



## AUTO-GENERATION SHEET FOR THE ANONYMOUS CODE

Name	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; background-color: cyan;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	 	<div style="background-color: cyan; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="background-color: grey; width: 20px; height: 20px; margin: 0 auto;"></div>										
Surname	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; background-color: blue;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>		<div style="background-color: blue; width: 20px; height: 20px; margin: 0 auto;"></div>										
Birth date (dd/mm/yyyy)	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; background-color: pink;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>		<div style="background-color: pink; width: 20px; height: 20px; margin: 0 auto;"></div>										
Mother's name	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; background-color: yellow;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; background-color: orange;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	 	<div style="background-color: yellow; width: 20px; height: 20px; margin: 0 auto;"></div> <div style="background-color: orange; width: 20px; height: 20px; margin: 0 auto;"></div>										
Father's name	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; background-color: lightgreen;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>		<div style="background-color: lightgreen; width: 20px; height: 20px; margin: 0 auto;"></div>										
Paternal Grandmother's name	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; background-color: lightblue;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>		<div style="background-color: lightblue; width: 20px; height: 20px; margin: 0 auto;"></div>										
Your eyes colour	<table style="margin: 0 auto; border-collapse: collapse;"> <tr> <td style="background-color: red; color: white; padding: 2px 5px; border: 1px solid black;"><b>G</b></td> <td style="background-color: red; color: white; padding: 2px 5px; border: 1px solid black;"><b>B</b></td> <td style="background-color: red; color: white; padding: 2px 5px; border: 1px solid black;"><b>L</b></td> <td style="background-color: red; color: white; padding: 2px 5px; border: 1px solid black;"><b>U</b></td> <td style="background-color: red; color: white; padding: 2px 5px; border: 1px solid black;"><b>R</b></td> </tr> <tr> <td style="text-align: center; padding: 2px 5px;">Green</td> <td style="text-align: center; padding: 2px 5px;">Brown</td> <td style="text-align: center; padding: 2px 5px;">Black</td> <td style="text-align: center; padding: 2px 5px;">Blue</td> <td style="text-align: center; padding: 2px 5px;">Grey</td> </tr> </table>	<b>G</b>	<b>B</b>	<b>L</b>	<b>U</b>	<b>R</b>	Green	Brown	Black	Blue	Grey		<div style="background-color: red; width: 20px; height: 20px; margin: 0 auto;"></div>
<b>G</b>	<b>B</b>	<b>L</b>	<b>U</b>	<b>R</b>									
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!***

**EU-Dap questionnaire (SDG 20 JAN 04)**

1. **You are**  a boy  a girl

2. **In which year were you born?** 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, twins

5. **How many times (if any) have you smoked cigarettes?**

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

6. **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

7. **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 parents.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Have problems with my friends .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Become an addict .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Have money problems .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Feel more relaxed .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Have more fun .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Be more popular.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Be more confident and outgoing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4

8. **At present, how often do you drink anything alcoholic, such as beer, wine or spirits?**

Try to include even those times when you only drink a small amount.

Every Day	Every week	Every month	Seldom	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

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

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

10. **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) Do badly in school.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Get into trouble with parents.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Have problems with my friends .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Become an addict .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Have money problems .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Feel more relaxed .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Have more fun .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Be more popular.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Forget my troubles .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Be more confident and outgoing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4

11. **How many times (if any) have you sniffed a substance (glue, petrol, paint thinner etc) to get high? 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. **Have you ever heard of any of the following substances? Mark one box for each line.**

	Yes	No
a) Tranquillisers or sedatives .....	<input type="checkbox"/>	<input type="checkbox"/>
b) Marijuana or hashish.....	<input type="checkbox"/>	<input type="checkbox"/>
c) LSD.....	<input type="checkbox"/>	<input type="checkbox"/>
d) Amphetamines.....	<input type="checkbox"/>	<input type="checkbox"/>
e) Crack .....	<input type="checkbox"/>	<input type="checkbox"/>
f) Cocaine .....	<input type="checkbox"/>	<input type="checkbox"/>
g) Relevin .....	<input type="checkbox"/>	<input type="checkbox"/>
h) Heroin.....	<input type="checkbox"/>	<input type="checkbox"/>

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i) Ecstasy .....	<input type="checkbox"/>	<input type="checkbox"/>
j) GHB.....	<input type="checkbox"/>	<input type="checkbox"/>
k) Methadone.....	<input type="checkbox"/>	<input type="checkbox"/>
l) "Magic mushrooms" .....	<input type="checkbox"/>	<input type="checkbox"/>
m) Ketamine .....	<input type="checkbox"/>	<input type="checkbox"/>
	1	2

**13. How many times (if any) have you used marijuana or hashish.....? (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

**14. Have you ever used any of the following drugs?**

Mark one or more boxes for each line.

	No	Yes, during the last 30 days	Yes, during the last 12 months	Yes, during lifetime
a) Tranquillisers/sedatives (without a doctor's prescription).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) LSD or some other hallucinogens.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Amphetamines .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Crack.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Cocaine .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Relevin .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Heroin .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Ecstasy .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) GHB .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Methadone .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) "Magic mushrooms" .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Ketamine.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	1	1	1

**15. 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) Have problems 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) Have problems with my friends .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Become an addict .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Have money problems .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Feel more relaxed .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Have more fun .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Be more popular.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Be more confident and outgoing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4

EU-Dap questionnaire (SDG 20 JAN 04)

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

Mark one box for each line.

	Very Likel	Likely	Not 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) sniff a substance (glue etc) to get high ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) take illegal substances .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4

17. **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

18. **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

19. **Here are some statements about your knowledge about some substances.**

**How much do you agree with the following?**

Mark the answer that is closest to your opinion.

	Strongly agree	Agree	Disagree	Strongly disagree
a) I Know all I need to know about nicotine and its effects .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I Know all I need to know about alcohol and its effects .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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c) I Know all I need to know about other drugs and their effects .....      
 1 2 3 4

20. **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"/>
f) try inhalants (glue etc) once or twice ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) try marijuana or hashish (cannabis, pot, grass) once or twice .....	<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

21. **Do any of the following people smoke cigarettes?** Mark one box for each line.

	Smokes daily	Smokes sometimes	Does not smoke	Don't know	Don't have or see this person
a) Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Best friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5

22. **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 get drunk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) 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

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

	Yes	No	Don't know	Don't have any siblings
a) drink alcoholic beverages (beer, wine, spirits) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) get drunk .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) smoke marijuana or hashish (pot, grass) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) sniff substances (glue, petrol, paint thinner...) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) take other drugs .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4

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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"/>
	1	2	3	4

25. 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 Disagree	Disagree	Agree	Strongly Agree
a) In my family we really help and support one another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) My family does not discuss its problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) We don't often fight in my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Each person's duties are clearly set out in my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) In my family you can get away with almost anything	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) In my family we are full of life and good spirits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) In my family its important for everyone to express their own opinion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) In my family we hardly ever lose our tempers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) There is strict punishment for anyone breaking the rules in my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) We can do whatever we want in my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) My family always does things together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) There are a lot of discussions in my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) In my family we never hit each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) "Work before play" is the rule in my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) In my family we aren't punished or told off when we do something wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) We really get along well with each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) We don't tell each other about our personal problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) In my family we don't often criticize each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Family members have strict ideas about what is right and what is wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) We come and go as we want to in my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4

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26. **If you wanted to drink alcohol (or already do), do you think your father and mother would allow you to do so?** Mark one box for each line.

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

27. **If you wanted to smoke (or already do), do you think your father and mother would allow you to do so?** Mark one box for each line.

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

28. **How did your grades compare with those of your classmates during the last school year?**

1  Much better      2  Better      3  The same as most of them      4  Worse

29. **In your opinion, will you have improved your grades at the end of this school year?**

1  Yes      2  Probably yes      3  Probably no      4  No

30. **How do you feel about school at present?**

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

31. **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

32. **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"/>



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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

**33. There are several possible way to take decisions. How well do the following apply to you?**  
 Mark the answer that is closest to your opinion.

		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"/>	<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"/>	<input type="checkbox"/>
c) I weigh up all the choices before I decide on something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I often regret something that I had decided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) 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"/>	<input type="checkbox"/>
	1	2	3	4	

**34. 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

**35. 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"/>

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

36. **Here are some statements about dealing with other people. Mark the answer that is closest to your opinion.**

- |  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
|  | Strongly Agree           | Agree                    | Disagree                 | Strongly Disagree        |
| a) When someone tries to make you feel small, you should do the same to them | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) There is point in letting people know you're angry with them              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) The only way to deal with bullies is to let them know who is in charge    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) There are always ways of dealing with problems without having to fight    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) It is much better to 'fly off the handle' than to explain things calmly   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | 1                        | 2                        | 3                        | 4                        |

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

- |  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>I would like to...</b>  | 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                        |

