ESPAD

The European School Survey Project on Alcohol and Other Drugs

Council of Europe
Pompidou Group

STUDENT QUESTIONNAIRE

Before you start, please read this

This questionnaire is part of an international study on alcohol, drugs and tobacco use among students your age. The survey is performed this year in a great number of European countries from Iceland in the west to Russia in the east. The project was initiated by The Swedish Council for Information on Alcohol and Other Drugs, CAN and it is supported by the Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs (Pompidou Group) at the Council of Europe.

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

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

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

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

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

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

We hope you will find the questionnaire interesting and if you have a question, please raise your hand and your teacher/survey administrator will come to your desk to answer it.

Thank you in advance for your participation.

Please begin.

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

The next few questions ask for some background information about yourself.

1. What is your sex?

1 ❑ Male
2 ❑ Female

2. When were you born?

Optional

Year: 19.....

Month: .....

The next few questions ask about the kinds of things you might do.

Optional

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

	Never	A few times a year	Once or twice a month	At least once a week	Almost every day
a) Ride around on a moped or motorcycle just for fun	❑	❑	❑	❑	❑
b) Play on slotmachines..... (the kind in which you may win money)	❑	❑	❑	❑	❑
c) Play computer games.....	❑	❑	❑	❑	❑
d) Actively participate in sports, athletics or exercising	❑	❑	❑	❑	❑
e) Read books for enjoyment (do not count school books)	❑	❑	❑	❑	❑
f) Go out with your friends in the evening (to a disco, cafe, party etc)	❑	❑	❑	❑	❑
g) Other hobbies (play an instrument, sing, draw, write etc).....	❑ *1*	❑ *2*	❑ *3*	❑ *4*	❑ *5*

Optional

4. 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

Optional

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

01 ❑ A (93-100)
02 ❑ A- (90-92)
03 ❑ B+ (87-89)
04 ❑ B (83-86)
05 ❑ B- (80-82)
06 ❑ C+ (77-79)
07 ❑ C (78-76)
08 ❑ C- (70-72)

Optional

6. During the LAST 30 DAYS how many whole days of school have you missed?

	None	1 day	2 days	3-4 days	5-6 days	7 days or more
a) Because of illness.....	❑	❑	❑	❑	❑	❑
b) Because you skipped or "cut"	❑	❑	❑	❑	❑	❑
c) For other reasons	❑	❑	❑	❑	❑	❑
	1	*2*	*3*	*4*	*5*	*6*

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

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

Remember that your answers will be kept strictly confidential; they are never connected with your name or your class.

The following questions are about CIGARETTE SMOKING.

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

Number of occasions

0	1-2	3-5	6-9	10-19	20-39	40 or more
❑	❑	❑	❑	❑	❑	❑
1	*2*	*3*	*4*	*5*	*6*	*7*

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

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

The next questions are about ALCOHOLIC BEVERAGES - including beer, wine and liquor.

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

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

10. Below is a list of reasons why some people do NOT drink alcohol. Read through the list and tick each item to show whether you personally agree or disagree. (Mark one box for each line)

	Agree *1*	Disagree *2*
a) Drinking is bad for your health	❑	❑
b) Drinking costs too much	❑	❑
c) I have religious reasons for not drinking	❑	❑
d) People who drink lose control in an unpleasant way	❑	❑
e) It is hard to stop drinking once you start the habit	❑	❑
f) My parents disapprove strongly of people who drink	❑	❑
g) Drinking makes you put on weight	❑	❑
h) Drinking has destroyed somebody that I know well	❑	❑
i) Alcohol tastes horrible	❑	❑
j) Some of the effects, eg. hangovers, dizziness and vomiting, are awful	❑	❑
k) Drinking is too likely to lead to crime and violence	❑	❑
l) Drinking is against my principles	❑	❑
m) Drinking is too likely to lead to serious accidents	❑	❑
n) Drinking is too likely to have bad effects on family life	❑	❑

o) Some other reason. Which? .....

.....

.....

11. Do you think you will be drinking alcohol when you are twentyfive?

1 ❑ No
2 ❑ Yes
3 ❑ I don't know

12. 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
Optional	***a) Low alcohol beer***	❑	❑	❑	❑	❑	❑	❑
Core	b) Beer (do not include low alcohol beer) ..	❑	❑	❑	❑	❑	❑	❑
Core	c) Wine	❑	❑	❑	❑	❑	❑	❑
Core	d) Liquor (whisky, cognac, shot drinks etc) (also include liquor mixed with soft drinks) ...	❑	❑	❑	❑	❑	❑	❑
		1	*2*	*3*	*4*	*5*	*6*	*7*

Optional

13. Now think back over the LAST 30 DAYS once more. On how many occasions (if any) have you had any <u>home made</u> alcohol to drink? (Mark one box for each line)

	Number of occasions 0	1-2	3-5	6-9	10-19	20-39	40 or more
a) Home made beer	❑	❑	❑	❑	❑	❑	❑
b) Home made wine	❑	❑	❑	❑	❑	❑	❑
c) Home made liquor.....	❑	❑	❑	❑	❑	❑	❑
	1	*2*	*3*	*4*	*5*	*6*	*7*

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

1 ❑ I never drink beer
2 ❑ I did not drink beer on my last drinking occasion
3 ❑ Less than a regular bottle or can (<50 cl)
4 ❑ 1-2 regular bottles or cans (50-100 cl)
5 ❑ 3-4 regular bottles or cans (101-200 cl)
6 ❑ 5 or more regular bottles or cans (≥ 200 cl)

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

1 ❑ I never drink wine
2 ❑ I did not drink wine on my last drinking occasion
3 ❑ Less than a glass (<10 cl)
4 ❑ 1-2 glasses (10-20 cl)
5 ❑ Half a bottle (37 cl)
6 ❑ A bottle or more (≥ 75 cl)

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

1 ❑ I never drink liquor
2 ❑ I did not drink liquor on my last drinking occasion
3 ❑ Less than a drink (<5 cl)
4 ❑ 1-2 drinks (5-10 cl)
5 ❑ 3-5 drinks (11-25 cl)
6 ❑ 6 drinks or more (≥ 30 cl)

Optional

17. You have now answered separate questions for different types of alcoholic beverage. We would now like you to think back on your last drinking occasion and to describe in your own words as accurately as you can what you drank and how much. Here are some examples:

1) I had one can of Tennants Lager and two glasses of wine.
2) I shared a small bottle of vodka and four cans of beer with two friends. I think I drank half the vodka and one can of beer. (If you shared drinks with other people please try to tell us how much *you personally drank*).

Your answer.....
.....
.....
.....

18. Think of the last day on which you drank alcohol. Where were you when you drank? (Mark all that apply)

1 ❑ Have never been drinking 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 (please describe) .....
2 .....

19. Think back over the LAST 30 DAYS. How many times (if any) have you had five or more drinks in a row? (A "drink" is a glass of wine, a bottle of beer, a shot glass of liquor or a mixed drink).

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

Optional

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

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

21. On how many occasions (if any) have you been drunk from drinking alcoholic beverages? (Mark one box for each line)

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

22. Have you ever had any of the following problems because of your alcohol use? (Mark one box for each line)

		Never	Once	Twice	3 times or more
Core	*a) Quarrel or argument*	❑	❑	❑	❑
Optional	***b) Scuffle or fight***	❑	❑	❑	❑
Core	*c) Accident or injury*	❑	❑	❑	❑
Optional	***d) Loss of money or other valuable items***	❑	❑	❑	❑
Optional	***e) Damage to objects or clothing***	❑	❑	❑	❑
Core	*f) Problems in your relationship with your parents*	❑	❑	❑	❑
Core	*g) Problems in your relationship with your friends*	❑	❑	❑	❑
Optional	***h) Problems in your relationship with your teachers***	❑	❑	❑	❑
Core	*i) Reduced your performance at school or at work*	❑	❑	❑	❑
Core	*j) Made you engaged in unwanted sexual experience*	❑	❑	❑	❑
Core	*k) Made you engaged in unprotected sex*	❑	❑	❑	❑
Core	*l) Driving a motorcycle/car under the influence of alcohol*	❑	❑	❑	❑
Optional	***m) Victimized by robbery or theft***	❑	❑	❑	❑
Core	*n) Trouble with police*	❑	❑	❑	❑
		1	*2*	*3*	*4*

The next questions ask about some other drugs.

Optional

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

	Yes	No
a) Tranquilizers or sedatives (give names that apply)	❑	❑
b) Marijuana or hashish	❑	❑
c) LSD	❑	❑
d) Amphetamines	❑	❑
e) Crack	❑	❑
f) Cocaine	❑	❑
g) Relevin	❑	❑
h) Heroin	❑	❑
i) Ecstasy	❑	❑
j) Methadone	❑	❑
k)	❑	❑
l)	❑	❑
m)	❑	❑
	1	*2*

24. On how many occasions (if any) have you used marijuana (grass, pot) or hashish (hash, hash oil)? (Mark one box for each line)

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

25. On how many occasions (if any) have you sniffed a substance (sniffing glue, aerosols, laughing gas etc) to get high? (Mark one box for each line)

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

26. On how many occasions (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) Tranquilizers or sedatives (without a doctor's prescription)	❑	❑	❑	❑	❑	❑	❑
b) Amphetamine	❑	❑	❑	❑	❑	❑	❑
c) LSD or some other hallucinogens	❑	❑	❑	❑	❑	❑	❑
d) Crack	❑	❑	❑	❑	❑	❑	❑
e) Cocaine	❑	❑	❑	❑	❑	❑	❑
f) Relevin	❑	❑	❑	❑	❑	❑	❑
g) Heroin	❑	❑	❑	❑	❑	❑	❑
h) Ecstasy	❑	❑	❑	❑	❑	❑	❑
i) Drugs by injection with a needle (like heroin, cocaine or amphetamine)	❑	❑	❑	❑	❑	❑	❑
Optional							
j) Alcohol together with pills	❑	❑	❑	❑	❑	❑	❑
k) Anabolic steroids or other doping agents	❑	❑	❑	❑	❑	❑	❑
	1	*2*	*3*	*4*	*5*	*6*	*7*

Tranquilizers and sedatives, like ..... (give examples that are appropriate) are sometimes prescribed by doctors to help people to calm down, get to sleep or to relax. Pharmacies are not supposed to sell them without a prescription. (These do NOT include any non-prescription type drugs).

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

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

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

	Never	11 years old or less	12 years old	13 years old	14 years old	15 years old	16 years old
a) Drink beer (at least one glass)	❑	❑	❑	❑	❑	❑	❑
b) Drink wine (at least one glass)	❑	❑	❑	❑	❑	❑	❑
c) Drink liquor (at least one glass)	❑	❑	❑	❑	❑	❑	❑
d) Get drunk on alcohol	❑	❑	❑	❑	❑	❑	❑
e) Smoke your first cigarette	❑	❑	❑	❑	❑	❑	❑
f) Smoke cigarettes on a daily basis	❑	❑	❑	❑	❑	❑	❑
g) Try amphetamines	❑	❑	❑	❑	❑	❑	❑
h) Try tranquilizers or sedatives (without a doctors prescription)	❑	❑	❑	❑	❑	❑	❑
i) Try marijuana or hashish	❑	❑	❑	❑	❑	❑	❑
j) Try LSD or some other hallucinogen	❑	❑	❑	❑	❑	❑	❑
k) Try crack	❑	❑	❑	❑	❑	❑	❑
l) Try cocaine	❑	❑	❑	❑	❑	❑	❑
m) Try relevin	❑	❑	❑	❑	❑	❑	❑
n) Try ecstasy	❑	❑	❑	❑	❑	❑	❑
o) Try heroin	❑	❑	❑	❑	❑	❑	❑
p) Try inhalants (glue etc) to get high	❑	❑	❑	❑	❑	❑	❑
Optional							
q) Try anabolic steroids	❑	❑	❑	❑	❑	❑	❑
	1	*2*	*3*	*4*	*5*	*6*	*7*

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

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

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

02 ❑ Tranquilizers or sedatives without a doctors prescription
03 ❑ Marijuana or hashish
04 ❑ LSD
05 ❑ Amphetamines
06 ❑ Crack
07 ❑ Cocaine
08 ❑ Relevin
09 ❑ Heroin
10 ❑ Ecstasy
11 ❑ I don't know what it was

30. How did you get this substance?

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

02 ❑ Given me by an older brother or sister
03 ❑ Given me by a friend, a boy or a girl older than me
04 ❑ Given me by a friend my own age or younger
05 ❑ Given me by someone I have heard about but did not know personally
06 ❑ Given me by a stranger
07 ❑ It was shared round a group of friends
08 ❑ Bought from a friend
09 ❑ Bought from someone I have heard about but did not know personally
10 ❑ Bought from a stranger
11 ❑ Given me by one of my parents
12 ❑ Took it at home without my parents permission
13 ❑ None of these (please describe briefly how you did get it) .....
.....

Optional

31. Individuals differ in whether or not they disapprove of people doing certain things. Do YOU disapprove of people doing each of the following? (Mark one box for each line)

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

32. How much do you think people risk harming themselves (physically or in other ways), if they ... (Mark one box for each line)

	No risk	Slight risk	Moderate risk	Great risk	Don't know
a) smoke cigarettes occasionally	❑	❑	❑	❑	❑
b) smoke one or more packs of cigarettes per day	❑	❑	❑	❑	❑
c) take one or two drinks nearly every day	❑	❑	❑	❑	❑
d) take four or five drinks nearly every day	❑	❑	❑	❑	❑
e) have five or more drinks once or twice each weekend	❑	❑	❑	❑	❑
f) try marijuana or hashish (cannabis, pot, grass) once or twice	❑	❑	❑	❑	❑
g) smoke marijuana or hashish occasionally	❑	❑	❑	❑	❑
h) smoke marijuana or hashish regularly	❑	❑	❑	❑	❑
i) try LSD once or twice	❑	❑	❑	❑	❑
j) take LSD regularly	❑	❑	❑	❑	❑
k) try an amphetamine (uppers, pep pills, bennie, speed) once or twice	❑	❑	❑	❑	❑
l) take amphetamines regularly	❑	❑	❑	❑	❑
m) try cocaine or crack once or twice	❑	❑	❑	❑	❑
n) take cocaine or crack regularly	❑	❑	❑	❑	❑
o) try ecstasy once or twice	❑	❑	❑	❑	❑
p) take ecstasy regularly	❑	❑	❑	❑	❑
q) try inhalants (glue etc) once or twice	❑	❑	❑	❑	❑
r) take inhalants (glue etc) regularly	❑	❑	❑	❑	❑
	1	*2*	*3*	*4*	*5*

33. 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	❑	❑	❑	❑	❑	❑
b) Wine	❑	❑	❑	❑	❑	❑
c) Liquor	❑	❑	❑	❑	❑	❑
d) Marijuana or hashish (cannabis, pot, grass)	❑	❑	❑	❑	❑	❑
e) LSD or some other hallucinogen	❑	❑	❑	❑	❑	❑
f) Amphetamines (uppers, pep pills, bennies, speed)	❑	❑	❑	❑	❑	❑
g) Tranquilizers or sedatives	❑	❑	❑	❑	❑	❑
h) Crack	❑	❑	❑	❑	❑	❑
i) Cocaine	❑	❑	❑	❑	❑	❑
j) Ecstasy	❑	❑	❑	❑	❑	❑
k) Heroin (smack, horse)	❑	❑	❑	❑	❑	❑
l) Inhalants (glue etc)	❑	❑	❑	❑	❑	❑
m) Anabolic steroids	❑	❑	❑	❑	❑	❑
Optional						
n) Home made liquor	❑	❑	❑	❑	❑	❑
	1	*2*	*3*	*4*	*5*	*6*

34. How many of your friends would you estimate ... (Mark one box for each line)

	None	A few	Some	Most	All
a) smoke cigarettes	❑	❑	❑	❑	❑
b) drink alcoholic beverages (beer, wine, liquor)	❑	❑	❑	❑	❑
c) get drunk at least once a week	❑	❑	❑	❑	❑
d) smoke marijuana (pot, grass) or hashish	❑	❑	❑	❑	❑
e) take LSD or some other hallucinogen	❑	❑	❑	❑	❑
f) take amphetamines (uppers, pep pills, bennies, speed)	❑	❑	❑	❑	❑
g) take tranquilizers or sedatives (without a doctors prescription)	❑	❑	❑	❑	❑
h) take cocaine or crack	❑	❑	❑	❑	❑
i) take ecstasy	❑	❑	❑	❑	❑
j) take heroin	❑	❑	❑	❑	❑
k) take inhalants (glue etc)	❑	❑	❑	❑	❑
Optional					
l) take anabolic steroids	❑	❑	❑	❑	❑
	1	*2*	*3*	*4*	*5*

Optional

The next question is about gambling. It refers only to the kind of slot machines from which you may win money.

35. On how many occasions (if any) have you thrown money in a slotmachine? (Mark one box for each line)

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

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

36. What is the highest level of schooling your father completed?

1 ❑ Completed primary school or less
2 ❑ Some secondary school
3 ❑ Completed secondary school
4 ❑ Some college or university
5 ❑ Completed college or university
6 ❑ Don't know, or does not apply

37. What is the highest level of schooling your mother completed?

1 ❑ Completed primary school or less
2 ❑ Some secondary school
3 ❑ Completed secondary school
4 ❑ Some college or university
5 ❑ Completed college or university
6 ❑ Don't know, or does not apply

38. Which of the following people live in the same household with you? (Mark all that apply)

1 ❑ I live alone
1 ❑ Father
1 ❑ Stepfather
1 ❑ Mother
1 ❑ Stepmother
1 ❑ Brother(s) and/or sister(s)
1 ❑ Grandparent(s)
1 ❑ Other relative(s)
1 ❑ Non-relative(s)
2

39. How good do you think you are at school work, 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

40. If you had ever used marijuana or hashish, do you think that you would have said so in this questionnaire?

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

41. If you had ever used heroin, do you think that you would have said so in this questionnaire?

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