

UNDCP/WHO GLOBAL INITIATIVE ON PRIMARY PREVENTION OF SUBSTANCE ABUSE



Overall Evaluation: Baseline Assessment Guidelines and Instruments

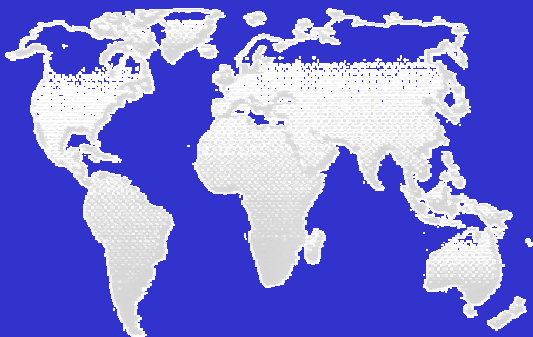


WHO

Department of Mental Health
and Substance Dependence
Noncommunicable Diseases
and Mental Health
World Health Organization
Geneva



Demand Reduction Section
Division for Operations and
Analysis
**United Nations International
Drug Control Programme**
Vienna



ACKNOWLEDGEMENTS

With financial support from the Norwegian government, The World Health Organization (WHO) and the United Nations International Drug Control Programme (UNDCP) began implementing the revised project "The Global Initiative on Primary Prevention of Substance Abuse" in July 1999. Without this financial contribution this project would not have been initiated. Among the many activities to be undertaken, the task of development of the overall evaluation frame work for the Global Initiative and the respective protocols have been developed by WHO with the technical support of Dr Olav H. Angell.

Secretariat

Mrs Mwansa Nkowane,	WHO, Geneva
Ms Goivanna campello	UNDCP, Vienna
Dr Shekhar Saxena	WHO, Geneva

TABLE OF CONTENTS

	Page
ACKNOWLEDGEMENTS	i
1. BACKGROUND	2
2. PROJECT DESIGN	2
2.1 Project activities	2
2.2 Potential interventions	3
3. INTERVENTION / STUDY SITES	3
4. EVALUATION OF THE INTERVENTION	3
4.1 Design of evaluation	4
4.2 Evaluation components	4
4.2.1 Summary of baseline assessment	4
4.3 Description of the components of the baseline assessment	5
4.3.1 Community profile 1	5
4.3.2 Community profile 2	6
4.3.3 The KAP youth study	7
5. INTEGRATION	8
6. ANALYTICAL FRAMEWORK	8
6.1 Other possible measures of abuse, probably less accurate and valid	9
6.2 Measuring community mobilisation	9
7. ANNEXES	
Annex 1: Terms of Reference for the research institution for baseline assessment	10
Annex 2: Community profile 1	12
Annex 3: Community profile 2	16
Annex 4: Sample size estimation	27
Annex 5: KAP adult questionnaire	28
Annex 6: KAP young people questionnaire	52

1. BACKGROUND

The UNDCP/WHO Global Initiative on Primary Prevention of Substance Abuse (Global Initiative) is a five-year project, jointly executed by the United Nations International Drug Control Programme (UNDCP) and the World Health Organization (WHO). Its implementation started in June 1997. The project was revised in 1998 and implementation of the revised project began in July 1999 and is expected to end in the year 2003.

The Global Initiative aims at preventing the use and abuse of all psychoactive substances (licit and illicit substances) by young people. The project will be implemented in 8 priority countries in three regions of the world undergoing particularly rapid or dramatic social change: Southern Africa, Southeast Asia (part of WPRO as per UNDCP regional classification) and Central and Eastern Europe. Prevention activities supported by the project will be based on the mobilisation of local communities. The local partners will be involved in mobilising their communities respond to substance use and abuse and in the long run activities could be evaluated to determine good practices.

In preparation for the implementation of the project, training materials have been developed and field-tested in regional training of trainers workshop in the three regions. Local partners will be supported through training in effective primary prevention approaches, local situation assessment, project design, self-monitoring and evaluation. Following the training they will be financially supported to implement primary prevention activities in selected communities.

2. PROJECT DESIGN

2.1 Project activities

The design of the intervention will be characterized by five sets of interrelated activities:

- a) Baseline assessment, comprised of two parts: community profile 1 and community profile 2, and KAP study among the youth.
- b) Training of local partners.
- c) Public health interventions lasting 24 months.
- d) Monitoring of activities.
- e) Post intervention assessment for impact evaluation.

2.2 Potential interventions

The interventions to be implemented by the local partners could incorporate the following main areas:

- a) Provision of information to increase knowledge and awareness on consequences of substance use.
- b) Improving personal and social skills among the young people.
- c) Creation of a safe and supportive environment for prevention of substance abuse.
- d) Mobilization of communities for action to address problems of substance use in their communities.

The focus of the intervention and the approaches will be influenced by the local situation assessments which will be done by the local partners.

3. STUDY SITES FOR THE BASELINE ASSESSMENT

The baseline assessment will be implemented in two selected communities in each priority country. Each community will be defined in such a way that they have formally demarcated geographical boundaries (e.g. a cluster of census enumerator districts). The target group for the intervention will be young people. Important features to consider should relate to; extent of substance use/abuse among young people, location (urban/rural), socio-economic status and feasibility of implementing primary prevention activities. In this way, it will be possible to make comparisons across project sites. However, activities will also take place in other sites where local partners will carry out activities.

4. EVALUATION OF THE INTERVENTION

The design of the overall evaluation will be based on a pre- and post- intervention comparison. The baseline assessments will serve as the pre-intervention status description against which the follow-up assessments will be compared. As the intervention will take place over a 24 month period, it is recommended that the follow-up assessment data are collected on the basis of a second, independent sample, comparable to that of the pre-intervention survey. Key groups of variables that will be compared will include (a) community commitment to addressing substance abuse among youth, (b) level of networks supporting prevention, (c) attitudes, norms and behaviours of adults towards problem of substance abuse, (d) knowledge about substances, (e) availability of substances, (f) prevalence of use and, (g) attitudes to substance use. At the pre-intervention stage, this information will contribute to an understanding of the context in which the intervention will take place.

4.1 Design of evaluation

The design of the project evaluation is presented in table below:

Priority Country	Comm. Profile 1 Comm. Profile 2	Training of local partners	KAP Survey	Project Interventions	Post intervention Comm. Profile 1 Comm. profile 2	Post intervention KAP Survey
<i>Site 1</i>	X	X	X	XXXX	X	X
<i>Site 2</i>	X	X	X	XXXX	X	X

The three studies that will comprise the evaluation (Community profile 1 and 2 and the KAP surveys - Pre and Post intervention -) will be described below.

4.2 Evaluation components

Assessment of the impact of the intervention will require a comprehensive and multi-levelled approach, with assessment of the individual and the community.

4.2.1 Summary of baseline assessment

The baseline assessment comprises three main components related to the initial situation in the community:

- a) **Community profile 1**, providing information on the organised and the cultural context in which the phenomenon exists; relevant community resources on an organisational level, existing prevention efforts; community understanding/beliefs, attitudes and customs with regard to substance use, including substance use among young people.
- b) **Community profile 2**, providing information on community and the society with regard to structures and processes related to substance use among young people, including community resources on an organisational level.
- c) **KAP youth study**, providing information on the “phenomenon”, i.e. related to substance use among young people at the community level.

In line with the public health perspective adopted the data will not be restricted to information directly related to substance use among young people. The variables and indicators will be determined, partly on the basis of the general understanding of substance use, the identified needs and choice of intervention.

4.3 Descriptions of the components of the baseline assessment

4.3.1 Community profile 1

- *Purpose*

To provide information on community commitment to the issue of substance use and abuse with special emphasis among young people. This information will contribute to an understanding of the basis for community mobilisation.

- *Variables*

The relevant variables are local understanding, attitudes, and norms with respect to substance use and abuse, community situation assessment, ongoing intervention projects, programmes, strategies, and networks.

- *Justification*

The form and content of the networks may be taken as an indicator of level of community mobilisation. Of special importance is the understanding of attitudes towards substance use and abuse among young people in political and welfare organisations and agencies as a resource for or barrier to an envisaged intervention.

- *Implementation*

A selected research institution will conduct the surveys

- *Strategy*

- a) A sample of 100 adults randomly selected from the target population will be interviewed (see annex 4)¹
- b) Focus Group discussions with key informants (4)
- c) Focus Group discussions with young people (2 male, 2 female)
- d) Interviews with government officials and community leaders

¹ Ideally KAP adult should be done before training. However, operationally this is not possible. It will be done with KAP youth survey. The interpretation of some variables will be affected such as mobilisation would have occurred after training of local partners but the effect will be small.

4.3.2 Community Profile 2

- ***Purpose***

To provide information on other aspects of the community and the wider societal context that are relevant to the intervention. These include socioeconomic conditions and structures in the community.

- ***Variables***

Central variables are the legal, economic, political, and health, social, and demographic, especially as they relate to substance use and prevention.

- ***Justification***

These factors influence the intervention. They include, among other things, locally organised life, both as part of civil society and the state, e.g. tradition and present situation with regard to mobilisation of (parts of) the community for various collective purposes.

- ***Strategy***

- a) The information will partly be available in the form of statistics.
- b) New information will be required.
- c) Desk reviews should be conducted of available secondary data or databases on community and societal level issues (see Annex 2).

- ***Implementation***

The selected research institution will conduct the surveys.

4.3.3 The KAP youth study

- ***Purpose***

To provide pre-intervention information on substance use among young people, aged 10 – 21. The information will serve as a basis for the identification of the need for intervention, and for post-intervention comparison as part of the outcome evaluation.

- ***Variables***

The variables will include: sociodemographic characteristics, understanding of and attitudes to substance use of various kinds, substance-use behaviour.

- ***Strategy***

The information will be collected from young people (self-report data) on an individual level in a survey. A questionnaire administered in person to the respondents, with closed-ended answers, will be used as the data collection instrument (see annex 5).

- ***Implementation***

A sample of 300 young people be selected in each community. The research institution will conduct the surveys¹.

- ***Areas/variables to be covered***

The questionnaire consists of 9 parts: 1) background information: sociodemographic and religious information), 2) availability of substances, 3) use of tobacco, 4) use of alcohol, 5) use of various illegal drugs, 6) use of over-the-counter drugs, 7) abuse related questions (social consequences of substance use), 8) attitudes to substance use, 9) significant others' use of substances (parents, closest friend).

¹ The exact sampling procedures will be developed by the research institution to suite the requirements of the target population and the type of intervention planned by the local partner. This will be done in consultation with with WHO.

If the target population for young people is less than 300 then the total sample will be taken.

The sample size has been derived keeping in mind the probability of showing significant results of variables pre and post intervention.

5. INTEGRATION

The information encompassed by the three components will be integrated in the baseline assessment. Thus, survey data from the KAP youth study and the adult survey will be integrated with the intermediate, community and societal level data so as to relate substance use patterns to their community and societal contexts.

6. ANALYTICAL FRAMEWORK

The objective of the Global Initiative is to prevent and reduce the use and abuse of psychoactive substances among young people through the mobilisation of communities. At an initial, pre intervention, stage baseline data relevant to the outcome evaluation related to use are:

- a) Rates of respondents who have ever (“in your lifetime”) used substances, by age, sex and ethnicity.
- b) Rates of respondents who have used substances last 12 months, by age, sex and ethnicity.
- c) Rates of respondents who have used substances last 30 days, by age, sex and ethnicity.
- d) Distribution of frequency of use of substances last 30 days, by age, sex and ethnicity.
- e) Mean age of onset of use of substances, by sex and ethnicity.

These are indicators based on information from the KAP youth study.

Measures of abuse may be based on information from the same study and related to the following indicators, separately or in combination:

- ***Alcohol***
 - Score on questions covering consequences of alcohol use, males and females in different age categories and ethnic groups.
- ***Tobacco and alcohol***
 - Rates of frequent use of tobacco and/or alcohol (“daily or almost daily”), males and females in different age categories and ethnic groups.
- ***Other substances/in general***
 - Score on questions covering consequences of substance use, males and females in different age categories and ethnic groups.
 - Rates of non-medical use of legal substances other than tobacco and alcohol, males and females in different age categories and ethnic groups.
 - Rates of non-medical use of illegal substances, males and females in different age categories and ethnic groups.

6.1 Other possible measures of abuse, probably less accurate and valid

- a) Information drawn from other sources: statistics on substance use specific hospital episodes of young people (rate of total number of hospital cases treated).
- b) Number of investigations by police/sentences in cases of substance use related crime by young people (rate of total investigations/sentences passed).

Abuse measures may be used to define risk groups in the youth sample. Risk groups are defined by their background characteristics and their high value on the abuse measure(s). It may be useful to identify such risk groups in the intervention planning, and the outcome assessment should comprise an analysis of how these groups in particular were affected by the intervention.

Though the project document cannot specify the purpose of the mobilisation, which has to be determined separately for each local intervention, it is reasonable to interpret the statement so that mobilisation involves effects on “mediating variables”. A variable is a mediator if it accounts for the relation between exposure to the prevention intervention and the outcome measure (e.g. knowledge or social competence of young people, parents’ attitude to and use of substances, local awareness of substance use problems in the community, legal measure regulating minimum drinking age). Instruments and indicators to measure mediating variables and objectives for the corresponding target groups (intermediate target groups) will have to be developed for each case of intervention.

6.2 Measuring community mobilisation

Community mobilisation in itself may be measured as follows, separately or in combination:

- a) number of persons directly involved in intervention activities;
- b) number of social units/organised agents involved in the planning and/or implementation of the prevention intervention, by type of organisation (public agencies/political /voluntary/business organisations to name but a few possible categories);
- c) number of relationships related to the intervention between organisations involved in the intervention (network density);
- d) type of organisational network established (e.g. wheel, chain, all-channel);
- e) policy measures passed on local and national level directly or indirectly related to substance use among young people (based on reasons given) with direct/indirect reference to the intervention; and
- f) number of exposures in the mass media related to the intervention, its background, objectives, implementation, and/or consequences.

ANNEX 1

GLOBAL INITIATIVE ON PRIMARY PREVENTION OF SUBSTANCE ABUSE

TERMS OF REFERENCE FOR THE RESEARCH INSTITUTION FOR BASELINE ASSESSMENT

The baseline assessment for the Global Initiative will be undertaken by an independent research institution based in the selected country. This baseline assessment is the basis of the local and overall evaluation of the Global Initiative that will be performed after implementation of prevention activities. The overall evaluation will determine the degree to which communities and different subgroups within the community have been mobilised by the Global Initiative and the impact on the prevention of substance abuse in each selected country two sites will be selected for the evaluation. The main aspects of the evaluation include:

1. A pre-intervention assessment (baseline), in order to provide a pre intervention status description.
2. Post intervention 18-24 months after implementation of activities to determine the achievement of the overall evaluation objectives.

The terms of reference proposed below relate to the carrying out of the baseline assessment i.e. the first aspect of the overall evaluation of the Global Initiative.

Components of the baseline assessment

1. Community profile 1 to provide information on the organized and cultural context in which the phenomenon exists, relevant community resources on an organizational level, existing prevention efforts, beliefs, attitudes and customs etc.
2. Community profile 2 to provide information on community and the society with regard to structures and processes related to substance use among young people including community resources at an organizational level.
3. KAP adult and youth study intended to provide information on the phenomenon related to substance use among young people at the community level.

Strategy for the baseline assessment

- a) Community profile 1 and 2 to be done immediately after signing the agreement in two selected intervention sites. Duration of this component is four weeks and to be implemented between November 2000 and January 2001. A written report will need to be prepared.
- b) KAP studies to be conducted after training of local partners in the selected population around February-April 2001. The duration of this component is also four weeks. A written report for this component will also need to be prepared.

Tasks to be accomplished

1. Conduct the baseline assessment according to the guidelines provided.
2. Analyze the data using the proposed analytical framework.
3. Prepare written reports of the results of the study and make them available to WHO within the specified time.

Please note that the publication of the results beyond the WHO reports requires written permission from WHO and will be attempted only at the end of the project.

ANNEX 2

COMMUNITY PROFILE 1

The information related to community profile 1 will comprise:

At an intermediate or organisational level

1. Variable

Organised social units (e.g. primary health and social service agencies, police/criminal justice, schools, businesses, political agencies, labour/professional organisations, NGOs, including organisations such as religious organisations, sport clubs, recreation organisations, women's and parent organisations), relevant to primary prevention.

- Method/source

Such units will be identified through interviews with community leaders and/or relevant regional/provincial government bodies and/or other key informants.

2. Variable

Beliefs, attitudes and norms related to substance use among young people, and their assessment of the local situation.

- Method/source

The directors/organisational leaders of all the relevant organisational units will be interviewed. At the completion of data collection and summary description of the information gathered through the interviews, a focus group discussion will be held with a representative from some of the organisational units already approached (e.g. 6 – 10 persons/units) to cross-check and explicate the data collected in the key informant interviews undertaken.

- Instrument

Interview guide should contain the following questions:

1. Which substances do young people in the community (girls and/or boys) use a lot or to some extent?
2. What is expected of young people with regard to substance use:
 - at what age are they introduced to tobacco and alcohol?
 - how much is acceptable for a young person to consume, boy and girl, to smoke/drink/consume?
 - Of which substances?
 - On which occasions?
 - In which circumstances (where/with whom)?
3. Do young people in the community abuse substances? If so, which substances, and by whom, to what extent, and in which circumstances?
4. What are the main causes of abuse ?

3. *Variable*

Primary prevention projects, programmes and strategies.

- Method/source

The organisational leader in each social unit/organisation will be interviewed.

- Instrument

In case such activities exist: Interview guide should contain the following items:

- The need for the prevention intervention (this question is closely related to variable 2)
- The target group
- Objectives
- Strategies/methods
- Resources, including funding and partners in co-operation (network)
- Rationale

At the community level

4. *Variable*

Community beliefs about and attitudes to young people's use of psychoactive substances.

Method/source

Adult survey, included in household-based community survey (re. the paragraph on implementation in "The KAP youth study" above).

Instrument

Annex 2

5. *Variable*

Cultural factors related to substance use among young people: acceptable places, occasions, persons and kinds; how much is acceptable when, where, and by whom of what; other cultural factors inhibiting and stimulating substance use especially among young people; the meaning of using various substances.

Method/source

Focus group interviews complementing survey data. Groups should include young people and adults, males and females. The composition should also reflect ethnic composition of the community. At least two focus groups should be summoned, the number of groups required depending on the degree of complexity of the community.

Instrument

Interview guide should include the following questions:

1. Which substances do young people in the community (girls and/or boys) use a lot or to some extent?
2. What is expected and accepted of young people with regard to substance use:
 - at what age are they normally introduced to tobacco, alcohol, and other substances?
 - how much is acceptable for a young person, boy and girl, to smoke/drink/consume,
 - of which substances?
 - on which occasions?
 - in which circumstances (where/with whom)?
3. Why do young people (boys and girls) use substances? Different causes for different substances?
4. Do young people in the community abuse substances? If so, which substances, and by whom, and in which circumstances?
5. What are the main causes of abuse?
6. What would prevent young people from abusing substances/contribute to reducing abuse ?

6. Variable

Values and traditions, especially those that determine people's attitudes to organising and taking action to achieve change.

Method/source

Focus group interviews or key informant interviews. Focus groups should include young people and adults, males and females. The composition should also reflect ethnic composition of the community. At least two focus groups should be summoned, the number of groups required depending on the degree of complexity of the community.

Instrument

Interview guide should include the following questions:

1. Over the last five years, have there been popular, organised protests against something that many people in the community considered unjust, intolerable, harmful to people at large or certain individuals or groups, threatening their welfare (give examples)?
2. If need was felt, but no action taken, why?
3. Over the last five years, have people in the community got together to achieve something that would benefit them as a group, or certain individuals, groups of people or the community at large (give examples)?
4. If need was felt, but no action taken, why?
5. Other historical examples of community mobilisation for a given community cause?
6. Was community mobilisation easier/more difficult earlier? If so, what has changed?
7. Is there a need for community action/intervention today, e.g. with regard to the life situation (substance abuse) of young people in the community?
8. Is it likely that resources be mobilised in the community to do something about it?
9. Possible resistance factors/obstacles/barriers to action, or difficulties likely to arise?

10. Who would be most likely to initiate action, or whom would it be most useful to challenge to take initial steps to act upon the situation?
11. Who would it be possible to mobilise to join hands or contribute resources?
12. When measures should be taken to change certain things in the community (a situation where many people think there is a need for action), whose responsibility (single/primary/combined) is it to act upon the situation?

ANNEX 3

COMMUNITY PROFILE 2

Areas/variables to be covered:

The information related to community profile 2 will comprise:

Population and housing (sociodemographic situation)

1. Variable

Population, age, sex and ethnic distribution.

Method/source

Analysis of available statistical material.

2. Variable

Family and housing structure.

Method/source

Analysis of available statistical material.

Instrument

The following indicators should be considered:

- households distributed by number of persons (adults and children);
- persons per room in the household; and
- rate of households with kitchen in the house.

3. Variable

Distribution of water and sanitation facilities.

Method/source

Analysis of available statistical material.

Instrument

The following indicators should be considered:

- rate of households with warm/cold water in the house;
- rate of households with toilet in the house; and
- rate of households with bathroom in the house.

4. Variable

Physical conditions of community neighbourhoods.

Method/source

Observation, municipal/local administration.

Instrument

The following indicators should be considered:

- quality of roads/streets: tarmac, dust, gravel;
- road/street lighting (electrification);
- quality of road/street environment: cleanliness, disposal of rubbish/waste/refuse;
- quality of houses and environment: quality of roofs, external walls and windows, signs of deterioration; cleanliness of house environment, disposal of rubbish/waste/refuse; and
- electrification of houses: per cent of houses in the neighbourhood.

5. Variable

Socio-economic structure.

Method/source

Analysis of available statistical material.

Instrument

The following indicators should be considered:

- household income distribution;
- rate of poverty (poverty definition has to be accounted for) in the population (households, persons) by age, sex and ethnicity; and
- rate of homeless children.

Health and social services, social welfare

6. Variable

Level and distribution of health and disease, deaths and mortality, including harms caused by substance use/intoxication.

Method/source

Analysis of available statistical material.

Instrument

The following indicators should be considered:

- prevalence of HIV/AIDS, tuberculosis, other important diseases distributed by age, sex and ethnicity;
- life expectancy by age, sex and ethnicity;
- infant mortality rates;
- rates of death by cause of death, age, sex and ethnicity, including deaths from overdose, liver disease (if rates of hepatitis B and C are low), and alcohol liver disease, alcohol dependence and alcohol psychosis, fatal road crashes (including pedestrians and cyclists) and suicide;
- rates of all other substance use specific hospital episodes, of hospital episodes for road crashes, alcohol poisoning, overdoses, and assault caused by occasions of intoxication;
- per capita consumption of tobacco and alcohol ; and
- rate of substance abusers in the population, by age, sex and ethnicity.

7. Variable

Primary health care services.

Method/source

Municipal/local administration.

Instrument

The following indicators should be considered:

- number and locations
- services provided

8. Variable

Primary social services.

Method/source

Municipal/local administration.

Instrument

The following indicators should be considered:

- number and locations
- services provided

9. Variable

Specialised health services: hospitals and clinics.

Method/source

Municipal/local administration.

Instrument

The following indicators should be considered:

- number and locations
- services provided
- beds per capita

10. Variable

Substance abuse treatment facilities.

Method/source

Municipal/local administration.

Instrument

The following indicators should be considered:

- number and locations
- in-patients and out-patients per year by age, sex and ethnicity

Education

11. Variable

Schools, level and distribution of education of population.

Method/source

Analysis of available statistical material/school archives, school principal.

Instrument

The following indicators should be considered:

- types of education opportunities in the community (primary, secondary, post-secondary);
- distribution of education in the population by age, sex and ethnicity;
- school enrolment rates by level (primary, secondary, post-secondary), age, sex and ethnicity; and
- rates of absences and expulsions from school caused by intoxication.

Economic structure and activities

12. Variable

Occupational structure, unemployment rate among and employment opportunities for young people.

Method/source

Analysis of available statistical material.

Instrument

The following indicators should be considered:

- population by main activity and sex;
- distribution of labour force by age, sex and industry;
- employment and unemployment rates by age, sex and ethnicity, including jobs in alcohol and other substance production and trade; and
- rate of commuting by age, sex and ethnicity;

13. Variable

Production structure, stability and change.

Method/source

Analysis of available statistical material.

Instrument

The following indicators should be considered:

- gross domestic product on national and community level by kind of activity/industry;
- tax revenues to local level and central level by industry, including production and trade of alcohol and other substances;
- change in gross domestic product on national and community level by kind of activity/industry 1990-1999;
- change in distribution of labour force by age, sex and industry 1990-1999;
- change in employment and unemployment rates by age, sex and ethnicity, including jobs in alcohol and other substance production and trade 1990 -1999; and
- informal/illegal sales of illegal substances: sales volume, cash value, number of persons occupied.

14. Variable

Alcohol and tobacco outlets and sales of substances.

Method/source

Analysis of available statistical material, interview, observation.

Instrument

The following indicators should be considered:

- number and geographical distribution of tobacco and alcohol outlets; and
- number and geographical distribution of outlets for other substances.

15. Variable

Patterns of advertising of alcohol and tobacco.

Method/source

Analysis of advertisements in mass media.

Instrument

The following indicators should be considered:

1. Types of media where tobacco and alcohol products are advertised (TV, radio, newspapers, magazines, billboards, other).
2. Regularity of advertising in TV, radio and newspapers (number of occasions per week in each medium).
3. Target groups of advertising, especially age, sex and ethnic group:
 - persons that represent the message (lifestyle advertisement): age, sex and ethnicity;

- advertising connected to radio/TV programmes (before/in/after): target groups of these programmes; and
 - advertising in magazines: target groups of the magazines
4. Sponsoring activities of tobacco and/or alcohol producing companies (e.g. sport organisations/activities/events, connected with advertising).

16. Variable

Workplace substance use problems.

Method/source

Workplace archives/data bases.

Instrument

The following indicators should be considered:

- rate of absences caused by intoxication by age;
- rate of dismissals caused by (repeated) intoxication by age;
- number of workplace accidents caused by intoxication by age; and
- number of referrals to consulting agencies, treatment facilities, health and social service agencies caused by substance use problems by age.

Political conditions

17. Variable

Local and central government.

Method/source

Policy documents, central and municipal/local administration.

Instrument

The following indicators should be considered:

- espoused commitment to issues related to the life situation of young people in the community: policy strategies;
- espoused commitment to issues related to substance use and substance use problems: policy strategies; and
- positions or agencies within the local and central government allocated to substance use issues, e.g. policy administration and implementation: tasks of agents/agencies.

18. Variable

Political parties.

Method/source

Party programmes, interview party leaders.

Instrument

The following indicators should be considered:

- espoused commitment to issues related to the life situation of young people in the community: policy strategies; and
- espoused commitment to issues related to substance use and substance use problems: policy strategies.

19. Variable

Labour organisations.

Method/source

Interview chairpersons/organisation archives.

Instrument

The following indicators should be considered:

- membership by age, sex and ethnicity;
- goals and activities, especially if related to substance use prevention;
- links to local and central political institutions: purpose and character; and
- other interorganizational links, including links between labour organisations: types of organisations, purpose, character of interaction.

Legal conditions

20. Variable

Law courts and police.

Method/source

Analysis of available statistical material, legal texts.

Instrument

The following indicators should be considered:

- structure of the local court system;
- legal regulations of advertising of tobacco and alcohol;
- legal regulations of sales of substances; e.g. minimum smoking/drinking age, opening hours of outlets, existence of sales monopolies;
- general crime rates; and
- rate of offences against legal regulations of substance production, sales and consumption investigated by police and sanctioned (fine, imprisonment, other type of custody) by age.

Civil institutions and activities

21. Variable

Voluntary, philanthropic/humanitarian/welfare/interest. organisations/associations/groups, especially youth organisations, associations, and groups, women's organisations, parent organisations.

Method/source

Analysis of available statistical material, leader interviews.

Instrument

The following indicators should be considered:

- membership;
- goals and activities, especially if related to substance use prevention;
- links to local and central political institutions: purpose and character; and
- other interorganizational links, including links between voluntary organisations: types of organisations, purpose, character of interaction.

22. Variable

Religious organisations – major religions.

Method/source

Analysis of available statistical material, interview of organisational leaders and community leaders.

Instrument

The following indicators should be considered:

- membership;
- goals and activities, especially if related to substance use prevention;

- links to local and central political institutions: purpose and character;
- other interorganizational links, including links between religious organisations: types of organisations, purpose, character of interaction; and
- the centrality of religions and religious institutions in communal life.

Desk review

Some of information to be assembled may be readily available in different sorts of databases and/or statistical publications. Since focus is on the community, primary interest is on community level information. Moreover, community level information should be seen in connection with regional and/or national level information since these levels constitutes the wider societal context. An important source of such information, if at all available, will be the national bureau of statistics. An office of statistics may also exist as part of the local administration. These agencies may provide information on other relevant sources. Databases may also be sought at the institutions where the information will be recorded (e.g. hospitals, schools, workplaces, police).

The list below contains elements drawn from the more elaborate version of community profile 2. The suggested information may be available to a varying extent. Those in charge of collecting the information may want to collect other statistical information that they feel relevant in this context.

Population and housing (sociodemographic situation)

- Population, age, sex and ethnic distribution.
- Households distributed by number of persons (adults and children).
- Persons per room in the household.
- Rate of households with kitchen in the house.
- Rate of households with warm/cold water in the house.
- Rate of households with toilet in the house.
- Rate of households with bathroom in the house.

Health and social services, social welfare

- Prevalence of HIV/AIDS, tuberculosis, other important diseases distributed by age, sex and ethnicity.
- Life expectancy by age, sex and ethnicity.
- Rates of death by cause of death, age, sex and ethnicity, including death from overdose, from liver disease (if rates of hepatitis B and C are low), and from alcohol liver disease, alcohol dependence and alcohol psychosis, rates of fatal road crashes (including pedestrians and cyclists), and suicide.
- Rates of all other substance use specific hospital episodes, of hospital episodes for road crashes, alcohol poisoning, overdoses, and assault caused by occasions of intoxication.
- Per capita consumption of tobacco and alcohol.
- Rate of substance abusers in the population, by age, sex and ethnicity.
- Substance abuse treatment: in-patients and out-patients by age, sex and ethnicity.

Education

- Distribution of education in the population by age, sex and ethnicity.
- School enrolment rates by age, sex and ethnicity, rates of absences and expulsions caused by intoxication.

Economic structure and activities

- Population by main activity and sex, distribution of labour force by sex and industry, employment and unemployment rates by age, sex and ethnicity, including jobs in alcohol and other substance production and trade.
- Rate of commuting by age, sex and ethnicity.
- Household income distribution.
- Rate of poverty (poverty definition has to be accounted for) in the population by age, sex and ethnicity.
- Rate of homeless children.
- Gross domestic product on national and community level by kind of activity/industry, including production of substances.
- Tax revenues by industry, including production and trade of alcohol and other substances.

Legal conditions

- Legal regulations on advertising of tobacco and alcohol, on sales of substances (what, when, where, by whom, to whom).
- Crime rates, offences investigated by the police by type of offence, especially those connected to substance use.

Civil institutions and activities

- Voluntary humanitarian or welfare agencies, organisations, associations, and groups especially youth organisations, associations, and groups, women's organisations, parent organisations.
- Major religions in the community, religious and cultural organisations and groups.

ANNEX 4

SAMPLE SIZE ESTIMATION

Considerations in the KAP survey (youth and adults) are that:

1. The focus is on surveying a community rather than a region (e.g. province, country) and thus on a comparatively *small survey population/sampling frame*.
2. The questionnaire include a comparatively *large number of variables*.
3. An *analysis* (e.g. through multivariate statistical analysis techniques) of *relationships/interactions between various variables* (e.g. differentiation of substance users into various socioeconomic/demographic subgroups) is required and such an analysis require a reasonable number of respondents within individual subgroups.
4. *Probability sampling* facilitates reliable inferences about the sample population.
5. *Stratified (multistage) sampling*, using probability principles, has the advantage of *facilitating representativeness* and selecting a comparatively *small sample*.¹
6. Formulae for determining approximate sample *size* at a particular level of precision and confidence when selecting a probability sample *require prior knowledge* and specifically an estimate of the population parameter with regard to the main variable(s) concerned;² probability theory permits an *estimation of the degree of error to be expected for a give sample value*, i.e. the extent to which the sample value on a variable can be expected to be distributed around the population value/parameter, i.e. the size of the standard error.

Sample size: The research institution that is to conduct the relevant household survey should: select a stratified probability sample of 200 randomly selected households. From these, they should interview 300 young people and 100 adults.³ *Modification of sampling methodology can be made based on the selected target population in a specific country in consultation with WHO.*

¹ In stratified sampling the sample population is divided into homogeneous segments/strata on the basis of existing knowledge/data regarding the characteristics of the population (e.g. various socioeconomic subcategories) before selecting a sample in terms of probability principles from each segment/stratum, e.g. that the number of elements/units selected from a stratum are proportionate to its size. For example, in the selection of respondents within a household sample survey in a community, the (a) latter may first be divided into various socioeconomic street block strata, then (b) within each street block stratum a number of street blocks may be systematically drawn, and (c) within each of the selected street blocks a sample of households, after which (d) 2 respondents (a young person between 10 and 21 years and an adult, 22 years and older) may be randomly drawn within each selected household, using a random number selection grid.

² The following **formula** may be used when determining a population proportion (e.g. the prevalence of alcohol use), if the target population is comparatively large, and if an initial estimate of the relevant population proportion is not available: $n = z^2P(1-P)/d^2$ with, for example, $z = 1,96$ (95% confidence level), $P=0,5$ and $d=0,02$ (2% level of precision).

³ This decision is based on (a) the formula noted in the previous footnote and the assumption (based on past research) that the proportion of illicit drug users (excluding cannabis) is at the most in the order of 2.5 – 5.0% in the target population/community, a 95% confidence level and accordingly with $z=1,96$, and $d=0,02$ (2% level of precision), (b) the multiple variables included in the questionnaire concerned, (c) multivariate statistical packages require a reasonable number of respondents. The number of adults is smaller because the information collected is for a different objective.

ANNEX 5

KAP ADULT QUESTIONNAIRE

Questionnaire on knowledge, attitudes, and behaviour related to substance use

Target group: Adults (age 22+)

Background information

Are you a male or a female?

- male
 female

What is your age?

years

How many years of school have you completed?

years

For most of the last 12 months, were you a student, full-time or part-time?

- I was not a student during most of the last 12 months
 I was a part-time student
 I was a full-time student

For most of the last 12 months, have you worked on a PAID job, full-time or part-time?

- I have not worked on a paid job during most of the last 12 months
 I have worked part-time paid job
 I have worked full-time paid job

For most of the last 12 months, have you worked on an UNPAID job, full-time or part-time?

- I have not worked on an unpaid job during most of the last 12 months
 I have worked part-time unpaid job
 I have worked full-time unpaid job

Which of the following applies to you best?

- student
 employed
 unemployed
 other

What is your religious preference?

- Buddhist
 Christian
 Hindu
 Muslim
 Shintu
 other religion
 none

How often do you attend religious services or meetings?

- never
- rarely
- once or twice a month
- once a week or more

How important is religion in your life?

- not important
- of little importance
- pretty important
- very important

The following questions are about the availability of various psychoactive substances

****How difficult do you think it would be for you to get each of the following types of substances, if you wanted some?**

	probably impossible	Very difficult	fairly difficult	fairly easy	very easy
cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other kinds of tobacco (e.g. cigars, chewing tobacco, snuff)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
marijuana or hashish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cocaine or crack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
alcohol (any kind/in general)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
**hard liquor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
**malt beer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
**wine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
**home-made liquor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hallucinogens (e.g. ...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
amphetamines (e.g. ...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sedatives (e.g. ...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
tranquillisers (e.g. ...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following questions are about use of tobacco

Have you used tobacco (smoked cigarettes, smoked cigars, smoked a pipe, chewed tobacco, taken snuff)...

	yes	no
in your lifetime?	<input type="checkbox"/>	<input type="checkbox"/>
in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
in the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>

In the past 12 months, on how many days did you use tobacco (smoked cigarettes, smoked cigars, smoked a pipe, chewed tobacco, took snuff)?

- daily or almost daily
- 3 – 4 times a week
- 1 – 2 days a week
- 2 – 3 days a month
- once a month
- 7 – 11 days in the past 12 months
- 4 – 6 days in the past 12 months
- 2 – 3 days in the past 12 months
- once in the past 12 months
- I didn't smoke in the past 12 months

Have you smoked cigarettes...

	yes	no
in your lifetime?	<input type="checkbox"/>	<input type="checkbox"/>
in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
in the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>

In the past 12 months, on how many days did you smoke cigarettes?

- daily or almost daily
- 3 – 4 times a week
- 1 – 2 days a week
- 2 – 3 days a month

- once a month
- 7 – 11 days in the past 12 months
- 4 – 6 days in the past 12 months
- 2 – 3 days in the past 12 months
- once in the past 12 months
- I didn't smoke cigarettes in the past 12 months

How many cigarettes have you smoked in the past 12 months?

- none
- less than 5 cigarettes per day
- 5 – 9 cigarettes per day
- 10 – 19 per day
- 20 – 39 per day
- 40 – 59 per day
- 60 or more per day

****Have you smoked cigars or a pipe ...**

- | | yes | no |
|-------------------------------|--------------------------|--------------------------|
| in your lifetime? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 30 days? | <input type="checkbox"/> | <input type="checkbox"/> |

****In the past 12 months, on how many days did you smoke cigars or a pipe?**

- daily or almost daily
- 3 – 4 times a week
- 1 – 2 days a week
- 2 – 3 days a month
- once a month
- 7 – 11 days in the past 12 months
- 4 – 6 days in the past 12 months
- 2 – 3 days in the past 12 months
- once in the past 12 months
- I didn't smoke cigars or a pipe in the past 12 months

****Have you taken chewing tobacco ...**

	yes	no
in your lifetime?	<input type="checkbox"/>	<input type="checkbox"/>
in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
in the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>

****In the past 12 months, on how many days did you take chewing tobacco?**

- daily or almost daily
- 3 – 4 times a week
- 1 – 2 days a week
- 2 – 3 days a month
- once a month
- 7 – 11 days in the past 12 months
- 4 – 6 days in the past 12 months
- 2 – 3 days in the past 12 months
- once in the past 12 months
- I didn't take chewing tobacco in the past 12 months

****Have you taken snuff ...**

	yes	no
in your lifetime?	<input type="checkbox"/>	<input type="checkbox"/>
in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
in the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>

****In the past 12 months, on how many days did you take snuff?**

- daily or almost daily
- 3 – 4 times a week
- 1 – 2 days a week
- 2 – 3 days a month
- once a month
- 7 – 11 days in the past 12 months
- 4 – 6 days in the past 12 months

- 2 – 3 days in the past 12 months
- once in the past 12 months
- I didn't take snuff in the past 12 months

The following questions are about use of alcohol and its consequences

Have you drunk any alcohol, such as beer, wine, spirits or any other alcoholic drink(s)...

- | | yes | no |
|-------------------------------|--------------------------|--------------------------|
| in your lifetime? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 30 days? | <input type="checkbox"/> | <input type="checkbox"/> |

In the past 12 months, on how many days did you drink alcohol?

- daily or almost daily
- 3 – 4 times a week
- 1 – 2 days a week
- 2 – 3 days a month
- once a month
- 7 – 11 days in the past 12 months
- 4 – 6 days in the past 12 months
- 2 – 3 days in the past 12 months
- once in the past 12 months
- I didn't drink alcohol in the past 12 months

**** Think back over the LAST TWO WEEKS. How many times have you had five or more drinks in a row? (A “drink” is a glass of wine, a bottle of beer, a wine cooler, a shot glass of liquor, or a mixed drink.)**

- none
- once
- twice
- 3 – 5 times
- 6 – 9 times
- 10 times or more

With regard to drinking alcohol: In the past 12 months, how often have you.....

	never	less than monthly	monthly	weekly	almost daily
found that you were not able to stop drinking once you had started?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
failed to do what was normally expected from you because of drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
needed a first drink in the morning to get yourself going after a heavy drinking session?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
had a feeling of guilt or remorse after drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
been unable to remember what happened the night before because you had been drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	no	yes, but not in the last year	yes, in the past year
Have you or someone else been injured as a result of your drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a relative or a friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

****Have you drunk gin, vodka, whisky, brandy or any other manufactured hard liquor or spirits...**

	yes	no
in your lifetime?	<input type="checkbox"/>	<input type="checkbox"/>
in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
in the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>

****In the past 12 months, on how many days did you drink gin, vodka, whisky, brandy or any other manufactured hard liquor or spirits?**

- daily or almost daily
- 3 – 4 times a week
- 1 – 2 days a week
- 2 – 3 days a month
- once a month
- 7 – 11 days in the past 12 months
- 4 – 6 days in the past 12 months

- 2 – 3 days in the past 12 months
- once in the past 12 months
- I didn't drink gin, vodka, whisky, brandy or any other manufactured hard liquor or spirits in the past 12 months

****Have you drunk malt beer...**

- | | yes | no |
|-------------------------------|--------------------------|--------------------------|
| in your lifetime? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 30 days? | <input type="checkbox"/> | <input type="checkbox"/> |

****In the past 12 months, on how many days did you drink malt beer?**

- daily or almost daily
- 3 – 4 times a week
- 1 – 2 days a week
- 2 – 3 days a month
- once a month
- 7 – 11 days in the past 12 months
- 4 – 6 days in the past 12 months
- 2 – 3 days in the past 12 months
- once in the past 12 months
- I didn't drink malt beer in the past 12 months

****Have you drunk cider...**

- | | yes | no |
|-------------------------------|--------------------------|--------------------------|
| in your lifetime? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 30 days? | <input type="checkbox"/> | <input type="checkbox"/> |

****In the past 12 months, on how many days did you drink cider?**

- daily or almost daily
- 3 – 4 times a week
- 1 – 2 days a week

- 2 – 3 days a month
- once a month
- 7 – 11 days in the past 12 months
- 4 – 6 days in the past 12 months
- 2 – 3 days in the past 12 months
- once in the past 12 months
- I didn't drink cider in the past 12 months

****Have you drunk wine...**

- | | yes | no |
|-------------------------------|--------------------------|--------------------------|
| in your lifetime? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 30 days? | <input type="checkbox"/> | <input type="checkbox"/> |

****In the past 12 months, on how many days did you drink wine?**

- daily or almost daily
- 3 – 4 times a week
- 1 – 2 days a week
- 2 – 3 days a month
- once a month
- 7 – 11 days in the past 12 months
- 4 – 6 days in the past 12 months
- 2 – 3 days in the past 12 months
- once in the past 12 months
- I didn't drink wine in the past 12 months

****Have you drunk home-made liquor...**

- | | yes | no |
|-------------------------------|--------------------------|--------------------------|
| in your lifetime? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 30 days? | <input type="checkbox"/> | <input type="checkbox"/> |

****In the past 12 months, on how many days did you drink home-made liquor?**

- daily or almost daily
- 3 – 4 times a week
- 1 – 2 days a week
- 2 – 3 days a month
- once a month
- 7 – 11 days in the past 12 months
- 4 – 6 days in the past 12 months
- 2 – 3 days in the past 12 months
- once in the past 12 months
- I didn't drink home-made liquor in the past 12 months

The following questions deal with various other substances

Have you taken hashish and/or marihuana...

- | | yes | no |
|-------------------------------|--------------------------|--------------------------|
| in your lifetime? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 30 days? | <input type="checkbox"/> | <input type="checkbox"/> |

In the past 12 months, on how many days did you take hashish and/or marihuana?

- daily or almost daily
- 3 – 4 times a week
- 1 – 2 days a week
- 2 – 3 days a month
- once a month
- 7 – 11 days in the past 12 months
- 4 – 6 days in the past 12 months
- 2 – 3 days in the past 12 months
- once in the past 12 months
- I didn't take marihuana and/or hashish in the past 12 months

Have you taken heroin...

	yes	no
in your lifetime?	<input type="checkbox"/>	<input type="checkbox"/>
in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
in the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>

In the past 12 months, on how many days did you take heroin?

- daily or almost daily
- 3 – 4 times a week
- 1 – 2 days a week
- 2 – 3 days a month
- once a month
- 7 – 11 days in the past 12 months
- 4 – 6 days in the past 12 months
- 2 – 3 days in the past 12 months
- once in the past 12 months
- I didn't take heroin in the past 12 months

Have you taken hallucinogens...

	yes	no
in your lifetime?	<input type="checkbox"/>	<input type="checkbox"/>
in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
in the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>

In the past 12 months, on how many days did you take hallucinogens (LSD, mescaline, peyote, PCP, psilocybin)?

- daily or almost daily
- 3 – 4 times a week
- 1 – 2 days a week
- 2 – 3 days a month
- once a month
- 7 – 11 days in the past 12 months

- 4 – 6 days in the past 12 months
- 2 – 3 days in the past 12 months
- once in the past 12 months
- I didn't take hallucinogens in the past 12 months

Have you taken amphetamines (“speed”, “pep”)...

- | | yes | no |
|-------------------------------|--------------------------|--------------------------|
| in your lifetime? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 30 days? | <input type="checkbox"/> | <input type="checkbox"/> |

In the past 12 months, on how many days did you take amphetamines (“speed”, “pep”)?

- daily or almost daily
- 3 – 4 times a week
- 1 – 2 days a week
- 2 – 3 days a month
- once a month
- 7 – 11 days in the past 12 months
- 4 – 6 days in the past 12 months
- 2 – 3 days in the past 12 months
- once in the past 12 months
- I didn't take amphetamines in the past 12 months

Have you taken cocaine (powder or “crack”)...

- | | yes | no |
|-------------------------------|--------------------------|--------------------------|
| in your lifetime? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 30 days? | <input type="checkbox"/> | <input type="checkbox"/> |

In the past 12 months, on how many days did you take cocaine (powder or “crack”)?

- daily or almost daily
- 3 – 4 times a week
- 1 – 2 days a week
- 2 – 3 days a month
- once a month
- 7 – 11 days in the past 12 months
- 4 – 6 days in the past 12 months
- 2 – 3 days in the past 12 months
- once in the past 12 months
- I didn't take cocaine in the past 12 months

Have you taken mandrax...

- | | yes | no |
|-------------------------------|--------------------------|--------------------------|
| in your lifetime? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 30 days? | <input type="checkbox"/> | <input type="checkbox"/> |

In the past 12 months, on how many days did you take mandrax?

- daily or almost daily
- 3 – 4 times a week
- 1 – 2 days a week
- 2 – 3 days a month
- once a month
- 7 – 11 days in the past 12 months
- 4 – 6 days in the past 12 months
- 2 – 3 days in the past 12 months
- once in the past 12 months
- I didn't take mandrax in the past 12 months

Have you taken a mixture of marihuana/hashish and mandrax ...

- | | yes | no |
|-------------------------------|--------------------------|--------------------------|
| in your lifetime? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 30 days? | <input type="checkbox"/> | <input type="checkbox"/> |

In the past 12 months, on how many days did you take a mixture of marihuana/hashish and mandrax?

- daily or almost daily
- 3 – 4 times a week
- 1 – 2 days a week
- 2 – 3 days a month
- once a month
- 7 – 11 days in the past 12 months
- 4 – 6 days in the past 12 months
- 2 – 3 days in the past 12 months
- once in the past 12 months
- I didn't take a mixture of marihuana/hashish and mandrax in the past 12 months

Have you taken a mixture of drugs other than marihuana/hashish and mandrax (specify:)

- | | yes | no |
|-------------------------------|--------------------------|--------------------------|
| in your lifetime? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 30 days? | <input type="checkbox"/> | <input type="checkbox"/> |

In the past 12 months, on how many days did you take such a mixture?

- daily or almost daily
- 3 – 4 times a week
- 1 – 2 days a week
- 2 – 3 days a month
- once a month

- 7 – 11 days in the past 12 months
- 4 – 6 days in the past 12 months
- 2 – 3 days in the past 12 months
- once in the past 12 months
- I didn't take such a mixture of drugs in the past 12 months

****Have you taken substance(s) (heroin or others) using a needle ...**

- | | yes | no |
|-------------------------------|--------------------------|--------------------------|
| in your lifetime? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 30 days? | <input type="checkbox"/> | <input type="checkbox"/> |

****In the past 12 months, on how many days did you take substance(s) (heroin or others) using a needle?**

- daily or almost daily
- 3 – 4 times a week
- 1 – 2 days a week
- 2 – 3 days a month
- once a month
- 7 – 11 days in the past 12 months
- 4 – 6 days in the past 12 months
- 2 – 3 days in the past 12 months
- once in the past 12 months
- I didn't take substances using a needle in the past 12 months

****Have you sniffed or inhaled things (glue, aerosol sprays, or other gases) to get high ...**

- | | yes | no |
|-------------------------------|--------------------------|--------------------------|
| in your lifetime? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 30 days? | <input type="checkbox"/> | <input type="checkbox"/> |

****In the past 12 months, on how many days did you sniff or inhale things (glue, aerosol sprays, or other gases) to get high?**

- daily or almost daily
- 3 – 4 times a week
- 1 – 2 days a week
- 2 – 3 days a month
- once a month
- 7 – 11 days in the past 12 months
- 4 – 6 days in the past 12 months
- 2 – 3 days in the past 12 months
- once in the past 12 months
- I didn't sniff or inhale things in the past 12 months

The next questions concern over-the-counter pain relievers and other forms of medicine

Have you taken over-the-counter painkillers (...) WITHOUT a doctor or a health worker telling you to do so....

- | | yes | no |
|-------------------------------|--------------------------|--------------------------|
| in your lifetime? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 30 days? | <input type="checkbox"/> | <input type="checkbox"/> |

In the past 12 months, on how many days did you take such painkillers, WITHOUT a doctor or a health worker telling you to do so?

- daily or almost daily
- 3 – 4 times a week
- 1 – 2 days a week
- 2 – 3 days a month
- once a month
- 7 – 11 days in the past 12 months

- 4 – 6 days in the past 12 months
- 2 – 3 days in the past 12 months
- once in the past 12 months
- I didn't without a doctor or a health worker telling me to do so in the past 12 months

Have you taken substances that help people to relax, tranquillisers, (...) WITHOUT a doctor or a health worker telling you to do so...

- | | yes | no |
|-------------------------------|--------------------------|--------------------------|
| in your lifetime? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 30 days? | <input type="checkbox"/> | <input type="checkbox"/> |

In the past 12 months, on how many days did you take such tranquillisers, WITHOUT a doctor or a health worker telling you to do so?

- daily or almost daily
- 3 – 4 times a week
- 1 – 2 days a week
- 2 – 3 days a month
- once a month
- 7 – 11 days in the past 12 months
- 4 – 6 days in the past 12 months
- 2 – 3 days in the past 12 months
- once in the past 12 months
- I didn't take such tranquillisers, without a doctor or a health worker telling me to do so in the past 12 months

Have you taken substances that help people to sleep (sleeping pills, barbiturates, amytal, nembutal, seconal, ...), sedatives, WITHOUT a doctor or a health worker telling you to do so....

- | | yes | no |
|-------------------------------|--------------------------|--------------------------|
| in your lifetime? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 30 days? | <input type="checkbox"/> | <input type="checkbox"/> |

In the past 12 months, on how many days did you take such sedatives (sleeping pills, barbiturates, amytal, nembutal, seconal, ...), WITHOUT a doctor or a health worker telling you to do so?

- daily or almost daily
- 3 – 4 times a week
- 1 – 2 days a week
- 2 – 3 days a month
- once a month
- 7 – 11 days in the past 12 months
- 4 – 6 days in the past 12 months
- 2 – 3 days in the past 12 months
- once in the past 12 months
- I didn't without a doctor or a health worker telling me to do so smoke in the past 12 months

The next questions deal with health and social consequences of substance use

In the last 12 months, indicate whether your use of substances (alcohol, hashish, mandrax, sedatives....) caused you to ...

	never	less than monthly	monthly	weekly	almost daily	not relevant*)
be absent from work or have poor work performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
be absent, suspended, or expelled from school or have poor school performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
“drive a car/motor vehicle” under the influence of alcohol or illicit substances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
“operate a machine” under the influence of alcohol or illicit substances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
be “arrested” for disorderly conduct?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
have physical fights or arguments with family/relatives or boy/girl friend about consequences of your substance use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*) “Not relevant” means that the type of activity or situation referred to in the question was not part of the life situation in the past 12 months. For instance, you did not go to school, did not work, or did not drive a motor vehicle in the past 12 months.

The following questions concern attitudes and local customs

Individuals differ in whether or not they approve of people doing certain things. Do you approve or disapprove of PEOPLE IN GENERAL doing each of the following?

	strongly approve	approve	disapprove	strongly disapprove	can't say
smoking 10 or more cigarettes a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
smoking marijuana or hashish occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
smoking marijuana or hashish regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
trying cocaine once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
taking cocaine occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
having one or two drinks several times a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
having five or more drinks once or twice each weekend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
taking amphetamines once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
taking amphetamines occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
trying heroin once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
taking heroin occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
trying mandrax once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
taking mandrax occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
trying hallucinogens once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
taking hallucinogens occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

More specifically, do you approve or disapprove of YOUNG PEOPLE (adolescents) doing each of the following?

	strongly approve	approve	disapprove	strongly disapprove	can't say
smoking 10 or more cigarettes a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
smoking marijuana or hashish occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
smoking marijuana or hashish regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
trying cocaine once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
taking cocaine occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
having one or two drinks several times a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
having five or more drinks once or twice each weekend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
taking amphetamines once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
taking amphetamines occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

trying heroin once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
taking heroin occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
trying mandrax once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
taking mandrax occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
trying hallucinogens once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
taking hallucinogens occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Customs with regard to substance use vary between places and cultures. The following questions ask about the local, prevailing customs in your community.

Indicate which of the mentioned substances **ADULTS** normally take on the various occasions listed below.

	alcohol	marihuana/ hashish	ampheta- mines	heroin	cocaine	hallucino- gens
Religious festivals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other public festivals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sporting events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weddings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funerals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weekends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
with visitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Indicate especially which of the mentioned substances **YOUNG PEOPLE** (adolescents) normally take on the various occasions listed below.

	alcohol	marihuana/ hashish	ampheta- mines	heroin	cocaine	hallucino- gens
religious festivals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other public festivals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sporting events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
weddings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
funerals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
weekends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
with visitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next questions ask for your opinion on the effect of using certain

How much, if at all, do you think PEOPLE IN GENERAL risk harming themselves (physically or in other ways), if they..

	no risk	slight risk	moderate risk	great risk	don't know
smoke 10 or more cigarettes a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
smoke marijuana or hashish occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
smoke marijuana or hashish regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
try cocaine once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
take cocaine occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
have one or two drinks several times a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
have five or more drinks once or twice each weekend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
take amphetamines once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
take amphetamines occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
try heroin once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
take heroin occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
use inhalants once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
use inhalants occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
try mandrax once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
take mandrax occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
try hallucinogens once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
take hallucinogens occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

More specifically, how much, if at all, do you think YOUNG PEOPLE (adolescents) risk harming themselves (physically or in other ways), if they..

	no risk	slight risk	moderate risk	great risk	don't know
smoke 10 or more cigarettes a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

smoke marijuana or hashish occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
smoke marijuana or hashish regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
try cocaine once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
take cocaine occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
have one or two drinks several times a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
have five or more drinks once or twice each weekend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
take amphetamines once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
take amphetamines occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
try heroin once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
take heroin occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
use inhalants once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
use inhalants occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
try mandrax once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
take mandrax occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
try hallucinogens once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
take hallucinogens occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For some of the substances mentioned below, a doctor or a health worker may legally prescribe their use (MEDICAL USE). The questions focus on NON-MEDICAL USE of the substances.

What is, to your knowledge, the prevailing legal status of NON-MEDICAL USE of....

	non-medical use is legal	non-medical use is illegal
marihuana and hashish	<input type="checkbox"/>	<input type="checkbox"/>
mandrax	<input type="checkbox"/>	<input type="checkbox"/>
heroin	<input type="checkbox"/>	<input type="checkbox"/>
amphetamines (e.g. ...)	<input type="checkbox"/>	<input type="checkbox"/>
cocaine	<input type="checkbox"/>	<input type="checkbox"/>
hallucinogens (e.g. ...)	<input type="checkbox"/>	<input type="checkbox"/>
sedatives (e.g. valium)	<input type="checkbox"/>	<input type="checkbox"/>
tranquillisers (e.g. ...)	<input type="checkbox"/>	<input type="checkbox"/>
painkillers (e.g. ...)	<input type="checkbox"/>	<input type="checkbox"/>

What **SHOULD**, in your opinion, **BE** the legal status of **NON-MEDICAL USE** of the following substances?

	non-medical use should be legal	non-medical use should be illegal
marihuana and hashish	<input type="checkbox"/>	<input type="checkbox"/>
mandrax	<input type="checkbox"/>	<input type="checkbox"/>
heroin	<input type="checkbox"/>	<input type="checkbox"/>
amphetamines (e.g. ...)	<input type="checkbox"/>	<input type="checkbox"/>
cocaine	<input type="checkbox"/>	<input type="checkbox"/>
hallucinogens (e.g. ...)	<input type="checkbox"/>	<input type="checkbox"/>
sedatives (e.g. valium)	<input type="checkbox"/>	<input type="checkbox"/>
tranquilliser (e.g. ...)	<input type="checkbox"/>	<input type="checkbox"/>
painkillers (e.g. ...)	<input type="checkbox"/>	<input type="checkbox"/>

The following questions are about other persons' use of substances

For some of the substances mentioned below, a doctor or a health worker may legally prescribe their use (**MEDICAL USE**). The questions focus on **NON-MEDICAL USE** of the substances.

****Do you live with a spouse or a cohabitant?**

- yes
 no

****If yes, does your spouse/cohabitant...**

	yes	no
smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>
use other forms of tobacco?	<input type="checkbox"/>	<input type="checkbox"/>
smoke marihuana and/or hashish?	<input type="checkbox"/>	<input type="checkbox"/>
take mandrax?	<input type="checkbox"/>	<input type="checkbox"/>
take hallucinogens (e.g. ...)?	<input type="checkbox"/>	<input type="checkbox"/>
take amphetamines (e.g. ...)?	<input type="checkbox"/>	<input type="checkbox"/>
take sedatives (e.g. ...)?	<input type="checkbox"/>	<input type="checkbox"/>
take tranquillisers (e.g. ...)?	<input type="checkbox"/>	<input type="checkbox"/>

- take cocaine?**
- take heroin?**
- use inhalants?**
- drink alcohol?**
- get drunk at least once a week?**

ANNEX 5

KAP YOUNG PEOPLE QUESTIONNAIRE

Questionnaire on knowledge, attitudes, and behaviour related to substance use

Target group: Young people (age 10 – 21)

Background information

Are you a male or a female?

- male
 female

What is your age?

years

How many years of school have you completed?

years

For most of the last 12 months, were you a student, full-time or part-time?

- I was not a student during most of the last 12 months
 I was a part-time student
 I was a full-time student

For most of the last 12 months, have you worked on a PAID job, full-time or part-time?

- I have not worked on a paid job during most of the last 12 months
 I have worked part-time paid job
 I have worked full-time paid job

For most of the last 12 months, have you worked on an UNPAID job, full-time or part-time?

- I have not worked on an unpaid job during most of the last 12 months
 I have worked part-time unpaid job
 I have worked full-time unpaid job

Which of the following people live in the same household with you?

- I live alone
 father (or stepfather)
 mother (or stepmother)
 brothers and/or sisters (or stepbrothers and/or stepsisters)
 other relatives
 other persons, not family or relatives

Which of the following applies to you best?

- student
- employed
- unemployed
- other

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

- no formal schooling
- primary school
- secondary or high school
- university/technical college/post-secondary education
- I don't know

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

- no formal schooling
- primary school
- secondary or high school
- university/technical college/post-secondary education
- I don't know

What is your religious preference?

- Buddhist
- Christian
- Hindu
- Muslim
- Shintu
- other religion
- none

How often do you attend religious services or meetings?

- never
- rarely
- once or twice a month
- once a week or more

How important is religion in your life?

- not important
- of little importance
- pretty important
- very important

The following questions are about the availability of various psychoactive substances

How difficult do you think it would be for you to get each of the following types of substances, if you wanted some?

	probably impossible	very difficult	fairly difficult	fairly easy	very easy
cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

other kinds of tobacco (e.g. cigars, chewing tobacco, snuff)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
alcohol (any kind/in general)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
**hard liquor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
**malt beer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
**wine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
**home-made liquor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
marijuana or hashish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mandrax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cocaine or crack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hallucinogens (e.g. ...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
amphetamines (e.g. ...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
painkillers (e.g. ...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sedatives (e.g. ...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
tranquillisers (e.g. ...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following questions are about the use of tobacco

Do you personally know people who use tobacco in one form or another (smoke cigarettes, smoke a pipe, chew tobacco, take snuff)?

- yes
 no

Have you used tobacco (smoked cigarettes, smoked a pipe, chewed tobacco, taken snuff)...

- | | yes | no |
|-------------------------------|--------------------------|--------------------------|
| In your lifetime? | <input type="checkbox"/> | <input type="checkbox"/> |
| In the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| In the past 30 days? | <input type="checkbox"/> | <input type="checkbox"/> |

In the past 12 months, on how many days did you use tobacco (smoked cigarettes, smoked cigars, smoked a pipe, chewed tobacco, took snuff)?

- daily or almost daily
- 3 – 4 times a week
- 1 – 2 days a week
- 2 – 3 days a month
- once a month
- 7 – 11 days in the past 12 months
- 4 – 6 days in the past 12 months
- 2 – 3 days in the past 12 months
- once in the past 12 months
- I didn't use tobacco in the past 12 months

****Where did you most use tobacco (smoked cigarettes, smoked cigars, smoked a pipe, chewed tobacco, taken snuff) in the past 12 months?**

- I didn't use tobacco in the past 12 months
- at home or at other family's house
- at friends' house
- at school/college/work
- at a public place (e.g. bar, shebeen, disco, club, hotel)
- out in the open/in the street/under a bridge/in the bush
- other place (please specify)

****With whom did you most use tobacco (smoked cigarettes, smoked cigars, smoked a pipe, chewed tobacco, took snuff) in the past 12 months?**

- I didn't use tobacco in the past 12 months
- with acquaintance(s)
- with work/school/college mate(s)
- with friend(s)
- with family
- with nobody/alone
- other (please specify)

How old were you when you first used tobacco (smoked cigarettes, smoked cigars, smoked a pipe, chewed tobacco, took snuff)?

- I have never used tobacco
- 10 years old or less
- 11 – 12 years old
- 13 – 14 years old
- 15 – 16 years old
- 17 – 18 years old
- 19 years old, or more

****What was the reason for your first use of tobacco (smoking cigarettes, smoking cigars, smoking a pipe, chewing tobacco, taking snuff)?**

- I have never used tobacco
- religious custom
- to be accepted by others
- to be sociable

- enjoyment
- boosting of sex
- curiosity
- treatment of health disorder
- relief of psychological stress
- relief of cold, hunger, or fatigue
- improvement of school/work performance
- other – please, specify
- don't know

****Who introduced you to using tobacco (smoking cigarettes, smoking cigars, smoking a pipe, chewing tobacco, taking snuff)?**

- I have never used tobacco
- family
- casual acquaintance
- friends
- tobacco dealer
- doctor (physician)
- other health practitioner
- pharmacist or druggist
- other (please specify)
- don't know

****Where did you first use tobacco (smoke cigarettes, smoke cigars, smoke a pipe, chew tobacco, take snuff)?**

- I have never used tobacco
- at home or at other family's house
- at friends' house
- at school/college/work
- at a public place (e.g. bar, shebeen, disco, club, hotel)
- out in the open/in the street/under a bridge/in the bush
- other place (please specify)

Do you personally know people who smoke cigarettes?

- yes
- no

Have you smoked cigarettes...

- | | yes | no |
|-------------------------------|--------------------------|--------------------------|
| in your lifetime? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 30 days? | <input type="checkbox"/> | <input type="checkbox"/> |

In the past 12 months, on how many days did you smoke cigarettes?

- daily or almost daily
- 3 – 4 times a week

- 1 – 2 days a week
- 2 – 3 days a month
- once a month
- 7 – 11 days in the past 12 months
- 4 – 6 days in the past 12 months
- 2 – 3 days in the past 12 months
- once in the past 12 months
- I didn't use tobacco in the past 12 months

****How many cigarettes have you smoked in the past 12 months?**

- none
- less than 5 cigarettes per day
- 5 – 9 cigarettes per day
- 10 – 19 per day
- 20 – 39 per day
- 40 – 59 per day
- 60 or more per day

****Where did you most smoke cigarettes in the past 12 months?**

- I didn't smoke cigarettes in the past 12 months
- at home or at other family's house
- at friends' house
- at school/college/work
- at a public place (e.g. bar, shebeen, disco, club, hotel)
- out in the open/in the street/under a bridge/in the bush
- other place (please specify)

****With whom did you most smoke cigarettes in the past 12 months?**

- I didn't smoke cigarettes in the past 12 months
- with acquaintance(s)
- with work/school/college mate(s)
- with friend(s)
- with family
- with nobody/alone
- other (please specify)

How old were you when you first smoked cigarettes?

- I have never smoked cigarettes
- 10 years old or less
- 11 – 12 years old
- 13 – 14 years old
- 15 – 16 years old
- 17 – 18 years old
- 19 years old, or more

What was the reason for your first smoke of cigarettes?

- I have never smoked cigarettes
- religious custom
- to be accepted by others
- to be sociable
- enjoyment
- boosting of sex
- curiosity
- treatment of health disorder
- relief of psychological stress
- relief of cold, hunger, or fatigue
- improvement of school/work performance
- other – please, specify
- don't know

****Who introduced you to cigarette smoking?**

- I have never smoked cigarettes
- family
- casual acquaintance
- friends
- tobacco dealer
- doctor (physician)
- other health practitioner
- pharmacist or druggist
- other (please specify)
- don't know

****Where did you first smoke cigarettes?**

- I have never smoked cigarettes
- at home or at other family's house
- at friends' house
- at school/college/work
- at a public place (e.g. bar, shebeen, disco, club, hotel)
- out in the open/in the street/under a bridge/in the bush
- other place (please specify)

****Do you personally know people who smoke cigars or a pipe?**

- yes
- no

****Have you smoked cigars or a pipe ...**

- | | yes | no |
|-------------------------------|--------------------------|--------------------------|
| In your lifetime? | <input type="checkbox"/> | <input type="checkbox"/> |
| In the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| In the past 30 days? | <input type="checkbox"/> | <input type="checkbox"/> |

****In the past 12 months, on how many days did you smoke cigars or a pipe?**

- daily or almost daily
- 3 – 4 times a week
- 1 – 2 days a week
- 2 – 3 days a month
- once a month
- 7 – 11 days in the past 12 months
- 4 – 6 days in the past 12 months
- 2 – 3 days in the past 12 months
- once in the past 12 months
- I didn't smoke a pipe in the past 12 months

****Where did you most smoke cigars or a pipe in the past 12 months?**

- I didn't smoke cigars or a pipe in the past 12 months
- at home or at other family's house
- at friends' house
- at school/college/work
- at a public place (e.g. bar, shebeen, disco, club, hotel)
- out in the open/in the street/under a bridge/in the bush
- other place (please specify)

****With whom did you most smoke cigars or a pipe in the past 12 months?**

- I didn't smoke cigars or a pipe in the past 12 months
- with acquaintance(s)
- with work/school/college mate(s)
- with friend(s)
- with family
- with nobody/alone
- other (please specify)

****How old were you when you first smoked cigars or a pipe?**

- I have never smoked cigars or a pipe
- 10 years old or less
- 11 – 12 years old
- 13 – 14 years old
- 15 – 16 years old
- 17 – 18 years old
- 19 years old, or more

****What was the reason for your first smoking a cigar or a pipe?**

- I have never smoked cigars or a pipe
- religious custom
- to be accepted by others
- to be sociable
- enjoyment
- boosting of sex
- curiosity
- treatment of health disorder
- relief of psychological stress
- relief of cold, hunger, or fatigue
- improvement of school/work performance
- other – please, specify
- don't know

****Who introduced you to smoking cigars or a pipe?**

- I have never smoked cigars or a pipe
- family
- casual acquaintance
- friends
- tobacco dealer
- doctor (physician)
- other health practitioner
- pharmacist or druggist
- other (please specify)
- don't know

****Where did you first smoke cigars or a pipe?**

- I have never smoked cigars or a pipe
- at home or at other family's house
- at friends' house
- at school/college/work
- at a public place (e.g. bar, shebeen, disco, club, hotel)
- out in the open/in the street/under a bridge/in the bush
- other place (please specify)

****Do you personally know people who chew tobacco?**

- yes
- no

****Have you taken chewing tobacco ...**

- | | yes | no |
|-------------------------------|--------------------------|--------------------------|
| in your lifetime? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 30 days? | <input type="checkbox"/> | <input type="checkbox"/> |

****In the past 12 months, on how many days did you take chewing tobacco?**

- daily or almost daily
- 3 – 4 times a week
- 1 – 2 days a week
- 2 – 3 days a month
- once a month
- 7 – 11 days in the past 12 months
- 4 – 6 days in the past 12 months
- 2 – 3 days in the past 12 months
- once in the past 12 months
- I didn't use chew tobacco in the past 12 months

****Where did you most chew tobacco in the past 12 months?**

- I didn't chew tobacco in the past 12 months
- at home or at other family's house
- at friends' house
- at school/college/work
- at a public place (e.g. bar, shebeen, disco, club, hotel)
- out in the open/in the street/under a bridge/in the bush
- other place (please specify)

****With whom did you most chew tobacco in the past 12 months?**

- I didn't chew tobacco in the past 12 months
- with acquaintance(s)
- with work/school/college mate(s)
- with friend(s)
- with family
- with nobody/alone
- other (please specify)

****How old were you when you first chewed tobacco?**

- I have never chewed tobacco
- 10 years old or less
- 11 – 12 years old
- 13 – 14 years old
- 15 – 16 years old
- 17 – 18 years old
- 19 years old, or more

****What was the reason for your first chewing of tobacco?**

- I have never chewed tobacco
- religious custom
- to be accepted by others

- to be sociable
- enjoyment
- boosting of sex
- curiosity
- treatment of health disorder
- relief of psychological stress
- relief of cold, hunger, or fatigue
- improvement of school/work performance
- other – please, specify
- don't know

****Who introduced you to chewing tobacco?**

- I have never chewed tobacco
- family
- casual acquaintance
- friends
- tobacco dealer
- doctor (physician)
- other health practitioner
- pharmacist or druggist
- other (please specify)
- don't know

****Where did you first chew tobacco?**

- I have never chewed tobacco
- at home or at other family's house
- at friends' house
- at school/college/work
- at a public place (e.g. bar, shebeen, disco, club, hotel)
- out in the open/in the street/under a bridge/in the bush
- other place (please specify)

****Do you personally know people who take snuff?**

- yes
- no

****Have you taken snuff ...**

- | | yes | no |
|-------------------------------|--------------------------|--------------------------|
| in your lifetime? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 30 days? | <input type="checkbox"/> | <input type="checkbox"/> |

****In the past 12 months, on how many days did you take snuff?**

- daily or almost daily
- 3 – 4 times a week
- 1 – 2 days a week
- 2 – 3 days a month
- once a month
- 7 – 11 days in the past 12 months
- 4 – 6 days in the past 12 months
- 2 – 3 days in the past 12 months
- once in the past 12 months
- I didn't take snuff in the past 12 months

****Where did you most take snuff in the past 12 months?**

- I didn't take snuff in the past 12 months
- at home or at other family's house
- at friends' house
- at school/college/work
- at a public place (e.g. bar, shebeen, disco, club, hotel)
- out in the open/in the street/under a bridge/in the bush
- other place (please specify)

****With whom did you most take snuff in the past 12 months?**

- I didn't take snuff in the past 12 months
- with acquaintance(s)
- with work/school/college mate(s)
- with friend(s)
- with family
- with nobody/alone
- other (please specify)

****How old were you when you first took snuff?**

- I have never taken snuff
- 10 years old or less
- 11 – 12 years old
- 13 – 14 years old
- 15 – 16 years old
- 17 – 18 years old
- 19 years old, or more

****What was the your reason for taking snuff?**

- I have never taken snuff
- religious custom
- to be accepted by others
- to be sociable
- enjoyment

- boosting of sex
- curiosity
- treatment of health disorder
- relief of psychological stress
- relief of cold, hunger, or fatigue
- improvement of school/work performance
- other – please, specify
- don't know

****Who introduced you to taking snuff?**

- I have never taken snuff
- family
- casual acquaintance
- friends
- tobacco dealer
- doctor (physician)
- other health practitioner
- pharmacist or druggist
- other (please specify)
- don't know

****Where did you first smoke take snuff?**

- I have never taken snuff
- at home or at other family's house
- at friends' house
- at school/college/work
- at a public place (e.g. bar, shebeen, disco, club, hotel)
- out in the open/in the street/under a bridge/in the bush
- other place (please specify)

The following questions are about the use of alcohol and its consequences

Do you personally know people who drink alcohol (beer, wine, spirits or any other alcoholic drink(s))?

- yes
- no

Have you drunk any alcohol, such as beer, wine, spirits or any other alcoholic drink(s)...

- | | yes | no |
|-------------------------------|--------------------------|--------------------------|
| in your lifetime? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 30 days? | <input type="checkbox"/> | <input type="checkbox"/> |

In the past 12 months, on how many days did you drink alcohol?

- daily or almost daily
- 3 – 4 times a week
- 1 – 2 days a week
- 2 – 3 days a month
- once a month
- 7 – 11 days in the past 12 months
- 4 – 6 days in the past 12 months
- 2 – 3 days in the past 12 months
- once in the past 12 months
- I didn't drink alcohol in the past 12 months

****Where did you most drink alcohol in the past 12 months?**

- I didn't drink alcohol in the past 12 months
- at home or at other family's house
- at friends' house
- at school/college/work
- at a public place (e.g. bar, shebeen, disco, club, hotel)
- out in the open/in the street/under a bridge/in the bush
- other place (please specify)

****With whom did you most drink alcohol in the past 12 months?**

- I didn't drink alcohol in the past 12 months
- with acquaintance(s)
- with work/school/college mate(s)
- with friend(s)
- with family
- with nobody/alone
- other (please specify)

How old were you the first time you drank alcohol of any kind?

- I have never drunk alcohol
- 10 years old or less
- 11 – 12 years old
- 13 – 14 years old
- 15 – 16 years old
- 17 – 18 years old
- 19 years old, or more

****What was the reason for your first drinking of alcohol?**

- I have never drunk alcohol
- religious custom
- to be accepted by others

- to be sociable
- enjoyment
- boosting of sex
- curiosity
- treatment of health disorder
- relief of psychological stress
- relief of cold, hunger, or fatigue
- improvement of school/work performance
- other – please, specify
- don't know

****Who introduced you to drinking alcohol?**

- I have never drunk alcohol
- family
- casual acquaintance
- friends
- alcohol monger/shebeen owner
- doctor (physician)
- other health practitioner
- pharmacist or druggist
- other (please specify)
- don't know

****Where did you first drink alcohol?**

- I have never drunk alcohol
- at home or at other family's house
- at friends' house
- at school/college/work
- at a public place (e.g. bar, shebeen, disco, club, hotel)
- out in the open/in the street/under a bridge/in the bush
- other place (please specify)

**** Think back over the LAST TWO WEEKS. How many times have you had five or more drinks in a row? (A "drink" is a glass of wine, a bottle of beer, a wine cooler, a shot glass of liquor, or a mixed drink.)**

- none
- once
- twice
- 3 – 5 times
- 6 – 9 times
- 10 times or more

In the past 12 months, how often have you.....

	never	less than monthly	monthly	weekly	almost daily
found that you were not able to stop drinking once you had started?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
failed to do what was normally expected from you because of drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

needed a first drink in the morning to get yourself going after a heavy drinking session?

had a feeling of guilt or remorse after drinking?

been unable to remember what happened the night before because you had been drinking?

Have you or someone else been injured as a result of your drinking? no yes, but not in the past year yes, in the past year

Has a relative or a friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?

****Do you personally know people who drink gin, vodka, whisky, brandy or any other manufactured hard liquor or spirits?**

- yes
- no

****Have you drunk gin, vodka, whisky, brandy or any other manufactured hard liquor or spirits...**

	yes	no
in your lifetime?	<input type="checkbox"/>	<input type="checkbox"/>
in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
in the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>

****In the past 12 months, on how many days did you drink gin, vodka, whisky, brandy or any other manufactured hard liquor or spirits?**

- daily or almost daily
- 3 – 4 times a week
- 1 – 2 days a week
- 2 – 3 days a month
- once a month
- 7 – 11 days in the past 12 months
- 4 – 6 days in the past 12 months

- 2 – 3 days in the past 12 months
- once in the past 12 months
- I didn't drink gin, vodka, whisky, brandy or any other manufactured hard liquor or spirits in the past 12 months

****Where did you most drink gin, vodka, whisky, brandy or any other manufactured hard liquor or spirits in the past 12 months?**

- I didn't drink gin, vodka, whisky, brandy or any other manufactured hard liquor or spirits in the past 12 months
- at home or at other family's house
- at friends' house
- at school/college/work
- at a public place (e.g. bar, shebeen, disco, club, hotel)
- out in the open/in the street/under a bridge/in the bush
- other place (please specify)

****With whom did you most drink gin, vodka, whisky, brandy or any other manufactured hard liquor or spirits in the past 12 months?**

- I didn't drink gin, vodka, whisky, brandy or any other manufactured hard liquor or spirits in the past 12 months
- with acquaintance(s)
- with work/school/college mate(s)
- with friend(s)
- with family
- with nobody/alone
- other (please specify)

****How old were you the first time you drank gin, vodka, whisky, brandy or any other manufactured hard liquor or spirits of any kind?**

- I have never drunk gin, vodka, whisky, brandy or any other manufactured hard liquor or spirits
- 10 years old or less
- 11 – 12 years old
- 13 – 14 years old
- 15 – 16 years old
- 17 – 18 years old
- 19 years old, or more

****What was the reason for your first drinking of gin, vodka, whisky, brandy or any other manufactured hard liquor or spirits?**

- I have never drunk gin, vodka, whisky, brandy or any other manufactured hard liquor or spirits
- religious custom
- to be accepted by others
- to be sociable
- enjoyment
- boosting of sex
- curiosity
- treatment of health disorder
- relief of psychological stress

- relief of cold, hunger, or fatigue
- improvement of school/work performance
- other – please, specify
- don't know

****Who introduced you to drinking gin, vodka, whisky, brandy or any other manufactured hard liquor or spirits?**

- I have never drunk gin, vodka, whisky, brandy or any other manufactured hard liquor or spirits
- family
- casual acquaintance
- friends
- alcohol monger/shebeen owner
- doctor (physician)
- other health practitioner
- pharmacist or druggist
- other (please specify)
- don't know

****Where did you first drink gin, vodka, whisky, brandy or any other manufactured hard liquor or spirits?**

- I have never drunk gin, vodka, whisky, brandy or any other manufactured hard liquor or spirits
- at home or at other family's house
- at friends' house
- at school/college/work
- at a public place (e.g. bar, shebeen, disco, club, hotel)
- out in the open/in the street/under a bridge/in the bush
- other place (please specify)

****Do you personally know people who drink malt beer?**

- yes
- no

****Have you drunk malt beer...**

- | | yes | no |
|-------------------------------|--------------------------|--------------------------|
| in your lifetime? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 30 days? | <input type="checkbox"/> | <input type="checkbox"/> |

****In the past 12 months, on how many days did you drink malt beer?**

- daily or almost daily
- 3 – 4 times a week

- 1 – 2 days a week
- 2 – 3 days a month
- once a month
- 7 – 11 days in the past 12 months
- 4 – 6 days in the past 12 months
- 2 – 3 days in the past 12 months
- once in the past 12 months
- I didn't drink malt beer in the past 12 months

****Where did you most drink malt beer in the past 12 months?**

- I didn't drink malt beer in the past 12 months
- at home or at other family's house
- at friends' house
- at school/college/work
- at a public place (e.g. bar, shebeen, disco, club, hotel)
- out in the open/in the street/under a bridge/in the bush
- other place (please specify)

****With whom did you most drink malt beer in the past 12 months?**

- I didn't drink malt beer in the past 12 months
- with acquaintance(s)
- with work/school/college mate(s)
- with friend(s)
- with family
- with nobody/alone
- other (please specify)

****How old were you the first time you drank malt beer of any kind?**

- I have never drunk malt beer
- 10 years old or less
- 11 – 12 years old
- 13 – 14 years old
- 15 – 16 years old
- 17 – 18 years old
- 19 years old, or more

****What was the reason for your first taking of malt beer?**

- I have never drunk malt beer
- religious custom
- to be accepted by others
- to be sociable
- enjoyment
- boosting of sex
- curiosity
- treatment of health disorder
- relief of psychological stress

- relief of cold, hunger, or fatigue
- improvement of school/work performance
- other – please, specify
- don't know

****Who introduced you to drinking malt beer?**

- I have never drunk malt beer
- family
- casual acquaintance
- friends
- alcohol monger/shebeen owner
- doctor (physician)
- other health practitioner
- pharmacist or druggist
- other (please specify)
- don't know

****Where did you first drink malt beer?**

- I have never drunk malt beer
- at home or at other family's house
- at friends' house
- at school/college/work
- at a public place (e.g. bar, shebeen, disco, club, hotel)
- out in the open/in the street/under a bridge/in the bush
- other place (please specify)

****Do you personally know people who drink cider?**

- yes
- no

****Have you drunk cider...**

- | | yes | no |
|-------------------------------|--------------------------|--------------------------|
| in your lifetime? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 30 days? | <input type="checkbox"/> | <input type="checkbox"/> |

****In the past 12 months, on how many days did you drink cider?**

- daily or almost daily
- 3 – 4 times a week
- 1 – 2 days a week
- 2 – 3 days a month
- once a month

- 7 – 11 days in the past 12 months
- 4 – 6 days in the past 12 months
- 2 – 3 days in the past 12 months
- once in the past 12 months
- I didn't drink cider in the past 12 months

****Where did you most drink cider in the past 12 months?**

- I didn't drink cider in the past 12 months
- at home or at other family's house
- at friends' house
- at school/college/work
- at a public place (e.g. bar, shebeen, disco, club, hotel)
- out in the open/in the street/under a bridge/in the bush
- other place (please specify)

****With whom did you most drink cider in the past 12 months?**

- I didn't drink cider in the past 12 months
- with acquaintance(s)
- with work/school/college mate(s)
- with friend(s)
- with family
- with nobody/alone
- other (please specify)

****How old were you the first time you drank cider of any kind?**

- I have never drunk cider
- 10 years old or less
- 11 – 12 years old
- 13 – 14 years old
- 15 – 16 years old
- 17 – 18 years old
- 19 years old, or more

****What was the reason for your first taking of cider?**

- I have never drunk cider
- religious custom
- to be accepted by others
- to be sociable
- enjoyment
- boosting of sex
- curiosity
- treatment of health disorder
- relief of psychological stress
- relief of cold, hunger, or fatigue
- improvement of school/work performance
- other – please, specify
- don't know

****Who introduced you to drinking cider?**

- I have never drunk cider
- family
- casual acquaintance
- friends
- alcohol monger/shebeen owner
- doctor (physician)
- other health practitioner
- pharmacist or druggist
- other (please specify)
- don't know

****Where did you first drink cider?**

- I have never drunk cider
- at home or at other family's house
- at friends' house
- at school/college/work
- at a public place (e.g. bar, shebeen, disco, club, hotel)
- out in the open/in the street/under a bridge/in the bush
- other place (please specify)

****Do you personally know people who drink wine?**

- yes
- no

****Have you drunk wine...**

- | | yes | no |
|-------------------------------|--------------------------|--------------------------|
| in your lifetime? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 30 days? | <input type="checkbox"/> | <input type="checkbox"/> |

****In the past 12 months, on how many days did you drink wine?**

- daily or almost daily
- 3 – 4 times a week
- 1 – 2 days a week
- 2 – 3 days a month
- once a month
- 7 – 11 days in the past 12 months
- 4 – 6 days in the past 12 months
- 2 – 3 days in the past 12 months

- once in the past 12 months
- I didn't drink wine in the past 12 months

****Where did you most drink wine in the past 12 months?**

- I didn't drink wine in the past 12 months
- at home or at other family's house
- at friends' house
- at school/college/work
- at a public place (e.g. bar, shebeen, disco, club, hotel)
- out in the open/in the street/under a bridge/in the bush
- other place (please specify)

****With whom did you most drink wine in the past 12 months?**

- I didn't drink wine in the past 12 months
- with acquaintance(s)
- with work/school/college mate(s)
- with friend(s)
- with family
- with nobody/alone
- other (please specify)

****How old were you the first time you drank wine of any kind?**

- I have never drunk wine
- 10 years old or less
- 11 – 12 years old
- 13 – 14 years old
- 15 – 16 years old
- 17 – 18 years old
- 19 years old, or more

****What was the reason for your first taking of wine?**

- I have never drunk wine
- religious custom
- to be accepted by others
- to be sociable
- enjoyment
- boosting of sex
- curiosity
- treatment of health disorder
- relief of psychological stress
- relief of cold, hunger, or fatigue
- improvement of school/work performance
- other – please, specify
- don't know

****Who introduced you to drinking wine?**

- I have never drunk wine
- family
- casual acquaintance
- friends
- alcohol monger/shebeen owner
- doctor (physician)
- other health practitioner
- pharmacist or druggist
- other (please specify)
- don't know

****Where did you first drink wine?**

- I have never drunk wine
- at home or at other family's house
- at friends' house
- at school/college/work
- at a public place (e.g. bar, shebeen, disco, club, hotel)
- out in the open/in the street/under a bridge/in the bush
- other place (please specify)

****Do you personally know people who drink home-made liquor?**

- yes
- no

****Have you drunk home-made liquor...**

- | | yes | no |
|-------------------------------|--------------------------|--------------------------|
| in your lifetime? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 30 days? | <input type="checkbox"/> | <input type="checkbox"/> |

****In the past 12 months, on how many days did you drink home-made liquor?**

- daily or almost daily
- 3 – 4 times a week
- 1 – 2 days a week
- 2 – 3 days a month
- once a month
- 7 – 11 days in the past 12 months
- 4 – 6 days in the past 12 months
- 2 – 3 days in the past 12 months

- once in the past 12 months
- I didn't drink home-made liquor in the past 12 months

****Where did you most drink home-made liquor in the past 12 months?**

- I didn't drink home-made liquor in the past 12 months
- at home or at other family's house
- at friends' house
- at school/college/work
- at a public place (e.g. bar, shebeen, disco, club, hotel)
- out in the open/in the street/under a bridge/in the bush
- other place (please specify)

****With whom did you most drink home-made liquor in the past 12 months?**

- I didn't drink home-made liquor in the past 12 months
- with acquaintance(s)
- with work/school/college mate(s)
- with friend(s)
- with family
- with nobody/alone
- other (please specify)

****How old were you the first time you drank home-made liquor of any kind?**

- I have never drunk home-made liquor
- 10 years old or less
- 11 – 12 years old
- 13 – 14 years old
- 15 – 16 years old
- 17 – 18 years old
- 19 years old, or more

****What was the reason for your first taking of home-made liquor?**

- I have never drunk home-made liquor
- religious custom
- to be accepted by others
- to be sociable
- enjoyment
- boosting of sex
- curiosity
- treatment of health disorder
- relief of psychological stress
- relief of cold, hunger, or fatigue
- improvement of school/work performance
- other – please, specify
- don't know

****Who introduced you to drinking home-made liquor?**

- I have never drunk home-made liquor
- family
- casual acquaintance
- friends
- alcohol monger/shebeen owner
- doctor (physician)
- other health practitioner
- pharmacist or druggist
- other (please specify)
- don't know

****Where did you first drink home-made liquor?**

- I have never drunk home-made liquor
- at home or at other family's house
- at friends' house
- at school/college/work
- at a public place (e.g. bar, shebeen, disco, club, hotel)
- out in the open/in the street/under a bridge/in the bush
- other place (please specify)

The following questions deal with various other substances

Do you personally know people who take hashish and/or marihuana?

- yes
- no

Have you taken hashish and/or marihuana...

- | | yes | no |
|-------------------------------|--------------------------|--------------------------|
| in your lifetime? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 30 days? | <input type="checkbox"/> | <input type="checkbox"/> |

In the past 12 months, on how many days did you take hashish and/or marihuana?

- daily or almost daily
- 3 – 4 times a week
- 1 – 2 days a week
- 2 – 3 days a month

- once a month
- 7 – 11 days in the past 12 months
- 4 – 6 days in the past 12 months
- 2 – 3 days in the past 12 months
- once in the past 12 months
- I didn't take marihuana and/or hashish in the past 12 months

Where did you most take marihuana and/or hashish in the past 12 months?

- I didn't take marihuana and/or hashish in the past 12 months
- at home or at other family's house
- at friends' house
- at school/college/work
- at a public place (e.g. bar, shebeen, disco, club, hotel)
- out in the open/in the street/under a bridge/in the bush
- other place (please specify)

With whom did you most take marihuana and/or hashish in the past 12 months?

- I didn't take marihuana and/or hashish in the past 12 months
- with acquaintance(s)
- with work/school/college mate(s)
- with friend(s)
- with family
- with nobody/alone
- other (please specify)

How old were you when you first took hashish and/or marihuana?

- I have never taken hashish or marihuana
- 10 years old or less
- 11 – 12 years old
- 13 – 14 years old
- 15 – 16 years old
- 17 – 18 years old
- 19 years old, or more

What was the reason for your first taking of marihuana and/or hashish?

- I have never taken hashish or marihuana
- religious custom
- to be accepted by others
- to be sociable
- enjoyment
- boosting of sex
- curiosity
- treatment of health disorder
- relief of psychological stress
- relief of cold, hunger, or fatigue
- improvement of school/work performance
- other – please, specify

Who introduced you to the use of marihuana and/or hashish?

- don't know
- I have never taken hashish or marihuana
- family
- casual acquaintance
- friends
- drug pusher
- doctor (physician)
- other health practitioner
- pharmacist or druggist
- other (please specify)
- don't know

Do you personally know people who take heroin?

- yes
- no

Have you taken heroin...

- | | yes | no |
|-------------------------------|--------------------------|--------------------------|
| in your lifetime? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 30 days? | <input type="checkbox"/> | <input type="checkbox"/> |

In the past 12 months, on how many days did you take heroin?

- daily or almost daily
- 3 – 4 times a week
- 1 – 2 days a week
- 2 – 3 days a month
- once a month
- 7 – 11 days in the past 12 months
- 4 – 6 days in the past 12 months
- 2 – 3 days in the past 12 months
- once in the past 12 months
- I didn't take heroin in the past 12 months

Where did you most take heroin in the past 12 months?

- I didn't take heroin in the past 12 months
- at home or at other family's house
- at friends' house
- at school/college/work
- at a public place (e.g. bar, shebeen, disco, club, hotel)
- out in the open/in the street/under a bridge/in the bush
- other place (please specify)

With whom did you most heroin in the past 12 months?

- I didn't take heroin in the past 12 months
- with acquaintance(s)
- with work/school/college mate(s)
- with friend(s)
- with family
- with nobody/alone
- other (please specify)

How old were you when you first took heroin?

- I have never taken heroin
- 10 years old or less
- 11 – 12 years old
- 13 – 14 years old
- 15 – 16 years old
- 17 – 18 years old
- 19 years old, or more

What was the reason for your first taking of heroin?

- I have never taken heroin
- religious custom
- to be accepted by others
- to be sociable
- enjoyment
- boosting of sex
- curiosity
- treatment of health disorder
- relief of psychological stress
- relief of cold, hunger, or fatigue
- improvement of school/work performance
- other – please, specify
- don't know

Who introduced you to the use of heroin?

- I have never taken heroin
- family
- casual acquaintance
- friends
- drug pusher
- doctor (physician)
- other health practitioner
- pharmacist or druggist
- other (please specify)
- don't know

Do you personally know people who take hallucinogens (LSD, mescaline, peyote, PCP, psilocybin)?

- yes
- no

Have you taken hallucinogens...

- | | yes | no |
|-------------------------------|--------------------------|--------------------------|
| in your lifetime? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 30 days? | <input type="checkbox"/> | <input type="checkbox"/> |

In the past 12 months, on how many days did you take hallucinogens (LSD, mescaline, peyote, PCP, psilocybin)?

- daily or almost daily
- 3 – 4 times a week
- 1 – 2 days a week
- 2 – 3 days a month
- once a month
- 7 – 11 days in the past 12 months
- 4 – 6 days in the past 12 months
- 2 – 3 days in the past 12 months
- once in the past 12 months
- I didn't take hallucinogens in the past 12 months

Where did you most hallucinogens in the past 12 months?

- I didn't take hallucinogens in the past 12 months
- at home or at other family's house
- at friends' house
- at school/college/work
- at a public place (e.g. bar, shebeen, disco, club, hotel)
- out in the open/in the street/under a bridge/in the bush
- other place (please specify)

With whom did you most hallucinogens in the past 12 months?

- I didn't take hallucinogens in the past 12 months
- with acquaintance(s)
- with work/school/college mate(s)
- with friend(s)
- with family
- with nobody/alone
- other (please specify)

How old were you when you first took hallucinogens (LSD, mescaline, peyote, PCP, psilocybin)?

- I have never taken hallucinogens
- 10 years old or less
- 11 – 12 years old
- 13 – 14 years old
- 15 – 16 years old
- 17 – 18 years old
- 19 years old, or more

What was the reason for your first taking of hallucinogens (LSD, mescaline, peyote, PCP, psilocybin)?

- I have never taken hallucinogens
- religious custom
- to be accepted by others
- to be sociable
- enjoyment
- boosting of sex
- curiosity
- treatment of health disorder
- relief of psychological stress
- relief of cold, hunger, or fatigue
- improvement of school/work performance
- other – please, specify
- don't know

**Who introduced you to the use of
hallocinogenes (LSD, mescaline, peyote,
PCP, psilocybin)?**

- I have never taken hallucinogens
- family
- casual acquaintance
- friends
- drug pusher
- doctor (physician)
- other health practitioner
- pharmacist or druggist
- other (please specify)
- don't know

Do you personally know people who take amphetamines (“speed”, “pep”)?

- yes
- no

Have you taken amphetamines (“speed”, “pep”)...

- | | yes | no |
|-------------------------------|--------------------------|--------------------------|
| in your lifetime? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 30 days? | <input type="checkbox"/> | <input type="checkbox"/> |

In the past 12 months, on how many days did you take amphetamines (“speed”, “pep”)?

- daily or almost daily
- 3 – 4 times a week
- 1 – 2 days a week
- 2 – 3 days a month
- once a month
- 7 – 11 days in the past 12 months
- 4 – 6 days in the past 12 months
- 2 – 3 days in the past 12 months
- once in the past 12 months
- I didn't take amphetamines in the past 12 months

**Where did you most take amphetamines
 (“speed”, “pep”) in the past 12 months?**

- I didn't take amphetamines (“speed”, “pep”) in the past 12 months
- at home or at other family's house
- at friends' house
- at school/college/work

- at a public place (e.g. bar, shebeen, disco, club, hotel)
- out in the open/in the street/under a bridge/in the bush
- other place (please specify)
- With whom did you most take amphetamines (“speed”, “pep”) in the past 12 months?**
- I didn’t take amphetamines (“speed”, “pep”) in the past 12 months
- with acquaintance(s)
- with work/school/college mate(s)
- with friend(s)
- with family
- with nobody/alone
- other (please specify)
- How old were you when you first took amphetamines (“speed”, “pep”)?**
- I have never taken amphetamines (“speed”, “pep”)
- 10 years old or less
- 11 – 12 years old
- 13 – 14 years old
- 15 – 16 years old
- 17 – 18 years old
- 19 years old, or more
- What was the reason for your first taking of amphetamines (“speed”, “pep”)?**
- I have never taken amphetamines
- religious custom
- to be accepted by others
- to be sociable
- enjoyment
- boosting of sex
- curiosity
- treatment of health disorder
- relief of psychological stress
- relief of cold, hunger, or fatigue
- improvement of school/work performance
- other – please, specify
- don’t know
- Who introduced you to the use of amphetamines (“speed”, “pep”)?**
- I have never taken amphetamines
- family
- casual acquaintance
- friends
- drug pusher
- doctor (physician)
- other health practitioner
- pharmacist or druggist
- other (please specify)
- don’t know

Do you personally know people who take cocaine (powder or “crack”)?

- yes
- no

Have you taken cocaine (powder or “crack”)...

- | | yes | no |
|-------------------------------|--------------------------|--------------------------|
| in your lifetime? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 30 days? | <input type="checkbox"/> | <input type="checkbox"/> |

In the past 12 months, on how many days did you take cocaine (powder or “crack”)?

- daily or almost daily
- 3 – 4 times a week
- 1 – 2 days a week
- 2 – 3 days a month
- once a month
- 7 – 11 days in the past 12 months
- 4 – 6 days in the past 12 months
- 2 – 3 days in the past 12 months
- once in the past 12 months
- I didn't take cocaine in the past 12 months

Where did you most take cocaine in the past 12 months?

- I didn't take cocaine in the past 12 months
- at home or at other family's house
- at friends' house
- at school/college/work
- at a public place (e.g. bar, shebeen, disco, club, hotel)
- out in the open/in the street/under a bridge/in the bush
- other place (please specify)

With whom did you most take cocaine in the past 12 months?

- I didn't take cocaine in the past 12 months
- with acquaintance(s)
- with work/school/college mate(s)
- with friend(s)
- with family
- with nobody/alone
- other (please specify)

How old were you when you first took cocaine (powder or “crack”)?

- I have never taken cocaine
- 10 years old or less
- 11 – 12 years old
- 13 – 14 years old
- 15 – 16 years old
- 17 – 18 years old
- 19 years old, or more

What was the reason for your first taking of cocaine (powder or “crack”)?

- I have never taken cocaine
- religious custom
- to be accepted by others
- to be sociable
- enjoyment
- boosting of sex
- curiosity
- treatment of health disorder
- relief of psychological stress
- relief of cold, hunger, or fatigue
- improvement of school/work performance
- other – please, specify
- don't know

Who introduced you to the use of cocaine (powder or “crack”)?

- I have never taken cocaine
- family
- casual acquaintance
- friends
- drug pusher
- doctor (physician)
- other health practitioner
- pharmacist or druggist
- other (please specify)
- don't know

****Do you personally know people who take designer drugs (ecstasy, ..)?**

- yes
- no

****Have you taken designer drugs (ecstasy, ..)...**

- | | yes | no |
|-------------------------------|--------------------------|--------------------------|
| in your lifetime? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 30 days? | <input type="checkbox"/> | <input type="checkbox"/> |

****In the past 12 months, on how many days did you take designer drugs (ecstasy, ..)?**

- daily or almost daily
- 3 – 4 times a week
- 1 – 2 days a week
- 2 – 3 days a month
- once a month
- 7 – 11 days in the past 12 months
- 4 – 6 days in the past 12 months
- 2 – 3 days in the past 12 months
- once in the past 12 months
- I didn't take designer drugs in the past 12 months

****Where did you most take designer drugs (ecstasy, ...) in the past 12 months?**

- I didn't take designer drugs (ecstasy, ...) in the past 12 months
- at home or at other family's house
- at friends' house
- at school/college/work
- at a public place (e.g. bar, shebeen, disco, club, hotel)
- out in the open/in the street/under a bridge/in the bush
- other place (please specify)

****With whom did you most take designer drugs (ecstasy, ...) in the past 12 months?**

- I didn't take designer drugs (ecstasy, ...) in the past 12 months
- with acquaintance(s)
- with work/school/college mate(s)
- with friend(s)
- with family
- with nobody/alone
- other (please specify)

****How old were you when you first took designer drugs (ecstasy, ..)?**

- I have never taken designer drugs
- 10 years old or less
- 11 – 12 years old
- 13 – 14 years old
- 15 – 16 years old
- 17 – 18 years old
- 19 years old, or more

****What was the reason for your first taking of designer drugs (ecstasy, ..)?**

- I have never taken designer drugs
- religious custom
- to be accepted by others
- to be sociable

- enjoyment
- boosting of sex
- curiosity
- treatment of health disorder
- relief of psychological stress
- relief of cold, hunger, or fatigue
- improvement of school/work performance
- other – please, specify
- don't know

****Who introduced you to the use of designer drugs (ecstasy, ..)?**

- I have never taken designer drugs
- family
- casual acquaintance
- friends
- drug pusher
- doctor (physician)
- other health practitioner
- pharmacist or druggist
- other (please specify)
- don't know

Do you personally know people who take mandrax?

- yes
- no

Have you taken mandrax...

- | | yes | no |
|-------------------------------|--------------------------|--------------------------|
| in your lifetime? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 30 days? | <input type="checkbox"/> | <input type="checkbox"/> |

In the past 12 months, on how many days did you take mandrax?

- daily or almost daily
- 3 – 4 times a week
- 1 – 2 days a week
- 2 – 3 days a month
- once a month
- 7 – 11 days in the past 12 months
- 4 – 6 days in the past 12 months

- 2 – 3 days in the past 12 months
- once in the past 12 months
- I didn't take mandrax in the past 12 months

Where did you most take mandrax in the past 12 months?

- I didn't take mandrax in the past 12 months
- at home or at other family's house
- at friends' house
- at school/college/work
- at a public place (e.g. bar, shebeen, disco, club, hotel)
- out in the open/in the street/under a bridge/in the bush
- other place (please specify)

With whom did you most take mandrax in the past 12 months?

- I didn't take mandrax in the past 12 months
- with acquaintance(s)
- with work/school/college mate(s)
- with friend(s)
- with family
- with nobody/alone
- other (please specify)

How old were you when you first took mandrax?

- I have never taken mandrax
- 10 years old or less
- 11 – 12 years old
- 13 – 14 years old
- 15 – 16 years old
- 17 – 18 years old
- 19 years old, or more

What was the reason for your first taking of mandrax?

- I have never taken mandrax
- religious custom
- to be accepted by others
- to be sociable
- enjoyment
- boosting of sex
- curiosity
- treatment of health disorder
- relief of psychological stress
- relief of cold, hunger, or fatigue
- improvement of school/work performance
- other – please, specify
- don't know

Who introduced you to the use of mandrax?

- I have never taken mandrax
- family
- casual acquaintance
- friends
- drug pusher
- doctor (physician)
- other health practitioner
- pharmacist or druggist
- other (please specify)
- don't know

Do you personally know people who take a mixture of marihuana/hashish and mandrax?

- yes
- no

Have you taken a mixture of marihuana/hashish and mandrax ...

- | | yes | no |
|-------------------------------|--------------------------|--------------------------|
| in your lifetime? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 30 days? | <input type="checkbox"/> | <input type="checkbox"/> |

In the past 12 months, on how many days did you take a mixture of marihuana/hashish and mandrax?

- daily or almost daily
- 3 – 4 times a week
- 1 – 2 days a week
- 2 – 3 days a month
- once a month
- 7 – 11 days in the past 12 months
- 4 – 6 days in the past 12 months
- 2 – 3 days in the past 12 months
- once in the past 12 months
- I didn't take a mixture of marihuana/hashish and mandrax in the past 12 months

****Where did you most take a mixture of marihuana/hashish and mandrax in the past 12 months?**

- I didn't take a mixture of marihuana/hashish and mandrax in the past 12 months
- at home or at other family's house
- at friends' house
- at school/college/work
- at a public place (e.g. bar, shebeen, disco, club, hotel)
- out in the open/in the street/under a bridge/in the bush
- other place (please specify)

****With whom did you most take a mixture of marihuana/hashish and mandrax in the past 12 months?**

- I didn't take a mixture of marihuana/hashish and mandrax in the past 12 months
- with acquaintance(s)
- with work/school/college mate(s)
- with friend(s)
- with family
- with nobody/alone
- other (please specify)

****How old were you when you first took a mixture of marihuana/hashish and mandrax?**

- I have never taken a mixture of marihuana/hashish and mandrax
- 10 years old or less
- 11 – 12 years old
- 13 – 14 years old
- 15 – 16 years old
- 17 – 18 years old
- 19 years old, or more

****What was the reason for your first taking of a mixture of marihuana/hashish and mandrax?**

- I have never taken a mixture of marihuana/hashish and mandrax
- religious custom
- to be accepted by others
- to be sociable
- enjoyment
- boosting of sex
- curiosity
- treatment of health disorder
- relief of psychological stress
- relief of cold, hunger, or fatigue
- improvement of school/work performance
- other – please, specify
- don't know

****Who introduced you to the use of a mixture of marihuana/hashish and mandrax?**

- I have never taken a mixture of marihuana/hashish and mandrax
- family
- casual acquaintance
- friends
- drug pusher
- doctor (physician)
- other health practitioner
- pharmacist or druggist
- other (please specify)
- don't know

Do you personally know people who take mixtures of drugs other than marihuana/hashish and mandrax?

- yes, please, specify
- no

Have you taken a mixture of drugs other than marihuana/hashish and mandrax ... (specify:))

- | | yes | no |
|-------------------------------|--------------------------|--------------------------|
| in your lifetime? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 30 days? | <input type="checkbox"/> | <input type="checkbox"/> |

In the past 12 months, on how many days did you take such a mixture?

- daily or almost daily
- 3 – 4 times a week
- 1 – 2 days a week
- 2 – 3 days a month
- once a month
- 7 – 11 days in the past 12 months
- 4 – 6 days in the past 12 months
- 2 – 3 days in the past 12 months
- once in the past 12 months
- I didn't take such a mixture of drugs in the past 12 months

****Where did you most take a mixture of drugs other than marihuana/hashish and mandrax in the past 12 months?**

- I didn't take such a mixture in the past 12 months
- at home or at other family's house
- at friends' house
- at school/college/work
- at a public place (e.g. bar, shebeen, disco, club, hotel)
- out in the open/in the street/under a bridge/in the bush
- other place (please specify)

****With whom did you most take a mixture of drugs other than marihuana/hashish and mandrax in the past 12 months?**

- I didn't take such a mixture in the past 12 months
- with acquaintance(s)
- with work/school/college mate(s)
- with friend(s)
- with family
- with nobody/alone
- other (please specify)

****How old were you when you first took a mixture of drugs other than marihuana/hashish and mandrax?**

- I have never taken such a mixture
- 10 years old or less
- 11 – 12 years old
- 13 – 14 years old
- 15 – 16 years old
- 17 – 18 years old
- 19 years old, or more

****What was the reason for your first taking of a mixture of drugs other than marihuana/hashish and mandrax?**

- I have never taken such a mixture
- religious custom
- to be accepted by others
- to be sociable
- enjoyment
- boosting of sex
- curiosity
- treatment of health disorder
- relief of psychological stress
- relief of cold, hunger, or fatigue
- improvement of school/work performance
- other – please, specify
- don't know

****Who introduced you to the use of a mixture of drugs other than marihuana/hashish and mandrax?**

- I have never taken such a mixture
- family
- casual acquaintance
- friends
- drug pusher
- doctor (physician)
- other health practitioner
- pharmacist or druggist
- other (please specify)
- don't know

****Have you taken substance(s) (heroin or others) using a needle ...**

- | | yes | no |
|-------------------------------|--------------------------|--------------------------|
| in your lifetime? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 30 days? | <input type="checkbox"/> | <input type="checkbox"/> |

****In the past 12 months, on how many days did you take substance(s) (heroin or others) using a needle?**

- daily or almost daily
- 3 – 4 times a week
- 1 – 2 days a week
- 2 – 3 days a month
- once a month
- 7 – 11 days in the past 12 months
- 4 – 6 days in the past 12 months
- 2 – 3 days in the past 12 months
- once in the past 12 months
- I didn't take substance(s) using a needle in the past 12 months

****Do you personally know people who sniff or inhale things (glue, aerosol sprays, or other gases) to get high?**

- yes
- no

****Have you sniffed or inhaled things (glue, aerosol sprays, or other gases) to get high ...**

- | | yes | no |
|-------------------------------|--------------------------|--------------------------|
| in your lifetime? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |

****In the past 12 months, on how many days did you sniff or inhale things (glue, aerosol sprays, or other gases) to get high?**

- daily or almost daily
- 3 – 4 times a week
- 1 – 2 days a week
- 2 – 3 days a month
- once a month
- 7 – 11 days in the past 12 months
- 4 – 6 days in the past 12 months
- 2 – 3 days in the past 12 months
- once in the past 12 months
- I didn't sniff or inhale things in the past 12 months

****Where did you most sniff or inhale things (glue, aerosol sprays, or other gases) to get high in the past 12 months?**

- I didn't sniff or inhale things (glue, aerosol sprays, or other gases) to get high in the past 12 months
- at home or at other family's house
- at friends' house
- at school/college/work
- at a public place (e.g. bar, shebeen, disco, club, hotel)
- out in the open/in the street/under a bridge/in the bush
- other place (please specify)

****With whom did you most sniff or inhale things (glue, aerosol sprays, or other gases) to get high in the past 12 months?**

- I didn't sniff or inhale things (glue, aerosol sprays, or other gases) to get high in the past 12 months
- with acquaintance(s)
- with work/school/college mate(s)
- with friend(s)
- with family
- with nobody/alone
- other (please specify)

****How old were you when you first sniffed or inhaled things (glue, aerosol sprays, or other gases) to get high?**

- I have never sniffed or inhaled things to get high
- 10 years old or less
- 11 – 12 years old
- 13 – 14 years old
- 15 – 16 years old
- 17 – 18 years old
- 19 years old, or more

****What was the reason for your first sniffing or inhaling things (glue, aerosol sprays, or other gases) to get high?**

- I have never sniffed or inhaled things to get high
- religious custom
- to be accepted by others
- to be sociable
- enjoyment
- boosting of sex
- curiosity
- treatment of health disorder
- relief of psychological stress
- relief of cold, hunger, or fatigue
- improvement of school/work performance
- other – please, specify
- don't know

****Who introduced you to sniffing or inhaling things (glue, aerosol sprays, or other gases) to get high?**

- I have never sniffed or inhaled things to get high
- family
- casual acquaintance
- friends
- drug pusher
- doctor (physician)
- other health practitioner
- pharmacist or druggist
- other (please specify)
- don't know

The next questions concern over-the-counter pain relievers and other forms of medicine

Have you taken over-the-counter painkillers (...) WITHOUT a doctor or a health worker telling you to do so...

- | | yes | no |
|-------------------------------|--------------------------|--------------------------|
| in your lifetime? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |

in the past 30 days?

In the past 12 months, on how many days did you take such painkillers, WITHOUT a doctor or a health worker telling you to do so?

- daily or almost daily
- 3 – 4 times a week
- 1 – 2 days a week
- 2 – 3 days a month
- once a month
- 7 – 11 days in the past 12 months
- 4 – 6 days in the past 12 months
- 2 – 3 days in the past 12 months
- once in the past 12 months
- I didn't take painkillers in the past 12 months

What was the reason for your first taking of painkillers WITHOUT a doctor or a health worker telling you to do so?

- I have never taken it WITHOUT a doctor or a health worker telling me to do so
- religious custom
- to be accepted by others
- to be sociable
- enjoyment
- boosting of sex
- curiosity
- treatment of health disorder
- relief of psychological stress
- relief of cold, hunger, or fatigue
- improvement of school/work performance
- other – please, specify
- don't know

Have you taken substances that help people to relax, tranquillisers, (...) WITHOUT a doctor or a health worker telling you to do so....

in your lifetime? yes no

in the past 12 months?

in the past 12 months?

In the past 12 months, on how many days did you take such tranquillisers, WITHOUT a doctor or a health worker telling you to do so?

- daily or almost daily
- 3 – 4 times a week
- 1 – 2 days a week
- 2 – 3 days a month
- once a month
- 7 – 11 days in the past 12 months
- 4 – 6 days in the past 12 months
- 2 – 3 days in the past 12 months
- once in the past 12 months
- I didn't take tranquillisers, without a doctor or a health worker telling me to do so in the past 12 months

What was the reason for your first taking of tranquillisers WITHOUT a doctor or a health worker telling you to do so?

- I have never taken it WITHOUT a doctor or a health worker telling me to do so
- religious custom
- to be accepted by others
- to be sociable
- enjoyment
- boosting of sex
- curiosity
- treatment of health disorder
- relief of psychological stress
- relief of cold, hunger, or fatigue
- improvement of school/work performance
- other – please, specify
- don't know

Have you taken substances that help people to sleep (sleeping pills, barbiturates, amytal, nembutal, seconal, ...), sedatives, WITHOUT a doctor or a health worker telling you to do so....

- | | yes | no |
|-------------------------------|--------------------------|--------------------------|
| in your lifetime? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |

In the past 12 months, on how many days did you take such sedatives (sleeping pills, barbiturates, amytal, nembital, seconal, ...), WITHOUT a doctor or a health worker telling you to do so?

- daily or almost daily
- 3 – 4 times a week
- 1 – 2 days a week
- 2 – 3 days a month
- once a month
- 7 – 11 days in the past 12 months
- 4 – 6 days in the past 12 months
- 2 – 3 days in the past 12 months
- once in the past 12 months
- I didn't take sedatives without a doctor or a health worker telling me to do so in the past 12 months

What was the reason for your first taking of sedatives (sleeping pills, barbiturates, amytal, nembital, seconal, ...), WITHOUT a doctor or a health worker telling you to do so?

- I have never taken it WITHOUT a doctor or a health worker telling me to do so
- religious custom
- to be accepted by others
- to be sociable
- enjoyment
- boosting of sex
- curiosity
- treatment of health disorder
- relief of psychological stress
- relief of cold, hunger, or fatigue
- improvement of school/work performance
- other – please, specify
- don't know

The next questions deal with social consequences of substance use

In the past 12 months, indicate whether your use of substances (alcohol, hashish, mandrax, sedatives) caused you to ...

- | | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | never | less than
monthly | monthly | weekly | almost
daily | not
relevant*) |
| be absent from work or have poor work performance? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

be absent, suspended, or expelled from school or have poor school performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
“drive a car/motor vehicle” under the influence of alcohol or illicit substances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
“operate a machine” under the influence of alcohol or illicit substances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
be “arrested” for disorderly conduct?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
have physical fights or arguments with your parents or girl/boy friend about consequences of your substance use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*) “Not relevant” means that the type of activity or situation referred to in the question was not part of the life situation in the past 12 months. For instance, you did not go to school, did not work, or did not drive a motor vehicle in the past 12 months.

The following questions concern attitudes and local customs

Individuals differ in whether or not they approve of people doing certain things. Do YOU approve or disapprove of young people doing each of the following?

	strongly approve	approve	disapprove	strongly disapprove	can't say
smoking 10 or more cigarettes a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
smoking marijuana or hashish occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
smoking marijuana or hashish regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
trying cocaine once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
taking cocaine occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
having one or two drinks several times a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
having five or more drinks once or twice each weekend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
taking amphetamines once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
taking amphetamines occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
trying heroin once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
taking heroin occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
trying mandrax once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
taking mandrax occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
trying hallucinogens once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
taking hallucinogens occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Indicate which of the mentioned substances **YOUNG PEOPLE** (adolescents) normally take on the various occasions listed below.

	alcohol	marihuana/ hashish	ampheta- mines	heroin	cocaine	hallucino- gens
religious festivals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other public festivals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sporting events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
weddings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
funerals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
weekends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
with visitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For some of the substances mentioned below, a doctor or a health worker may legally prescribe their use (**MEDICAL USE**). The questions focus on **NON-MEDICAL USE** of the substances.

****What is, to your knowledge, the prevailing legal status of NON-MEDICAL USE of...**

	non-medical use is legal	non-medical use is illegal
marihuana and hashish	<input type="checkbox"/>	<input type="checkbox"/>
mandrax	<input type="checkbox"/>	<input type="checkbox"/>
heroin	<input type="checkbox"/>	<input type="checkbox"/>
amphetamines (e.g. ...)	<input type="checkbox"/>	<input type="checkbox"/>
cocaine	<input type="checkbox"/>	<input type="checkbox"/>
hallucinogens (e.g. ...)	<input type="checkbox"/>	<input type="checkbox"/>
sedatives (e.g. valium)	<input type="checkbox"/>	<input type="checkbox"/>
tranquillisers (e.g. ...)	<input type="checkbox"/>	<input type="checkbox"/>
painkillers (e.g. ...)	<input type="checkbox"/>	<input type="checkbox"/>

****What SHOULD, in your opinion, BE the legal status of NON-MEDICAL USE of the following substances?**

	non-medical use should be legal	non-medical use should be illegal
marihuana and hashish	<input type="checkbox"/>	<input type="checkbox"/>

mandrax	<input type="checkbox"/>	<input type="checkbox"/>
heroin	<input type="checkbox"/>	<input type="checkbox"/>
amphetamines (e.g. ...)	<input type="checkbox"/>	<input type="checkbox"/>
cocaine	<input type="checkbox"/>	<input type="checkbox"/>
hallucinogens (e.g. ...)	<input type="checkbox"/>	<input type="checkbox"/>
sedatives (e.g. valium)	<input type="checkbox"/>	<input type="checkbox"/>
tranquilliser (e.g. ...)	<input type="checkbox"/>	<input type="checkbox"/>
painkillers (e.g. ...)	<input type="checkbox"/>	<input type="checkbox"/>

The next questions ask for your opinion on the effect of using certain

How much, if at all, do you think young people risk harming themselves (physically or in other ways), if they..

	no risk	slight risk	moderate risk	great risk	don't know
smoke 10 or more cigarettes a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
smoke marijuana or hashish occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
smoke marijuana or hashish regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
try cocaine once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
take cocaine occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
have one or two drinks several times a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
have five or more drinks once or twice each weekend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
take amphetamines once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
take amphetamines occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
try heroin once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
take heroin occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
use inhalants once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
use inhalants occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
try mandrax once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
take mandrax occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
try hallucinogens once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
take hallucinogens occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following questions are about other persons' use of substances

For some of the substances mentioned below, a doctor or a health worker may legally prescribe their use (MEDICAL USE). The questions focus on NON-MEDICAL USE of the substances.

****Does your closest friend ...**

	yes	no
smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>
use other forms of tobacco?	<input type="checkbox"/>	<input type="checkbox"/>
smoke marihuana and/or hashish?	<input type="checkbox"/>	<input type="checkbox"/>
take mandrax?	<input type="checkbox"/>	<input type="checkbox"/>
take hallucinogens (e.g. ...)?	<input type="checkbox"/>	<input type="checkbox"/>
take amphetamines (e.g. ...)?	<input type="checkbox"/>	<input type="checkbox"/>
take sedatives (e.g. ...)?	<input type="checkbox"/>	<input type="checkbox"/>
take tranquillisers (e.g. ...)?	<input type="checkbox"/>	<input type="checkbox"/>
take cocaine?	<input type="checkbox"/>	<input type="checkbox"/>
take heroin?	<input type="checkbox"/>	<input type="checkbox"/>
use inhalants?	<input type="checkbox"/>	<input type="checkbox"/>
drink alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
get drunk at least once a week?	<input type="checkbox"/>	<input type="checkbox"/>

****Does your father (or stepfather)...**

	yes	no
smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>
use other forms of tobacco?	<input type="checkbox"/>	<input type="checkbox"/>
smoke marihuana and/or hashish?	<input type="checkbox"/>	<input type="checkbox"/>
take mandrax?	<input type="checkbox"/>	<input type="checkbox"/>
take hallucinogens (e.g. ...)?	<input type="checkbox"/>	<input type="checkbox"/>
take amphetamines (e.g. ...)?	<input type="checkbox"/>	<input type="checkbox"/>
take sedatives (e.g. ...)?	<input type="checkbox"/>	<input type="checkbox"/>
take tranquillisers (e.g. ...)?	<input type="checkbox"/>	<input type="checkbox"/>
take cocaine?	<input type="checkbox"/>	<input type="checkbox"/>

- take heroin?
- use inhalants?
- drink alcohol?
- get drunk at least once a week?

****Does your mother (or stepmother)...**

- | | yes | no |
|---------------------------------|--------------------------|--------------------------|
| smoke cigarettes? | <input type="checkbox"/> | <input type="checkbox"/> |
| use other forms of tobacco? | <input type="checkbox"/> | <input type="checkbox"/> |
| smoke marihuana and/or hashish? | <input type="checkbox"/> | <input type="checkbox"/> |
| take mandrax? | <input type="checkbox"/> | <input type="checkbox"/> |
| take hallucinogens (e.g. ...)? | <input type="checkbox"/> | <input type="checkbox"/> |
| take amphetamines (e.g. ...)? | <input type="checkbox"/> | <input type="checkbox"/> |
| take sedatives (e.g. ...)? | <input type="checkbox"/> | <input type="checkbox"/> |
| take tranquillisers (e.g. ...)? | <input type="checkbox"/> | <input type="checkbox"/> |
| take cocaine? | <input type="checkbox"/> | <input type="checkbox"/> |
| take heroin? | <input type="checkbox"/> | <input type="checkbox"/> |
| use inhalants? | <input type="checkbox"/> | <input type="checkbox"/> |
| drink alcohol? | <input type="checkbox"/> | <input type="checkbox"/> |
| get drunk at least one a week? | <input type="checkbox"/> | <input type="checkbox"/> |

- **How many older siblings do you have?**
- none
 - one
 - two or more

****If you have older sibling(s), does(do) he/she/they...**

- | | yes/all | one/some | no/none |
|---------------------------------|--------------------------|--------------------------|--------------------------|
| smoke cigarettes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| use other forms of tobacco | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| smoke marihuana and/or hashish? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| take mandrax? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| take hallucinogens (e.g. ...)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| take amphetamines (e.g. ...)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| take sedatives (e.g. ...)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| take tranquillisers (e.g. ...)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| take cocaine? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| take heroin? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| use inhalants? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| drink alcohol? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| get drunk at least one a week? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |