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ESPAD

Groupe Pompidou
Pompidou Group

The European School Survey Project on Alcohol and Other Drugs
www.espad.org

Questionnaire on substance use

Read this first please!

This questionnaire is part of an international study on substance use among European students. It will be answered by more than 100,000 students in over 35 countries. The study is called ESPAD.

This is a totally anonymous questionnaire. You should not state your name or any other information which identifies you. You should place your completed questionnaire in the enclosed envelope and seal it yourself. Your [TEACHER/SURVEY LEADER] will collect the envelopes after completion.

Your class has been randomly selected to take part in this study. In [COUNTRY] the survey is carried out by [ORGANISATION]. It is voluntary to take part. If there is any question you find objectionable for any reason, just leave it blank. It is important that you answer as thoughtfully and frankly as possible. The results will not be presented by single classes and remember your answers are totally anonymous.

If you do not find an answer that fits exactly, indicate the one that comes closest. Please, mark the appropriate answer to each question by making an "X" in the box. If you have a question, please raise your hand and your [TECAHER/SURVEY LEADER] will assist you.

Thank you in advance for your participation! Please begin.

LOGO
FIELD WORK ORGANISATION

Contact info to the organisation responsible for the field work/national survey.

The first questions ask for some background information about yourself and the kinds of things you might do

C01 What is your sex?

1 ☐ Male
2 ☐ Female

C02 When were you born?

Year 19 ☐☐ Month * ☐☐ (Mark 01 for January, 02 for February … … and 12 for December)

* Optional

REMARK: See Guidelines

C03 How often (if at all) do you do each of the following?

Mark one box for each line.

	Never	A few times a year	Once or twice a month	At least once a week	Almost every day
a) Play computer games	1	2	3	4	5
b) Actively participate in sports, athletics or exercising	1	2	3	4	5
c) Read books for enjoyment (do not count schoolbooks)	1	2	3	4	5
d) Go out in the evening (to a disco, cafe, party etc)	1	2	3	4	5
e) Other hobbies (play an instrument, sing, draw, write)	1	2	3	4	5
f) Go around with friends to shopping centres, streets, parks etc just for fun	1	2	3	4	5
g) Use the Internet for leisure activities (chats, music, games, social networks, videos etc)	1	2	3	4	5
h) Play on slot machines (the kind in which you may win money)	1	2	3	4	5

C04 During the LAST 30 DAYS on how many days have you missed one or more lessons?

Mark one box for each line.

	None	1 day	2 days	3–4 days	5–6 days	7 days or more
a) Because of illness	1	2	3	4	5	6
b) Because you skipped or ”cut”	1	2	3	4	5	6
c) For other reasons	1	2	3	4	5	6

The following questions are about cigarette smoking

C05 How difficult do you think it would be for you to get cigarettes if you wanted?

1 ☐ Impossible
2 ☐ Very difficult
3 ☐ Fairly difficult
4 ☐ Fairly easy
5 ☐ Very easy
6 ☐ Don’t know

C06 On how many occasions (if any) during your lifetime have you smoked cigarettes?

Number of occasions

0	1–2	3–5	6–9	10–19	20–39	40 or more
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7

C07 How frequently have you smoked cigarettes during the LAST 30 DAYS?

1 ☐ Not at all
2 ☐ Less than 1 cigarette per week
3 ☐ Less than 1 cigarette per day
4 ☐ 1–5 cigarettes per day
5 ☐ 6–10 cigarettes per day
6 ☐ 11–20 cigarettes per day
7 ☐ More than 20 cigarettes per day

C08 When (if ever) did you FIRST do each of the following things?

Mark one box for each line.

	Never	9 years old or less	10 years old	11 years old	12 years old	13 years old	14 years old	15 years old	16 years or older
a) Smoke your first cigarette	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9
b) Smoke cigarettes on a daily basis	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9

The next questions are about alcoholic beverages – including beer, cider, alcopops (premixed drinks), wine and spirits

C09 How difficult do you think it would be for you to get each of the following, if you wanted?

Mark one box for each line.

REMARK: See Guidelines

	Impos-sible	Very difficult	Fairly difficult	Fairly easy	Very easy	Don't know
a) Beer	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
b) Cider*	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
c) Alcopops*	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
d) Wine	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
e) Spirits	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

* Optional

C10 On how many occasions (if any) have you had any alcoholic beverage to drink?

Mark one box for each line.

Number of occasions

	0	1–2	3–5	6–9	10–19	20–39	40 or more
a) In your lifetime	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
b) During the last 12 months	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
c) During the last 30 days	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7

C11 Think back over the LAST 30 DAYS. On how many occasions (if any) have you had any of the following to drink?

Mark one box for each line.

REMARK: See Guidelines

	Number of occasions						
	0	1–2	3–5	6–9	10–19	20–39	40 or more
a) Beer	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
b) Cider*	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
c) Alcopops*	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
d) Wine	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
e) Spirits	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7

* Optional

The following questions are about the last day you drank alcohol

C12 When was the last day you drank alcohol?

1 ☐ I never drink alcohol
2 ☐ 1–7 days ago
3 ☐ 8–14 days ago
4 ☐ 15–30 days ago
5 ☐ 1 month – 1 year ago
6 ☐ More than 1 year ago

C13 **Think of the LAST DAY that you drank any alcohol. Which of the following beverages did you drink on that day?**

Mark all that apply.

1 ☐ I never drink alcohol
1 ☐ Beer
1 ☐ Cider*
1 ☐ Alcopops*
1 ☐ Wine
1 ☐ Spirits

REMARK: See Guidelines

* Optional

C13a **If you drank beer that last day you drank any alcohol, how much did you drink?**

1 ☐ I never drink beer
2 ☐ I did not drink beer on the last day that I drank alcohol
3 ☐ <50 cl
4 ☐ 50–100 cl
5 ☐ 101–200 cl
6 ☐ >200 cl

REMARK: See Guidelines

C13d **If you drank wine that last day you drank any alcohol, how much did you drink?**

1 ☐ I never drink wine
2 ☐ I did not drink wine on the last day that I drank alcohol
3 ☐ <20 cl
4 ☐ 20–40 cl
5 ☐ 41–74 cl
6 ☐ >74 cl

REMARK: See Guidelines

OC13b **If you drank cider that last day you drank any alcohol, how much did you drink? ***

1 ☐ I never drink cider
2 ☐ I did not drink cider on the last day that I drank alcohol
3 ☐ <50 cl
4 ☐ 50–100 cl
5 ☐ 101–200 cl
6 ☐ >200 cl

REMARK: See Guidelines

* Optional

C13e **If you drank spirits that last day you drank any alcohol, how much did you drink?**

1 ☐ I never drink spirits
2 ☐ I did not drink spirits on the last day that I drank alcohol
3 ☐ <8 cl
4 ☐ 8–15 cl
5 ☐ 16–24 cl
6 ☐ >24 cl

REMARK: See Guidelines

OC13c **If you drank alcopops that last day you drank any alcohol, how much did you drink? ***

1 ☐ I never drink alcopops
2 ☐ I did not drink alcopops on the last day that I drank alcohol
3 ☐ <50 cl
4 ☐ 50–100 cl
5 ☐ 101–200 cl
6 ☐ >200 cl

REMARK: See Guidelines

* Optional

C13f **Please indicate on this scale from 1 to 10 how drunk you would say you were that last day you drank alcohol. (If you felt no effect at all you should mark "1".)**

Not at all — Heavily intoxicated, for example not remembering what happened

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

11 ☐ I never drink alcohol

REMARK: See Guidelines

The next question is about alcohol consumption during the last 30 days

C14 Think back again over the LAST 30 DAYS. How many times (if any) have you had five or more drinks on one occasion? (A ”drink” is [INSERT NATIONALLY RELEVANT EXAMPLES].)

1 ☐ None
2 ☐ 1
3 ☐ 2
4 ☐ 3–5
5 ☐ 6–9
6 ☐ 10 or more times

REMARK: See Guidelines

The next couple of questions are also about alcohol

C15 On how many occasions (if any) have you been intoxicated from drinking alcoholic beverages, for example staggered when walking, not being able to speak properly, throwing up or not remembering what happened?

Mark one box for each line.

	Number of occasions						
	0	1–2	3–5	6–9	10–19	20–39	40 or more
	1	2	3	4	5	6	7
a) In your lifetime	☐	☐	☐	☐	☐	☐	☐
b) During the last 12 months	☐	☐	☐	☐	☐	☐	☐
c) During the last 30 days	☐	☐	☐	☐	☐	☐	☐

C16 When (if ever) did you FIRST do each of the following things?

Mark one box for each line.

	Never	9 years old or less	10 years old	11 years old	12 years old	13 years old	14 years old	15 years old	16 years or older
	1	2	3	4	5	6	7	8	9
a) Drink beer (at least one glass)	☐	☐	☐	☐	☐	☐	☐	☐	☐
b) Drink cider (at least one glass)*	☐	☐	☐	☐	☐	☐	☐	☐	☐
c) Drink alcopops (at least one glass)*	☐	☐	☐	☐	☐	☐	☐	☐	☐
d) Drink wine (at least one glass)	☐	☐	☐	☐	☐	☐	☐	☐	☐
e) Drink spirits (at least one glass)	☐	☐	☐	☐	☐	☐	☐	☐	☐
f) Get drunk on alcohol	☐	☐	☐	☐	☐	☐	☐	☐	☐

* Optional

C17 WHILE UNDER THE INFLUENCE OF ALCOHOL, how often during the LAST 12 MONTHS have you experienced the following?

Mark one box for each line.

☐ **I have not drunk any alcohol during the last 12 months** → **Please continue with question C18**

REMARK: See Guidelines

	Number of occasions						
	0	1–2	3–5	6–9	10–19	20–39	40 or more
a) Physical fight	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
b) Accident or injury	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
c) Damaged or lost objects or clothing	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
d) Serious arguments	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
e) Victimized by robbery or theft	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
f) Trouble with police	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
g) Hospitalised or admitted to an emergency room because of severe intoxication	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
h) Hospitalised or admitted to an emergency room because of accident or injury	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
i) Engaged in sexual intercourse without a condom	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
j) Being a victim of unwanted sexual advance	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
k) Deliberately hurt yourself	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
l) Driven a moped, car or other motor vehicle	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
m) Being involved in an accident while driving yourself	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
n) Been swimming in deep water (swimming pool, river, lake or sea)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7

C18 Have you experienced problems during the LAST 12 MONTHS that occurred because of someone else´s drinking?

Mark one or more boxes for each line

	No	Yes, a stranger	Yes, a friend or acquaintance	Yes, somebody else close to me
a) Has someone who had been drinking harassed or bothered you at a party or some other private setting?	☐ 1	☐ 1	☐ 1	☐ 1
b) Has someone who had been drinking harassed or bothered you on the street or in some public place?	☐ 1	☐ 1	☐ 1	☐ 1
c) Has someone who had been drinking harmed you physically?	☐ 1	☐ 1	☐ 1	☐ 1
d) Has someone who had been drinking ruined your clothes or other belongings?	☐ 1	☐ 1	☐ 1	☐ 1
e) Has someone who has been drinking been responsible for a traffic accident you were involved in?	☐ 1	☐ 1	☐ 1	☐ 1
f) Have you been a passenger with a driver who had had too much to drink?	☐ 1	☐ 1	☐ 1	☐ 1
g) Has someone who had been drinking made you afraid when you encountered them on the street?	☐ 1	☐ 1	☐ 1	☐ 1

REMARK: See Guidelines

C19 In your view, does a person close to you drink excessively?

REMARK: See Guidelines

1 ☐ No

2 ☐ Yes → **Has this caused harm or problems in your life?**

1 ☐ No

2 ☐ Yes

Tranquillisers and sedatives, like [INSERT NATIONALLY RELEVANT EXAMPLES], are sometimes prescribed by doctors to help people to calm down, get to sleep or to relax. Pharmacies are not supposed to sell them without a prescription.

C20 Have you ever taken tranquillisers or sedatives because a doctor told you to take them?

1 ☐ No, never
2 ☐ Yes, but for less than 3 weeks
3 ☐ Yes, for 3 weeks or more

REMARK: See Guidelines

The next questions ask about marijuana or hashish (cannabis)

C21 How difficult do you think it would be for you to get marijuana or hashish (cannabis) if you wanted?

1 ☐ Impossible
2 ☐ Very difficult
3 ☐ Fairly difficult
4 ☐ Fairly easy
5 ☐ Very easy
6 ☐ Don't know

C22 On how many occasions (if any) have you used marijuana or hashish (cannabis)?

Mark one box for each line.

	Number of occasions						
	0	1–2	3–5	6–9	10–19	20–39	40 or more
	1	2	3	4	5	6	7
a) In your lifetime	☐	☐	☐	☐	☐	☐	☐
b) During the last 12 months	☐	☐	☐	☐	☐	☐	☐
c) During the last 30 days	☐	☐	☐	☐	☐	☐	☐

C23 When (if ever) did you FIRST try marijuana or hashish (cannabis)?

1 ☐ Never
2 ☐ 9 years old or less
3 ☐ 10 years old
4 ☐ 11 years old
5 ☐ 12 years old
6 ☐ 13 years old
7 ☐ 14 years old
8 ☐ 15 years old
9 ☐ 16 years or older

C24 Have you ever had the possibility to try marijuana or hashish (cannabis) without trying it?

1 ☐ No
2 ☐ Yes → **How many times has this happened in your life?**

REMARK: See Guidelines

1 ☐ 1–2
2 ☐ 3–5
3 ☐ 6–9
4 ☐ 10–19
5 ☐ 20–39
6 ☐ 40 or more

The next questions ask about some other drugs

C25 **How difficult do you think it would be for you to get each of the following, if you wanted?**
Mark one box for each line.

REMARK: See Guidelines

	Impossible	Very difficult	Fairly difficult	Fairly easy	Very easy	Don't know
a) Amphetamines	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
b) Methamphetamines	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
c) Tranquillisers or sedatives	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
d) Ecstasy	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
e) Cocaine	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
f) Crack	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
g) Optional drug*	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

* Optional

REMARK: See Guidelines

C26 **On how many occasions (if any) have you used ecstasy?**
Mark one box for each line.

	Number of occasions						
	0	1–2	3–5	6–9	10–19	20–39	40 or more
a) In your lifetime	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
b) During the last 12 months	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7

REMARK: See Guidelines

C27 **On how many occasions (if any) have you used amphetamines?**
Mark one box for each line.

	Number of occasions						
	0	1–2	3–5	6–9	10–19	20–39	40 or more
a) In your lifetime	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
b) During the last 12 months	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7

C28 **On how many occasions (if any) have you used methamphetamines [possible street names]?**
Mark one box for each line.

	Number of occasions						
	0	1–2	3–5	6–9	10–19	20–39	40 or more
a) In your lifetime	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
b) During the last 12 months	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7

C29 **On how many occasions (if any) have you used cocaine?**
Mark one box for each line.

	Number of occasions						
	0	1–2	3–5	6–9	10–19	20–39	40 or more
a) In your lifetime	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
b) During the last 12 months	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7

C30 On how many occasions (if any) have you used crack?

Mark one box for each line.

	Number of occasions						
	0	1–2	3–5	6–9	10–19	20–39	40 or more
a) In your lifetime	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
b) During the last 12 months	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7

C31 On how many occasions (if any) have you used inhalants [INSERT NATIONALLY RELEVANT EXAMPLES] to get high?

Mark one box for each line.

REMARK: See Guidelines

	Number of occasions						
	0	1–2	3–5	6–9	10–19	20–39	40 or more
a) In your lifetime	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
b) During the last 12 months	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
c) During the last 30 days	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7

C32 On how many occasions in your lifetime (if any) have you used any of the following drugs?

Mark one box for each line.

REMARK: See Guidelines

	Number of occasions						
	0	1–2	3–5	6–9	10–19	20–39	40 or more
a) Tranquillisers or sedatives (without a doctor's prescription)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
b) LSD or some other hallucinogens	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
c) Relevin	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
d) Heroin	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
e) "Magic mushrooms"	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
f) GHB	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
g) Anabolic steroids	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
h) Drugs by injection with a needle (like heroin, cocaine, amphetamine)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
i) Alcohol together with pills (medicaments) in order to get high	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
j) Painkillers in order to get high	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
k) Optional drug*	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7

* Optional

C33 When (if ever) did you FIRST do each of the following things?

Mark one box for each line.

REMARK: See Guidelines

	Never	9 years old or less	10 years old	11 years old	12 years old	13 years old	14 years old	15 years old	16 years or older
a) Try tranquillisers or sedatives (without a doctor's prescription)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9
b) Try amphetamines or methamphetamines	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9
c) Try cocaine or crack	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9
d) Try ecstasy	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9
e) Try inhalants [INSERT NATIONALLY RELEVANT EXAMPLES] in order to get high.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9
f) Try alcohol together with pills (medicaments) in order to get high	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9

The next questions ask about new substances

C34 **New substances that imitate the effects of illicit drugs [such as cannabis or ecstasy] may now be sometimes available. They are sometimes called ['legal highs', 'ethno botanicals', 'research chemicals'] and can come in different forms, for example – herbal mixtures, powders, crystals or tablets.**

REMARK: See Guidelines

Have you <u>ever used</u> such substances?

1 ☐ Yes, I have used such substances
2 ☐ No, I never used such substances
3 ☐ Don't know/ Not sure

C35 **What was the appearance/form of the new substance you used in the LAST 12 MONTHS?**
Mark one or more boxes.

1 ☐ I have not used such substances in the last 12 months
1 ☐ Herbal smoking mixtures with drug-like effects
1 ☐ Powders, crystals or tablets with drug-like effects
1 ☐ Liquids with drug-like effects
1 ☐ Other

OC35 **On how many occasions in your lifetime (if any) have you used any of the following substances?***
Mark one box for each line.

	Number of occasions						
	0	1–2	3–5	6–9	10–19	20–39	40 or more
a) Optional substance*	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
b) Optional substance*	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
c) Optional substance*	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7

* Optional

REMARK: See Guidelines

The next questions ask about various substances

C36 **How much do you think PEOPLE RISK harming themselves (physically or in other ways), if they …**
Mark one box for each line.

	No risk	Slight risk	Moderate risk	Great risk	Don't know
a) smoke cigarettes occasionally	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b) smoke one or more packs of cigarettes per day	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c) have one or two drinks nearly every day	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
d) have four or five drinks nearly every day	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
e) have five or more drinks in one occasion nearly each weekend	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
f) try marijuana or hashish (cannabis) once or twice	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
g) smoke marijuana or hashish (cannabis) occasionally	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
h) smoke marijuana or hashish (cannabis) regularly	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
i) try ecstasy once or twice	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
j) take ecstasy regularly	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
k) try an amphetamine (uppers, pep pills, bennie, speed) once or twice	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
l) take amphetamines regularly	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

REMARK: See Guidelines

The next questions ask about Internet, gaming and gambling

C37 During the LAST 7 DAYS, which days (if any) were you on the Internet (on a computer, tablet, smartphone, console or any other electronic device)? Please include all kinds of Internet activities.

Mark one or more boxes.

None	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
☐ 1	☐ 1	☐ 1	☐ 1	☐ 1	☐ 1	☐ 1	☐ 1

REMARK: See Guidelines

C38 During the LAST 7 DAYS, how many hours (if any) were you on the Internet (on a computer, tablet, smartphone, console or any other electronic device) on a TYPICAL WEEKDAY and a TYPICAL WEEKEND DAY? Please include all kinds of Internet activities.

Mark one box for each line.

	None	Half an hour or less	About 1 hour	About 2-3 hours	About 4-5 hours	6 hours or more
a) Typical weekday (Monday-Thursday)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
b) Typical weekend day (Friday-Sunday)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

C39 During the LAST 7 DAYS, on how many days (if any) were you on the Internet?

Mark one box for each line.

	None	1 day	2 days	3 days	4 days	5 days	6 days	7 days
a) On Social Media (communicating with others on the Internet, using for example WhatsApp, Twitter, Facebook, Skype, Blogs, Snapchat, Instagram, Kik etc)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8
b) Playing online games (war, strategy and first-person shooter games, World of Warcraft, Call of Duty, Grand Theft Auto, MMO, MMORPG etc	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8
c) Playing games in which you may win money (poker, scratch, dice, new slot etc)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8
d) Reading, surfing, searching for information etc	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8
e) Streaming/downloading music, videos, films etc	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8
f) Searching for, selling or buying products, games, books etc (Amazon, Ebay etc)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8

REMARK: See Guidelines

C40 During the LAST 30 DAYS, how many hours (if any) did you spend on the Internet on a TYPICAL DAY?

Mark one box for each line.

	None	Half an hour or less	About 1 hour	About 2-3 hours	About 4-5 hours	6 hours or more
a) On Social Media (communicating with others on the Internet, using for example WhatsApp, Twitter, Facebook, Skype, Blogs, Snapchat, Instagram, Kik etc)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
b) Playing online games (war, strategy and first-person shooter games, World of War craft, Call of Duty, Grand Theft Auto, MMO, MMORPG etc)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
c) Playing games in which you may win money (poker, scratch, dice, new slot etc)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
d) Reading, surfing, searching for information etc	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
e) Streaming/downloading music, videos, films etc	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
f) Searching for, selling or buying products, games, books etc [Amazon, Ebay etc]	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

C41 How much do you agree or disagree with the following statements on Social Media (communicating with others on the Internet, using for example WhatsAapp, Twitter, Facebook, Skype, Blogs, Kik, Snapchat, Instagram etc).

Mark one box for each line.

	Strongly agree	Partly agree	Neither nor	Partly disagree	Strongly disagree
a) I think I spend way too much time on Social Media	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b) I get in bad mood when I cannot spend time on Social Media	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c) My parents say that I spend way too much time on Social Media	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

REMARK: See Guidelines

C42 How much do you agree or disagree with the following statements about gaming on a computer, tablet, console, smartphone or other electronic device?

Mark one box for each line.

	Strongly agree	Partly agree	Neither nor	Partly disagree	Strongly disagree
a) I think I spend way too much time playing games	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b) I get in bad mood when I cannot spend time on games	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c) My parents say that I spend way too much time on gaming	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

REMARK: See Guidelines

REMARK: See Guidelines

C43 How often (if ever) did you gamble money in the LAST 12 MONTHS?

1 ☐ I have not gambled money during the last 12 months
2 ☐ Monthly or less
3 ☐ 2-4 times a month
4 ☐ 2-3 times a week
5 ☐ 4-5 times a week
6 ☐ 6 or more times a week

C44 If you have gambled money in the LAST 12 MONTHS, which games have you played ON THE INTERNET?

Mark one box for each line.

	I have not played these games	Monthly or less	2-4 times a months	2-3 times a week	4-5 time a week	6 or more times a week
a) Slot machines (fruit machine, new slot etc)	☐	☐	☐	☐	☐	☐
b) Play card or dice (poker, bridge, dice etc)	☐	☐	☐	☐	☐	☐
c) Lotteries (scratch, bingo, keno etc)	☐	☐	☐	☐	☐	☐
d) Betting on sports or animals (horses, dogs etc)	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6

C45 If you have gambled money in the LAST 12 MONTHS, which games have you played NOT ON THE INTERNET (in traditional settings)?

Mark one box for each line.

	I have not played these games	Monthly or less	2-4 times a months	2-3 times a week	4-5 time a week	6 or more times a week
a) Slot machines (fruit machine, new slot etc)	☐	☐	☐	☐	☐	☐
b) Play card or dice (poker, bridge, dice etc)	☐	☐	☐	☐	☐	☐
c) Lotteries (scratch, bingo, keno etc)	☐	☐	☐	☐	☐	☐
d) Betting on sports or animals (horses, dogs etc)	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6

The next questions ask about your parents. If mostly foster parents, step-parents or others brought you up answer for them. For example, if you have both a stepfather and a natural father, answer for the one that is the most important in bringing you up

C46 In which country were you and your parents born?

Mark one box for each line.

	XXXXXXX	XXXXXX	XXXXXXX	XXXXXXX	XXXXXXX	Other country
a) Yourself	☐	☐	☐	☐	☐	☐
b) Your mother	☐	☐	☐	☐	☐	☐
c) Your father	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6

REMARK: See Guidelines

C47 What is the highest level of schooling your father completed?

1 ☐ Completed primary school or less
2 ☐ Some secondary school
3 ☐ Completed secondary school
4 ☐ Some college or university
5 ☐ Completed college or university
6 ☐ Don't know
7 ☐ Does not apply

REMARK: See Guidelines

C48 What is the highest level of schooling your mother completed?

1 ☐ Completed primary school or less
2 ☐ Some secondary school
3 ☐ Completed secondary school
4 ☐ Some college or university
5 ☐ Completed college or university
6 ☐ Don't know
7 ☐ Does not apply

REMARK: See Guidelines

C49 How well off is your family compared to other families in your country?

1 ☐ Very much better off
2 ☐ Much better off
3 ☐ Better off
4 ☐ About the same
5 ☐ Less well off
6 ☐ Much less well off
7 ☐ Very much less well off

C50 Which of the following people live in the same household with you?

Mark all that apply.

1 ☐ I live alone
1 ☐ Father
1 ☐ Stepfather
1 ☐ Mother
1 ☐ Stepmother
1 ☐ Brother(s)
1 ☐ Sister(s)
1 ☐ Grandparent(s)
1 ☐ Other relative(s)
1 ☐ Non-relative(s)

C51 How often do the following statements apply to you?

Mark one box for each line.

	Almost always	Often	Some-times	Seldom	Almost never
	1	2	3	4	5
a) My parent(s) set definite rules about what I can do at home	☐	☐	☐	☐	☐
b) My parent(s) set definite rules about what I can do outside the home	☐	☐	☐	☐	☐
c) My parent(s) know whom I am with in the evenings	☐	☐	☐	☐	☐
d) My parent(s) know where I am in the evenings	☐	☐	☐	☐	☐
e) I can easily get warmth and caring from my mother and/or father	☐	☐	☐	☐	☐
f) I can easily get emotional support from my mother and/or father	☐	☐	☐	☐	☐
g) I can easily borrow money from my mother and/or father	☐	☐	☐	☐	☐
h) I can easily get money as a gift from my mother and/or father	☐	☐	☐	☐	☐
i) I can easily get warmth and caring from my best friend	☐	☐	☐	☐	☐
j) I can easily get emotional support from my best friend	☐	☐	☐	☐	☐

C52 Do your parents know where you spend Saturday nights?

1 ☐ Know always
2 ☐ Know quite often
3 ☐ Know sometimes
4 ☐ Usually don't know

REMARK: See Guidelines

C53 If you had ever used marijuana or hashish (cannabis), do you think that you would have said so in this questionnaire?

1 ☐ I already said that I have used it
2 ☐ Definitely yes
3 ☐ Probably yes
4 ☐ Probably not
5 ☐ Definitely not

This section includes some more questions about cannabis

MA1 Have you used cannabis during the LAST 12 MONTHS?

REMARK: See Guidelines

1 ☐ No

2 ☐ Yes → **Has the following happened to you during the LAST 12 MONTHS?**

Mark one box for each line.

	Never	Rarely	From time to time	Fairly often	Very often
a) Have you smoked cannabis before midday?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b) Have you smoked cannabis when you were alone?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c) Have you had memory problems when you smoked cannabis?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
d) Have friends or members of your family told you that you ought to reduce or stop your cannabis use?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
e) Have you tried to reduce or stop your cannabis use without succeeding?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
f) Have you had problems because of your use of cannabis (argument, fight, accident, bad result at school, etc)? Which:	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

MA2 Are you part of a clique of friends, where using cannabis is part of your behaviour when you meet?

1 ☐ No

2 ☐ Yes → **How often per month do you meet with members of this clique?**

1 ☐ (Almost) daily
2 ☐ 3–4 times a week
3 ☐ 1–2 times a week
4 ☐ 1–3 times a month
5 ☐ Less than once a month

REMARK: See Guidelines

The next questions are about yourself and what you think about others

O01 Which of the following best describes your average grade at the end of the last term?

1 ☐ (Highest marks)

2 ☐ etc...

REMARK: See Guidelines

O02 How satisfied are you usually with …

Mark one box for each line.

	Very satisfied	Satisfied	Neither nor	Not so satisfied	Not at all satisfied	There is no such person
a) your relationship with your mother?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
b) your relationship with your father?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
c) your relationship with your friends?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

O03 What do you think your mother's reaction would be if you do the following things?

Mark one box for each line.

	She would not allow it	She would discourage it	She would not mind	She would approve of it	Don't know
a) Get drunk	☐	☐	☐	☐	☐
b) Use marijuana/hashish	☐	☐	☐	☐	☐
c) Use ecstasy	☐	☐	☐	☐	☐

1 2 3 4 5

O04 **What do you think your father's reaction would be if you do the following things?**
Mark one box for each line.

	He would not allow it	He would discourage it	He would not mind	He would approve of it	Don't know
a) Get drunk	☐	☐	☐	☐	☐
b) Use marijuana/hashish	☐	☐	☐	☐	☐
c) Use ecstasy	☐	☐	☐	☐	☐
	1	2	3	4	5

O05 **How many of your friends would you estimate…**
Mark one box for each line.

REMARK: See Guidelines

	None	A few	Some	Most	All
a) smoke cigarettes	☐	☐	☐	☐	☐
b) drink alcoholic beverages (beer, cider, alcopops, wine, spirits)	☐	☐	☐	☐	☐
c) get drunk	☐	☐	☐	☐	☐
d) smoke marijuana or hashish (cannabis)	☐	☐	☐	☐	☐
e) take tranquillisers or sedatives (without a doctor's prescription)	☐	☐	☐	☐	☐
f) take ecstasy	☐	☐	☐	☐	☐
g) use inhalants	☐	☐	☐	☐	☐
	1	2	3	4	5

Now follow another two questions about smoking and tobacco

O06 **Have you ever used moist snuff (snus), e-cigarettes or water pipe?**
Mark one box for each line.

	Yes, in the last 30 days	Yes, in the last 12 months	Yes, but more than 12 months ago	Never
a) Water pipe	☐	☐	☐	☐
b) E- cigarettes	☐	☐	☐	☐
c) Moist snuff (snus) *	☐	☐	☐	☐
	1	2	3	4

* Optional

REMARK: See Guidelines

O07 **When (if ever) did you FIRST do each of the following things?**
Mark one box for each line.

	Never	9 years old or less	10 years old	11 years old	12 years old	13 years old	14 years old	15 years old	16 years or older
a) Use your first e-cigarette	☐	☐	☐	☐	☐	☐	☐	☐	☐
b) Use e-cigarettes on a daily basis	☐	☐	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7	8	9

REMARK: See Guidelines

The next questions ask once more about alcohol

O08 This question is about alcohol consumption during the LAST 7 DAYS.

Please pay attention to the sizes of the bottles and glasses!

Please answer every question. If you have not had a beverage, indicate „0".

a. On how many days (if any) have you had <u>any alcoholic drink</u>?

In the last 7 days I have had **alcoholic drinks** on ☐ days
(0 = none, 7 = every day)

b. How many bottles or glasses of <u>beer</u> have you had?

In the last 7 days I have had ☐ glasses or bottles of beer
(0 = haven't had any beer)

c. How many glasses of <u>wine or sparkling wine</u> have you had?

In the last 7 days I have had ☐ glasses of **wine or sparkling wine**
(0 = haven't had any wine or sparkling wine)

d. How many glasses of <u>spirits</u> have you had?

In the last 7 days I have had ☐ glasses of **spirits**
(0 = haven't had any spirits)

e. How many glasses of <u>alcoholic mixed drinks</u> have you had?

In the last 7 days I have had ☐ glasses of **alcoholic mixed drinks**
(0 = haven't had any alcoholic mixed drinks)

1 small bottle or **1** small glass of beer **= 0,33l**

1 small glass of wine or sparkling wine **= 0.1l**

1 glass of spirits **= 0,04l**

1 glass of alcoholic mixed drink **= 0,33l**

REMARK: See Guidelines

O09 Think back over the LAST 30 DAYS. On how many occasions (if any) have you bought beer, cider, alcopops, wine or spirits in a store (grocery store, liquor store, kiosk or petrol station) for your own consumption (off-premise)?

Mark one box for each line.

REMARK: See Guidelines

	Number of occasions					
	0	1–2	3–5	6–9	10–19	20 or more
a) Beer	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
b) Cider*	☐	☐	☐	☐	☐	☐
c) Alcopops*	☐	☐	☐	☐	☐	☐
d) Wine	☐	☐	☐	☐	☐	☐
e) Spirits	☐	☐	☐	☐	☐	☐

* Optional

O10 Think back once more over the LAST 30 DAYS. On how many occasions (if any) have you drunk beer, cider, alcopops, wine or spirits in a pub, bar, restaurant or disco (on-premise)?

Mark one box for each line.

REMARK: See Guidelines

	Number of occasions					
	0	1–2	3–5	6–9	10–19	20 or more
a) Beer	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
b) Cider*	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
c) Alcopops*	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
d) Wine	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
e) Spirits	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

* Optional

O11 Think of that last day on which you drank alcohol. Where were you when you drank?

Mark all that apply.

1 ☐ I never drink alcohol
1 ☐ At home
1 ☐ At someone else's home
1 ☐ Out on the street, in a park, beach or other open area
1 ☐ At a bar or a pub
1 ☐ In a disco
1 ☐ In a restaurant
1 ☐ Other places (please describe) .....

REMARK: See Guidelines

O12 In the LAST 12 MONTHS, how often did you drink …

Mark one box for each line.

	Never	Seldom	Sometimes	Mostly	Always
a) because it helps you enjoy a party	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b) because it helps you when you feel depressed or nervous	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c) to cheer up when you're in a bad mood	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
d) because you like the feeling	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
e) to get high	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
f) because it makes social gatherings more fun	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
g) to fit in with a group you like	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
h) because it improves parties and celebrations	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
i) to forget about your problems	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
j) because it's fun	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
k) to be liked	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
l) so you won´t feel left out ……	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

REMARK: See Guidelines

The next two questions are about energy drinks

O13 On how how many occasions (if any) have you had any energy drink [insert national examples]?

(Don´t include so called "sports drinks" [insert national examples])

Mark one box for each line.

	Number of occasions						
	0	1–2	3–5	6–9	10–19	20–39	40 or more
a) In your lifetime	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
b) During the last 12 months	☐	☐	☐	☐	☐	☐	☐
c) During the last 30 days	☐	☐	☐	☐	☐	☐	☐

REMARK: See Guidelines

O14 On how many occasions (if any) have you been drinking energy drinks and alcohol during a single session?

(Don´t include so called "sports drinks" [insert national examples])

Mark one box for each line.

	Number of occasions						
	0	1–2	3–5	6–9	10–19	20–39	40 or more
a) In your lifetime	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
b) During the last 12 months	☐	☐	☐	☐	☐	☐	☐
c) During the last 30 days	☐	☐	☐	☐	☐	☐	☐

Now follow some more questions about Internet and gambling

O15 Please read the statements below regarding Internet use. Please indicate how often these statements apply to you.

Mark one box for each line.

	Never	Seldom	Sometimes	Often	Very often
a) How often do you find it difficult to stop using the Internet when you are online?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b) How often do you continue to use the Internet despite your intention to stop?	☐	☐	☐	☐	☐
c) How often do others (e.g. parents, friends) say you should use the Internet less?	☐	☐	☐	☐	☐
d) How often do you prefer to use the Internet instead of spending time with others (e.g. parents, friends)	☐	☐	☐	☐	☐
e) How often are you short of sleep because of the Internet?	☐	☐	☐	☐	☐
f) How often do you think about the Internet, even when not online?	☐	☐	☐	☐	☐
g) How often do you look forward to your next Internet session?	☐	☐	☐	☐	☐
h) How often do you think you should use the Internet less often?	☐	☐	☐	☐	☐
i) How often have you unsuccessfully tried to spend less time on the Internet?	☐	☐	☐	☐	☐
j) How often do you rush through your (home) work in order to go on the Internet?	☐	☐	☐	☐	☐
k) How often do you neglect your daily obligations (work, school or family life) because you prefer to go on the Internet?	☐	☐	☐	☐	☐
l) How often do you go on the Internet when you are feeling down?	☐	☐	☐	☐	☐
m) How often do you use the Internet to escape from your sorrows or get relief from negative feelings?	☐	☐	☐	☐	☐
n) How often do you feel restless, frustrated, or irritated when you cannot use the Internet?	☐	☐	☐	☐	☐

REMARK: See Guidelines

O16 **Please read the statements below regarding online gaming. The question REFERS TO ONLINE GAMES exclusively, but we use the expression 'game' in each statement for simplicity's sake. Please indicate how often these statements apply to you.**

Mark one box for each line.

	Never	Seldom	Sometimes	Mostly	Always
a) When you are not gaming, how often do you think about playing a game or think about how would it feel to play at that moment?	☐	☐	☐	☐	☐
b) How often do you play longer than originally planned?	☐	☐	☐	☐	☐
c) How often do you feel depressed or irritable when not gaming only for these feelings to disappear when you start playing?	☐	☐	☐	☐	☐
d) How often do you feel that you should reduce the amount of time you spend gaming?	☐	☐	☐	☐	☐
e) How often do the people around you complain that you are gaming too much?	☐	☐	☐	☐	☐
f) How often do you fail to meet up with a friend because you were gaming?	☐	☐	☐	☐	☐
g) How often do you daydream about gaming?	☐	☐	☐	☐	☐
h) How often do you lose track of time when gaming?	☐	☐	☐	☐	☐
i) How often do you get restless or irritable if you are unable to play games for a few days?	☐	☐	☐	☐	☐
j) How often do you unsuccessfully try to reduce the time you spend on gaming?	☐	☐	☐	☐	☐
k) How often do you argue with your parents because of gaming?	☐	☐	☐	☐	☐
l) How often do you neglect other activities because you would rather game?.	☐	☐	☐	☐	☐
	1	2	3	4	5

REMARK: See Guidelines

O17 **Have you ever felt the need to bet more and more money?**

1 ☐ No
2 ☐ Yes

REMARK: See Guidelines

O18 **Have you ever had to lie to people important to you about how much you gambled?**

1 ☐ No
2 ☐ Yes

O19 **How much time (if any) did you spend gambling money on a TYPICAL DAY in the LAST 12 MONTHS?**

1 ☐ I have not gambled money during the last 12 months
2 ☐ Less than 30 minutes
3 ☐ Between 30 minutes and 1 hour
4 ☐ Between 1 and 2 hours
5 ☐ Between 2 and 3 hours
6 ☐ 3 hours or more

REMARK: See Guidelines

O20 **How often (if ever) did you gamble money more than 2 hours (on a single occasion) in the LAST 12 MONTHS?**

1 ☐ I have not gambled money during the last 12 months
2 ☐ Never
3 ☐ Less than monthly
4 ☐ Monthly
5 ☐ Weekly
6 ☐ Daily or almost daily