

## STUDY PROTOCOL

<b>1. International workshop and training of project managers.....</b>	<b>1</b>
<b>2. The importance of the effectiveness evaluation.....</b>	<b>1</b>
<b>3. Objectives of the study.....</b>	<b>2</b>
<b>4. Identification of area, schools, grade.....</b>	<b>2</b>
<b>5. Invitation of schools to participate in the randomized controlled trial.....</b>	<b>3</b>
<b>- Table 1. Study sample.....</b>	<b>4</b>
<b>6. Random allocation.....</b>	<b>4</b>
<b>7. Questionnaire.....</b>	<b>5</b>
<b>8. Questionnaire’s Pilot Study.....</b>	<b>6</b>
<b>9. Baseline (pre-test) survey.....</b>	<b>7</b>
<b>10. Data collection and input of baseline survey.....</b>	<b>7</b>
<b>11. Process evaluation.....</b>	<b>8</b>
<b>12. Follow-up (post-test) survey.....</b>	<b>8</b>
<b>13. Data collection and input of post-test survey.....</b>	<b>9</b>
<b>14. 1-year follow-up survey.....</b>	<b>9</b>
<b>15. Publication of data.....</b>	<b>9</b>
<b>16. References.....</b>	<b>10</b>
<b>Table 2. Timeline of the evaluation study....</b>	<b>11</b>

OED Staff involved in the project:

**Federica Vigna-Taglianti**

Piedmont Centre for Drug Addiction Epidemiology (OED)  
via Sabaudia 164, 10095 Grugliasco (TO), Italy  
Phone: +39-011-40188305  
Fax: +39-011-40188301  
Mobile: +39-335-8088970  
e-mail: [federica.vignataglianti@oed.piemonte.it](mailto:federica.vignataglianti@oed.piemonte.it)

**Professor Fabrizio Faggiano**

Department of Clinical and Experimental Medicine, Avogadro University  
Via Solaroli 17, 28100 Novara, Italy  
phone: +39 0321 660661, +39 011 40188309  
fax: +39 0321 660682  
Mobile : +39 335 480633  
e-mail: [fabrizio.faggiano@med.unipmn.it](mailto:fabrizio.faggiano@med.unipmn.it)

**Gian Luca Cuomo**

Piedmont Centre for Drug Addiction Epidemiology (OED)  
via Sabaudia 164, 10095 Grugliasco (TO), Italy  
Phone: +39-011-40188306  
Fax: +39-011-40188301  
e-mail: [luca.cuomo@oed.piemonte.it](mailto:luca.cuomo@oed.piemonte.it)

## Protocol for evaluation of program effectiveness

### 1. International workshop and training of project managers

Each participating country should identify a project team, responsible for the study in the country. The project team should include at least:

1. a person in charge of the coordination of the study, English speaking and with some research understanding (local coordinator);
2. a person in charge of the training, English speaking and with some experience in life skills teaching (Unplugged trainer);
3. a person in charge of the administration of the questionnaires and of contacts with school teachers (project manager).

The person in charge of the study and the trainer will participate to the international workshop which will be held early in February 2009. During this workshop, they will receive general information about effective preventive programs and methods. The local coordinator (and the project manager if English speaking) will receive some training in evaluation of effectiveness methods, whilst the trainer will receive specific training on Unplugged.

The coordinator of the study will coordinate the local activities all along the project, and will keep the contacts with the international project team. The project manager will organize the local training courses, will keep contacts with the schools and the teachers, and will be responsible of the administration of the questionnaires. The trainer will held the training courses and will keep contacts with the Unplugged teachers all along the project.

### 2. The importance of the effectiveness evaluation

Most prevention of substance use in the school environment is based on behavioural theory (Tobler 2000), and aims at reducing the onset of adolescents' alcohol, tobacco and drug use by decreasing personal and social risk factors and by strengthening personal and social protective factors (Ennett 2003).

Several studies have compared the effectiveness of different school-based interventions. Life Skills (Botvin 1995), Project Northland (Perry 1996), The Midwestern Prevention Project (Pentz 1989), Project SMART (Hansen 1991) and Project ALERT (Ellickson 1993) are examples of school-based prevention programs teaching adolescents resistance-, general- social. and personal skills. Although the prevention program with a higher impact in the reduction of drug initiation appears to be the Life Skills model (Faggiano 2005), results from most projects generally show a small effect on tobacco use, and inconsistent effects on alcohol and drug use (Stothard 2000, Tobler 2000).

These programs have been mostly developed in North America, a fact which may imply differences in effectiveness, when implemented in other cultural contexts. A recent paper

from U.K. (Ashton 2003) underlines both methodological and dissemination problems in the implementation of complex interventions such as Life Skills in a European setting. Outside of the US/Australian context, the evaluation of the effectiveness of programs is very rare, and when performed it is frequently conducted with flawed methods (non-random allocation, lack of a control group, lack of adequate statistical analysis) (Faggiano 2005).

Since there is some suspicion that prevention intervention can make harm (Dukes 1997; Hawthorne 1996), the implementation of a program should be made only when the program was rigorously evaluated. From the ethical point of view, in fact, it is absolutely not acceptable that an intervention, carried out without an expressed need, could cause harm (Gillon 1994). The Mentor/Unplugged project aspires to evaluate the effectiveness of the Unplugged program, the only European prevention program evaluated through rigorous method and proved to be effective in the short term, when adapted and implemented in new countries.

### 3. Objectives of the study

One of the aims of the Mentor-Unplugged/IKEA Social Initiative is to evaluate the effectiveness of a drug prevention program developed for European context when adapted in new countries.

The program (Unplugged) was developed in the frame of the EU-Dap project, funded between 2003 and 2008 by the EC, and is based on the social influence approach. In the multicentric European project, the evaluation showed that the program was effective at short term in preventing daily cigarettes use, drunkenness episodes and cannabis use (Faggiano 2008), and that the effects on drunkenness episodes and cannabis use were maintained at 15 months follow-up.

The evaluation of effectiveness of Unplugged in Croatia, Kyrgyzstan, Lithuania, Romania, and Russia will be performed through a *cluster randomized controlled trial* with two experimental groups. Following this study design, the schools will be randomly assigned to the following groups:

- Unplugged (+ parents involvement)
- Usual Curriculum

### 4. Identification of area, schools, grade

The countries undertaking the assessment of the effectiveness of Unplugged in preventing or reducing the use of tobacco, alcohol and substances must choose the area of the program implementation and evaluation at the beginning of the study.

The **area** can be the whole country, a region, a district, according to the country possibilities and the number of schools in the target grade.

The schools to approach and invite to participate to the RCT must be chosen according to the following **inclusion criteria**:

- to have at least **2 classes** in the grade under study;

- to be a **"normal"** school: special profiles, such as institutes for mentally retarded people, confessional or foreign languages schools are excluded;
- **not** to be involved in other similar prevention interventions targeted to the grade of interest.

Since the program is effective among 11/12-14 years old pupils, the target grade can be 11, 12, 13 or 14 years old; however, it is strongly suggested to choose the earliest possible grade. This choice must be done taking into consideration the necessity to survey the pupils at 1 year follow-up (funding from EFESTO project), together with the natural history of smoking and other drugs behaviour: the age of students must be under the modal age of prevalence.

Taking into account these criteria, the age of pupils involved in the study is:

- 12-13 years old for Croatia
- 12-13 years old for Kyrgyzstan
- 12-13 years old for Lithuania
- 12-13 years old for Romania
- 12-13 years old for Russia

The project teams of the participating countries will have to approach and invite a certain number of schools in order to reach the sample size needed to perform the evaluation (table 1). It is likely that not all the schools approached will accept to participate in the evaluation study. It is therefore suggested to **enlarge the sample of schools to approach**, in order to achieve the minimum number of schools needed for the evaluation.

## 5. Invitation of schools to participate in the randomized controlled trial

The **complete list of the schools** to approach has to be included in a database; the center itself will evaluate if the school is eligible, and when not, this information together with the reason for not being eligible will be recorded in the database.

The eligible schools will be then approached and again their acceptance/refusal to participate in the RCT will be recorded in the database.

The schools **accepting to participate in the evaluation study** will be included in a **specific excel file provided by OED staff**. Some information will be recorded in the database, in order to check the eligibility criteria and to classify the schools in 3 social class groups (high, medium, low). The social classification will be done by OED staff using the information provided by the center staff. This information will be used to balance the social class strata during the randomization process. The database containing all these information will be sent to OED staff for the random allocation.

The approached schools have to be informed that the participation to the evaluation will mean that the school can be allocated to one of the intervention arms or to the control group, and that **they will know the result of the allocation only afterwards**.

The main difference among the interventions and the control groups is that the **intervention arm** ("Unplugged + parents involvement") will implement the program in the school year 2009/2010, whilst the **control arm** ("Usual Curriculum") will be able to

implement the program in the target grade in the year following the experimental evaluation (2010/2011). All the Usual Curriculum schools will be given the possibility to be trained in specific Unplugged training courses held in autumn 2010.

It is important to clarify to the **control schools** ("Usual curriculum") that they will be able to implement the program the year after but only in classes **different** from those who received the questionnaire. It is in fact important that the control pupils remains controls: they will be asked again to fill in the questionnaire the year after (at 1 year follow-up), and it is important that they remain free from the intervention to act as control pupils.

All the **intervention and control classes** will administer a **questionnaire** investigating the knowledge, intentions and behaviours regarding tobacco, alcohol and substance use, at baseline (**November 2009**) and after the end of the program (**May 2010**).

A minimum number of schools participating to the randomized controlled trial has to be reached in each country, according to the sample size calculations above mentioned. The minimum number of schools to be randomized in each country is described in Table 1. The calculation take into account that for power reasons it is better to have a larger number of control classes. The total number of pupils who will receive Unplugged in this phase is **3375**, and is calculated considering **3 classes per each school**, and **25 pupils per class**. However, the total number of pupils surveyed is **8025** (**4650** are controls and receive only the questionnaire to be filled). These numbers will change a little due to the actual number of schools and classes accepting to participate and the actual number of pupils in the classes.

**Table 1. Study sample** (estimating 3 classes per school and 25 pupils per class)

	Croatia	Kyrgyzstan	Lithuania	Romania	Russia	total
<b>Minimum number of schools participating in the randomized controlled evaluation study</b>	<b>12</b>	<b>18</b>	<b>10</b>	<b>40</b>	<b>27</b>	<b>107</b>
Number of schools to be randomized (pupils)						
Unplugged (+ parents involvement)	5 (375)	8 (600)	4 (300)	16 (1200)	12 (900)	45 (3375)
Usual Curriculum	7 (525)	10 (750)	6 (450)	24 (1800)	15 (1125)	62 (4650)
<b>Number of pupils approximately surveyed (both conditions)</b>	<b>900</b>	<b>1350</b>	<b>750</b>	<b>3000</b>	<b>2025</b>	<b>8025</b>

## 6. Random allocation

Once obtained the consent of the schools to participate in the randomized controlled trial, and the information needed for the random allocation, the **database** containing the list of the schools has to be sent to the OED team for the random allocation.

The OED Institute will give each school a **unique code**, and will perform the random allocation, balancing the allocation according to the social strata. The OED Institute will

also be responsible of the **registration of the trial** in an international database of randomized controlled trials.

The list of the schools accepting to participate in the RCT has to be sent to OED Institute by the end of **April 2009**. The results of the random allocation will be communicated to the centers approximately **two weeks after**.

After the random allocation, the training of teachers in the schools allocated to the intervention groups will be organized and managed by the local project team.

In all the schools, independently from their group of allocation, **3 classes** in the target grade will be administered the questionnaire a first time in **November 2009** for the pre-test survey and a second time in **May 2010** for the post-test survey, and probably a third time in **May 2011** for the follow-up survey.

The 3 classes will be chosen by the local project team in agreement with the school. The list of the chosen classes will be sent to the OED team before the training course, at the end of September at the latest. Each class will be attributed an **unique code** by the OED team, to be put on the **first page of the questionnaire**. This code, together with the school code, is needed to take into account the school/class level at the analysis stage.

## 7. Questionnaire

The questionnaire to be administered at the baseline, post-test and follow-up surveys is derived from that used in the EU-Dap study. The **modified questionnaire** contains some questions on social status of the family, more detail on the use of alcohol, and some new validated questions on intermediate variables. For most of the variables, the two versions are comparable, but obviously the second one is improved.

The main sections of the questionnaire are:

- social environment;
- own tobacco, alcohol and substance use;
- knowledge & opinions about substances
- substance use in the nearest environment;
- family and social environment;
- school environment and school climate;
- problems and skills.

With the aim to include already validated questions in the questionnaire, most of the questions have been caught from the EDDRA data bank, but some have been taken from other surveys. The sources of the modified questionnaire are listed here.

### Question # Sources

- |            |                              |
|------------|------------------------------|
| (1)        | EMCDDA                       |
| (2)        | EMCDDA                       |
| (3)        | HBSC 1986, 1990,1994, 1998   |
| (4)        | EMCDDA                       |
| (5,6)      | ESPAD 2007                   |
| (7-8-9-10) | HBSC FAMILY AFFLUENCE SCALE  |
| (11)       | ESPAD 2003                   |
| (12)       | HBSC 1986 1990 1994 and 1998 |
| (13)       | EMCDDA                       |

- (14) ESPAD 2007
- (15) ESPAD 1995
- (16, 17) ESPAD 2007
- (18) EMCDDA
- (19, 20) ESPAD 2003
- (21, 22, 23) EMCDDA
- (24) RATING (Swedish cohort)
- (25) ESPAD 2003
- (26, 27) HBSC 1998
- (28) PROJECT ALERT
- (29) HBSC
- (30) ESPAD 2003
- (31) EMCDDA
- (32) FAMILY SCALE (Braken)
- (33, 34) ESPAD
- (35) RATING (Swedish cohort)
- (36) HBSC 86, 90, 94, 98
- (37) HBSC 94, 98
- (38) ESPAD 2003
- (39) EMCDDA
- (40) RATING (Swedish cohort)
- (41) EMCCDDA + ESPAD 2007
- (42) Fit 5-6 Stell dir vor. (Germany)

The questionnaire will be sent by OED staff to the centers at the end of March. The centers will **translate** the questionnaire (from English to the local language) and will **back-translate** some questions (from local language to English). The back-translation will be sent to OED staff, who will check the appropriateness of the translation.

In the translation of the questionnaire, special care is needed for **question 20**, where the local team have to decide the list of substances to be included in the examples. It is in fact possible to change the list of the drugs according to the local conditions.

On the contrary, it is necessary that **all other questions closely match the standard questionnaire**. It is possible for the centers to add questions (at the end of the document) if interested in a longer or more detailed survey, but **it is not possible to delete or replace any question** from the standard questionnaire. In case it is needed to delete questions for local laws or special conditions, an agreement has to be reached with OED staff.

## 8. Questionnaire's Pilot Study

A small **piloting** of the questionnaire will be performed at the country level.

The aims of the Pilot Study are:

1. to test the anonymous code completion
2. to test the understandability of the questions
3. to test the general acceptance of the questions

The pilot study of the questionnaire will take place administrating the questionnaire to **a class** (or more classes, the decision is left to the centers), chosen by the center in the



target grade. **Together with the questionnaire** to be filled, **a short form** assessing the understandability of the questionnaire will be administered to the pupils. The **problems** encountered by the pupils in filling the questionnaire and the anonymous code will be taken into account to improve the local version of the questionnaire.

Instructions for the pilot study are provided together with the short questionnaire. It will be needed for the centers to translate the form and to assess the results of the piloting. Results, problems encountered by the pupils and solutions adopted will be shared with OED staff and the other partners and, if needed, a **final version of the questionnaire** will be elaborated by June 2009 at the latest. From this version, the centers will define the definite language version and will print the copies for the randomized evaluation study.

The language questionnaires can be simple or colorful, according to the possibilities of the center. The Italian questionnaire is provided as example of colorful graphic version.

## 9. Baseline (pre-test) survey

A **pre-test survey** will be done to measure the prevalence of substance use at baseline, to measure the main confounding factors and to assess the success of the randomization. It will be also useful to evaluate the effectiveness of the program in preventing the initiation of tobacco, alcohol and drugs use, taking into account the baseline status of the pupils as regards substance use.

The pre-test survey will be administered in **November/early December 2009**. The questionnaire will be distributed by the center staff and will be self-completed. The same questionnaire will be administered in the subsequent surveys. It is needed to fill the **school** and **class** code (as defined by OED staff) on the first page of the questionnaires before administering the questionnaire to the pupils. This code is very important to take into account school and class level at the analysis stage.

The administration of the questionnaires will be managed in the classes by **the project manager and his/her assistants**, in agreement with the schools. During the administration of the survey, **the teachers can leave the class**. As regards the presence or absence of the teacher during the surveys, individual agreement will be taken for each class.

For pupils **absent in the class the very day of the survey**, the teacher will be provided with an empty questionnaire and a pre-paid envelope and will be asked to contact the pupil to obtain the questionnaire filled. The questionnaire will be then sent to the center by the pupil him/herself.

## 10. Data collection and input of baseline survey

The baseline questionnaires will be sent **to the OED Institute by regular mail**. The OED Institute will manage the **data input**, and the **data management**, performing all the checking needed to provide the final database for the analysis. All these tasks will be performed by Gian Luca Cuomo.

For a correct data input of the questionnaires, countries having in their alphabet **characters different from Latin** ones will have to put a translation of the code (e.g. from Cyrillic to Latin) near the code filled by the pupil in the first page of the

questionnaire. It is strongly suggested to the centers to define a **"translation book"** to be followed in all the surveys. In case characters will be translated in a different way in the various survey, the code won't match with previous ones and questionnaires will be excluded from the analysis.

The **analysis** of the baseline survey will be performed by the OED Institute which will provide the partners with **pooled descriptive statistics** and **specific statistics by country**, approximately 4-6 months after the survey.

## 11. Process evaluation

For the evaluation of the process, a specific protocol ("**process monitoring protocol**") will be provided, including details on the forms to be used and the procedures to follow.

For the process evaluation some tools will be provided:

1. a form regarding the activities implemented in the class, to be completed by the teacher at the end of each unit, for a total of 12 forms;
2. a form regarding the prevention activities implemented in the control schools;
3. a form regarding the implementation of other prevention activities (other than Unplugged) in the intervention schools;
4. a form on the activities of the parents workshops, to be completed by the Unplugged trainer at the end of each seminar, for a total of 3 forms;
5. a form investigating the overall satisfaction of the teachers with the program;
6. a form investigating the overall satisfaction of the pupils with the program.

The forms should be provided to the teachers during the Unplugged training. The **program manager will keep contacts** with the teachers once a month to monitor the implementation of the Unplugged units and give support. At the end of the program, he/she will collect the process forms (both teachers' and pupils' forms). He/she will also be responsible to **input** the process questionnaires data in a specific mask provided by the OED Institute. The OED Institute will analyse these data and will provide the partners feedback on the implementation of the units and on the possible improvements suggested by the teachers.

## 12. Follow-up (post-test) survey

The post-test survey will be administered in **May 2010**.

The **same questionnaire** administered in the baseline survey will be used, following the same procedures, according to the protocol.

Again, it will be needed to fill the **school** and **class** code on the first page of the questionnaires before the administration. Following the same procedures adopted for the pre-test survey, the administration of the questionnaires will be managed in the classes by the **project manager** and his/her assistants, and the **teachers** will decide if remain or leave the class.

Again, for pupils **absent in the class the very day of the survey**, the teacher will be provided with an empty questionnaire and a pre-paid envelope and will be asked to contact the pupil to obtain the questionnaire filled. The questionnaire will be then sent to the center by the pupil him/herself.

The self-generated anonymous code will be used to **link pre-test with post-test** questionnaires while protecting the personal identification. This system has the purpose to prevent the linkage between personal identifiers allowing at the same time the linkage between the different questionnaires filled in by the same subject.

### 13. Data collection and input of post-test survey

As for the baseline survey, the post-test questionnaires will be sent to the OED Institute by **regular mail**. The OED Institute will manage the data input, and the data management, performing all the checking needed to provide the final database to be used for the analysis.

Again, for countries having in their alphabet **characters different from Latin** ones will have to put a translation of the code (e.g. from Cyrillic to Latin) near the code filled by the pupil in the first page of the questionnaire.

The analysis of the post-test survey will be performed by the OED Institute which will provide the partners with **effectiveness results pooled and by country**, approximately 4-6 months after the post-test survey.

### 14. 1-year follow-up survey

If the EFESTO study (coordinated by professor Faggiano) will be approved by EC, a further survey will be funded and will take place 1 year after the end of the program, in **May 2011**.

The **same questionnaire** administered in the baseline and post-test survey will be used, following the same procedures, according to the protocol.

As usual, the questionnaires will be sent to the OED Institute by **regular mail**, the OED Institute will manage the data input, data management, and data analysis, and will provide the partners with **effectiveness results pooled and by country**, approximately 4-6 months after the survey.

### 15. Publication of data

Results of the surveys will be given to the participating countries **on overall and stratified by center**. The **overall results** will be published in International Journals, and the leaderships of each paper will be agreed in the group. The **results by country** will be published only with the agreement of the single countries and will be of responsibility of the specific country. OED Institute will provide everyone with the data and the help necessary for the publication of results.

## 16. References

1. Ashton M. The American STAR comes to England. *Drug and Alcohol Findings* 2003; 8: 21-26.
2. Botvin GJ, Schinke SP, Epstein JA, Diaz T, Botvin EM. Effectiveness of culturally focused and generic skills training approaches to alcohol and drug abuse prevention among minority adolescents: two-year follow-up results. *Psychology Addict Behav* 1995; 9(3):183-94.
3. Dukes RL, Stein JA, Ullman JB. Long-term impact of drug abuse resistance education (DARE). *Evaluation Review* 1997;21 (4): 483-500.
4. Ellickson PL, Bell RM, McGuigan K. Preventing adolescent drug use: long-term results of a junior high program. *Am J Public Health* 1993; 83(6): 856-61.
5. Ennett ST, Ringwalt CL, Thorne J, Rohrbach LA, Vincus A, Simons-Rudolph A, Jones S. A comparison of current practice in school-based substance use prevention programs with meta-analysis findings. *Prev Sci* 2003; 4(1): 1-14.
6. Faggiano F, Vigna-Taglianti F, Versino E, Zambon A, Borraccino A, Lemma P. "School-based prevention for illicit drugs' use". *Cochrane Database Syst Rev* 2005, Issue 2.
7. Faggiano F, Galanti MR, Bohrn K, Burkhardt G, Vigna-Taglianti F, Cuomo L, Fabiani L, Panella M, Perez T, Siliquini R, van der Kreeft P, Vassara M, Wiborg G, and the EU-Dap Study Group. The effectiveness of a school-based substance abuse prevention program: EU-Dap cluster randomised controlled trial. *Prev Med*. 2008; 47(5): 537-43.
8. Gillon R. Medical ethics: four principles plus attention to scope. *BMJ* 1994; 16; 309(6948): 184-8.
9. Hansen WB, Graham JW. Preventing alcohol, marijuana, and cigarette use among adolescents: peer pressure resistance training versus establishing conservative norms. *Prev Med* 1991; 20(3): 414-30.
10. Hawthorne G. The social impact of Life Education: estimating drug use prevalence among Victorian primary school students and the statewide effect of the Life Education programme. *Addiction* 1996; 91(8): 1151-9.
11. Perry CL, Williams CL, Veblen-Mortenson S, Toomey TL, et al. Project Northland: outcomes of a community-wide alcohol use prevention program during early adolescence. *Am J Public Health* 1996; 86: 956-965.
12. Pentz MA, Dwyer JH, Mackinnon DP, Flay BR, Hansen WB, Wang EY, Johnson CA. A multicomunity trial for primary prevention of adolescent drug abuse. Effects on drug use prevalence. *JAMA* 1989; 261: 3259-3266.
13. Stothard B, Ashton M. Education's uncertain savior. *Drug and Alcohol Findings* 2000; 3: 16-20.
14. Tobler NS, Roona MR, Ochshorn PM, Diana G, Streke AV, Stackpole KM. School-based adolescent drug prevention programs: 1998 meta-analysis. *J Primary Prev* 2000; 20(4):275-336.

**Table 2. Timeline of the evaluation study**

step	responsability	timeline
Identification of project coordinator and project manager, Unplugged trainers	centers	October 2008- January 2009
Identification of study area, schoolgrade	centers	February 2009
Training of project managers and trainers	all	February 2009
Identification of schools to approach	centers	March/April 2009
Final protocol for evaluation sent to the centers	OED	Early April 2009
Final questionnaire sent to the centers to be translated	OED	Early April 2009
Instructions and forms for piloting the questionnaire sent to the centers	OED	Early April 2009
Excel file with school information to be completed sent to the centers	OED	Early April 2009
Approaching the schools	centers	April 2009
Obtaining acceptance to participate to the RCT	centers	April 2009
Completing excel file with information on the schools accepting to participate in the trial	centers	April 2009
Questionnaire translated/back translated	centers	April 2009
Sending back-translation to OED staff	centers	Early May 2009
Sending database of the schools participating in the RCT to OED staff	centers	Early May 2009
Pilot test of questionnaire	centers	May 2009
Registration of the trial in an international database of randomized controlled	OED	May 2009
Unique code attributed to schools and random allocation to control and intervention groups	OED	Late May 2009
Analysis of pilot test data and improvements to language version of questionnaire	centers	June 2009
Identification of 3 classes per each school receiving the program and per each control school for the evaluation study	centers	June 2009
Unique code attributed to classes	OED	September 2009
Printing questionnaires for the evaluation	centers	September 2009
Baseline survey	centers	November- December 2009
Baseline questionnaires sent to OED Institute	centers	December 2009- January 2010
Process evaluation monitoring	centers	January-March 2010
Mask for process evaluation by OED Institute	OED	February 2010
Results of data analysis (baseline survey)	OED	April 2010
Post-test survey	centers	May 2010
Analysis of process evaluation questionnaires	OED	June 2010
Post-test questionnaires sent to OED Institute	centers	June-July 2010
Results of data analysis (post-test survey)	OED	September 2010
Report on effectiveness	OED	November 2010
1 year follow-up survey	centers	May 2011
1 year follow-up questionnaires sent to OED Institute	centers	June-July 2011
Results of data analysis (1 year follow-up survey)	OED	September 2011
Report on effectiveness	OED	November 2011