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United Nations Office on Drugs and Crime

**Response to Drugs and Related Organised Crime in Nigeria (FED/2012/306-744) (NGAV16)
EVALUATION QUESTIONNAIRE FOR PHASE II**



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*Please, paste here the
identification label of the class.*

QUESTIONNAIRE

**on knowledge, attitudes and
behaviours regarding tobacco,
alcohol and substance use**



7. **How likely would each of the following happen to you if you smoke cigarettes in the next month?** Mark the answer that is closest to your opinion.

	Very Likely	Likely	Unlikely	Very Unlikely
a) Get into trouble with police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Do badly at school.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Get into trouble with parents.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Be expelled from school.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Have problems with my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Become an addict	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Have money problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Have problems finding work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Have more friends.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Feel more relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Have more fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Be more popular.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Forget my troubles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Be more confident and outgoing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. **How many days (if any) have you drunk any alcoholic beverages?**

(alcoholic beverage is a glass/bottle/can of beer, or 2 glasses/bottles, or a glass of wine, or a glass of spirits or mixed drink)

Mark one box for each line.

	None	1-2	3-5	6-9	10-19	20-29	30 or more
a) In your lifetime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) During the last 30 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. **How many times (if any) have you been drunk from drinking any alcoholic beverages?**

Mark one box for each line.

	None	1-2	3-5	6-9	10-19	20-29	30 or more
a) In your lifetime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) During the last 30 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. **Think back again over the LAST 30 DAYS. How many times (if any) have you had FIVE OR MORE drinks on one occasion?** (a drink is a glass/bottle/can of beer, or 2 glasses/bottles, or a glass of wine, or a glass of spirits or mixed drink).

Mark one box.

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

11. **How likely would each of the following happen to you if you drink alcohol in the next month?** Mark the answer that is closest to your opinion.

	Very Likely	Likely	Unlikely	Very Unlikely
a) Get into trouble with police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Do badly at school.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Get into trouble with parents.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Be expelled from school.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Have problems with my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Become an addict	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Have money problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Have problems finding work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Have more friends.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Feel more relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Have more fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Be more popular.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Forget my troubles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Be more confident and outgoing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. **How many days (if any) have you used cannabis (marijuana, indian hemp, wiwi, ghanja, weed)?** Mark one box for each line.

	Number of days						
	None	1-2	3-5	6-9	10-19	20-29	30 or more
a) In your lifetime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) During the last 30 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. **How many days (if any) have you used any other drugs, e.g. amphetamines (boys, nuts, players, stone, ice), cocaine (charlie, powder, coke), ecstasy, heroin (Gbaji), inhalants, LSD, codeine cough syrup (koko), tramadol, etc?** Mark one box for each line.

	Number of days						
	None	1-2	3-5	6-9	10-19	20-29	30 or more
a) In your lifetime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) During the last 30 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. **How likely would each of the following happen to you if you take marijuana or other drugs in the next month, e.g. amphetamines (boys, nuts, players, stone, ice), cocaine (charlie, powder, coke), ecstasy, heroin (Gbaji), inhalants, LSD, codeine cough syrup (koko), tramadol, etc?**

Mark the answer that is closest to your opinion.

	Very Likely	Likely	Unlikely	Very Unlikely
a) Get into trouble with police.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Do badly at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Get into trouble with parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Be expelled from school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Have problems with my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Become an addict.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Have money problems.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Have problems finding work.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Have more friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Feel more relaxed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Have more fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Be more popular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Forget my troubles.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Be more confident and outgoing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. **How likely is it that you will be doing each of the following A YEAR FROM NOW?**

Mark one box for each line.

	Very Likely	Likely	Unlikely	Very Unlikely
a) smoke cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) drink alcoholic beverages (beer, wine, spirits)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) get drunk.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) smoke cannabis (marijuana, indian hemp, wiwi, ghanja, weed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) take other illicit drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. **Here are some statements that people have made about illegal substances. How much do you agree with the following opinions on drugs?**

Mark the answer that is closest to your opinion.

	Strongly Agree	Agree	Disagree	Strongly Disagree
a) Using drugs can be a pleasant activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) A young person should never try drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Using drugs is fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Many things are much more risky than trying drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Everyone who tries drugs eventually regrets it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) The laws about drugs should be made stronger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Drug use is one of the biggest evils in the country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Drugs help people to have experience life in full	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Schools should teach about the real hazards of taking drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) The police should not be annoying young people who are trying drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) To experiment with drugs is to give away control of your life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. **For each statement below, please mark whether you think it is correct or not by checking the appropriate box.**

	True	False	Don't know
a) Nicotine is the substance in cigarettes that causes lung cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) One needs to smoke several cigarettes per day during many years to become addicted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Women have lower tolerance to alcohol than men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) It takes about half an hour to eliminate from the body the amount of alcohol contained in a can of strong beer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Smoking marijuana does not cause physical dependence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) High consumption of marijuana decreases the production of sexual hormones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	No risk	Slight risk	Great risk	Don't know
a) smoke cigarettes occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) smoke one or more packs of cigarettes per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) have one or two drinks nearly each week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) drink alcohol every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) smoke marijuana regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) use other drugs occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. **When you answer this question, think about the friends with whom you spend most of your leisure time.** Mark one box for each line.

	None	Less than half of them	About half of them	More than half of them	All of them	Don't know
a) How many of them like school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) How many of them do well at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) How many of them smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) How many of them drink alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) How many of them get drunk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) How many of them use marijuana or other drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. **When you answer this question, think about people of your age.** Mark one box for each line.

	None	Less than half	About half	More than half	All of them	Don't know
a. How many of them smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How many of them get drunk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How many of them drink alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. How many of them use marijuana or other drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. **If your friends found out that you smoked cigarettes sometimes, drank alcohol sometimes, used marijuana sometimes how do you think they'd feel?**

Mark one box for each line.

	They would approve	They would disapprove but still be my friends	They would disapprove and stop being my friends	They would not care
a) If they found out that I smoked cigarettes sometimes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) If they found out that I drank alcohol sometimes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) If they found out that I used marijuana sometimes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. **Does any of your parents.....?** Mark one box for each line.

	Don't have these persons	No	Don't know	Yes
a) smoke cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) drink alcoholic beverages (beer, wine, spirits)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. **Does any of your siblings** Mark one box for each line.

	Don't have any siblings	No	Don't know	Yes
a) smoke cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) drink alcoholic beverages (beer, wine, spirits)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. **Do the following descriptions fit people around you?**

Mark the answer that is closest to your opinion.

	Strongly Agree	Agree	Disagree	Strongly Disagree
a) My parents set clear rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) My parents know where I am in the evenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I can easily get support from my father and/or mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) It is very important for me not to disappoint my parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I can really get support from my best friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. **If you wanted to drink alcohol (or already do), do you think your father and mother would allow you to do so?** Mark the answer that is closest to your opinion.

Would allow (allows me) to drink alcohol <input type="checkbox"/> <input type="checkbox"/>	Would not (does not) allow drinking at home <input type="checkbox"/> <input type="checkbox"/>	Would not (does not) allow drinking at all <input type="checkbox"/>	Don't know <input type="checkbox"/>
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26. **If you wanted to smoke (or already do), do you think your father and mother would allow you to do so?** Mark the answer that is closest to your opinion.

Would allow (allows me) to smoke <input type="checkbox"/> <input type="checkbox"/>	Would not (does not) allow smoking at home <input type="checkbox"/> <input type="checkbox"/>	Would not (does not) allow smoking at all <input type="checkbox"/>	Don't know <input type="checkbox"/>
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27. **How were your grades during the last school year?** Mark one box.

high medium low

28. **How do you feel about school at present?** Mark one box.

- I like it a lot
- I like it a bit
- I don't like it very much
- I don't like it at all

29. **How much do you agree with the following descriptions of your school?**

Mark one box for each line.

	Strongly agree	Agree	Disagree	Strongly disagree
a) The students in my class enjoy being together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Most of the students in my class are kind and helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Other students accept me as I am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) How I do in school matters a lot to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I have great respect for what my teachers tell me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. **Have you ever had any of the following problems in the last 12 months?**

Mark all that applies for each line.

	Never	Yes, because of my alcohol use	Yes, because of my drug use	Yes for reasons other than alcohol or drug use
a) Quarrel or argument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Scuffle or fight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Accident or injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Loss of money or other valuable items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Damage to objects or clothing you owned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Problems in your relationship with (your) parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Problems in your relationship with (your) friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Problems in your relationship with (your) teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Performed poorly at school.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Victimized by robbery or theft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Hospitalised or admitted to an emergency room.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. **These are statements about your views on how you make decisions.**

Tick the one that is right for you.

	Strongly Agree	Agree	Disagree	Strongly Disagree
a) When I have decided to do something, I always carry it through	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I often make up my mind without thinking of the consequences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Sometimes I decide on something "off the top of my head"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I weigh up all the choices before I decide on something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I seldom decide to do something that I later regret	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) When I get an idea I often make a decision without thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Sometimes I change my mind about something several times a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) When I decide on something it doesn't matter what my friends think	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) When I decide on something it doesn't matter what my parents think	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. **Imagine yourself in each of the following situations. Some of them may be very familiar to you, some others less, so that you may feel less secure in answering. It is enough you do your best.** Mark the answer that is closest to your opinion.

	very likely	likely	unlikely	very unlikely
a) You and your best friend are at a party where you meet new people, and you feel you really want to get to know them. Someone offers you to smoke hash together. Your friend accepts. Do you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) You and the same friend are studying hard for an important test at school the day after. Both of you feel stressed and need to calm down. Your friend suggests a cigarette would help, and offers one. Do you accept?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) The day after, you both pass the test, and feel now it is time to celebrate. Have still some pocket-money left, and the liquor store is nearby. Would you buy some alcohol (beer, wine) to celebrate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. **How much do you agree with the following descriptions of yourself?** Mark the answer that is closest to your opinion.

	Strongly Agree	Agree	Disagree	Strongly Disagree
a) I feel that I have a number of good qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I am able to do things as well as most other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) At times I think I am no good at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) On the whole, I am satisfied with myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I feel I do not have much to be proud of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) I certainly feel useless at times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) I feel that I'm a valuable person at least at the same level than others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) I wish I could have more respect for myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) All in all, I am inclined to feel that I am a failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) I have a positive attitude toward myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34. **How easy or difficult would be for you to do the following things?** Mark one box for each line.

	very easy	easy	difficult	very difficult
a) Say something nice to a friend.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Ask for a favour.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Show someone that I like him/her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Say "no" when someone asks me to do something I do not want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Call for help when I have got problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Help someone who needs help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>