

***AUTO-GENERATION SHEET FOR THE
ANONYMOUS CODE***

Name	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>					
Surname	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>					
Birth date (dd/mm/yyyy)	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>					
Mother's name	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>					
Father's name	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>					
Paternal Grandmother's name	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>					
Your eyes colour	<table border="1" style="display: inline-table; text-align: center; width: 20px; height: 20px;"> <tr><td>G</td></tr> </table> <table border="1" style="display: inline-table; text-align: center; width: 20px; height: 20px;"> <tr><td>B</td></tr> </table> <table border="1" style="display: inline-table; text-align: center; width: 20px; height: 20px;"> <tr><td>L</td></tr> </table> <table border="1" style="display: inline-table; text-align: center; width: 20px; height: 20px;"> <tr><td>U</td></tr> </table> <table border="1" style="display: inline-table; text-align: center; width: 20px; height: 20px;"> <tr><td>R</td></tr> </table>	G	B	L	U	R	<input type="checkbox"/>
G							
B							
L							
U							
R							

Green Brown Black Blue Grey

INSTRUCTIONS

1. **Since the purpose of this sheet is to ensure the complete anonymousness of the questionnaire, giving the possibility to link this questionnaire with any other form you will fill in during the next period, please:**
 - read carefully these instructions, and ask to EU-DAP assistants for any doubt
 - complete carefully this sheet and fill in *the individual code*, recorded in the right margin of the sheet
 - once the *individual code* box is filled in, rip the *auto-generation sheet* and throw it away, taking care of leaving the first page of the questionnaire
2. Fill in the first six lines of the squared lines following the following rules:
 - put only one letter per square
 - do not write special types (i.e. apostrophes, accents, ...)
 - do not leave any blanks between words (i.e. ANNEMARIE and not ANNE MARIE or ANNE-MARIE)
 - use crossed zero (Ø instead of 0)
 - if you don't know, or remember, an answer please put Ø in the related place in the individual code box
 - if a coloured square stays empty, as the word is too short, please report Ø in the related coloured place in the individual code box
3. Choose only one alternative for the your eyes colour and put the letter written inside the square in the individual code in the right margin of the sheet

Thank you for your co-operation!



school



class

QUESTIONNAIRE

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



EU-Dap questionnaire modified_last version

1. **You are** a boy a girl
2. **In which month and year were you born?** Month Year 19
3. **Which of the following people live in the same household with you?** Mark all that applies.
- 1 Father
 - 2 Stepfather
 - 3 Mother
 - 4 Stepmother
 - 5 Brother(s) and/or sister(s) / step-brother(s) and/or sister(s)
 - 6 Grandparent(s)
 - 7 Other relative(s)
 - 8 Non-relative(s)
4. **Do you have siblings, including stepbrothers and stepsisters?** Mark all that applies.
- 1 No
 - 2 Yes, older
 - 3 Yes, younger
 - 4 Yes, same age
5. **What is the highest level of schooling your father completed?** Mark one box.
- 1 Completed primary school or less
 - 2 Some secondary school
 - 3 Completed secondary school
 - 4 Some college or university
 - 5 Completed college or university
 - 6 Don't know
 - 7 Does not apply
6. **What is the highest level of schooling your mother completed?** Mark one box.
- 1 Completed primary school or less
 - 2 Some secondary school
 - 3 Completed secondary school
 - 4 Some college or university
 - 5 Completed college or university
 - 6 Don't know
 - 7 Does not apply
7. **Does your family have a car or a van?** Mark one box.
- 1 No
 - 2 Yes, one
 - 3 Yes, two or more

EU-Dap questionnaire modified_last version

8. **Do you have your own bedroom for yourself?** Mark one box.

- 1 Yes
- 2 No

9. **During the past year, how many times did you travel away on holiday (vacation) with your family?** Mark one box.

- 1 Not at all
- 2 Once
- 3 Twice
- 4 More than twice

10. **How many computers does your family own?** Mark one box.

- 0 None
- 1 One
- 2 Two
- 3 More than two

11. **How many times (if any) have you smoked cigarettes? (never=0)**

Mark one box for each line

	Number of times						
	0	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 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) During the last 30 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6	7

12. **How many cigarettes do you usually smoke in a week?**

If you smoke less than weekly or if you don't smoke, please mark 0

	Number of cigarettes a week					
	0	1-2	3-5	6-9	10-19	20 or more
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6

13. **How likely is that each of the following would 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 in 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"/>

EU-Dap questionnaire modified_last version

- k) Have more fun
- l) Be more popular.....
- m) Forget my troubles
- n) Be more confident and outgoing.....
- 1 2 3 4

14. **How many times (if any) have you drunk alcoholic beverages? (never=0)**

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

Mark one box for each line.

- | | Number of times | | | | | | |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 0 | 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 12 months | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) During the last 30 days | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

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

(never=0) Mark one box for each line.

- | | Number of times | | | | | | |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 0 | 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 12 months | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) During the last 30 days | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

16. **If you drink alcohol, how much do you usually drink at one time?** (a drink is a glass/bottle/can of beer, or 2 glasses/bottles of alcopops, or a glass of wine, or a glass of spirits or mixed drink).

Mark one box.

- 1 I never drink alcohol
- 2 Less than 1 drink or glass
- 3 1-2 drinks or glasses
- 4 3-4 drinks or glasses
- 5 5-6 drinks or glasses
- 6 More than 6 drinks or glasses

17. **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 of alcopops, or a glass of wine, or a glass of spirits or mixed drink).

Mark one box.

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

EU-Dap questionnaire modified_last version

18. **How likely is that each of the following would 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 in 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"/>
	1	2	3	4

19. **How many times (if any) have you used cannabis? (never=0)**

Mark one box for each line.

	Number of times						
	0	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 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) During the last 30 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6	7

20. **How many times (if any) have you used any other drugs (each country have to list examples of drugs commonly used in their context, e.g. amphetamines, cocaine, ecstasy, heroin, inhalants, LSD, etc)?** Mark one box for each line.

	Number of times						
	0	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 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) During the last 30 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6	7

21. **How likely is that each of the following would happen to you if you take marijuana or other illegal substances 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 in 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"/>

EU-Dap questionnaire modified_last version

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 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"/> |
| | 1 | 2 | 3 | 4 |

22. **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 marijuana or hashish (pot, grass) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) take other illegal substances | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 | 4 |

23. **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"/> |
| | 1 | 2 | 3 | 4 |

EU-Dap questionnaire modified_last version

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

	Yes	No	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 hash or marijuana decreases the production of sexual hormones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3

25. **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 or hashish 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"/>
	1	2	3	4

26. **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"/>
	1	2	3	4	5	6

27. **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"/>
	1	2	3	4	5	6

EU-Dap questionnaire modified_last version

28. **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"/> |

29. **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"/> |
| | 1 | 2 | 3 | 4 |

30. **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"/> |
| | 1 | 2 | 3 | 4 |

31. **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"/> |
| | 1 | 2 | 3 | 4 |

32. **In the following questions, you are to say whether you agree or disagree with each statement about your family.** Mark the answer that is closest to your opinion.

Strongly Agree Agree Disagree Strongly Disagree

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a) My parents care about my happiness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) My family makes me feel loved | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) My family works against all I do or I would like to do | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) In my family we care about each others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) I feel appreciated from my family | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) I enjoy myself with my family | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) I'd rather change my family with another one | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h) My parents are interested in me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i) My parents don't trust me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| j) My home is warm and welcoming | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k) My parents don't like to be with me
in the same place | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l) My parents help me when I need it | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m) I'm really important for my family | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n) My parents are proud of me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o) My family is not good at all | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| p) My parents appear to dislike everything I do | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| q) My parents take always part to my competitions/activities
that are really important for me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| r) My parents believe me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| s) I'm proud of my family | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| t) My parents care about my education | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| u) My family is the most important thing of my life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| v) My parents love me in the way I am | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| w) I don't know why my parents are still together | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| x) My parents care about my future | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| y) My home is not an happy place | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 4 | 3 | 2 | 1 |

33. **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 | Would not
(does not)
allow drinking
at home | Would not
(does not)
allow drinking
at all | Don't know |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 | 2 | 3 | 4 |

34. **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 | Would not
(does not)
allow smoking
at home | Would not
(does not)
allow smoking
at all | Don't know |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 | 2 | 3 | 4 |

35. **How were your grades during the last school year?** Mark one box.

- 1 high 2 medium 3 low

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

- 1 I like it a lot
 2 I like it a bit
 3 I don't like it very much
 4 I don't like it at all

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37. 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"/>
	1	2	3	4

38. 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"/>
	1	1	1	1

39. 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"/>
	1	2	3	4

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40. **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"/>
	1	2	3	4

41. **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) Most boys and girls of my age are smarter than I am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I am quite good at sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) I feel very embarrassed when I have to say something in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) My being happy is important to my parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) I worry a lot about silly things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) I often feel nervous over nothing at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) I have plenty of interests and hobbies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) On the whole, I am satisfied with myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) I feel I do not have much to be proud of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) I certainly feel useless at times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) 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"/>
o) I wish I could have more respect for myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) 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"/>
q) I have a positive attitude toward myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4

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42. **Imagine you would like to do the following things. How easy or difficult would you find it?**
Mark one box for each line.

I would like to...	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"/>
	1	2	3	4