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

C01 What is your sex?
1. [ ] Male
2. [ ] Female

C02 When were you born?
Year 19 [ ] [ ]
Month * [ ] [ ] * (Mark 01 for January, 02 for February … … and 12 for December)

C03 How often (if at all) do you do each of the following?
Mark one box for each line.

(a) Play computer games .................................................................
(b) Actively participate in sports, athletics or exercising ............
(c) Read books for enjoyment (do not count schoolbooks) .........
(d) Go out in the evening (to a disco, cafe, party, etc.) ..............
(e) Other hobbies (play an instrument, sing, draw, write) .........
(f) Go around with friends to shopping centres, streets, parks, etc. just for fun ................................................
(g) Use the internet for leisure activities (chats, music, games, social networks, videos, etc.) ................
(h) Play on slot machines (the kind in which you may win money) ............................................................... 1 2 3 4 5

C04 During the LAST 30 DAYS on how many days have you missed one or more lessons?
Mark one box for each line.

(a) Because of illness ................................................................. 1 2 3 4 5 6
(b) Because you skipped or ‘cut’ ....................................................
(c) For other reasons ................................................................. 1 2 3 4 5 6
The following questions are about cigarette smoking

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

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

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

Number of occasions

<table>
<thead>
<tr>
<th>Occasions</th>
<th>0</th>
<th>1-2</th>
<th>3-5</th>
<th>6-9</th>
<th>10-19</th>
<th>20-39</th>
<th>40 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>Box</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

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

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

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

Mark one box for each line.

(a) Smoke your first cigarette

(b) Smoke cigarettes on a daily basis
The next questions are about alcoholic beverages – including beer, cider, alcopops (premixed drinks), wine and spirits

### C09 How difficult do you think it would be for you to get each of the following, if you wanted?
Mark one box for each line.

| (a) Beer | Impossible | Very difficult | Fairly difficult | Fairly easy | Very easy | Don’t know |
| (b) Cider * | | | | | | |
| (c) Alcopops * | | | | | | |
| (d) Wine | | | | | | |
| (e) Spirits | 1 | 2 | 3 | 4 | 5 | 6 |

* Optional

Mark one box for each line.

### C10 On how many occasions (if any) have you had any alcoholic beverage to drink?
Mark one box for each line.

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

### C11 Think back over the LAST 30 DAYS. On how many occasions (if any) have you had any of the following to drink?
Mark one box for each line.

| (a) Beer | 0 | 1-2 | 3-5 | 6-9 | 10-19 | 20-39 | 40 or more |
| (b) Cider * | | | | | | | |
| (c) Alcopops * | | | | | | | |
| (d) Wine | | | | | | | |
| (e) Spirits | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

* Optional

### C12 When was the last day you drank alcohol?

1. I never drink alcohol
2. 1-7 days ago
3. 8-14 days ago
4. 15-30 days ago
5. 1 month-1 year ago
6. More than 1 year ago
**C13** Think of the LAST DAY that you drank any alcohol. Which of the following beverages did you drink on that day? Mark all that apply.

1. I never drink alcohol
2. Beer
3. Cider *
4. Alcopops *
5. Wine
6. Spirits *

* Optional

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

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

**C13b** 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

**C13c** 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

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

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

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

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

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

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

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

11. I never drink alcohol
The next question is about alcohol consumption during the last 30 days

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

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

The next couple of questions are also about alcohol

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

Number of occasions

(a) In your lifetime ..............................................................
(b) During the last 12 months ..............................................
(c) During the last 30 days ...................................................

Number of occasions

1  2  3  4  5  6  7

0  1-2  3-5  6-9  10-19  20-39  40 or more

C16  When (if ever) did you FIRST do each of the following things?
Mark one box for each line.

(a) Drink beer (at least one glass) ........................................
(b) Drink cider (at least one glass) * .............................
(c) Drink alcopops (at least one glass) * .....................
(d) Drink wine (at least one glass) ...................................
(e) Drink spirits (at least one glass) ...............................  
(f) Get drunk on alcohol ..............................................

* Optional

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 old or older

1  2  3  4  5  6  7  8  9
C17  WHILE UNDER THE INFLUENCE OF ALCOHOL, how often during the LAST 12 MONTHS have you experienced the following?  
Mark one box for each line.

- [ ] I have not drunk any alcohol during the last 12 months

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

C18  Have you experienced problems during the LAST 12 MONTHS that occurred because of someone else’s drinking? 
Mark one or more boxes for each line.

<table>
<thead>
<tr>
<th>Problem</th>
<th>No</th>
<th>Yes, a stranger</th>
<th>Yes, a friend or acquaintance</th>
<th>Yes, somebody else close to me</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Has someone who had been drinking harassed or bothered you at a party or some other private setting?</td>
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<td>(b) Has someone who had been drinking harassed or bothered you on the street or in some public place?</td>
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<tr>
<td>(c) Has someone who had been drinking harmed you physically?</td>
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<tr>
<td>(d) Has someone who had been drinking ruined your clothes or other belongings?</td>
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<tr>
<td>(e) Has someone who had been drinking been responsible for a traffic accident you were involved in?</td>
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<tr>
<td>(f) Have you been a passenger with a driver who had had too much to drink?</td>
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<tr>
<td>(g) Has someone who had been drinking made you afraid when you encountered them on the street?</td>
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</tbody>
</table>
C19  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

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

C20  Have you ever taken tranquillisers or sedatives because a doctor told you to take them?
1  No, never
2  Yes, but for less than 3 weeks
3  Yes, for 3 weeks or more

The next questions ask about marijuana or hashish (cannabis)

C21  How difficult do you think it would be for you to get marijuana or hashish (cannabis) if you wanted?
1  Impossible
2  Very difficult
3  Fairly difficult
4  Fairly easy
5  Very easy
6  Don't know

C22  On how many occasions (if any) have you used marijuana or hashish (cannabis)?
Mark one box for each line.

Number of occasions

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1-2</th>
<th>3-5</th>
<th>6-9</th>
<th>10-19</th>
<th>20-39</th>
<th>40 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) In your lifetime</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(b) During the last 12 months</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(c) During the last 30 days</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
C23  When (if ever) did you FIRST try marijuana or hashish (cannabis)?

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

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

1  No
2  Yes

How many times has this happened in your life?

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

The next questions ask about some other drugs

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

(a) Amphetamines ................................................................. Impossible  Very difficult  Fairly difficult  Fairly easy  Very easy  Don’t know
(b) Methamphetamines ........................................................... Impossible  Very difficult  Fairly difficult  Fairly easy  Very easy  Don’t know
(c) Tranquillisers or sedatives ..................................................... Impossible  Very difficult  Fairly difficult  Fairly easy  Very easy  Don’t know
(d) Ecstasy ................................................................. Impossible  Very difficult  Fairly difficult  Fairly easy  Very easy  Don’t know
(e) Cocaine ................................................................. Impossible  Very difficult  Fairly difficult  Fairly easy  Very easy  Don’t know
(f) Crack ................................................................. Impossible  Very difficult  Fairly difficult  Fairly easy  Very easy  Don’t know
(g) Optional drug * ................................................................. Impossible  Very difficult  Fairly difficult  Fairly easy  Very easy  Don’t know

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

<table>
<thead>
<tr>
<th>Number of occasions</th>
<th>0</th>
<th>1-2</th>
<th>3-5</th>
<th>6-9</th>
<th>10-19</th>
<th>20-39</th>
<th>40 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) In your lifetime</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>(b) During the last 12 months</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Number of occasions</th>
<th>0</th>
<th>1-2</th>
<th>3-5</th>
<th>6-9</th>
<th>10-19</th>
<th>20-39</th>
<th>40 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) In your lifetime</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>(b) During the last 12 months</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Number of occasions</th>
<th>0</th>
<th>1-2</th>
<th>3-5</th>
<th>6-9</th>
<th>10-19</th>
<th>20-39</th>
<th>40 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) In your lifetime</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>(b) During the last 12 months</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Number of occasions</th>
<th>0</th>
<th>1-2</th>
<th>3-5</th>
<th>6-9</th>
<th>10-19</th>
<th>20-39</th>
<th>40 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) In your lifetime</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>(b) During the last 12 months</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

### C30  On how many occasions (if any) have you used crack?
Mark one box for each line.

<table>
<thead>
<tr>
<th>Number of occasions</th>
<th>0</th>
<th>1-2</th>
<th>3-5</th>
<th>6-9</th>
<th>10-19</th>
<th>20-39</th>
<th>40 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) In your lifetime</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>(b) During the last 12 months</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
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</tbody>
</table>
**C31** On how many occasions (if any) have you used inhalants [INSERT NATIONALLY RELEVANT EXAMPLES] to get high?  
Mark one box for each line.

<table>
<thead>
<tr>
<th>Number of occasions</th>
<th>0</th>
<th>1-2</th>
<th>3-5</th>
<th>6-9</th>
<th>10-19</th>
<th>20-39</th>
<th>40 or more</th>
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</thead>
<tbody>
<tr>
<td>(a) In your lifetime</td>
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<tr>
<td>(b) During the last 12 months</td>
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<tr>
<td>(c) During the last 30 days</td>
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</table>

**C32** On how many occasions in your lifetime (if any) have you used any of the following drugs?  
Mark one box for each line.

<table>
<thead>
<tr>
<th>Number of occasions</th>
<th>0</th>
<th>1-2</th>
<th>3-5</th>
<th>6-9</th>
<th>10-19</th>
<th>20-39</th>
<th>40 or more</th>
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</thead>
<tbody>
<tr>
<td>(a) Tranquilisers or sedatives (without a doctor’s prescription)</td>
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<td>(b) LSD or some other hallucinogens</td>
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<td>(c) Relevin</td>
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<td>(d) Heroin</td>
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<td>(e) ‘Magic mushrooms’</td>
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<tr>
<td>(f) GHB</td>
<td></td>
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<tr>
<td>(g) Anabolic steroids</td>
<td></td>
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</tr>
<tr>
<td>(h) Drugs by injection with a needle (like heroin, cocaine, amphetamine)</td>
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</tr>
<tr>
<td>(i) Alcohol together with pills (medicaments) in order to get high</td>
<td></td>
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<tr>
<td>(j) Painkillers in order to get high</td>
<td></td>
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<tr>
<td>(k) Optional drug *</td>
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</tbody>
</table>

* Optional

**C33** When (if ever) did you FIRST do each of the following things?  
Mark one box for each line.

<table>
<thead>
<tr>
<th>Never</th>
<th>9 years old or less</th>
<th>10 years old</th>
<th>11 years old</th>
<th>12 years old</th>
<th>13 years old</th>
<th>14 years old</th>
<th>15 years old</th>
<th>16 years or older</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Try tranquilisers or sedatives (without a doctor’s prescription)</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Try amphetamines or methamphetamines</td>
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<td></td>
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<tr>
<td>(c) Try cocaine or crack</td>
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<td></td>
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<tr>
<td>(d) Try ecstasy</td>
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<td></td>
</tr>
<tr>
<td>(e) Try inhalants [INSERT NATIONALLY RELEVANT EXAMPLES] in order to get high</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>(f) Try alcohol together with pills (medicaments) in order to get high</td>
<td></td>
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</tbody>
</table>
New substances that imitate the effects of illicit drugs [such as cannabis or ecstasy] may now be sometimes available. They are sometimes called ['legal highs', 'ethno botanicals', 'research chemicals'] and can come in different forms, for example herbal mixtures, powders, crystals or tablets.

Have you ever used such substances?

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

What was the appearance/form of the new substance you used in the LAST 12 MONTHS?

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

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

Mark one box for each line.

<table>
<thead>
<tr>
<th>Optional substance *</th>
<th>Number of occasions</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>0</td>
</tr>
<tr>
<td>(b)</td>
<td></td>
</tr>
<tr>
<td>(c)</td>
<td></td>
</tr>
<tr>
<td>* Optional</td>
<td>1</td>
</tr>
</tbody>
</table>

* Optional
The next questions ask about various substances

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

(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 in one occasion nearly each weekend? …
(f) try marijuana or hashish (cannabis) once or twice? …
(g) smoke marijuana or hashish (cannabis) occasionally? …
(h) smoke marijuana or hashish (cannabis) regularly? …
(i) try ecstasy once or twice? …
(j) take ecstasy regularly? …
(k) try an amphetamine (uppers, pep pills, bennie, speed) once or twice? …
(l) take amphetamines regularly? …

No risk | Slight risk | Moderate risk | Great risk | Don’t know
--- | --- | --- | --- | ---
1 | 2 | 3 | 4 | 5

The next questions ask about internet, gaming and gambling

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

None | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday
--- | --- | --- | --- | --- | --- | --- | ---
1 | 2 | 3 | 4 | 5 | 6 | 7 | 8

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

(a) Typical weekday (Monday-Thursday) …
(b) Typical weekend day (Friday-Sunday) …

None | Half an hour or less | About 1 hour | About 2-3 hours | About 4-5 hours | 6 hours or more
--- | --- | --- | --- | --- | ---
1 | 2 | 3 | 4 | 5 | 6
C39  During the LAST 7 DAYS, on how many days (if any) were you on the internet?
Mark one box for each line.

(a) On social media (communicating with others on the internet, using for example WhatsApp, Twitter, Facebook, blogs, Snapchat, Instagram, Kik, etc.)
(b) Playing online games (war, strategy and first-person shooter games, World of Warcraft, Call of Duty, Grand Theft Auto, MMOs, MMORPGs, etc.)
(c) Playing games in which you may win money (poker, scratch, dice, new slot, etc.)
(d) Reading, surfing, searching for information, etc.
(e) Streaming/downloading music, videos, films, etc.
(f) Searching for, selling or buying products, games, books, etc. (Amazon, Ebay, etc.)

Mark one box for each line.

None  1 day  2 days  3 days  4 days  5 days  6 days  7 days

---

C40  During the LAST 30 DAYS, how many hours (if any) did you spend on the internet on a TYPICAL DAY?
Mark one box for each line.

(a) On social media (communicating with others on the internet, using for example WhatsApp, Twitter, Facebook, blogs, Snapchat, Instagram, Kik, etc.)
(b) Playing online games (war, strategy and first-person shooter games, World of Warcraft, Call of Duty, Grand Theft Auto, MMOs, MMORPGs, etc.)
(c) Playing games in which you may win money (poker, scratch, dice, new slot, etc.)
(d) Reading, surfing, searching for information, etc.
(e) Streaming/downloading music, videos, films, etc.
(f) Searching for, selling or buying products, games, books, etc. (Amazon, Ebay, etc.)

Mark one box for each line.

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

---

C41  How much do you agree or disagree with the following statements on social media (communicating with others on the internet, using for example WhatsApp, Twitter, Facebook, Skype, blogs, Kik, Snapchat, Instagram, etc.).
Mark one box for each line.

(a) I think I spend way too much time on social media
(b) I get in a bad mood when I cannot spend time on social media
(c) My parents say that I spend way too much time on social media

Mark one box for each line.
C42  How much do you agree or disagree with the following statements about gaming on a computer, tablet, console, smartphone or other electronic device?
Mark one box for each line.

(a) I think I spend way too much time playing games

(b) I get in a bad mood when I cannot spend time on games

(c) My parents say that I spend way too much time on gaming

Mark one box for each line.

1 2 3 4 5

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

1 2 3 4 5 6

1 I have not gambled money during the last 12 months

2 Monthly or less

3 2-4 times a month

4 2-3 times a week

5 4-5 times a week

6 6 or more times a week

C44  If you have gambled money in the LAST 12 MONTHS, which games have you played ON THE INTERNET?
Mark one box for each line.

(a) Slot machines (fruit machine, new slot, etc.)

(b) Play card or dice (poker, bridge, dice, etc.)

(c) Lotteries (scratch, bingo, keno, etc.)

(d) Betting on sports or animals (horses, dogs, etc.)

Mark one box for each line.

1 2 3 4 5 6

C45  If you have gambled money in the LAST 12 MONTHS, which games have you played NOT ON THE INTERNET (in traditional settings)?
Mark one box for each line.

(a) Slot machines (fruit machine, new slot, etc.)

(b) Play card or dice (poker, bridge, dice, etc.)

(c) Lotteries (scratch, bingo, keno, etc.)

(d) Betting on sports or animals (horses, dogs, etc.)

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

C46 In which country were you and your parents born?
Mark one box for each line.

(a) Yourself ..............................................................
(b) Your mother ..............................................................
(c) Your father ..............................................................

Mark one box for each line.

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

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

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

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

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

1 □ Very much better off
2 □ Much better off
3 □ Better off
4 □ About the same
5 □ Less well off
6 □ Much less well off
7 □ Very much less well off
C50  Which of the following people live in the same household with you?

Mark all that apply.

1  I live alone
2  Father
3  Stepfather
4  Mother
5  Stepmother
6  Brother(s)
7  Sister(s)
8  Grandparent(s)
9  Other relative(s)
10 Non-relative(s)

C51  How often do the following statements apply to you?

Mark one box for each line.

(a) My parent(s) set definite rules about what I can do at home
(b) My parent(s) set definite rules about what I can do outside the home
(c) My parent(s) know whom I am with in the evenings
(d) My parent(s) know where I am in the evenings
(e) I can easily get warmth and caring from my mother and/or father
(f) I can easily get emotional support from my mother and/or father
(g) I can easily borrow money from my mother and/or father
(h) I can easily get money as a gift from my mother and/or father
(i) I can easily get warmth and caring from my best friend
(j) I can easily get emotional support from my best friend

C52  Do your parents know where you spend Saturday nights?

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

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

1  I already said that I have used it
2  Definitely yes
3  Probably yes
4  Probably not
5  Definitely not
This section includes some more questions about cannabis

**MA1** Have you used cannabis during the LAST 12 MONTHS?

1.  
   No

2.  Yes ➔ Has the following happened to you during the LAST 12 MONTHS?

   Mark one box for each line.

   (a) Have you smoked cannabis before midday? ..................

   (b) Have you smoked cannabis when you were alone? ........

   (c) Have you had memory problems when you smoked cannabis? ........

   (d) Have friends or members of your family told you that you ought to reduce or stop your cannabis use? ........

   (e) Have you tried to reduce or stop your cannabis use without succeeding? ........

   (f) Have you had problems because of your use of cannabis (argument, fight, accident, bad result at school, etc.)? Which: ........

   

<table>
<thead>
<tr>
<th>(Almost) daily</th>
<th>Rarely</th>
<th>From time to time</th>
<th>Fairly often</th>
<th>Very often</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

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

1.  No

2.  Yes ➔ How often per month do you meet with members of this clique?

   1. (Almost) daily
   2. 3-4 times a week
   3. 1-2 times a week
   4. 1-3 times a month
   5. Less than once a month
### O01 Which of the following best describes your average grade at the end of the last term?

1. [ ] (Highest marks)
2. [ ] etc.

### O02 How satisfied are you usually with ...

Mark one box for each line.

<table>
<thead>
<tr>
<th>(a) your relationship with your mother?</th>
<th>Very satisfied</th>
<th>Satisfied</th>
<th>Neither nor</th>
<th>Not so satisfied</th>
<th>Not at all satisfied</th>
<th>There is no such person</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b) your relationship with your father?</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>(c) your relationship with your friends?</td>
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</tbody>
</table>

1 2 3 4 5 6

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

Mark one box for each line.

<table>
<thead>
<tr>
<th>(a) Get drunk</th>
<th>She would not allow it</th>
<th>She would discourage it</th>
<th>She would not mind</th>
<th>She would approve of it</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b) Use marijuana/hashish</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Use ecstasy</td>
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</tbody>
</table>

1 2 3 4 5

### O04 What do you think your father’s reaction would be if you do the following things?

Mark one box for each line.

<table>
<thead>
<tr>
<th>(a) Get drunk</th>
<th>He would not allow it</th>
<th>He would discourage it</th>
<th>He would not mind</th>
<th>He would approve of it</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b) Use marijuana/hashish</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Use ecstasy</td>
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</tbody>
</table>

1 2 3 4 5
### How many of your friends would you estimate ...
Mark one box for each line.

- (a) smoke cigarettes?
- (b) drink alcoholic beverages (beer, cider, alcopops, wine, spirits)?
- (c) get drunk?
- (d) smoke marijuana or hashish (cannabis)?
- (e) take tranquillisers or sedatives (without a doctor’s prescription)?
- (f) take ecstasy?
- (g) use inhalants?

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>A few</th>
<th>Some</th>
<th>Most</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>(b)</td>
<td></td>
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<tr>
<td>(c)</td>
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<tr>
<td>(d)</td>
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<td>(e)</td>
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<td>(f)</td>
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<td>(g)</td>
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</tbody>
</table>

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

- (a) Water pipe
- (b) E-cigarettes
- (c) Moist snuff (snus) *

<table>
<thead>
<tr>
<th></th>
<th>Yes, in the last 30 days</th>
<th>Yes, in the last 12 months</th>
<th>Yes, but more than 12 months ago</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>(b)</td>
<td></td>
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<tr>
<td>(c)</td>
<td></td>
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</tbody>
</table>

* Optional

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

- (a) Use your first e-cigarette
- (b) Use e-cigarettes on a daily basis

<table>
<thead>
<tr>
<th></th>
<th>9 years old or less</th>
<th>10 years old</th>
<th>11 years old</th>
<th>12 years old</th>
<th>13 years old</th>
<th>14 years old</th>
<th>15 years old</th>
<th>16 years old or older</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b)</td>
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</tbody>
</table>
This question is about alcohol consumption during the LAST 7 DAYS.

Please pay attention to the sizes of the bottles and glasses!
Please answer every question. If you have not had a beverage, indicate '0'.

(a) On how many days (if any) have you had any alcoholic drink?
In the last 7 days I have had alcoholic drinks on [ ] days
(0 = none, 7 = every day)

(b) How many bottles or glasses of beer have you had?
In the last 7 days I have had [ ] glasses or bottles of beer
(0 = haven't had any beer)

(c) How many glasses of wine or sparkling wine have you had?
In the last 7 days I have had [ ] glasses of wine or sparkling wine
(0 = haven't had any wine or sparkling wine)

(d) How many glasses of spirits have you had?
In the last 7 days I have had [ ] glasses of spirits
(0 = haven't had any spirits)

(e) How many glasses of alcoholic mixed drinks have you had?
In the last 7 days I have had [ ] glasses of alcoholic mixed drinks
(0 = haven't had any alcoholic mixed drinks)
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.

<table>
<thead>
<tr>
<th>Occasion</th>
<th>0</th>
<th>1-2</th>
<th>3-5</th>
<th>6-9</th>
<th>10-19</th>
<th>20 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Beer</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(b) Cider*</td>
<td></td>
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</tr>
<tr>
<td>(c) Alcopops*</td>
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<td></td>
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<tr>
<td>(d) Wine</td>
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<tr>
<td>(e) Spirits</td>
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</tbody>
</table>

* Optional

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.

<table>
<thead>
<tr>
<th>Occasion</th>
<th>0</th>
<th>1-2</th>
<th>3-5</th>
<th>6-9</th>
<th>10-19</th>
<th>20 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Beer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Cider*</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>(c) Alcopops*</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(d) Wine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e) Spirits</td>
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</tbody>
</table>

* Optional

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
2. At home
3. At someone else’s home
4. Out on the street, in a park, beach or other open area
5. At a bar or a pub
6. In a disco
7. In a restaurant
8. Other places (please describe) ...
In the LAST 12 MONTHS, how often did you drink ...

Mark one box for each line.

(a) because it helps you enjoy a party? ..............................................................
(b) because it helps you when you feel depressed or nervous? ..................
(c) to cheer up when you’re in a bad mood? ..................................................
(d) because you like the feeling? ....................................................................
(e) to get high? .............................................................................................
(f) because it makes social gatherings more fun? ...........................................
(g) to fit in with a group you like? .................................................................
(h) because it improves parties and celebrations? ...........................................
(i) to forget about your problems? .................................................................
(j) because it’s fun? ......................................................................................
(k) to be liked? ............................................................................................
(l) so you won’t feel left out? ...........................................................................

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 ........................................................................

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 ........................................................................
Now follow some more questions about the internet and gambling

O15  Please read the statements below regarding internet use. Please indicate how often these statements apply to you.
Mark one box for each line.

(a) How often do you find it difficult to stop using the internet when you are online? ...............................................

(b) How often do you continue to use the internet despite your intention to stop? ..............................................

(c) How often do others (e.g. parents, friends) say you should use the internet less? .............................................

(d) How often do you prefer to use the internet instead of spending time with others (e.g. parents, friends)? ...

(e) How often are you short of sleep because of the internet? ......................................................................................

(f) How often do you think about the internet, even when not online? .................................................................

(g) How often do you look forward to your next internet session? ........................................................................

(h) How often do you think you should use the internet less often? ....................................................................... 

(i) How often have you unsuccessfully tried to spend less time on the internet? ..................................................

(j) How often do you rush through your (home) work in order to go on the internet? .............................................

(k) How often do you neglect your daily obligations (work, school or family life) because you prefer to go on the internet? ................................................................................

(l) How often do you use the internet to escape from your sorrows or get relief from negative feelings? ...

(m) How often do you go on the internet when you are feeling down? ........................................................................

(n) How often do you prefer to use the internet instead of spending time with others (e.g. parents, friends)? ...


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

(a) When you are not gaming, how often do you think about playing a game or think about how would it feel to play at that moment? ..............................................

(b) How often do you play longer than originally planned? ..................................................................................

(c) How often do you feel depressed or irritable when not gaming only for these feelings to disappear when you start playing? ..........................................

(d) How often do you feel that you should reduce the amount of time you spend gaming? .........................

(e) How often do the people around you complain that you are gaming too much? ........................................

(f) How often do you fail to meet up with a friend because you were gaming? .........................................................

(g) How often do you daydream about gaming? .................................................................................................

(h) How often do you lose track of time when gaming? ..................................................................................

(i) How often do you get restless or irritable if you are unable to play games for a few days? ..............................

(j) How often do you unsuccessfully try to reduce the time you spend on gaming? .............................................

(k) How often do you argue with your parents because of gaming? ....................................................................

(l) How often do you neglect other activities because you would rather game? ..............................................
017 Have you ever felt the need to bet more and more money?
1  No  
2  Yes 

018 Have you ever had to lie to people important to you about how much you gambled?
1  No  
2  Yes 

019 How much time (if any) did you spend gambling money on a TYPICAL DAY in the LAST 12 MONTHS?
1  I have not gambled money during the last 12 months  
2  Less than 30 minutes  
3  Between 30 minutes and 1 hour  
4  Between 1 and 2 hours  
5  Between 2 and 3 hours  
6  3 hours or more 

020 How often (if ever) did you gamble money more than 2 hours (on a single occasion) in the LAST 12 MONTHS?
1  I have not gambled money during the last 12 months  
2  Never  
3  Less than monthly  
4  Monthly  
5  Weekly  
6  Daily or almost daily