ESPAD

The European School Survey Project on Alcohol and Other Drugs

STUDENT QUESTIONNAIRE

Before you start, please read this

This questionnaire is part of an international study on alcohol, drugs and tobacco use among students your age. The survey is performed this year in more than 25 European countries. The Swedish Council for Information on Alcohol and Other Drugs, CAN, SWEDEN initiated the project, and it is supported by the Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs (Pompidou Group) at the Council of Europe. This is the second study. The first one was done in 1995.

In your country the survey is made by ..... The results will be presented in a national report as well as in an international comparison of the results from all participating countries. The report will not include any results of single classes.

Your class has been randomly selected to take part in this study. You are one out of about 2.800 students in ....., participating in the study.

This is an anonymous questionnaire - it will not include your name or any other information, which would identify you individually. When you have finished the questionnaire, please put it in the enclosed envelope and seal it yourself. Do not write your name on that either. Your teacher/survey administrator will collect the envelopes after completion.

If the study is to be successful, it is important that you answer each question as thoughtfully and frankly as possible. Remember your answers are totally confidential.

The study is completely voluntary. If there is any question, which you would find objectionable for any reason, just leave it blank.

This is not a test. There are no right or wrong answers. If you do not find an answer that fits exactly, mark the one that comes closest. Please, mark the appropriate answer to each question by making an "X" in the box.

We hope you will find the questionnaire interesting. If you have a question, please raise your hand and your teacher/survey administrator will assist you.

Thank you in advance for your participation.

Please begin.

BEFORE BEGINNING BE SURE TO READ THE INSTRUCTIONS ON THE COVER.
Please mark your answer to each question by making an ”X” in the appropriate box.

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

1. What is your sex?

1 ☐ Male

2 ☐ Female

2. When were you born?

Year 19 ☐☐

3. 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) Ride around on a moped or motorcycle just for fun	☐	☐	☐	☐	☐
b) Play computer games	☐	☐	☐	☐	☐
c) Actively participate in sports, athletics or exercising	☐	☐	☐	☐	☐
d) Read books for enjoyment (do not count schoolbooks)	☐	☐	☐	☐	☐
e) Go out in the evening (to a disco, cafe, party etc)	☐	☐	☐	☐	☐
f) Other hobbies (play an instrument, sing, draw, write etc)	☐	☐	☐	☐	☐
g) Play on slot machines (the kind in which you may win money)	☐	☐	☐	☐	☐
	1	2	3	4	5

4. During the LAST 30 DAYS how many whole days of school have you missed?
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	☐	☐	☐	☐	☐	☐
b) Because you skipped or ”cut”	☐	☐	☐	☐	☐	☐
c) For other reasons	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6

5. Which of the following best describes your average grade in the end of the last term?

1 ☐ A (93-100)

2 ☐ A- (90-92)

3 ☐ B+ (87-89)

4 ☐ B (83-86)

5 ☐ B- (80-82)

6 ☐ C+ (77-79)

7 ☐ C (78-76)

8 ☐ C- (70-72)

The next major section of this questionnaire deals with cigarettes, alcohol and various other drugs. There is a lot of talk these days about these subjects, but very little accurate information. Therefore, we still have a lot to learn about the actual experiences and attitudes of people your age.

We hope that you can answer all questions, but if you find one, which you feel you cannot answer honestly, we would prefer that you leave it blank.

Your answers will not be made known to anyone, they will never be connected with your name or your class.

The following questions are about CIGARETTE SMOKING.

6. 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

7. 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

The next questions are about ALCOHOLIC BEVERAGES – including beer, wine and spirits.

8. 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.....	☐	☐	☐	☐	☐	☐	☐
b) During the last 12 months	☐	☐	☐	☐	☐	☐	☐
c) During the last 30 days.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7

9. Do you think you will be drinking alcohol when you are twenty-five?

1 ☐ No

2 ☐ Yes

3 ☐ I don't know

10. 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.

	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a) Beer (do not include low alcohol beer).....	☐	☐	☐	☐	☐	☐	☐
b) Wine	☐	☐	☐	☐	☐	☐	☐
c) Spirits (whisky, cognac, shot drinks etc) (also include spirits mixed with soft drinks)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7

11. The last time you had an alcoholic drink, did you drink any beer/lager/stout? If so, how much? (Do not include low alcohol beer).

1 ☐ I never drink beer

2 ☐ I did not drink beer on my last drinking occasion

3 ☐ Less than a regular bottle or can (<50 cl)

4 ☐ 1-2 regular bottles or cans (50-100 cl)

5 ☐ 3-4 regular bottles or cans (101-200 cl)

6 ☐ 5 or more regular bottles or cans (>200 cl)

12. The last time you had an alcoholic drink, did you drink any cider? If so, how much? (Do not include low alcohol cider).

1 ☐ I never drink cider

2 ☐ I did not drink cider on my last drinking occasion

3 ☐ Less than a regular bottle or can (<50 cl)

4 ☐ 1-2 regular bottles or cans (50-100 cl)

5 ☐ 3-4 regular bottles or cans (101-200 cl)

6 ☐ 5 or more regular bottles or cans (>200 cl)

13. The last time you had an alcoholic drink, did you drink any alcopop? If so, how much?

1 ☐ I never drink alcopops

2 ☐ I did not drink alcopops on my last drinking occasion

3 ☐ Less than a regular bottle or can (<50 cl)

4 ☐ 1-2 regular bottles or cans (50-100 cl)

5 ☐ 3-4 regular bottles or cans (101-200 cl)

6 ☐ 5 or more regular bottles or cans (>200 cl)

14. The last time you had an alcoholic drink, did you drink any wine? If so, how much?

1 ☐ I never drink wine

2 ☐ I did not drink wine on my last drinking occasion

3 ☐ Less than a glass (<10 cl)

4 ☐ 1-2 glasses (10-20 cl)

5 ☐ Half a bottle (37 cl)

6 ☐ A bottle or more (≥75 cl)

15. The last time you had an alcoholic drink, did you drink any spirits? If so, how much?

1 ☐ I never drink spirits

2 ☐ I did not drink spirits on my last drinking occasion

3 ☐ Less than a drink (<5 cl)

4 ☐ 1-2 drinks (5-10 cl)

5 ☐ 3-5 drinks (11-25 cl)

6 ☐ 6 drinks or more (≥30 cl)

16. Think of the 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) ……

17. Think back over the LAST 30 DAYS. How many times (if any) have you had five or more drinks in a row? (A ”drink” is a glass of wine (ca 10 cl), a bottle or can of beer (ca 50 cl), a shot glass of spirits (ca 5 cl) or a mixed drink.)

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

18. How likely is it that each of the following things would happen to you personally, if you drink alcohol?
Mark one box for each line.

	Very likely	Likely	Unsure	Unlikely	Very unlikely
a) Feel relaxed	☐	☐	☐	☐	☐
b) Get into trouble with police	☐	☐	☐	☐	☐
c) Harm my health	☐	☐	☐	☐	☐
d) Feel happy	☐	☐	☐	☐	☐
e) Forget my problems	☐	☐	☐	☐	☐
f) Not be able to stop drinking	☐	☐	☐	☐	☐
g) Get a hangover	☐	☐	☐	☐	☐
h) Feel more friendly and outgoing	☐	☐	☐	☐	☐
i) Do something I would regret	☐	☐	☐	☐	☐
j) Have a lot of fun	☐	☐	☐	☐	☐
k) Feel sick	☐	☐	☐	☐	☐
	1	2	3	4	5

19. On how many occasions (if any) have you been drunk from drinking alcoholic beverages?
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	☐	☐	☐	☐	☐	☐	☐
b) During the last 12 months	☐	☐	☐	☐	☐	☐	☐
c) During the last 30 days	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7

20. Please indicate on this scale from 1 to 10 how drunk you would say you were the last time you were drunk.

Somewhat merry only									Heavily intoxicated to the point of beeing unable to stand on my feet
01	02	03	04	05	06	07	08	09	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

11 ☐ I have never been drunk

21. How many drinks do you usually need to get drunk? (A ”drink” is a glass of wine (ca 10 cl), a bottle or can of beer (ca 50 cl), a shot glass of spirits (ca 5 cl) or a mixed drink.)

01 ☐ I never drink alcohol

02 ☐ I have never been drunk

03 ☐ 1-2 drinks

04 ☐ 3-4 drinks

05 ☐ 5-6 drinks

06 ☐ 7-8 drinks

07 ☐ 9-10 drinks

08 ☐ 11-12 drinks

09 ☐ 13 drinks or more

The next questions ask about some other drugs.

22. Have you ever heard of any of the following drugs?
Mark one box for each line.

	Yes	No
a) Tranquillisers or sedatives (give names that apply)	☐	☐
b) Marijuana or hashish	☐	☐
c) LSD	☐	☐
d) Amphetamines	☐	☐
e) Crack	☐	☐
f) Cocaine	☐	☐
g) Relevin	☐	☐
h) Heroin	☐	☐
i) Ecstasy	☐	☐
j) Methadone	☐	☐
k) ”Magic mushrooms”	☐	☐
	1	2

23. Have you ever wanted to try any of the drugs mentioned in question 23?

1 ☐ Yes

2 ☐ No

24. On how many occasions (if any) have you used marijuana (grass, pot) or hashish (hash, hash oil)?
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	☐	☐	☐	☐	☐	☐	☐
b) During the last 12 months	☐	☐	☐	☐	☐	☐	☐
c) During the last 30 days	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7

25. On how many occasions (if any) have you sniffed a substance (glue, aerosols etc) to get high?
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	☐	☐	☐	☐	☐	☐	☐
b) During the last 12 months	☐	☐	☐	☐	☐	☐	☐
c) During the last 30 days	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7

Tranquillisers and sedatives, like …. (give examples that are appropriate) 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.

26. Have you ever taken tranquillisers or sedatives because <u>a doctor</u> told you to take them?

1 ☐ No, never

2 ☐ Yes, but for less than 3 weeks

3 ☐ Yes, for 3 weeks or more

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

	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)	☐	☐	☐	☐	☐	☐	☐
b) Amphetamines	☐	☐	☐	☐	☐	☐	☐
c) LSD or some other hallucinogens	☐	☐	☐	☐	☐	☐	☐
d) Crack	☐	☐	☐	☐	☐	☐	☐
e) Cocaine	☐	☐	☐	☐	☐	☐	☐
f) Relevin	☐	☐	☐	☐	☐	☐	☐
g) Heroin (by smoking)	☐	☐	☐	☐	☐	☐	☐
h) Heroin (other than by smoking)	☐	☐	☐	☐	☐	☐	☐
i) Ecstasy	☐	☐	☐	☐	☐	☐	☐
j) "Magic mushrooms"	☐	☐	☐	☐	☐	☐	☐
k) Drugs by injection with a needle (like heroin, cocaine, amphetamine)	☐	☐	☐	☐	☐	☐	☐
l) Alcohol together with pills	☐	☐	☐	☐	☐	☐	☐
m) Alcohol and marijuana/hashish at the same time	☐	☐	☐	☐	☐	☐	☐
n) Anabolic steroids	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7

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

	Never	11 years old or less	12 years old	13 years old	14 years old	15 years old	16 years old
a) Drink beer (at least one glass)	☐	☐	☐	☐	☐	☐	☐
b) Drink wine (at least one glass)	☐	☐	☐	☐	☐	☐	☐
c) Drink spirits (at least one glass)	☐	☐	☐	☐	☐	☐	☐
d) Get drunk on alcohol	☐	☐	☐	☐	☐	☐	☐
e) Smoke your first cigarette	☐	☐	☐	☐	☐	☐	☐
f) Smoke cigarettes on a daily basis	☐	☐	☐	☐	☐	☐	☐
g) Try amphetamines	☐	☐	☐	☐	☐	☐	☐
h) Try tranquillisers or sedatives (without a doctor's prescription)	☐	☐	☐	☐	☐	☐	☐
i) Try marijuana or hashish	☐	☐	☐	☐	☐	☐	☐
j) Try LSD or other hallucinogen	☐	☐	☐	☐	☐	☐	☐
k) Try crack	☐	☐	☐	☐	☐	☐	☐
l) Try cocaine	☐	☐	☐	☐	☐	☐	☐
m) Try relevin	☐	☐	☐	☐	☐	☐	☐
n) Try ecstasy	☐	☐	☐	☐	☐	☐	☐
o) Try heroin	☐	☐	☐	☐	☐	☐	☐
p) Try "magic mushrooms"	☐	☐	☐	☐	☐	☐	☐
q) Try inhalants (glue, etc) to get high	☐	☐	☐	☐	☐	☐	☐
r) Try alcohol together with pills	☐	☐	☐	☐	☐	☐	☐
s) Try anabolic steroids	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7

We want to find out how people begin to take drugs. We want you to think back to the very first occasion (if any) on which you took any of them and tell us about it. (Let us say again that any information you choose to give us about this will be very strictly confidential to the researchers. Your name is not on this questionnaire and nobody will attempt to find it out).

29. What was the FIRST drug (if any) that you have ever tried?

01 ☐ I have never tried any of the substances listed below

02 ☐ Tranquillisers or sedatives without a doctor's prescription

03 ☐ Marijuana or hashish

04 ☐ LSD

05 ☐ Amphetamines

06 ☐ Crack

07 ☐ Cocaine

08 ☐ Relevin

09 ☐ Heroin

10 ☐ Ecstasy

11 ☐ "Magic mushrooms"

12 ☐ I don't know what it was

30. How did you get this substance?

01 ☐ I have never used any of the substances listed in question 29

02 ☐ Given to me by an older brother or sister

03 ☐ Given to me by a friend, a boy or a girl, older than me

04 ☐ Given to me by a friend my own age or younger

05 ☐ Given to me by someone I have heard about but did not know personally

06 ☐ Given to me by a stranger

07 ☐ It was shared around a group of friends

08 ☐ Bought from a friend

09 ☐ Bought from someone I have heard about but did not know personally

10 ☐ Bought from a stranger

11 ☐ Given to me by one of my parents

12 ☐ Took it at home without my parents permission

13 ☐ None of these (please describe briefly how you did get it)…….

…….

31. Which was the reason(s) for you to try this drug?
Mark all that apply.

1 ☐ I have never used any of the substances listed in question 29

1 ☐ I wanted to feel high

1 ☐ I did not want to stand out from the group

1 ☐ I had nothing to do

1 ☐ I was curious

1 ☐ I wanted to forget my problems

1 ☐ Other reason(s), please specify.....…….....

1 ☐ Don't remember

32. In which of the following places do you think you could easily buy marijuana or hashish if you wanted to?
Mark all that apply.

1 ☐ I don’t know of any such place

1 ☐ Street, park etc

1 ☐ School

1 ☐ Disco, bar etc

1 ☐ House of a dealer

1 ☐ Other(s), please specify .....…….....

33. Individuals differ in whether or not they disapprove of people doing certain things. DO YOU DISAPPROVE of people doing each of the following?
Mark one box for each line.

	Don't disapprove	Disapprove	Strongly disapprove	Don't know
a) Smoking cigarettes occasionally	☐	☐	☐	☐
b) Smoking 10 or more cigarettes a day	☐	☐	☐	☐
c) Drinking 1 or 2 drinks of an alcoholic beverage a few times a year (beer, wine, spirits)	☐	☐	☐	☐
d) Having one or two drinks several times a week	☐	☐	☐	☐
e) Getting drunk once a week	☐	☐	☐	☐
f) Trying marijuana or hashish (cannabis pot, grass) once or twice	☐	☐	☐	☐
g) Smoking marijuana or hashish occasionally	☐	☐	☐	☐
h) Smoking marijuana or hashish regularly	☐	☐	☐	☐
i) Trying LSD or some other hallucinogen once or twice	☐	☐	☐	☐
j) Trying heroin (smack, horse) once or twice	☐	☐	☐	☐
k) Trying tranquillisers or sedatives (without a doctors prescription) once or twice	☐	☐	☐	☐
l) Trying an amphetamine (upper, pep pill, bennie, speed) once or twice	☐	☐	☐	☐
m) Trying crack once or twice	☐	☐	☐	☐
n) Trying cocaine once or twice	☐	☐	☐	☐
o) Trying ecstasy once or twice	☐	☐	☐	☐
p) Trying inhalants (glue etc) once or twice	☐	☐	☐	☐
	1	2	3	4

34. 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	☐	☐	☐	☐	☐
b) smoke one or more packs of cigarettes per day	☐	☐	☐	☐	☐
c) have one or two drinks nearly every day	☐	☐	☐	☐	☐
d) have four or five drinks nearly every day	☐	☐	☐	☐	☐
e) have five or more drinks each weekend	☐	☐	☐	☐	☐
f) try marijuana or hashish (cannabis, pot, grass) once or twice	☐	☐	☐	☐	☐
g) smoke marijuana or hashish occasionally	☐	☐	☐	☐	☐
h) smoke marijuana or hashish regularly	☐	☐	☐	☐	☐
i) try LSD once or twice	☐	☐	☐	☐	☐
j) take LSD regularly	☐	☐	☐	☐	☐
k) try an amphetamine (uppers, pep pills, bennie, speed) once or twice	☐	☐	☐	☐	☐
l) take amphetamines regularly	☐	☐	☐	☐	☐
m) try cocaine or crack once or twice	☐	☐	☐	☐	☐
n) take cocaine or crack regularly	☐	☐	☐	☐	☐
o) try ecstasy once or twice	☐	☐	☐	☐	☐
p) take ecstasy regularly	☐	☐	☐	☐	☐
q) try inhalants (glue etc) once or twice	☐	☐	☐	☐	☐
r) take inhalants (glue etc) regularly	☐	☐	☐	☐	☐
	1	2	3	4	5

35. 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.

	Impossible	Very difficult	Fairly difficult	Fairly easy	Very easy	Don't know
a) Cigarettes	☐	☐	☐	☐	☐	☐
b) Beer	☐	☐	☐	☐	☐	☐
c) Wine	☐	☐	☐	☐	☐	☐
d) Liquor	☐	☐	☐	☐	☐	☐
e) Marijuana or hashish (cannabis, pot, grass)	☐	☐	☐	☐	☐	☐
f) LSD or some other hallucinogen	☐	☐	☐	☐	☐	☐
g) Amphetamines (uppers, pep pills, bennies, speed)	☐	☐	☐	☐	☐	☐
h) Tranquillisers or sedatives	☐	☐	☐	☐	☐	☐
i) Crack	☐	☐	☐	☐	☐	☐
j) Cocaine	☐	☐	☐	☐	☐	☐
k) Ecstasy	☐	☐	☐	☐	☐	☐
l) Heroin (smack, horse)	☐	☐	☐	☐	☐	☐
m) "Magic mushrooms"	☐	☐	☐	☐	☐	☐
n) Inhalants (glue etc)	☐	☐	☐	☐	☐	☐
o) Anabolic steroids	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6

36. How many of your friends would you estimate .....
Mark one box for each line.

	None	A few	Some	Most	All
a) smoke cigarettes	☐	☐	☐	☐	☐
b) drink alcoholic beverages (beer, wine, spirits)	☐	☐	☐	☐	☐
c) get drunk at least once a week	☐	☐	☐	☐	☐
d) smoke marijuana (pot, grass) or hashish	☐	☐	☐	☐	☐
e) take LSD or some other hallucinogen	☐	☐	☐	☐	☐
f) take amphetamines (uppers, pep pills, bennies, speed)	☐	☐	☐	☐	☐
g) take tranquillisers or sedatives (without a doctor's prescription)	☐	☐	☐	☐	☐
h) take cocaine or crack	☐	☐	☐	☐	☐
i) take ecstasy	☐	☐	☐	☐	☐
j) take heroin	☐	☐	☐	☐	☐
k) take inhalants (glue etc)	☐	☐	☐	☐	☐
l) take "magic mushrooms"	☐	☐	☐	☐	☐
m) take alcohol together with pills	☐	☐	☐	☐	☐
n) take anabolic steroids	☐	☐	☐	☐	☐
	1	2	3	4	5

37. Have you ever had any of the following problems?
Mark all that apply for each line.

	Never	Yes, because of my alcohol use	Yes, because of my drug use	Yes for reasons other than alcohol or drug use
a) Quarrel or argument	☐	☐	☐	☐
b) Scuffle or fight	☐	☐	☐	☐
c) Accident or injury	☐	☐	☐	☐
d) Loss of money or other valuable items	☐	☐	☐	☐
e) Damage to objects or clothing	☐	☐	☐	☐
f) Problems in your relationship with your parents	☐	☐	☐	☐
g) Problems in your relationship with your friends	☐	☐	☐	☐
h) Problems in your relationship with your teachers	☐	☐	☐	☐
i) Performed poorly at school or work	☐	☐	☐	☐
j) Victimized by robbery or theft	☐	☐	☐	☐
k) Trouble with police	☐	☐	☐	☐
l) Hospitalised or admitted to an emergency room	☐	☐	☐	☐
m) Engaged in sex you regretted the next day	☐	☐	☐	☐
n) Engaged in unprotected sex	☐	☐	☐	☐
	1	1	1	1

38. Does any of your siblings ……?
Mark one box for each line.

	Yes	No	Don't know	Don't have any elder siblings
a) smoke cigarettes	☐	☐	☐	☐
b) drink alcoholic beverages (beer, wine, spirits)	☐	☐	☐	☐
c) ever get drunk	☐	☐	☐	☐
d) smoke marijuana or hashish (pot, grass)	☐	☐	☐	☐
e) take tranquillisers or sedatives (without a doctor's prescription)	☐	☐	☐	☐
f) take ecstasy	☐	☐	☐	☐
	1	2	3	4

The next questions ask about your parents. If mostly foster parents raised you, stepparents, or others answer for them. For example, if you have both a stepfather and a natural father, answer for the one that was the most important in raising you.

39. 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, or does not apply

40. 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, or does not apply

41. 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

42. 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) and/or sister(s)
1 ☐ Grandparent(s)
1 ☐ Other relative(s)
1 ☐ Non-relative(s)

43. How satisfied are you usually with.....

	Very satisfied	Satisfied	Neither satisfied or not satisfied	Not so satisfied	Not at all satisfied
a) your relationship to your mother?.....	☐	☐	☐	☐	☐
b) your relationship to your father?.....	☐	☐	☐	☐	☐
c) your relationship to your friends?.....	☐	☐	☐	☐	☐
	1	2	3	4	5

44. Do your parents know where you spend Saturday nights?

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

45. If you have ever used marijuana or hashish, 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

46. If you have ever used heroin, 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

The next section includes questions about your parents' thoughts about alcohol and drug use.

A1. If you wanted to smoke (or already do), do you think your father and mother would allow you to do so?
Mark one box for each line.

	Would allow (allows me) to smoke	Would not (does not) allow smoking at home	Would not (does not) allow smoking at all	Don't know
a) Father	☐	☐	☐	☐
b) Mother	☐	☐	☐	☐
	1	2	3	4

A2. If you wanted to drink (or already do), do you think your father and mother would allow you to do so?
Mark one box for each line.

	Would allow (allows me) to drink	Would only allow (allows only) on special occasions	Would (does) not allow me to drink at all	Don't know
a) Father	☐	☐	☐	☐
b) Mother	☐	☐	☐	☐
	1	2	3	4

A3. What do you think your parent's reaction would be if you do the following things?
Mark one box for each line.

	They would not allow it	They would dis-courage it	They would not mind	They would approve of it	Don't know
a) Get drunk	☐	☐	☐	☐	☐
b) Use marijuana/hashish	☐	☐	☐	☐	☐
c) Use ecstasy	☐	☐	☐	☐	☐
d) Play a slot machine	☐	☐	☐	☐	☐
	1	2	3	4	5

A4. How satisfied are you usually with .....
Mark one box for each line.

	Very satisfied	Satis fied	Neither satisfied or not satisfied	Not so satisfied	Not at all satisfied
a) the financial situation of your family?.....	☐	☐	☐	☐	☐
b) your health?.....	☐	☐	☐	☐	☐
c) yourself?.....	☐	☐	☐	☐	☐
	1	2	3	4	5

A5. How often do the following statements apply to you?
Mark one box for each line.

	Almost always	Often	Some-times	Seldom	Almost never
a) My parents set definite rules about what I can do at home	☐	☐	☐	☐	☐
b) My parents set definite rules about what I can do outside the home.	☐	☐	☐	☐	☐
c) My parents know whom I am with in the evenings.....	☐	☐	☐	☐	☐
d) My parents 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 mental 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 mental support from my best friend.....	☐	☐	☐	☐	☐
	1	2	3	4	5

A6/ B1. How much money do you usually spend a week for your personal needs, and where do you get them from?

	Currency
Paid job.....	_____
Parents or other relatives	_____
Other sources.....	_____

The following questions are about yourself and things you might do.

B2. What chores are you expected to perform at home?

01 ☐ To do my school home work well
02 ☐ To do shopping
03 ☐ To take care of younger sisters/brothers
04 ☐ To take care of pets
05 ☐ To cook
06 ☐ To clean the house/apartment
07 ☐ To do laundry
08 ☐ To wash dishes
09 ☐ To work on the household plot of land (garden) or take care of farm animals
10 ☐ To care about elder family members
11 ☐ To earn money
12 ☐ To do sports
13 ☐ To take out the trash
14 ☐ I don't have any of these obligations

B3. How much TV or video do you estimate you watch on an average weekday?

1 ☐ None
2 ☐ Half-hour or less
3 ☐ About 1 hour
4 ☐ About 2 hours
5 ☐ About 3 hours
6 ☐ About 4 hours
7 ☐ 5 hours or more

B4. How good do you think you are at schoolwork, compared to other people your age?

1 ☐ Excellent, I am probably one of the very best
2 ☐ Well above average
3 ☐ Above average
4 ☐ Average
5 ☐ Below average
6 ☐ Well below average
7 ☐ Poor, I am probably one of the worst

The following section is about what you think of yourself.

C1. Below is a list of statements dealing with your general feelings about yourself.
Mark one box for each line to indicate if you agree or disagree.

	Strongly agree	Agree	Disagree	Strongly disagree
a) On the whole, I am satisfied with myself	☐	☐	☐	☐
b) At times I think I am no good at all	☐	☐	☐	☐
c) I feel that I have a number of good qualities	☐	☐	☐	☐
d) I am able to do things as well as most other people	☐	☐	☐	☐
e) I feel I do not have much to be proud of	☐	☐	☐	☐
f) I certainly feel useless at times	☐	☐	☐	☐
g) I feel that I'm a person of worth, at least on an equal plane with others	☐	☐	☐	☐
h) I wish I could have more respect for myself	☐	☐	☐	☐
i) All in all, I am inclined to feel that I am a failure	☐	☐	☐	☐
j) I take a positive attitude toward myself	☐	☐	☐	☐
	1	2	3	4

C2. During the LAST 7 DAYS, how often ……
Mark one box for each line.

	Rarely or never	Some-times	Several times	Most of the times
a) have you lost your appetite, you did not want to eat	☐	☐	☐	☐
b) have you had difficulty in concentrating on what you want to do	☐	☐	☐	☐
c) have you felt depressed	☐	☐	☐	☐
d) have you felt that you had to put great effort and pressure to do the things you had to do	☐	☐	☐	☐
e) have you felt sad	☐	☐	☐	☐
f) you could not do your work (at home, at work, at school)	☐	☐	☐	☐
	1	2	3	4

C3. How much do you agree or disagree with the following statements?
Mark one box for each line.

	Totally agree	Rather agree	Don't know	Rather disagree	Totally disagree
a) You can break most rules if they don't seem to apply	☐	☐	☐	☐	☐
b) I follow whatever rules I want to follow	☐	☐	☐	☐	☐
c) In fact there are very few ru les absolute in life	☐	☐	☐	☐	☐
d) It is difficult to trust anything, because everything changes	☐	☐	☐	☐	☐
e) In fact nobody knows what is expected of him/her in life	☐	☐	☐	☐	☐
f) You can never be certain of anything in life	☐	☐	☐	☐	☐
	1	2	3	4	5

The following questions concern behaviours, which may be against some social rules or the law. We hope that you will answer all the questions. Nevertheless, if you come across a question, which you cannot answer honestly, we prefer that you leave it unanswered. Remember that your answers are anonymous.

C4. During the LAST 12 MONTHS, how often have you .....
Mark one box for each line.

	Not at all	Once	Twice	3-4 times	5 or more times
a) hit one of your teachers	☐	☐	☐	☐	☐
b) gotten mixed into a fight at school or at work	☐	☐	☐	☐	☐
c) taken part in a fight where a group of your friends were against another group	☐	☐	☐	☐	☐
d) hurt somebody badly enough to need bandages or a doctor	☐	☐	☐	☐	☐
e) used any kind of weapon to get something from a person	☐	☐	☐	☐	☐
f) taken something not belonging to you, worth over (the equivalent of) $ 10	☐	☐	☐	☐	☐
g) taken something from a shop without paying for it	☐	☐	☐	☐	☐
h) set fire to somebody else's property on purpose	☐	☐	☐	☐	☐
i) damaged school property on purpose	☐	☐	☐	☐	☐
j) gotten into trouble with the police for something you did	☐	☐	☐	☐	☐
	1	2	3	4	5

The following questions concern behaviours, which may be against some social rules or the law. We hope that you will answer all the questions. Nevertheless, if you come across a question, which you cannot answer honestly, we prefer that you leave it unanswered. Remember that your answers are anonymous.

D1. During the LAST 12 MONTHS, how often have you .....
Mark one box for each line.

	Never	Once	Twice	3-4 times	5 or more times
a) participated in a group bullying an individual	☐	☐	☐	☐	☐
b) participated in a group physically hurting an individual	☐	☐	☐	☐	☐
c) participated in a group starting a fight with another group	☐	☐	☐	☐	☐
d) started a fight with another individual	☐	☐	☐	☐	☐
e) stolen something worth £10 or more	☐	☐	☐	☐	☐
f) broken into a place to steal	☐	☐	☐	☐	☐
g) damaged public or private property on purpose	☐	☐	☐	☐	☐
h) sold stolen goods	☐	☐	☐	☐	☐
	1	2	3	4	5

D2. During the LAST 12 MONTHS, how often have you .....
Mark one box for each line.

	Never	Once	Twice	3-4 times	5 or more times
a) been individually bullied by a whole group of people	☐	☐	☐	☐	☐
b) been physically hurt by a whole group of people	☐	☐	☐	☐	☐
c) been in a group that was attacked by another group	☐	☐	☐	☐	☐
d) had someone start a fight with you individually	☐	☐	☐	☐	☐
e) had something worth £10 or more stolen from you	☐	☐	☐	☐	☐
f) had someone break into your home to steal something	☐	☐	☐	☐	☐
g) had someone damage your belongings on purpose	☐	☐	☐	☐	☐
h) bought stolen goods	☐	☐	☐	☐	☐
	1	2	3	4	5

The last section of the questionnaire includes some questions about alcohol.

E1. Now think back over the LAST 30 DAYS. On how many occasions (if any) have you had any <u>home made</u> or <u>smuggled</u> alcohol 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) Home made beer	☐	☐	☐	☐	☐	☐	☐
b) Home made wine	☐	☐	☐	☐	☐	☐	☐
c) Home made spirits	☐	☐	☐	☐	☐	☐	☐
d) Smuggled beer	☐	☐	☐	☐	☐	☐	☐
e) Smuggled wine	☐	☐	☐	☐	☐	☐	☐
f) Smuggled spirits	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7

E2. How important would you say each of the following reasons are for not drinking alcohol?
Mark one box for each line.

	Very important	Rather important	Not very important	Unim-portant	Do not know
a) Drinking is bad for one's health	☐	☐	☐	☐	☐
b) Drinking costs too much	☐	☐	☐	☐	☐
c) Religious reasons	☐	☐	☐	☐	☐
d) Not to lose control in an unpleasant way	☐	☐	☐	☐	☐
e) It is hard to stop drinking once you start the habit	☐	☐	☐	☐	☐
f) Parents disapproval of drinking	☐	☐	☐	☐	☐
g) Drinking makes you put on weight	☐	☐	☐	☐	☐
h) Drinking may have destroyed somebody that you know well	☐	☐	☐	☐	☐
i) Alcohol tastes horrible	☐	☐	☐	☐	☐
j) Drinking may cause negative effects, e.g. hangovers, dizziness and vomiting	☐	☐	☐	☐	☐
k) Drinking is too likely to lead to crime and violence	☐	☐	☐	☐	☐
l) Drinking might be against one's principles	☐	☐	☐	☐	☐
m) Drinking is too likely to lead to serious accidents	☐	☐	☐	☐	☐
n) Drinking is too likely to have bad effects on family life	☐	☐	☐	☐	☐
	1	2	3	4	5

E3. Has any of the following even happened to you?
Mark one box for each lin e.

	Not at all	Once	Twice	3-4 times	5 or more times
a) Run away from home for more than one day	☐	☐	☐	☐	☐
b) Thought of harming yourself	☐	☐	☐	☐	☐
c) Attempted suicide	☐	☐	☐	☐	☐
	1	2	3	4	5