



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

Questionnaire on substance use

2019 FINAL- NOVEMBER VERSION

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 or schools 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.

LOGO
FIELD WORK

ORGANISATION

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



emcdda.europa.eu

C01 What is your sex?

- 1 Male
 2 Female

REMARK: See Guidelines

REMARK: See Guidelines

C02 When were you born?

Year

Month *

(Mark 01 for January, 02 for February ...
 ...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, social networks, videos 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

REMARK: See Guidelines

The following questions are about tobacco smoking (cigarettes, which include rolled cigarettes and EXCLUDE e-cigarettes)

REMARK: See Guidelines

C05 How difficult do you think it would be for you to get cigarettes (excluding e-cigarettes) if you wanted?

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

REMARK: See Guidelines

C06 On how many occasions (if any) during your lifetime have you smoked cigarettes (excluding e-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 |

REMARK: See Guidelines

C07 How often have you smoked cigarettes (excluding e-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

REMARK: See Guidelines

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

Mark one box for each line.

- | | Never | 9 years old or less | 10 years old | 11 years old | 12 years old | 13 years old | 14 years old | 15 years old | 16 years or older |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (a) Smoke your first cigarette (excluding e-cigarettes)..... | <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 (excluding e-cigarettes)..... | <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 |

REMARK: See Guidelines

The next questions are about smoking and nicotine products: e-cigarettes (including e-cigs, vaps and mods), water pipe (shisha), moist snuff (snus) and 'heat-not-burn' tobacco.

REMARK: See Guidelines

C09 Have you ever used e-cigarettes?

Mark all that apply

- 1 Yes, in the last 30 days
- 1 Yes, in the last 12 months
- 1 Yes, more than 12 months ago
- 1 Never

REMARK: See Guidelines

C10 How often have you smoked e-cigarettes during the LAST 30 DAYS?

- 1 Not at all
- 2 Less than once per week
- 3 At least once a week
- 4 Almost every day or every day

REMARK: See Guidelines

C11 When (if ever) did you FIRST do each of the following things?

Mark one box for each line.

	Never	9 years old or less	10 years old	11 years old	12 years old	13 years old	14 years old	15 years old	16 years or older
(a) Use your first e-cigarette	<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) Use e-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

REMARK: See Guidelines

C12 When you first tried e-cigarettes (if ever), what was your relationship with tobacco?

- 1 I have never tried e-cigarettes
- 2 I had never used tobacco
- 3 I had occasionally used tobacco
- 4 I was regularly using tobacco

REMARK: See Guidelines

OC01 Why did you try e-cigarettes for the first time?

Mark all that apply

- 1 I have never tried e-cigarettes
- 1 To stop smoking cigarettes
- 1 Out of curiosity
- 1 Because my friends/other people offered an e-cigarette to me
- 1 None of the above reasons

REMARK: See Guidelines

OC02 The first time you used e-cigarettes what did your e-cigarette contain?
 Mark all that apply

- 1 I have never tried e-cigarettes
- 1 Nicotine
- 1 Flavouring
- 1 Don't know

REMARK: See Guidelines

C13 Have you ever used water pipe, moist snuff (snus) *, 'heat-not-burn' tobacco * ?
 Mark all that apply

	Yes, in the last 30 days	Yes, in the last 12 months	Yes, more than 12 months ago	Never
(a) Water pipe (shisha).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Moist snuff (snus) *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) 'Heat-not-burn' tobacco *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	1	1	1

* Optional

REMARK: See Guidelines

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

REMARK: See Guidelines

C14 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) Premixed drinks (spritz, OTHER NATIONAL EXAMPLES) *	<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

C15 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

REMARK: See Guidelines

C16 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) Premixed drinks (spritz, <i>OTHER NATIONAL EXAMPLES</i>)*.....	<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

C17 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

C18 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 Premixed drinks (spritz, *OTHER NATIONAL EXAMPLES*)*
- 1 Wine
- 1 Spirits

* Optional

REMARK: See Guidelines

REMARK: See Guidelines

REMARK: See Guidelines

C18a 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

C18d 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

OC18b If you drank cider that last day you drank any alcohol, how much did you drink? *

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

REMARK: See Guidelines

C18e If you drank spirits that last day you drank any alcohol, how much did you drink?

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

REMARK: See Guidelines

* Optional

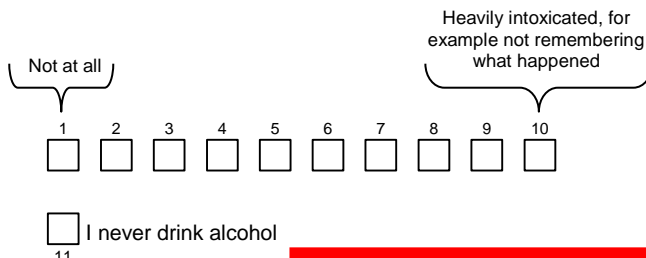
OC18c If you drank premixed drinks (spritz, *OTHER NATIONAL EXAMPLES*) that last day you drank any alcohol, how much did you drink? *

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

REMARK: See Guidelines

* Optional

C18f 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".)



REMARK: See Guidelines

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

REMARK: See Guidelines

C19 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 defined as 1 glass/bottle/can of beer (33 cl), 1 glass of wine (ca 15 cl), 1 glass of spirits (ca 4 cl), 1 glass/bottle of cider (33 cl), 1 glass/bottle of premixed drinks (spritz, alcopops etc. (33 cl).” (optional: cider, premixed drinks).

[THE GIVEN DEFINITION OF ‘DRINK’ MUST BE ADAPTED BY EACH COUNTRY]

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

The next questions are also about alcohol

C20 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

REMARK: See Guidelines

C21 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 old or older
(a) Drink alcohol (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) 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"/>
	1	2	3	4	5	6	7	8	9

REMARK: See Guidelines

C22 In the LAST 12 MONTHS, how often did you drink ...

Mark one box for each line.

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

REMARK: See Guidelines

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

REMARK: See Guidelines

The next questions ask about cannabis (marijuana or hashish)

C24 How difficult do you think it would be for you to get 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 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 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

REMARK: See Guidelines

OC03 Have you ever had the possibility to try cannabis without trying it?

- 1 No
- 2 Once or twice
- 3 3 times or more

REMARK: See Guidelines

OC04 Have you ever used cannabis mixed with tobacco?

- 1 Never
- 2 Rarely
- 3 From time to time
- 4 Fairly often
- 5 Very often

REMARK: See Guidelines

OC05 During the past 12 MONTHS, did you use the following type(s) of cannabis?

Mark one box for each line.

	Never	Rarely	From time to time	Fairly often	Very often
(a) Cannabis resin.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Weed/skunk.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Cannabis oil.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5

REMARK: See Guidelines

C27 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"/>
	1	2	3	4	5

The next questions ask about other drugs

REMARK: See Guidelines

GENERAL REMARK: See Guidelines

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) Methamphetamines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) 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"/>
(d) Ecstasy	<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"/>
(f) Crack*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Optional drug*	<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

REMARK: See Guidelines

GENERAL REMARK: See Guidelines

C29 On how many occasions (if any) have you ever used...?

Mark one box for each line.

	Number of occasions		
	0	1-2	3 or more
(a) Ecstasy in your lifetime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Ecstasy during the last 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Amphetamines in your lifetime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Amphetamines during the last 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Methamphetamines in your lifetime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Methamphetamines during the last 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Cocaine in your lifetime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) Cocaine during the last 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) Crack in your lifetime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(j) Crack during the last 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(k) Heroin in your lifetime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(l) Heroin during the last 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3

REMARK: See Guidelines

C30 On how many occasions (if any) have you used inhalants [INSERT NATIONAL RELEVANT EXAMPLES] to get high?

Mark one box for each line.

	Number of occasions		
	0	1-2	3 or more
(a) In your lifetime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) During the last 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) During the last 30 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3

REMARK: See Guidelines

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 or more
(a) LSD or some other hallucinogens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) "Magic mushrooms"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) GHB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) [INSERT NATIONAL FICTITIOUS DRUG]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Drugs by injection with a needle (like heroin, cocaine, amphetamine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3

REMARK: See Guidelines

C32 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 or more
(a) Tranquillisers or sedatives (without a doctor's prescription)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Anabolic steroids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Alcohol together with pills (medicaments) in order to get high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Painkillers in order to get high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Optional drug*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3

* Optional

REMARK: See Guidelines

OC06 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 or methamphetamines	<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 cocaine or crack	<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 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"/>
(e) Try inhalants [NATIONAL 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"/>
(f) 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 new substances

REMARK: See Guidelines

C33 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.

On how many occasions (if any) have you used such substances?

Mark one box for each line.

	Number of occasions			
	0	1-2	3 or more	Don't know / not sure
(a) In your lifetime	<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"/>
	1	2	3	4

REMARK: See Guidelines

C34 If you have used such new substances in the LAST 12 MONTHS, what was the appearance/form of the new substance/s?

Mark one or more boxes.

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

REMARK: See Guidelines

OC07 On how many occasions in your lifetime (if any) have you used any of the following substances?

Mark one box for each line.

	Number of occasions		
	0	1-2	3 or more
(a) Synthetic cannabinoids [INSERT RELEVANT EXAMPLES].....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Synthetic cathinones [INSERT RELEVANT EXAMPLES].....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Optional substance*.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Optional substance*.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3

* Optional

REMARK: See Guidelines

C35 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) try e-cigs once or twice?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) have one or two drinks nearly every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) have four or five drinks nearly every day?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) have five or more drinks in one occasion nearly each weekend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5

REMARK: See Guidelines

C36 Again: 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) try cannabis once or twice?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) smoke cannabis occasionally?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) smoke cannabis regularly?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) try ecstasy once or twice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) take ecstasy regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) 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"/>
(g) take amphetamines regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) try synthetic cannabinoids once or twice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5

REMARK: See Guidelines

OC08 During the LAST 12 MONTHS have you experienced the following?
 Mark all that apply

	Never	Yes, while using alcohol	Yes, while using drugs	Yes, but NOT while using alcohol/drugs
(a) Physical fight	<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"/>
(c) Damaged or lost objects or clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Serious arguments.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Victimized by robbery or theft.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Trouble with police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Hospitalised or admitted to an emergency room because of severe intoxication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) Hospitalised or admitted to an emergency room because of accident or injury.....	<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"/>
(j) Being a victim of unwanted sexual advance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(k) Deliberately hurt yourself.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(l) Driven a moped, car or other motor vehicle.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(m) Being involved in an accident while driving yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(n) Been swimming in deep water (swimming pool, river, lake or sea).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	1	1	1

REMARK: See Guidelines

The next questions ask about Social Media

REMARK: See Guidelines

C37 During the LAST 7 DAYS, how many hours (if any) did you spend on Social Media communicating with others on the Internet? [using for example WhatsApp, Twitter, Facebook, Skype, Blogs, Snapchat, Instagram, Kik etc) – TO BE ADAPTED BY EACH COUNTRY]

Mark one box for each line.

	None	Half an hour or less	About 1 hour	About 2-3 hours	About 4-5 hours	6 hours or more
(a) On a school day.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) On a non-school day (weekend, holidays).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6

REMARK: See Guidelines

C38 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, Snapchat, Instagram, Kik etc) – TO BE ADAPTED BY EACH COUNTRY]

Mark one box for each line.

	Strongly agree	Partly agree	Neither nor	Partly disagree	Strongly disagree
(a) I think I spend way too much time on Social Media.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) I get in bad mood when I cannot spend time on Social Media.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) My parents say that I spend way too much time on Social Media.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5

REMARK: See Guidelines

The next questions ask about gaming

REMARK: See Guidelines

C39 During the LAST 30 DAYS, how many hours (if any) did you play games using a computer, tablet, console, smartphone or other electronic device (strategy, puzzle, adventure, football, war games, 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
(a) On a school day.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) On a non-school day (weekend, holidays).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6

REMARK: See Guidelines

C40 During the LAST 7 DAYS, on how many days (if any) were you playing games using a computer, tablet, console, smartphone or other electronic device (strategy, puzzle, adventure, football, war games, etc)?

- 1 None
- 2 1 day
- 3 2 days
- 4 3 days
- 5 4 days
- 6 5 days
- 7 6 days
- 8 7 days

C41 How much do you agree or disagree with the following statements about gaming on a computer, tablet, console, smartphone or other electronic device?

Mark one box for each line.

Strongly agree Partly agree Neither nor Partly disagree Strongly disagree

(a) I think I spend way too much time playing games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) I get in bad mood when I cannot spend time on games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) My parents say that I spend way too much time on gaming.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5

REMARK: See Guidelines

The next questions ask about gambling for money (slot machines, playing card or dice, lotteries, sport bookmakers, etc) both on the Internet and not on the Internet (in traditional settings)

REMARK: See Guidelines

C42 How often (if ever) did you gamble for money in the LAST 12 MONTHS?

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

REMARK: See Guidelines

C43 How much time (if any) did you spend gambling for money on a TYPICAL DAY in the LAST 12 MONTHS?

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

REMARK: See Guidelines

C44 How often (if ever) did you gamble for money more than 2 hours (on a single occasion) in the LAST 12 MONTHS?

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

REMARK: See Guidelines

C45 If you have gambled for money in the LAST 12 MONTHS, which games have you played?

Mark one box for each line.

	I have not played these games	Monthly or less	2-4 times a month	2-3 times or more a week
(a) Slot machines (fruit machine, new slot, etc) ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Play card or dice (poker, bridge, dice, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Lotteries (scratch, bingo, keno, etc).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Betting on sports or animals (horses, dogs etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4

REMARK: See Guidelines

C46 If you have gambled for money in the LAST 12 MONTHS, how often did you use the INTERNET?

- 1 I have not gambled for money during the last 12 months
- 2 I never used the Internet to gamble for money
- 3 Seldom
- 4 Sometimes
- 5 Mostly
- 6 Always

REMARK: See Guidelines

Now think again about gambling for money in general

C47 Have you ever felt the need to bet more and more money?

- 1 No
- 2 Yes

C48 Have you ever had to lie to people important to you about how much you gambled?

- 1 No
- 2 Yes

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

REMARK: See Guidelines

C49 What is the highest level of schooling your father completed?

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

REMARK: See Guidelines

C50 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

C51 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

REMARK: See Guidelines

C52 Which of the following people live in the same house in which you stay most of the time?

Mark all that apply.

- | | |
|---|--|
| 1 <input type="checkbox"/> I live alone | 1 <input type="checkbox"/> Brother(s) |
| 1 <input type="checkbox"/> Father | 1 <input type="checkbox"/> Sister(s) |
| 1 <input type="checkbox"/> Stepfather | 1 <input type="checkbox"/> Grandparent(s) |
| 1 <input type="checkbox"/> Mother | 1 <input type="checkbox"/> Other relative(s) |
| 1 <input type="checkbox"/> Stepmother | 1 <input type="checkbox"/> Non-relative(s) (e.g. when living in a boarding school or equivalent) |

REMARK: See Guidelines

C53 How often do the following statements apply to you?

Mark one box for each line.

- | | Almost
always | Often | Some-
times | Seldom | Almost
never |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (a) My 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 borrow money 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 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"/> |
| | 1 | 2 | 3 | 4 | 5 |

REMARK: See Guidelines

C54 We are interested in how you feel about the following statements.
Read each statement carefully. Indicate how you feel about each statement.

Mark one box for each line.

	Very strongly disagree	2	3	4	5	6	Very strongly agree
(a) My family really tries to help me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) I get the emotional help and support I need from my family.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) I can talk about my problems with my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) My family is willing to help me make decisions.....	<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

REMARK: See Guidelines

C55 We are interested in how you feel about the following statements.
Read each statement carefully. Indicate how you feel about each statement.

Mark one box for each line.

	Very strongly disagree	2	3	4	5	6	Very strongly agree
(a) My friends really try to help me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) I can count on my friends when things go wrong.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) I have friends with whom I can share my joys and sorrows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) I can talk about my problems with my friends.....	<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

REMARK: See Guidelines

C56 Does your mother or your father know where you spend Saturday nights?

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

C57 If you had ever used 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 questions are about yourself and what you think about others

REMARK: See Guidelines

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

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

002 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

REMARK: See Guidelines

003 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) Smoke cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Use cannabis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Use ecstasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5

REMARK: See Guidelines

004 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) Smoke cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Use cannabis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Use ecstasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5

REMARK: See Guidelines

005 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, premixed drinks, 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 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

REMARK: See Guidelines

006 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)



1 small bottle or
1 small glass of beer
= 0.33l

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)

1 small glass of
wine or
sparkling wine
= 0.1l

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)

1 glass of spirits
= 0.04l

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)

1 glass of alcoholic
mixed drink
= 0,33l

REMARK: See Guidelines

O07 Think back over the LAST 30 DAYS. On how many occasions (if any) have you bought beer, cider, premixed drinks, wine or spirits in a store (grocery store, liquor store, kiosk or petrol station) for your own consumption (off-premises)?

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) Premixed drinks (spritz, <i>OTHER NATIONAL EXAMPLES</i>)*	<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"/>

* Optional

REMARK: See Guidelines

O08 Think back once more over the LAST 30 DAYS. On how many occasions (if any) have you drunk beer, cider, premixed drinks, wine or spirits in a pub, bar, restaurant or disco (on-premises)?

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) Premixed drinks (spritz, <i>OTHER NATIONAL EXAMPLES</i>)*	<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"/>

* Optional

REMARK: See Guidelines

O09 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 or club
- 1 In a restaurant
- 1 Other places

The next two questions are about energy drinks

O10 On how many occasions (if any) have you had any energy drink *[INSERT NATIONAL EXAMPLES]*?

(Don't include so called "sports drinks" *[INSERT NATIONAL EXAMPLES]*)

Mark one box for each line.

	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
(a) In your lifetime	<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"/>

REMARK: See Guidelines

O11 On how many occasions (if any) have you been drinking energy drinks and alcohol during a single session? (Don't include so called "sports drinks" [INSERT NATIONAL EXAMPLES])

Mark one box for each line.

	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
(a) In your lifetime	<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

REMARK: See Guidelines

Now follow some more questions about the Internet and ONLINE games

REMARK: See Guidelines

O12 Please read the statements below regarding Internet use. Please indicate how often these statements apply to you.

Mark one box for each line.

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

REMARK: See Guidelines

O13 Please read the statements below regarding online gaming. The question REFERS TO ONLINE GAMES exclusively, but we use the expression 'game' in each statement for simplicity's sake. Please indicate how often these statements apply to you.

Mark one box for each line.

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

REMARK: See Guidelines

The next questions are about PERFORMANCE ENHANCERS

M01 Have you ever used in your life on your own initiative (without been prescribed by a doctor) any stimulant substance with the purpose to improve your performance in your study? For instance to keep you awake and studying during the whole night or to study faster. Don't include coffee, tea or cola refreshments, or energy drinks.

- 1 No
2 Yes

M02 If you have used such stimulant substance (without a doctor's prescription) with the purpose to improve your performance in study, where did you obtain the substance/s?

Mark all that apply.

- 1 Never used
1 Offered by a family member, a friend or an acquaintance
1 By a street dealer
1 Through the Internet
1 From a pharmacy without a medical prescription
1 In a smart shop [if you have it in your country]*

* Optional

Student Questionnaire Guidelines

Cover page

This page should contain an introduction to the students. For example, the ESPAD project should be mentioned briefly, as well as the organisation responsible for the field work. It is of great importance to explain that the questionnaire is anonymous and voluntary, and that no results will be presented by single classes. Instructions on how to tick in the boxes could also be included here.

On the cover page please complete country specific information. The ESPAD logo and web address should be on the cover. The EMCDDA logo may also be used if desired. Printable versions of the logos are available in Section 6 of the present Handbook. Contact information to the organisation responsible for the field work should also be found on the cover.

Core Section

C02a Year of birth

REMARK: In 2019 sixteen year-olds will be students born in 2003. The variable Year is on 4 digits, because some students could be born in 20XX, some others in 19XX. The adopted solution is to have a 4 digits variable.

OC02b Month of birth

REMARK: Birth month is an Optional Core question to be put in the core section (after C2), if being used. However, please observe that students may find such a question sensitive to answer, since it may increase the risk for a respondent to feel that he / she can be identified.

Header before C05 and C05, C06, C07, C08 questions: Tobacco smoking excluding e-cigarettes

REMARK: in the Header and in all the listed questions, the focus is on cigarettes (EXCLUDING e- cigarettes), whilst in the 2015 questionnaire the Header was “about cigarettes smoking”.

C07 Cigarettes smoking excluding e-cigarettes last 30 days

REMARK: Slight reformulation of C07 with respect to C07-2015, ‘How often’ instead of ‘How frequently’.

Header before C09 and C09, C10, C11, C12, OC01, OC02, C13 questions: Nicotine products

REMARK: New Header with respect to 2015. From C09 to C13 the section was restructured in order to include e-cigarettes, water pipe (shisha), moist snuff (snus), heat-not-burn tobacco.

C09 and C13 are Mandatory and with multiple answer options.

In 2015 C09 and C13 were included as Optional question and with single answer option (2015, O06).

Header before C14: Alcoholic beverages

REMARK: Header changed with respect to 2015: deleted 'Alcopops'.

C14 and C16, C18, C18a-e, O07, O08 Average alcohol volume

GUIDELINE: In all questions above, please consider the following changes with respect to 2015 for average alcohol volume related to each kind of beverage:

	2015	2019
Beer	5%	4.8%
Wine	12%	11%
Spirits	38%	38%
Cider	5%	4.5%
Premixed drinks	4.5%	4.5%

In case these ethanol contents deviate substantially from the one in your country please inform the ESPAD coordinator.

C14a (and C16a, C18.2, C18a, O07a, O08a) Beer consumption

GUIDELINE: If low or alcohol free beer is nationally available, it should be explained within brackets that these beverages should be excluded.

EXAMPLE: "Don't include beer with an alcohol volume below 2.5 %", "Don't include low alcohol beer" or similar.

REMARK: When last day's beer consumption is calculated in C18a the average alcohol volume is assumed to be 4.8 %.

OC14b (and OC16b, OC18.3, OC18b, O07b, O08b) Cider consumption

GUIDELINE: Cider questions are optional. They should be asked if cider is nationally available, otherwise not.

If low or alcohol free cider is nationally available, it should be explained within brackets that these beverages should be excluded.

EXAMPLE: "Don't include cider with an alcohol volume below 2.5 %", "Don't include low alcohol cider" or similar.

REMARK: When last day's cider consumption is calculated in OC18b the average alcohol volume is assumed to be 4.5 %.

OC14c (and OC16c, OC18.4, OC18c, O07c, O08c, O05b) Premixed drinks consumption

REMARK: ‘Alcopops’ changed into ‘*Premixed drinks*’. When using OTHER NATIONAL EXAMPLES please do not include brand names.

GUIDELINE: Premixed drinks questions are optional. They should be asked if premixed drinks are nationally available, otherwise not. Premixed drinks refer to premixed/prepacked beverages of roughly 4.5 % alcohol volume. If necessary, this should be exemplified for the respondents within brackets, for example “breezers” etc.

REMARK: When last day's premixed drinks consumption is calculated in OC18c the average alcohol volume is assumed to be 4.5 %.

C14d (and C16d, C18.5, C18d, O07d, O08d) Wine consumption

GUIDELINE: Formulate the questions taking into account wine related beverages with relevant alcohol content (ca. 11.0 % alcohol volume) – such as sparkling wines, champagne etc. Use examples within brackets if needed, for example “include also champagne” or similar.

REMARK: When last day's wine consumption is calculated in C18d the average alcohol volume is assumed to be 11.0 %.

C14e (and C16e, C18.6, C18e, O07e, O08e) Spirits consumption

GUIDELINE: Spirits consumed in shots as well as mixed drinks should be measured here but not spirits stemming from premade alcopops. This should be explained to the respondents if needed. It is also recommended to include some well-known national examples of spirits (ouzo, raki, vodka, grappa, brandy, whiskey, tequila, calvados etc.).

REMARK: When last day's spirits consumption is calculated in C18e the average alcohol volume is assumed to be 38.0 %.

C18a–e Alcohol quantities consumed last drinking day

REMARK: Please observe that this set of questions refers to the last drinking “day” and not to the last drinking “occasion”. The frame surrounding the questions illustrates that they should be kept together on one questionnaire page.

GUIDELINE: It has been decided to keep the centilitres in the Student Master Questionnaire. Amounts in centilitres may be used in brackets in the response categories if it is considered helpful for the respondents.

The quantity or volume questions ask for quantities that should be expressed in common country-specific container sizes. These quantities can be expressed in 'cl' of particular beverages. The quantity of each beverage will be converted in **gr ethanol** following the algorithm below:

(To be calculated for each beverage)

If Screen variable of the specific beverage is YES (=1)

Expressing cl in ml (multiplied by 10)

Calculate $(\text{ml} * \text{Vol \%})/100 = \text{ml ethanol}$

Multiplying this result by 0.8 will result in gr ethanol.

Summing up the beverage-specific quantities in gr ethanol allows to obtain the total alcohol volume.

It should be nationally decided the most appropriate container sizes (glasses, bottles, cans, drinks...) in your country. The ones presented in the international questionnaire could not be representative for your country.

For international comparisons the beverage-specific cl quantities will be converted in total gr by using the following ethanol contents:

	2015	2019
Beer	5%	4.8%
Wine	12%	11%
Spirits	38%	38%
Cider	5%	4.5%
Premixed drinks	4.5%	4.5%

In case these ethanol contents substantially deviate from the one adopted in your country, please inform the ESPAD coordinator.

EXAMPLE: C18a: *If the strength of beer usually is about 4.8 % and a regular bottle/can/restaurant glass is about 50 cl, the following might be applicable:*

- 3) Less than a regular bottle or a can
- 4) 1–2 regular bottles or cans
- 5) 3–4 regular bottles or cans
- 6) More than 4 regular bottles or cans

EXAMPLE: OC18b: *If the strength of cider usually is about 4.5 % and a regular bottle/can/restaurant glass is about 50 cl, the following might be applicable:*

- 3) Less than a regular bottle or a can
- 4) 1–2 regular bottles or cans
- 5) 3–4 regular bottles or cans
- 6) More than 4 regular bottles or cans

EXAMPLE: OC18c: *If the strength of premixed drinks is about 4.5 % and if a common bottle includes 33 cl, the following might be applicable:*

- 3) Less than 2 regular bottles
- 4) 2–3 regular bottles
- 5) 4–6 regular bottles
- 6) More than 6 regular bottles

EXAMPLE: C18d: *If the strength of wine is about 11 % and if a wine glass is about 10-12 cl, the following might be applicable:*

- 3) Less than 2 glasses
- 4) 2–3 glasses or half a bottle
- 5) 4–6 glasses
- 6) More than 6 glasses (a bottle of wine)

EXAMPLE: C18e: *If the strength of spirits is about 38 % and a drink (if the concept exists) is about 4-5 cl, the following might be applicable:*

- 3) Less than 2 drinks
- 4) 2–3 drinks
- 5) 4–6 drinks
- 6) More than 6 drinks

C18f Drunkenness scale

REMARK: Please note that it is important to print the scale numbers (1–10) in connection to the response boxes and that the two examples given are directed towards the start (1) and end (10) of the scale.

C19 Heavy episodic drinking

REMARK: “...on one occasion” means during the same drinking event, no time frame is however specified.

GUIDELINES: Even though the drink-concept applies for some countries, the concept may not be known among the students. Standard drink sizes may also vary between countries. Furthermore, many countries have no standard drink concept at all. Hence, it is therefore necessary to give examples of a “drink”. This should be done per beverage. If premixed drinks and cider are available, these beverages should also be exemplified (optional).

It is up to the Principal Investigator in each country to come up with the best national solution available. Different ways of illustrating a drink has been discussed.

Students should be provided with an example giving the number of drinks by container size which is based on the most common containers and the average alcohol volume per beverage. You need to choose the number of drinks and the container sizes in such a way that 5 of any of what is defined a drink or any combination of 5 drinks on average sum up to 60 g or more of pure alcohol (ethanol).

Students need to be advised to express the amounts they had drunk according to the exemplified container sizes.

The example is based on Vol % ethanol: 4.8% for beer, 4.5% for cider and premixed drinks, 11% for wine and 38% for spirits.

Example	A drink in the ESPAD guidelines 2019								
		cl	# glasses	g ethanol per liter	ml ethanol	gr ethanol	5+ in gr ethanol	5+ in cl ethanol	Vol %
Beer		0.33	1	38	0.1254	12.54	63	7.8	4.8%
Cider		0.33	1	36	0.1188	11.88	59	7.4	4.5%
Premixed		0.33	1	36	0.1188	11.88	59	7.4	4.5%
Wine		0.15	1	88	0.132	13.2	66	8.3	11%
Spirits		0.04	1	304	0.1216	12.16	61	7.6	38%

EXAMPLE (2019): “A ‘drink’ is defined as 1 glass/bottle/can of beer (33 cl), 1 glass of wine (ca 15 cl), 1 glass of spirits (ca 4 cl), 1 glass/bottle of cider (33 cl), 1 glass/bottle of premixed drinks (spritz, alcopops etc. (33 cl).” (optional: cider, premixed drinks).

In the end it is up to each researcher to describe the cl in each category in glasses, bottles or cans suitable for his/her country.

C21 First alcohol consumption

REMARK: Reformulation of the question C16-2015: sub-questions about beer, cider, premixed drinks, wine and spirits are merged into one sub-question only (C21a). C16f-2015 becomes C21b.

C22 Causes of last 12 months’ alcohol consumption

REMARK: Switched to Core section (it was Optional O12 in 2015).

If deemed useful at national level, response option ‘Mostly’ can be replaced with ‘Often’.

Header before C23: Use of tranquillizers and sedatives

GUIDELINE: When using national relevant examples, do not include brand names.

Header before C24 and C24, C25, C26, OC03, OC04, OC05, C36a, C36b, C36c, C57, O03, O04, O05 questions: Cannabis use (marijuana or hashish)

REMARK: Slight reformulation of the header: *cannabis (marijuana or hashish)* with respect to 2015 “marijuana or hashish (cannabis)”. If deemed useful at national level, it is possible to add examples in the header (e.g. *Cannabis can also be called weed, haxixa, joint or smoke...*)

In all the questions listed above only the word cannabis is reported.

OC03 Cannabis refusal skills

REMARK: Switched to Optional Core question (it was C24a in the Core section, 2015). Three answer options introduced instead of Yes/No (2015).

OC04 Cannabis mixed with tobacco use

REMARK: New Optional Core question in 2019

OC05 Past 12 months' type of cannabis

REMARK: New Optional Core question in 2019

C27 and C27a-f The CAST scale

REMARK: Switched to Core section (it was MA1 in the 2015 Cannabis Module).

C28 Substance availability

REMARK: Changes with respect to C25-2015 are listed below:

C28c: Added “without medical prescription”;

C28f: Crack switched to Optional sub-question;

Layout modification (last answer option ‘Don’t know’ kept separate).

C28g, C32e, OC07c and OC07d Optional drugs / substances

GENERAL GUIDELINE: If there is a national need to add one or two drugs / substances this can be done here.

C29 Substances use occasions

REMARK: On the basis of a 2015 set of questions (from C26-2015 to C30-2015) in 2019 we only have one question about all substances; a separation between the two blocks of sub-questions C29a-f and C29g-l is introduced by using a line spacing.

Added two sub-questions about Heroin LT, LY (C29k, C29l).

C29, C30, C31 and OC07 Number of occasion simplified answer scale

GENERAL REMARK: Use of a simplified answer scale (number of occasions: 0, 1-2, 3 or more) for the following questions: C29, C30, C31, OC07 with respect to 2015.

C30 Inhalants use

GUIDELINE: Use nationally relevant examples of substances in brackets. (For example: glue, petrol, aerosols from spray cans, butane gas etc.) However, avoid giving explicit examples on techniques how to use these substances.

Please observe that the English wording “...to get high” not necessarily suggests an excited/uplifted feeling but rather any kind of effect/mood change.

C31 and C32 Lifetime prevalence of various drugs

REMARK: C31 e C32 derive from the restyling of C32-2015 question.

GUIDELINE: in C32c-d please observe that the English wording “...to get high” not necessarily suggests an excited/uplifted feeling but rather any kind of effect/mood change. In C32d please insert a national fictitious drug (‘Relevin’ in 2015). This should be a non-existent dummy drug and this question is only used for methodological analyses.

OC06 First trying substances

REMARK: Switched to Optional Core question (it was C33 in the Core section, 2015). GUIDELINE: in OC06e please insert in brackets national relevant examples.

C33 New substances

REMARK: This question has been restructured with respect to C34-2015, in order to ask about LT, LY and the number of occasions.

C34 New substances appearance / form

REMARK: Reformulation with respect to C35-2015.

OC07 Lifetime use of synthetic cannabinoids / cathinones

REMARK: Optional Core question with Mandatory sub-questions OC07a and OC07b. In 2015, OC35 it is Optional Core, with all Optional sub questions.

GUIDELINE: Please insert national relevant examples.

C35 Risks of substance use – part 1

REMARK: This question is a block of sub-questions derived from C36-2015. C35c new sub-question about e-cigs.

C36 Risks of substance use – part 2

REMARK: This question is a block of sub-questions derived from C36-2015. C36h new sub-question about try synthetic cannabinoids.

OC08 Last 12 month experiences

REMARK: This question is quite complex because of many subquestion items and multiple choice in answering. In 2019 wave this question is Optional Core. It is envisaged to be DELETED in the next wave.

Header before C37: Social Media

REMARK: The HEADER has been modified as Social Media only, keeping separately the questions related to gaming and to gambling for money.

C37 Last 30 days Social Media

REMARK: This question is a reformulation of C40a-2015. In 2019 the examples have been put in brackets within the question text and should be adapted by each country. Sub-questions C37a and C37b are specific per school day and non-school day.

GUIDELINE: Please consider the possibility to change the given specific examples on the basis of your national needs.

C38 Self-perceived problems related to Social media

REMARK: This question derives from C41-2015. In 2019 the examples have been put in brackets within the question text and should be adapted by each country.

GUIDELINE: Please consider the possibility to change the given specific examples on the basis of your national needs.

Header before C39: Gaming section

REMARK: New HEADER for gaming section.

C39 Last 30 days gaming

REMARK: Reformulation of C40b-2015, with following changes: 1) it doesn't refer to gaming on the Internet; 2) it introduces a distinction between School day / Non-school day; 3) it specifies the tool (computer, tablet, console, smartphone etc.) without mention specific game names.

C40 Last 7 days gaming

REMARK: Reformulation of C39b-2015, with following changes: 1) it doesn't refer to gaming on the Internet; 2) it specifies the tool (computer, tablet, console, smartphone etc.) without mention specific game names.

Header before C42: Gambling for money section

REMARK: New HEADER about gambling for money section, including all settings (on the Internet and not on the Internet).

C42 Last 12 months gambling for money

REMARK: Simplified answer scale with respect to C43-2015.

C43 Last 12 months gambling for money typical day

REMARK: Switched to Core Section (from Optional O19-2015).

C44 Last 12 months gambling for money more than two hours

REMARK: Switched to Core Section (from Optional O20-2015).

C45 Last 12 months gambling for money games played

REMARK: This question is a merge between C44-2015 and C45-2015 including all settings (on the Internet / NOT on the Internet). Use of a simplified answer scale.

C46 Last 12 months gambling for money Internet use

REMARK: New question in order to distinguish the type of gambling for money by specifying the INTERNET use.

If deemed useful at national level, response option 'Mostly' can be replaced with 'Often'.

C47 and 48 LIE-BET questionnaire

REMARK: LIE-BET scale switched to Core Section (from Optional O17-2015 and O18-2015). In 2019 added "*Now think again about gambling for money in general*" to introduce the Lie-Bet scale.

C49 Fathers' education

REMARK: The response categories are supposed to adjust to most countries' educational levels. However, the examples might need cultural adjustments.

C50 Mothers' education

REMARK: The response categories are supposed to adjust to most countries' educational levels. However, the examples might need cultural adjustments.

C52 People living in the same house

REMARK: Reformulation with respect to C50-2015. To the last answer option added the example "*when living in a boarding school or equivalent*".

C53 Parents statements

REMARK: Derives from C51-2015. Some sub questions have been deleted.

C54 Family Support question

REMARK: New question in 2019. This is the 44 Family Support question used in HBSC Study 2013/14 and 2017. Source: Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet&Farley, 1988).

C55 Peer Support question

REMARK: New question in 2019. This is the 32 Family Support question used in HBSC Study 2013/14 and 2017. Source: Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet&Farley, 1988).

C56 Parents' knowledge about Saturday nights

REMARK: Slight reformulation (“*Your mother or your father*”) with respect to C52-2015 (“Your parents”).

GUIDELINE: Saturday nights ought to be the nights young people is most likely to spend outside the home. If this is another night in your country, for example Friday, you should choose that night instead.

Optional section

O01 Average grades

GUIDELINE: The aim with this question is to be able to divide the students into three groups of roughly equal size: high, medium and low graders. This operation is done centrally when the 2019 database is produced. The national grade system should be employed (numbers, letters, codes etc.). The number of options needed should be nationally decided in order to accomplish the aim with the question (three roughly equal groups). The scale should start with the highest/best grade on top (coded as “1”) followed by all other grades in descending order.

O03b and O04b Parents reaction

REMARK: O03b and O04b added in order to introduce Smoke cigarettes.

O05g Inhalant use

GUIDELINE: Use nationally relevant examples of substances in brackets. (For example: glue, petrol, aerosols from spray cans, butane gas etc.) However, avoid giving explicit examples on how to use these substances.

O06 Last 7 days' alcohol use

GUIDELINES: Adjust the containers and the explanations (pictures) to the most relevant in your country. Use the most relevant of cl, dl or l. In the production of the database the 7 days quantity will be centrally calculated to 100% alcohol. The last picture has been modified with respect to 2015, in order to better represent the alcoholic mixed drinks.

O07a Off-premise purchases of beer

REMARK: With off-premises we are referring to take away, take out consumption.

GUIDELINE: If low or alcohol free beer is nationally available, it should be explained within brackets that these beverages should be excluded.

EXAMPLES: “Don’t include beer with an alcohol volume below 2.5 %”, “Don’t include low alcohol beer” or similar.

O07b Off-premise purchases of cider

REMARK: With off-premises we are referring to take away, take out consumption.

GUIDELINE: The cider question is optional. It should be asked if cider is nationally available, otherwise not. If low or alcohol free cider is nationally available, it should be explained within brackets that these beverages should be excluded.

EXAMPLES: “Don’t include cider with an alcohol volume below 2.5 %”, “Don’t include low alcohol cider” or similar.

O07c Off-premise purchases of premixed drinks

REMARK: With off-premises we are referring to take away, take out consumption. ‘Alcopops’ changed into ‘*Premixed drinks*’. When using OTHER NATIONAL

EXAMPLES please do not include brand names.

GUIDELINE: Premixed drinks questions are optional. They should be asked if premixed drinks are nationally available, otherwise not. Premixed drinks refer to premixed / prepacked beverages of roughly 4-6 % alcohol volume. If necessary, this should be exemplified for the respondents within brackets, for example “breezers” etc.

O08a On-premise purchases of beer

GUIDELINE: If low or alcohol free beer is nationally available, it should be explained within brackets that these beverages should be excluded.

EXAMPLES: “Don’t include beer with an alcohol volume below 2.5 %”, “Don’t include low alcohol beer” or similar.

O08b On-premise purchases of cider

GUIDELINE: The cider question is optional. It should be asked if cider is nationally available, otherwise not.

If low or alcohol free cider is nationally available, it should be explained within brackets that these beverages should be excluded.

EXAMPLE: “Don’t include cider with an alcohol volume below 2.5 %”, “Don’t include low alcohol cider” or similar.

O08c On-premise purchases of premixed drinks

REMARK: ‘Alcopops’ changed into ‘*Premixed drinks*’. When using OTHER NATIONAL EXAMPLES please do not include brand names.

GUIDELINE: Premixed drinks questions are optional. They should be asked if premixed drinks are nationally available, otherwise not. Premixed drinks refer to premixed / prepacked beverages of roughly 4-6 % alcohol volume. If necessary, this should be exemplified for the respondents within brackets, for example “breezers” etc.

O09 Last day places alcohol consumption

REMARK: With respect to 2015 (O11-2015), last answer option does not have text for specification ‘please describe’.

O10 Energy drinks

GUIDELINE: Please insert relevant national examples for both “energy drinks” and “sport drinks”. Do not report brand names.

O11 Energy drinks and alcohol

GUIDELINE: Please insert relevant national examples for “sport drinks”. Do not report brand names.

Header before O12: Internet and Online games

REMARK: Reformulation in order to include ONLINE games.

O12 Internet use statements

REMARK: Compulsive Internet Use Scale (CIUS).

O13 Online games only use statements

REMARK: Problematic online gaming scale (POGQ-SF).

If deemed useful at national level, response option ‘Mostly’ can be replaced with ‘Often’.

Module section

Performance enhancers module: M01, M02

REMARK: This is a NEW TOPIC in 2019. In 2023 wave this module will become HOT TOPIC; in 2023 it is envisaged to switch the two questions in the Core Section in order to have data from all participating countries.

GUIDELINE: The formulation of both questions should be adapted to country needs