



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 [TEACHER/SURVEY LEADER] will assist you.

Thank you in advance for your participation! Please begin.

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

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.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Actively participate in sports, athletics or exercising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Read books for enjoyment (do not count schoolbooks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Go out in the evening (to a disco, cafe, party etc).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Other hobbies (play an instrument, sing, draw, write).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Go around with friends to shopping centres, streets, parks etc just for fun ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Use the Internet for leisure activities (chats, music, games etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Play on slot machines (the kind in which you may win money).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Because you skipped or "cut"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) For other reasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6

C05 Which of the following best describes your average grade at the end of the last term?

- 1 (Highest marks)
- 2 etc...

C06

How often during the LAST 12 MONTHS have you experienced the following?

Mark one box for each line.

	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a) Physical fight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Accident or injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Serious problems with your parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Serious problems with your friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Performed poorly at school or work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Victimized by robbery or theft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Trouble with police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Hospitalised or admitted to an emergency room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Engaged in sexual intercourse without a condom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Engaged in sexual intercourse you regretted the next day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6	7

The following questions are about cigarette smoking

C07 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

C08 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7

C09 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

C10 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Smoke cigarettes on a daily basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	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.

C11 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) Beer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Cider*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Alcopops*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Wine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Spirits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6

* Optional

C12 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) During the last 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) During the last 30 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6	7

C13 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Cider*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Alcopops*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Wine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Spirits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6	7

* Optional

The following questions are about the last day you drank alcohol.

C14 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

C15 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

* Optional

C15a 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

C15d 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

OC15b 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

* Optional

C15e 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

OC15c 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

* Optional

C15f 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

I never drink alcohol

11

The next questions are about alcohol consumption during the last 30 days.

C16 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.

	Number of occasions					
	0	1-2	3-5	6-9	10-19	20 or more
a) Beer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Cider*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Alcopops*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Wine.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Spirits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6

* Optional

C17 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.

	Number of occasions					
	0	1-2	3-5	6-9	10-19	20 or more
a) Beer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Cider*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Alcopops*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Wine.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Spirits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6

* Optional

C18 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

The next couple of questions are also about alcohol.

C19 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
a) In your lifetime.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) During the last 12 months.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) During the last 30 days.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6	7

C20 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) Drink beer (at least one glass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Drink cider (at least one glass)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Drink alcopops (at least one glass)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Drink wine (at least one glass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Drink spirits (at least one glass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Get drunk on alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Optional

C21 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.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Get into trouble with police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Harm my health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Feel happy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Forget my problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Not be able to stop drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Get a hangover.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Feel more friendly and outgoing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Do something I would regret	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Have a lot of fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Feel sick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C22 BECAUSE OF YOUR OWN ALCOHOL USE, how often during the LAST 12 MONTHS have you experienced the following?

If you haven't used alcohol the last 12 months, please mark zero occasions on all questions.

Mark one box for each line.

	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a) Physical fight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Accident or injury.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Serious problems with your parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Serious problems with your friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Performed poorly at school or work.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Victimized by robbery or theft.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Trouble with police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Hospitalised or admitted to an emergency room.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Engaged in sexual intercourse without a condom.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Engaged in sexual intercourse you regretted the next day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

C23 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

The next questions ask about marijuana or hashish (cannabis).

C24 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

C25 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
a) In your lifetime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) During the last 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) During the last 30 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6	7

C26 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

C27 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?

- 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.

C28 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) Amphetamines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Tranquillisers or sedatives.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6

C29 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) During the last 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) During the last 30 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6	7

C30 On how many occasions (if any) have you used inhalants [INSERT NATIONALLY RELEVANT EXAMPLES] 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) During the last 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) During the last 30 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6	7

C31 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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Amphetamines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) LSD or some other hallucinogens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Crack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Relewin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) "Magic mushrooms"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) GHB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Anabolic steroids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Drugs by injection with a needle (like heroin, cocaine, amphetamine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Alcohol together with pills (medicaments) in order to get high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Optional drug*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6	7

* Optional

C32 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) Try tranquillisers or sedatives (without a doctor's prescription)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Try amphetamines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Try ecstasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Try inhalants [INSERT NATIONALLY RELEVANT EXAMPLES] in order to get high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Try alcohol together with pills (medicaments) in order to get high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6	7	8	9

The next questions ask about various substances.

C33 Think back of the LAST 30 DAYS. How much money have you spent on tobacco, alcohol and cannabis? If you haven't spent money on one or more of these substances during the last 30 days, please respond 0 on the relevant sub question(s).

a) Tobacco: [INSERT NATIONAL CURRENCY]

b) Alcohol: [INSERT NATIONAL CURRENCY]

c) Cannabis: [INSERT NATIONAL CURRENCY]

C34 How many of your friends would you estimate...

Mark one box for each line.

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

C35 Do any of your older siblings ...

Mark one box for each line.

	Yes	No	Don't know	Don't have any older siblings
a) smoke cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) drink alcoholic beverages (beer, cider, alcopops, wine, spirits)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) get drunk.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) smoke marijuana or hashish (cannabis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) take tranquillisers or sedatives (without a doctor's prescription).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) take ecstasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) use inhalants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) smoke one or more packs of cigarettes per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) have one or two drinks nearly every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) have four or five drinks nearly every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) have five or more drinks each weekend.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) try marijuana or hashish (cannabis) once or twice.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) smoke marijuana or hashish (cannabis) occasionally.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) smoke marijuana or hashish (cannabis) regularly.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) try ecstasy once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) take ecstasy regularly.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) try an amphetamine (uppers, pep pills, bennie, speed) once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) take amphetamines regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5

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.

C37 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

C38 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

C39 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

C40 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)

C41 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) your relationship with your father?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) your relationship with your friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6

C42 How often do the following statements apply to you?

Mark one box for each line.

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

C43 Do your parents know where you spend Saturday nights?

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

C44 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

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

MA1 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4

MA2 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.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Use marijuana/hashish.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Use ecstasy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5

MA3 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.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Use marijuana/hashish.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Use ecstasy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5

MA4 How satisfied are you usually with ...

Mark one box for each line.

	Very satisfied	Satisfied	Neither satisfied or not satisfied	Not so satisfied	Not at all satisfied
a) the financial situation of your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) your health?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) yourself?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5

MA5 How much money do you usually spend a week for your personal needs without your parents' control?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
[INSERT NATIONAL CURRENCY]				

The following section is about what you think of yourself.

MB1 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) At times I think I am no good at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I feel that I have a number of good qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I am able to do things as well as most other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I feel I do not have much to be proud of.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) I certainly feel useless at times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) I feel that I'm a person of worth, at least on an equal plane with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) I wish I could have more respect for myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) All in all, I am inclined to feel that I am a failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) I take a positive attitude toward myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4

MB2 During the LAST 7 DAYS, how often

Mark one box for each line.

	Rarely or never	Sometimes	Several times	Most of the times
a) have you lost your appetite, you did not want to eat.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) have you had difficulty in concentrating on what you want to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) have you felt depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) have you felt that you had to put great effort and pressure to do the things you had to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) have you felt sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) couldn't you do your work (at home, at work, at school)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4

MB3 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.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I follow whatever rules I want to follow.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) In fact there are very few rules absolute in life.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) It is difficult to trust anything, because everything changes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) In fact nobody knows what is expected of him/her in life.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) You can never be certain of anything in life.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	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.

MB4 During the LAST 12 MONTHS, how often have you ...

Mark one box for each line.

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

MB5 Has any of the following ever happened to you?

Mark one box for each line.

	Not at all	Once	Twice	3-4 times	5 or more times
a) Run away from home for more than one day.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Thought of harming yourself.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Attempted suicide.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5

MB6 If you have attempted suicide, did any suicide attempt result in treatment by a doctor or a nurse?

- 1 I have not attempted suicide
- 2 Yes
- 3 No

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.

MC1 During the LAST 12 MONTHS, how often have you ...

Mark one box for each line.

	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a) participated in a group teasing an individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) participated in a group bruising an individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) participated in a group starting a fight with another group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) started a fight with another individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) stolen something worth (give a rounded sum approx equivalent to 2-3 movie theatre tickets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) broken into a place to steal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) damaged public or private property on purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) sold stolen goods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6	7

MC2 During the LAST 12 MONTHS, how often have you ...

Mark one box for each line.

	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a) been individually teased by a whole group of people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) been bruised by a whole group of people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) been in a group that was attacked by another group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) had someone start a fight with you individually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) had something worth (give a rounded sum approx equivalent to 2-3 movie theatre tickets) stolen from you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) had someone break into your home to steal something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) had someone damage your belongings on purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) bought stolen goods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6	7

This section includes some more questions about cannabis.

MD1 Have you used cannabis during the LAST 12 MONTHS?

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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Have you smoked cannabis when you were alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Have you had memory problems when you smoked cannabis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Have friends or members of your family told you that you ought to reduce or stop your cannabis use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Have you tried to reduce or stop your cannabis use without succeeding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Have you had problems because of your use of cannabis (argument, fight, accident, bad result at school, etc)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Which:	1	2	3	4	5

MD2 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

The next questions ask once more about cannabis.

O1 In which of the following places do you think you could easily buy marijuana or hashish (cannabis) 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 Via the Internet
- 1 Coffee shop*
- 1 Other(s), please specify

* Optional

O2 How likely is it that each of the following would happen to you if you use marijuana or hashish (cannabis)?

Mark one box for each line.

	Not at all	Unlikely	Maybe	Quite likely	Definitely
a) I perceive things more intensely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I can no longer follow a conversation properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I lose thread more quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I am not so shy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I have difficulty concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) I am more outgoing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) I can enjoy the moment more intensely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) I experience feelings more intensely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) I am less inhibited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) I may feel people are against me or persecuting me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5

We want to find out how people begin to take illegal 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 strictly confidential/anonymous. Your name is not on this questionnaire and nobody can find it out).

Q3 If you have ever used any illegal drug like marijuana or hashish (cannabis), ecstasy or amphetamines, how did you get it?

Mark all that apply.

- 1 I have never used any illegal drug like marijuana or hashish (cannabis), ecstasy or amphetamines
- 1 Given to me by an older brother or sister
- 1 Given to me by a friend, a boy or a girl, older than me
- 1 Given to me by a friend my own age or younger
- 1 Given to me by someone I have heard about but did not know personally
- 1 Given to me by a stranger
- 1 It was shared around a group of friends
- 1 Bought from a friend
- 1 Bought from someone I have heard about but did not know personally
- 1 Bought from a stranger
- 1 Given to me by one of my parents
- 1 Took it at home without my parents permission
- 1 None of these (please describe briefly how you did get it).....
.....

Q4 What was (what were) the reason(s) for you to try this drug?

Mark all that apply.

- 1 I have never used any illegal drug like marijuana or hashish (cannabis), amphetamines or ecstasy
- 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

This section of the questionnaire includes some more questions about alcohol.

Q5 Think back over the LAST 30 DAYS. On how many days have you had any alcohol such as beer, cider, alcopops, wine or spirits to drink?

- 1 Never during the last 30 days
- 2 1 day during the last 30 days
- 3 2 days during the last 30 days
- 4 3 days during the last 30 days
- 5 1 day a week
- 6 2 days a week
- 7 3–4 days a week
- 8 Every day or nearly every day during the last 30 days

O6 On a typical day during the LAST 30 DAYS when you drank alcohol such as beer, cider, alcopops, wine or spirits, how many drinks did you have? (A “drink” is approximately a glass/bottle/can of beer (25–33 cl), a glass/bottle/can of cider (25–33 cl), a bottle of alcopops (27 cl), a glass of wine (10–12.5 cl) or a glass of spirits (4 cl)).

- 1 I never drink alcohol
- 2 I have not been drinking alcohol during the last 30 days
- 3 1 drink
- 4 2 drinks
- 5 3 drinks
- 6 4 drinks
- 7 5 drinks
- 8 6 drinks
- 9 7 drinks
- 10 8 drinks
- 11 9 drinks
- 12 10 or more drinks

O7 Do you think that heavy drinking influences the following problems?

Mark one box for each line.

	Yes, considerably	Yes, quite a lot	Yes, to some extent	Yes, but only a little	No
a) Traffic accidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Other accidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Violent crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Family problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Relationship problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Financial problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5

O8 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)

O9 Think back again over the LAST 30 DAYS. How many times (if any) have you been drinking alcohol equivalent to at least [INSERT NATIONALLY RELEVANT EXAMPLES].

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

O10 In your view, does a person close to you drink excessively?

- 1 No
- 2 Yes → Has this caused harm or problems in your life?
 - 1 No
 - 2 Yes

The next two questions are about gambling.

O11 Have you ever felt the need to bet more and more money?

- 1 No
- 2 Yes

O12 Have you ever had to lie to people important to you about how much you gambled?

- 1 No
- 2 Yes

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

O13 What house work do you usually do at home?

- 1 I do shopping
- 1 I take care of younger sisters/brothers
- 1 I take care of pets
- 1 I cook
- 1 I clean the house/apartment
- 1 I do laundry
- 1 I wash dishes
- 1 I work on the household plot of land (garden)
- 1 I take care of farm animals
- 1 I care for elder family members
- 1 I take out the rubbish
- 1 I don't usually do any house work

O14 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

O15 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