone at my work (such as colleague, supervisor)
- A health care professional (such as GP, psychologist, paediatric nurse)
- Someone else (such as youth worker, trainer, neighbour)

Standing up for yourself

Question 97. What do you think of the following statement?

I know what I want and what I don't want

- Completely disagree
- Disagree
- Neither agree nor disagree
- Agree
- Completely agree

Question 98. What do you think of the following statement?

I will say something if someone is annoying me

- Completely disagree
- Disagree
- Neither agree nor disagree
- Agree

-
- Completely agree

Question 99. What do you think of the following statement?

I can be easily persuaded to do things I don't want to do

- Completely disagree
- Disagree
- Neither agree nor disagree
- Agree
- Completely agree

Question 100. What do you think of the following statement?

I don't have any problem saying no to friends

- Completely disagree
- Disagree
- Neither agree nor disagree
- Agree
- Completely agree

Question 101. What do you think of the following statement?

I find it difficult to ask for help if someone is harassing me

- Completely disagree
- Disagree
- Neither agree nor disagree
- Agree
- Completely agree

Question 102. What do you think of the following statement?

I only do things I really want to

- Completely disagree
- Disagree
- Neither agree nor disagree
- Agree
- Completely agree

Question 103. What do you think of the following statement?

I stand up for myself if someone insults, offends or threatens me

- Completely disagree

-
- Disagree
 - Neither agree nor disagree
 - Agree
 - Completely agree

Question 104. What do you think of the following statement?
If my friends do something that I don't really want to do, I join them anyway

- Completely disagree
- Disagree
- Neither agree nor disagree
- Agree
- Completely agree

Negative thoughts

Question 105. In the last 12 months, have you ever thought seriously about ending your life?

- Never --> [go to Question 108](#)
- Once
- Occasionally
- Often
- Very often

Do you need help? If so, you can call 0800-0113 or chat on 113.nl (free of charge and anonymous), 24/7.

Question 106. Have you talked to anyone about your thoughts of ending your life?

- Yes
- No

Do you need help? If so, you can call 0800-0113 or chat on 113.nl (free of charge and anonymous), 24/7.

Question 107. In the last 12 months, have you made an attempt to end your life?

- Yes
- No

Do you need help? If so, you can call 0800-0113 or chat on 113.nl (free of charge and anonymous), 24/7.

Digital environment

Gaming

Question 108. Do you ever play video games?

By video games, we mean all the games on your phone, tablet, laptop, computer or game console (such as PlayStation, Xbox, Nintendo).

- Yes
- No --> [go to Question 112](#)

Question 109. How often do you find it difficult to stop playing video games?

- Never
- Almost never
- Sometimes
- Often
- Very often

Question 110. What do you think of the following statement?

I keep playing video games, even if it is causing problems

- Completely disagree
- Disagree
- Neither agree nor disagree
- Agree
- Completely agree

Question 111. What do you think of the following statement?

Playing video games has been causing problems for me for more than a year

- Completely disagree
- Disagree
- Neither agree nor disagree
- Agree
- Completely agree

Use of social media

The following questions are about the use of social media such as WhatsApp, Instagram, TikTok, Snapchat and YouTube.

Question 112. How often do you find it difficult to stop using social media?

- Never
- Almost never

-
- Sometimes
 - Often
 - Very often

Question 113. What do you think of the following statement?

I keep using social media, even if it is causing problems

- Completely disagree
- Disagree
- Neither agree nor disagree
- Agree
- Completely agree

Question 114. What do you think of the following statement?

My social media use has been causing problems for me for more than a year

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

Online gambling

The next question is about playing online gambling games (e.g. slot machine, sports betting such as Toto or casino games such as roulette, card games or Wheel of Fortune).

Question 115. How many times in the last 12 months have you gambled online for money?

- Never --> [go to Question 117](#)
- Less than once a month
- Every month
- Every week
- Every day

The next question is about playing online gambling games (e.g. slot machine, sports betting such as Toto or casino games such as roulette, card games or Wheel of Fortune).

Question 116. In the last 12 months, have you experienced money problems due to online gambling?

- No, never
- Yes, once
- Yes, more than once

Question 117. Do you do any investing?

You may give more than one answer.

-
- Yes, in shares, bonds, funds and/or index trackers
 - Yes, in crypto currencies (such as Bitcoin, Ethereum, Cardano, Polkadot)
 - Yes, in something else (such as options, real estate, art, gold)
 - No

COVID-19

Impact of COVID-19

The corona period is now behind us, but you may still notice its effects.

Question 118. In which of the following areas do you currently still experience negative effects of the corona period?

You may give more than one answer.

- My financial situation
- My study progress
- My physical health
- My mental health
- My ability to establish and maintain contact with people
- The balance between my work/study and leisure
- My personal development (development through discovering, trying and learning new things)
- Something else
- I am not currently experiencing any negative effects

The corona period is now behind us, but you may still notice its effects.

Question 119. In which of the following areas do you currently still experience positive effects of the corona period?

You may give more than one answer.

- My financial situation
- My study progress
- My physical health
- My mental health
- My ability to establish and maintain contact with people
- The balance between my work/study and leisure
- My personal development (development through discovering, trying and learning new things)
- Something else
- I am not currently experiencing any positive effects

Long COVID

Question 120. Do you currently have health complaints that are (possibly) due to the coronavirus?

- Yes

No --> go to the end of the questionnaire

Question 121. How long have you had these health complaints due to the coronavirus?

- Less than three months --> go to the end of the questionnaire
- 3 to 12 months
- 1 to 3 years
- 3 years or more

Question 122. Do you feel limited in your daily life because of these health complaints due to the coronavirus?

- Yes, severely
- Yes, but not severely
- No, not at all

Question 123. Has a doctor determined that you have long COVID/post-COVID syndrome?

- Yes
- No

Supplementary questions

You have finished the questionnaire, but we would like to ask you a few additional questions.

How did you come upon this questionnaire? Via ...

- Instagram
- Facebook
- Snapchat
- Other

As a follow-up to this questionnaire, we would like to talk to young people about how they experience their health. Would you be interested in taking part and may we use your details to contact you about this?²

- Yes

Email address:

- No

² Due to privacy legislation, your email address is stored in a separate database. It is important that we can specifically invite young adults to these conversations in order to get a good picture. For this purpose, your answers to the following questions from the questionnaire will be copied to this separate data file where your email address is also stored; gender, age, migration background, zip code, education level and work situation.

Prize

At the start of the questionnaire, we indicated that you could win a gift voucher worth €25 or €400. Would you like a chance to win one of these gift vouchers?

- Yes
- No

Indien prijs gewonnen:

Congratulations! You have won a **gift voucher** worth €xxx. Please enter your email address and/or telephone number so that we can contact you about your prize.

Email address³:

Telephone number*:

*telefoonnummer alleen bij de prijs van €400.

Indien geen prijs gewonnen:

Sorry, unfortunately you have not won a prize. However, thanks to your help we will get better insight into the health and wellbeing of young adults in the Netherlands. Thank you very much for filling in the questionnaire!

Click  once more to permanently save your answers and to complete the questionnaire.

End of questionnaire

You have now finished filling in the questionnaire. Thank you!

**We have asked you questions about a lot of different subjects.
Would you like to know more? If so, take a look at the following websites:**

JouwGGD.nl

With films and tips for young people on all kinds of subjects, such as health, relationships, your body and more. You can also chat anonymously, between 14:00–22:00 on work days and between 18:00–20:00 at the weekend.

[MIND](#)

For help with mental problems. Available by phone, chat, WhatsApp and email. If you have been feeling down for a while, you can also talk to your GP.

[113 Suicide Prevention](#)

Do you have suicidal thoughts and need help? If so, you can call 0800-0113 or chat on 113.nl (free of charge and anonymous), 24/7.

[Sense](#)

For all your questions about sexuality.

[Genderpraatjes](#)

Chat, call and email about your questions concerning gender and gender identity.

³ Due to privacy legislation, your email address is stored in a separate database.

[Mentaal vitaal](#)

For all kinds of tips to improve your resilience. You will also find self-help methods and online support, including relaxation exercises and exercises to help stop you worrying.

[Thuisarts](#)

For information on health and mental health and tips to deal with health problems.

[Geldfit](#)

For free information on your financial situation.

[Alcoholinfo](#) and [drugsinfo](#)

For information on alcohol and drugs. If you are worried about your own use of alcohol or drugs, or that of someone else, or if you have any questions about alcohol and drugs, you can chat anonymously online, email or call the alcohol and drugs information line on 0900-1995 (€0.10 per minute).

[Ikstopnu](#)

For information on the effects of smoking.

[Veilig Thuis](#)

For advice and support and to report domestic violence and child abuse. You can call 0800-2000 or chat on veiligthuis.nl (free of charge and anonymous), 24/7.

[RIVM](#)

For questions about COVID-19, you can also call 0800-1351.