



Health & Consumer Protection Directorate general
Directorate general Directorate C – Public Health and Risk Assessment

Recreational-Prev:
Recreational culture as a tool to prevent risk behaviour
Grant n° 2004319

2005-2006 Survey Study

Thank you for participating in this survey. This questionnaire explores recreational nightlife culture and asks questions on your nightlife habits, health, friends and relationships, alcohol and drug use, sexual behaviour and other risk behaviour. The research is completely anonymous and non-judgemental, and the answers you provide will be treated confidentially. We are only interested in the answers you provide us with, not in who you are. Please be frank and honest in all your answers.

The data you provide will be combined with that from all other survey respondents from across Europe and analysed to increase understanding on risk behaviour and to promote action to prevent harm related to nightlife and provide safer night time environments.

If you have any questions about the research please contact:

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QUESTIONS ON NIGHTLIFE

N1) On how many of the last four weekends have you gone out to a pub, bar or nightclub? weekends

N2) On how many nights in a weekend (including Friday, Saturday and Sunday) would you normally go to a nightclub? nights

N3) When you go out at night at the weekend, how many hours are you generally out for on each occasion? hours

N4) Roughly how many different pubs and nightclubs did you visit during your last night out? venues

N5) Please tell us the names of the four main pubs/nightclubs you normally visit when you go on a night out in Liverpool

- N5.1 Name of premise 1
- N5.2 Name of premise 2
- N5.3 Name of premise 3
- N5.4 Name of premise 4

N6) How much do you spend on an average night out? £

N7) How important to you are the following reasons for choosing to go to a pub/nightclub?
(please tick the appropriate box)

		Not important	Slightly important	Important	Very important
N7.1	It's a good place for dancing				
N7.2	I like the type of music played there				
N7.3	My friends go there				
N7.4	Its easy to get to know new people				
N7.5	It is easy to get off with people				
N7.6	There is no problem smoking cannabis in the venue				
N7.7	Its easy to get drugs in the venue				
N7.8	The alcoholic drinks are cheap				
N7.9	It is a safe place (no violence)				
N7.10	I know some of the staff				
N7.11	People go a little wild there				
N7.12	It is very busy				
N7.13	It feels a little seedy				
N7.14	It is easy to get to				
N7.15	I like the area the venue is in				
N7.16	I can get in free				
N7.17	The bathrooms are clean				
N7.18	It is not too smoky				
N7.19	Other reason (specify)				

N8/9) How do you think your clubbing habits will change in the future?

		More involved in clubbing	Less involved in clubbing	No change
N8)	In two years time I will be:			
N9)	In five years time I will be:			

N10 We'd like to know something about some of the bar, pubs and nightclubs you visit

- N 10.1 If you want to meet potential sexual partners, which pub/club(s) in Liverpool would you go to?
- N 10.2 Which pub/club(s) in Liverpool do you associate with fights or arguments?
- N 10.3 Which pub/club(s) in Liverpool do you associate with drug use?
- N 10.4 Which pub/club(s) do you go to in Liverpool when looking for good vibes and good music?

QUESTIONS ABOUT TRANSPORT

T1 When going on a night out in Liverpool, what form of transport would you normally use to get to your destination? (please tick one box only)

- T1.1 Bus, train (metro) or tram
- T1.2 Taxi
- T1.3 Private vehicle (e.g. car or motorbike)
- T1.4 Walking
- T1.5 Other

T2 What form of transport would you normally use to get home at the end of the night? (please tick one box only)

- T2.1 Bus, train (metro) or tram
- T2.2 Taxi
- T2.3 Private vehicle (e.g. car or motorbike)
- T2.4 Walking
- T2.5 Other

T3 If you do not use public transport, why not?

- T3.1 There is none where I live
- T3.2 The services do not run late enough
- T3.3 I prefer to use a car (or friend's car)
- T3.4 I don't need to (e.g. you live close)
- T3.5 It is unsafe
- Other reason. Specify

T4 How often do you travel to another city to go clubbing?

- Never
- Less than once a month
- Once a month or more

QUESTIONS ABOUT YOUR HEALTH

- H1 In the last four weeks, do you think your physical health has been good? Yes No
- H2 During the past 12 months, have you ever felt so sad or hopeless that you stopped doing usual activities for a week or more? Yes No
- H3 Are you satisfied with your life as a whole? Yes No

- H4 Would you rather have fun or be healthy? Have fun Be healthy
- H5 Are you satisfied with your weight? Yes No
- H5.2 If not, why not?
- H6 On how many days per week do you do physical exercise or sport (at least 30 minutes)? days
- H7 During the past 12 months did you ever seriously consider attempting suicide? Yes No

QUESTIONS ABOUT SEX

- S1 How would you describe your sexuality? Heterosexual Homosexual Bisexual Other
- S2 Have you ever had sex? Yes No
- S3 If yes, how old were you when you first had sex? years old
- S4 If you have had sex in the **last 12 months**, please answer the following questions about your sexual activity
- S4.1 How many people have you had sex with (even if only once) during the last twelve months? people
- S4.2 Approximately how many times have you had sex during the last 12 months? 1 to 10 11 to 50 over 50
- S4.3 When having sex in the last 12 months, how often did you not use a condom? Never Sometimes Most times Always
- S4.4 When having sex in the last 12 months, how often did you not use any form of birth control? Never Sometimes Most times Always
- S4.5 When having sex in the last 12 months, how often were you under the acute influence of alcohol? Never Sometimes Most times Always

S4.6 When having sex in the last 12 months, how often were you under the acute influence of drugs?

Never	Sometimes	Most times	Always

S4.7 Have you paid someone to have sex with you during the last 12 months?

Yes	No

S4.8 Have you had sex with someone who paid you to during the last 12 months?

Yes	No

S4.9 Have you had a test for a sexually transmitted infection (e.g. Chlamydia, AIDS) in the last 12 months?

Yes	No

S4.10 Have you exchanged sex for drugs during the last 12 months?

Yes	No

S5 If you have had sex without a condom in the past 12 months, why did you not use condoms? (tick all that apply)

S5.1	Sex with a steady partner	
S5.2	Trusted partner (you knew they did not have a sexually transmitted infection)	
S5.3	Chose not to use a condom	
S5.4	Forgot to use a condom	
S5.5	Too drunk / high	
S5.6	Felt awkward asking / using	
S5.7	Did not have a condom	
S5.8	Got carried away	
S5.9	Other reason	

S6 Have any of the following situations caused you to decide not to have sex? (tick all that apply)

S6.1	Not having a condom	
S6.2	Thinking it was not an appropriate partner	
S6.3	Not having access to a clean and comfortable place	
S6.4	Being too drunk or too high	
S6.5	Thinking that you could catch a sexually transmitted disease	
S6.6	Worried about pregnancy	

S7 The last time you had sex, did you or your partner use a condom?

Yes	No

S8 With respect to sex, do you usually use drugs or alcohol for the following reasons? Please tick all that apply in relation to each substance

		Alcohol	Cannabis	Cocaine	Ecstasy	Other
S8.1	To prolong sex					
S8.2	To enhance sensations and sexual arousal					
S8.3	To facilitate a sexual encounter					
S8.4	To get into unusual/exciting new sexual activity					
S8.5	Other reason					
	Please specify other reason					

S9 Do you think that being under the influence of alcohol or drugs affects your likelihood of using birth control or preventing sexual transmitted diseases?

Yes	No

QUESTIONS ABOUT ALCOHOL AND DRUGS

D1 Please tell us how frequently, if ever, you have used the following substances (please tick appropriate box for each substance)

	Never used	Tried once or twice but never since	Used to use but now an ex-user	Use less than once a month	Use 1 to 3 times a month	Use once a week	Use 2 to 4 days a week	Use 5 or more days a week
Alcohol								
Cigarettes								
Cannabis								
Cocaine								
Ecstasy								
LSD								
Amphetamine/Speed								
Heroin/Illicit Opiates								
GHB								
Ketamine								
Poppers/Amyl Nitrates								
Magic Mushrooms								
Tranquilizers/Sedatives								
Others (specify other drugs)								

If you have used these substances, at what age did you first use them?

Alcohol	<input style="width: 50px;" type="text"/>	years of age
Cigarettes	<input style="width: 50px;" type="text"/>	years of age
Cannabis	<input style="width: 50px;" type="text"/>	years of age
Cocaine	<input style="width: 50px;" type="text"/>	years of age
Ecstasy	<input style="width: 50px;" type="text"/>	years of age
LSD	<input style="width: 50px;" type="text"/>	years of age
Amphetamine/Speed	<input style="width: 50px;" type="text"/>	years of age
Heroin/Illicit Opiates	<input style="width: 50px;" type="text"/>	years of age
GHB	<input style="width: 50px;" type="text"/>	years of age
Ketamine	<input style="width: 50px;" type="text"/>	years of age
Poppers/Amyl Nitrates	<input style="width: 50px;" type="text"/>	years of age
Magic Mushrooms	<input style="width: 50px;" type="text"/>	years of age
Tranquilizers/Sedatives	<input style="width: 50px;" type="text"/>	years of age
Others (specify other drugs)	<input style="width: 50px;" type="text"/>	years of age

D2 How many times have you been drunk in the last four weeks?

times

D3 In the last 12 months, have you had any of the following problems related to your alcohol or drug use? (tick all that apply)

D3.1	Road traffic accident	<input type="checkbox"/>
D3.2	Injury from a different type of accident	<input type="checkbox"/>
D3.3	Been in trouble with the police	<input type="checkbox"/>
D3.4	Been short of money or debts	<input type="checkbox"/>
D3.5	Been sick	<input type="checkbox"/>
D3.6	Had a quarrel or argument	<input type="checkbox"/>
D3.7	Had problems with parents	<input type="checkbox"/>
D3.8	Had problems with friends / partner	<input type="checkbox"/>
D3.9	Had problems at school / work	<input type="checkbox"/>
D3.10	Been in a fight	<input type="checkbox"/>
D3.11	Had sex that you later regretted	<input type="checkbox"/>
D3.12	Beaten your partner	<input type="checkbox"/>
D3.13	Been beaten by your partner	<input type="checkbox"/>

QUESTIONS ABOUT YOUR RISK BEHAVIOUR

R1 In the last 30 days, how many times have you ridden in a car or other vehicle driven by someone who was drunk or was under the influence of illegal drugs

times

R2 In the last 30 days, how many times have you driven a car or other vehicle when you were drunk?

times

R3 In the last 30 days, how many times have you driven a car or other vehicle when you were under the influence of illegal drugs?

times

R4 In the last 12 months, on how many days have you carried a gun, knife or other weapon when going out clubbing? days

R5 In the last 12 months, how many times has someone threatened or injured you with a weapon such as a gun or knife in a nightlife environment? times

R6 In the last 12 months, how many times have you been in a physical fight? times

R6.1 How many of these occurred within nightlife environments?

R7 If you have been involved in a physical fight in nightlife in the last 12 months, do you usually end up fighting when you are out with your clubbing friends?

yes	no
<input type="text"/>	<input type="text"/>

R8 During your lifetime, have you ever:

	yes	no
R8.1 Driven a car on a public road without a driving licence	<input type="text"/>	<input type="text"/>
R8.2 Deliberately damaged property, e.g. phonebox, cars, windows, street lights	<input type="text"/>	<input type="text"/>
R8.3 Taken things from shops or stores without paying	<input type="text"/>	<input type="text"/>
R8.4 Been initiated into a named gang, since you were 12 years old?	<input type="text"/>	<input type="text"/>

R9 Indicate your opinion (true or false) about your self in this different statements

	Very false	Somewhat false	Somewhat true	Very true
R9.1 I do the opposite of what I'm told to, just to annoy people	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
R9.2 I ignore rules that get in my way	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
R9.3 I like to see how much I can get away with	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

R10 Indicate if you agree or not about your self in this different statements

	not agree	unsure	somewhat agree	definitely agree
R10.1 It is important to think before you act	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
R10.2 I have to have everything right away	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
R10.3 I often do things without thinking about what will happen	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
R10.4 I often switch from activity to activity rather than doing one thing at a time?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

R11 How often have you done any of the following things?

	Never	Have but not in the last year	Less than once a month	Once a month	2 or 3 times a month	Once a week
R11.1 Done what feels good no matter what	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
R11.2 Done crazy things even if they were a little dangerous	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
R11.3 Done something dangerous because someone dared you to	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

R12 On a scale of 1 to 4, how much do you feel that ...

	4 (Not at all)	3	2	1 (Care a lot)
R12.1 your teachers / people at work care about you?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
R12.2 your parents / relatives care about you?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
R12.3 your friends care about you?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
R12.4 your neighbourhood cares about you?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
R12.5 the places you go clubbing care about you?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

QUESTIONS ABOUT YOUR FRIENDS

F1 Thinking about the last few times you went on a night out, on average how many friends did you go out with? friends

F2 Do you normally go out with the same group of friends?

Yes	No
<input type="text"/>	<input type="text"/>

F2.2 If no, how many different groups of friends do you go out with? groups

Yes	No
<input type="text"/>	<input type="text"/>

F3 Do your parents know the friends that you normally go out with?

Some	Most	All
<input type="text"/>	<input type="text"/>	<input type="text"/>

F3.2 If yes, how many?

F4 In addition to the friends you go to pubs and nightclubs with, do you have other close friends that you do not go clubbing with?

Yes	No
<input type="text"/>	<input type="text"/>

F5 Thinking of the group of friends you normally go to pubs and clubs with, does the group normally: (please tick the appropriate answer)

Yes

Stay together most of them for most of the night

separate during the night

F6 And you in particular, when you go on a night out do you normally:

Yes

Stay with the same group of friends throughout the night

change group frequently throughout the night

F7 If you generally change groups during a night out (or you leave the group you started the night with) please tell us why (tick all the reasons that apply)

Yes

F7.1 It's more fun to change from one group to another

F7.2 It's easier to go over the top if that's what I want to do.

F7.3 I do it to be able to go to more different places.

F7.4 I go with other groups only when I want to find potential sexual partners

Other reason (please specify below)

F8 Regarding your friends and drug use:

	Yes	No
F8.1 Have any of your friends distanced themselves from you because of your drug use?	<input type="checkbox"/>	<input type="checkbox"/>
F8.2 Have you distanced yourself from any of your friends because of their drug use?	<input type="checkbox"/>	<input type="checkbox"/>
F8.3 Do you think that taking drugs or having drugs helps you have more friends?	<input type="checkbox"/>	<input type="checkbox"/>
F8.4 Do you think that taking drugs or having drugs helps you have more success with potential sexual partners?	<input type="checkbox"/>	<input type="checkbox"/>

F9 Regarding the friends in your group with whom you most often go on nights out, why do you go out with them and not other people?

	Yes	No
F9.1 We have the same tastes (music, clothes etc)	<input type="checkbox"/>	<input type="checkbox"/>
F9.2 We like to go to the same places (pubs, nightclubs etc)	<input type="checkbox"/>	<input type="checkbox"/>
F9.3 I have known them for a long time	<input type="checkbox"/>	<input type="checkbox"/>
F9.4 I have no choice as I have no other friends	<input type="checkbox"/>	<input type="checkbox"/>
F9.5 I feel they understand me well	<input type="checkbox"/>	<input type="checkbox"/>
F9.6 We have similar drinking and drug taking habits	<input type="checkbox"/>	<input type="checkbox"/>
F9.7 We have similar sexual interests	<input type="checkbox"/>	<input type="checkbox"/>

F10 Do you belong to any association or club (e.g. sports club, university society)

	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

F11 Indicate your opinion about your self in these different statements

	Yes	No
F11.1 I know how to make friends with people of the opposite sex.	<input type="checkbox"/>	<input type="checkbox"/>
F11.2 If I want my friends to go along with me, I know what to say to them	<input type="checkbox"/>	<input type="checkbox"/>
F11.3 It is easy for me to make new friends	<input type="checkbox"/>	<input type="checkbox"/>
F11.4 It is easy for me to ask my friends for favours and help when I need to	<input type="checkbox"/>	<input type="checkbox"/>
F11.5 It is easy for me to get along with other people?	<input type="checkbox"/>	<input type="checkbox"/>

ABOUT YOU

Y1 How old are you? years old

Y2 What is your sex? (please tick)

Y2.1 Male

Y2.2 Female

Y3 Marital status

Y3.1 Single (never married)

Y3.2 Have a partner but not married

Y3.3 Married or living with partner

Y3.4 Separated/divorced

Y3.5 Widowed

Y4 Who do you live with?

Y4.1 Your own family

Y4.2 Your spouse / partner

Y4.3 Friends

Y4.4 On your own

Y4.5 In student accommodation

Y4.6 Other

Y5 Studies you have finished or that you are studying right now

Y5.1 Compulsory education

Y5.2 Secondary education

Y5.3 University / Higher education

Y6 If you are no longer studying, at what age did you leave education? years old

Y7 How do you, or did you, evaluate yourself as a student?

Y7.1 Very good

Y7.2 Good

Y7.3 Average

Y7.4 Bad

Y7.5 Very bad

Y8 What is your present occupation? (tick all that apply)

Y8.1 Student

Y8.2 Temporary work

Y8.3 Permanent employment

Y8.4 Unemployed or looking for a job

Y8.5 Other

Y9 How would you rate the financial level of your family?

Y9.1 High

Y9.2 Medium/high

Y9.3 Medium

Y9.4 Medium/low

Y9.5 Low

Y10 What is your annual income from all sources? £

Y11 Where would you situate yourself in respect of political ideas?

Y11.1 Extreme left

Y11.2 Left

Y11.3 No opinion

Y11.4 Right

Y11.5 Extreme right

Y12 How would you describe your attitude to religion

Y12.1 Strong believer

Y12.2 Some beliefs

Y12.3 No opinion

Y12.4 Some doubts

Y12.5 Non-believer