

P-PG/MedNET (2021)8
17 March 2021

MedSPAD Survey

Guidelines 2020 - 2021

List of contents

| | |
|--|----|
| MedSPAD Introduction..... | 3 |
| Section 1 MedSPAD background and history | 5 |
| Section 2 MedSPAD Committee and 2020-2021 Survey Responsible Persons | 7 |
| Section 3 Timetable of the 2020-2021 MedSPAD surveys..... | 10 |
| Section 4 MedSPAD Sampling Procedures | 11 |
| Section 5 Ethical considerations | 17 |
| Section 6 MedSPAD Questionnaire | 18 |
| Section 7 Field Work..... | 19 |
| Section 8 MedSPAD Data Management | 23 |

MedSPAD Introduction

The present document contains the information necessary to perform a MedSPAD data collection.

The Mediterranean School Survey Project on Alcohol and Other Drugs (MedSPAD) is a research project initiated in 2003 in Rabat (Morocco) by the Pompidou Group of the Council of Europe. It is comprised of experts (MedSPAD experts) nominated by the MedNET Steering Committee and also a representative from PG country) who want in the first place conduct a school survey in their country based on the MedSPAD methodology and in the second place share their valid reliable results with other countries in order to reach a regional Mediterranean high quality, comparable school survey report on substance use and related behaviours.

MedNET is the Pompidou Group Mediterranean cooperation network in the field of Drug and Drugs Addiction set up in 2006.

MedSPAD is open to the MedNET countries:

9 MedNET and Pompidou Group countries: Croatia, Cyprus, Greece, France, Italy, Malta, Morocco, Portugal, Turkey

7 MedNET countries: Algeria, Egypt, Jordan, Lebanon, Palestine¹, Spain, Tunisia

1 Pompidou Group member country but not a member of MedNET: Israel

So far, some MedSPAD surveys have been conducted in different countries based on similar but non common questionnaires and methodologies. The results have been collected in three regional reports (2015, 2017 and 2019).

The short-term objective of MedSPAD is to share experience between the countries conducting a MedSPAD survey, those who may wish to do so, and the countries already conducting the ESPAD survey.

The ambitious long-term objective is to reach a common methodology and produce a MedSPAD school surveys regional report based on a database containing clean and ready-for-analysis data, with the aim to achieve evidence-based information in the participating countries.

To this purpose, in the period 2020-2021 four MedSPAD surveys (Egypt, Lebanon, Morocco and Tunisia) are planned to be conducted using, for the first time, a common questionnaire. The resulting data will be collected and treated centrally to produce a common database. The results will be presented in a new regional report, integrating information from the MedSPAD countries and countries that conducted the ESPAD survey in 2019. To this purpose the data collected through the MedSPAD surveys will be merged with the ESPAD ones to produce joint analysis.

This document represents the first version of the Guidelines developed to guide the 2020-2021 MedSPAD data collection and constitutes an essential element in the path leading to the development of a common MedSPAD methodology.

Due to the novelty of this experience and to the complexity inherent to this ambitious objective, the Guidelines have to be considered a living document, which can be updated on the basis of experience gained through the different the different phases of the project. The development of this document draws on the experience of the ESPAD Project.

¹ This designation shall not be construed as recognition of a State of Palestine and is without prejudice to the individual positions of the Council of Europe member states on this issue.

The Guidelines are divided into 8 Sections. Some sections contain a number of annexes. These annexes comprise useful material to perform the fieldwork, questionnaires, forms and datasets to be filled by the national MedSPAD teams. For ease of reference, some notes have been added to the specific sections where a detailed explanation of terms used in the Country report form is provided.

Section 1 MedSPAD background and history

The Pompidou Group started its activities in the Mediterranean region with a conference held in Malta in 1999 titled: *"Cooperation in the Mediterranean Region on Drug Use: setting up of networks in the Mediterranean region"*. As a result of this conference, it was decided to investigate whether there was a drug issue, by first of all examining what information was available on adolescent alcohol, tobacco and drug use in Mediterranean countries.

The Mediterranean School Survey Project on Alcohol and other Drugs in Schools (MedSPAD) project was launched in Rabat in 2003 and subsequently pilot-surveys were conducted in Rabat and Algiers to test the questionnaire.

MedNET (Pompidou Group Mediterranean Network on cooperation on Drugs and Addiction) was created in 2006 with the aim of promoting co-operation, exchanges and transfers of knowledge between the interested countries. It provided the framework for a variety of activities, amongst which the attempt to understand the prevalence of substance use among adolescents in the Mediterranean region.

Between 2003 and 2012, work began to attempt to survey adolescents in the region. Thus, national surveys, as what has come to be known as MedSPAD, were conducted in Algeria in 2005, Lebanon in 2008, and in 2009 the first complete national survey was carried out in Morocco.

The main objective of the survey was to collect comparable data on the consumption of substances among 15-17 years old students, providing an insight into drug use, attitudes towards drugs and their evolutions in and between Mediterranean countries.

MedSPAD is a Mediterranean adaptation of the European School Survey Project on Alcohol and other Drugs (ESPAD), the cross-sectional school survey carried out simultaneously in 35 European countries and repeated every 4 years since 1995.

During a MedNET seminar on the use of drug research in policies in the Mediterranean region held in Rabat in 2012, the proposal for setting up a MedSPAD Committee emerged and was later formalised in 2014. Its objective is to share experience among the countries that have conducted a MedSPAD Survey and to collect data on the prevalence of substance use among adolescents, to be used to formulate drug policy.

In 2013, the MedSPAD survey was repeated in Morocco and in the same year Tunisia conducted its first adolescent substance use survey. In the last years, MedSPAD school surveys have been carried out in the following countries: Algeria (2016), Egypt (2016), Morocco (2017) and Tunisia (2017).

In 2018, Israel surveyed adolescents using the Health Behaviour in School Aged Children (HBSC), a WHO tool which collect specific data on children's health. From HBSC data, information about prevalence of alcohol, tobacco, cannabis and medication with and without a prescription can be extracted.

The European countries that participate in MedSPAD (Cyprus, France, Greece, Italy, Malta, Portugal, Spain) collect the data through ESPAD, the last being carried out in 2019.

Croatia, Cyprus, Italy, Malta and Portugal participated to every ESPAD data collection wave since 1995. France, Greece joined ESPAD data collection from 1999, while Germany in 2003. 2019 is the first year ESPAD study was conducted in Spain. Turkey instead conducted the ESPAD survey in 6 cities in 2003.

The MedSPAD Committee which is a key activity of MedNET supported by the South Programme, a joint initiative between the European Union and the Council of Europe, funded by both organizations and implemented by the latter.

A summary overview of the surveys conducted by the MedSPAD countries is reported in the following tables.

Table 1. Overview of MedSPAD data collection in Mediterranean countries

| Country | Year of data collection | Sample size | Student age cohorts 15-17 | Sample type | Sample unit | Geographic coverage | Name of survey / report |
|---------|-------------------------|-------------|---------------------------|---|-------------|---------------------|---|
| Algeria | 2016 | 12103 | 5067 | Stratified proportional random | Class | National | MedSPAD 2016 en Algérie |
| Egypt | 2016 | 10648 | 9668 | Multistage stratified proportional random | Class | National | MedSPAD 2016 in Egypt |
| Lebanon | 2008 | 1097 | 499 | Two-stage stratified cluster | Class | National | MedSPAD Lebanon |
| Morocco | 2009 | 6371 | 4581 | Multistage Cluster sampling | Class | National | MedSPAD 2009-2010 |
| Morocco | 2013 | 5801 | 3592 | Multistage Cluster sampling | Class | National | Medspad Maroc 2013 |
| Morocco | 2017 | 7055 | 3705 | Multistage Cluster sampling | Class | National | Résultats de l'enquête MedSPAD III Maroc 2017 |
| Tunisia | 2013 | 5437 | 4569 | Stratified proportional random | Class | National | Enquête MedSPAD en Tunisie. Résultats de l'enquête nationale 2014 |
| Tunisia | 2017 | 7456 | 5122 | Stratified proportional random | Class | National | MedSPAD II 2017 Tunisie |

Note:

All the information reported are taken from the MedSPAD National Reports available at

<https://www.coe.int/en/web/pompidou/mednet/medspad>

Table 2. Overview of ESPAD and HBSC latest data collections in countries participating in the MedSPAD project.

| Country | Year of data collection | Sample size student age cohorts 15-16 | Sample type | Sample unit | Geographic coverage | Name of survey / report |
|-----------------------|-------------------------|---------------------------------------|---------------------------------|-------------|-------------------------|-------------------------|
| Croatia | 2019 | 2772 | Stratified random | Class | National | ESPAD 2019 |
| Cyprus | 2019 | 1214 | Multistage random | School | National ^(a) | ESPAD 2019 |
| France | 2018 | 2588 | Multistage stratified random | Class | National | ESPAD 2019 |
| Greece | 2019 | 5988 | Stratified clustered random | Class | National | ESPAD 2019 |
| Israel ^(b) | 2019 | 4800 | Stratified proportionate random | Class | National | HBSC |
| Italy | 2019 | 2542 | Multistage stratified random | Class | National | ESPAD 2019 |
| Malta | 2019 | 3043 | Total | No sample | National | ESPAD 2019 |
| Portugal | 2019 | 4365 | Stratified random | Class | National | ESPAD 2019 |
| Spain | 2019 | 3557 | Multistage stratified random | Class | National | ESPAD 2019 |

Notes:

All the ESPAD country data reported are taken from the ESPAD Report 2019 available at <https://www.espad.org>

^(a) Only government-controlled areas were covered by the sampling frame

^(b) Information about Israel have been reported by principal investigator and been found in third MedSPAD Regional Report available at <https://www.coe.int/en/web/pompidou/mednet/medspad>

Section 2 MedSPAD Committee and 2020-2021 Survey Responsible Persons

The MedSPAD committee was set up within the 2014 MedNET work programme and met twice a year from 2014 to 2017. Since 2018, the committee has been meeting once a year under the coordination and chairing of PG Secretariat.

To conduct MedSPAD, the Pompidou Group/MedNET Secretariat based within the Council of Europe is working with a research institute, which expertise is widely recognized: the Italian National Research Council (CNR). Sabrina Molinaro, Research director at CNR and Coordinator of the ESPAD project, together with Elisa Benedetti researcher at CNR and member of the ESPAD Coordination team, hold the position of MedSPAD Scientific advisors.

The 15 participating countries are Algeria, Egypt, Lebanon, Tunisia (which conduct MedSPAD surveys) Croatia, Cyprus, France, Greece, Italy, Malta, Morocco, Portugal, Spain (which conduct ESPAD survey) and Turkey. Israel, which is a Pompidou Group Member conducts the Health Behaviour in School Aged Children (HBSC).

The current list of the MedSPAD Committee and 2020-2021 Survey Responsible Persons are reported below.

MedSPAD Committee members

ALGERIA

Djazia DEHIMI
Administrateur, Chef de bureau
Direction de la coopération internationale
Office National de Lutte contre la Drogue et la Toxicomanie

CROATIA

Waiting for appointment
Advisor to the Government and the Government's
Office for Combating Drugs Abuse of the Government of the Republic of Croatia

CYPRUS

Ionna YIASEMI
National Focal Point Cyprus Monitoring Centre for Drugs and Drug Addiction
Cyprus National Addictions Authority

EGYPT

Nermin SHAKER
Consultant - GSMHAT Research Department
Professor of Neuropsychiatry, Ain Shams University, Cairo

FRANCE

Stanislas SPILKA
Observatoire français des drogues et des toxicomanies (OFDT)

GREECE

Minerva Melpomeni MALLIORI
Representative of the European Parliament in the EMCDDA Management Board
Pompidou Group Consultant
Professor of Psychiatry - Medical School

National and Kapodistrian University of Athens

Anastasios FOTIOU
ESPAD Associated Principal Investigator
University Mental Health, Neurosciences & Precision Medicine Research
Institute (UMHRI), Athens

ISRAEL

Yossi HAREL-FISCH
Director of International Research Program on Adolescent Well-Being and Health
School of Education
Bar Ilan University

ITALY

Sabrina MOLINARO
Research director and coordinator of Epidemiology and Health Research Lab
Institute of Clinical Physiology
National Research Council – CNR-IFC
ESPAD Coordinator and MedSPAD Scientific Advisor

Elisa BENEDETTI
Researcher
Institute of Clinical Physiology
National Research Council – CNR-IFC and and MedSPAD Scientific Advisor

LEBANON

Ramzi HADDAD
Head of Department of Psychiatry - Lebanese University
Co-founder of Skoun, Lebanese Addiction Centre

MALTA

Sharon ARPA
Acting Manager - Research Team
Foundation for Social Welfare Services (FSWS)

MOROCCO

Jallal TOUFIQ
Director of the Ar-razi University Psychiatric Hospital &
the National Center on Drug Abuse Prevention, Treatment and Research
Director of the National Observatory on Drugs and Addictions
Hôpital Universitaire AR-RAZI

Fatima ELOMARI
Professor, Head of Addiction Center of Arrazi Psychiatric Hospital

PORTUGAL

Elsa LAVADO
Senior Technical Expert
Statistics and Operational Research Unit
General-Directorate for Intervention on Addictive Behaviours and Dependencies (SICAD)

SPAIN

Begoña BRIME BETETA
Senior Technical Advisor of the Spanish Observatory on Drugs and Addictions
Government Delegation for the National Plan on Drugs

Ministry of Health, Consumer Affairs and Social Welfare

TUNISIA

Prof. Hajer AOUNALLAH-SKHIRI

Professeur de Médecine Préventive (Faculté de Médecine de Tunis – Université El Manar)

Directrice de l'Institut National de la Santé

TURKEY

To be nominated

Research and Policy Department

T.C. Ministry of Family and Social Policies

EMCDDA

Julian VICENTE

Public Health

European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)

POMPIDOU GROUP SECRETARIAT COUNCIL OF EUROPE

Directorate General of Human Rights and Rule of Law

Florence MABILEAU

Head of Unit Gender and Mediterranean

Cooperation

Ourania BOTSI

Project Officer

Ana Trudov

Project Assistant

[Responsible persons for the conduction of the MedSPAD surveys 2020-2021](#)

EGYPT

Nermin SHAKER

Consultant - GSMHAT Research Department

Professor of Neuropsychiatry, Ain Shams University, Cairo

LEBANON

Ramzi HADDAD

Head of Department of Psychiatry - Lebanese University

Co-founder of Skoun, Lebanese Addiction Centre

MOROCCO

Fatima ELOMARI

Professor, Head of Addiction Center of Arrazi Psychiatric Hospital

TUNISIA

Hajer AOUNALLH-SKHIRI

Professeur de Médecine Préventive (Faculté de Médecine de Tunis – Université El Manar)

Directrice de l'Institut National de la Santé

Section 3 Timetable of the 2020-2021 MedSPAD surveys

Table 3. Preliminary timetable based on the information collected from the National Project Plans - **UPDATE REQUIRED.**

| South MedSPAD Activities | Morocco | Lebanon | Egypt | Tunisia |
|--|----------------|----------------|----------------|---------|
| Finalised Project Plan | 09/2020 | 06/2020 | 05/2020 | --- |
| Finalised sample | 09/2020 | 09/2020 | 05/2020 | --- |
| Possible field testing of the questionnaire | 10/2020 | --- | --- | --- |
| Final questionnaire completed (including translation and back-translation) | 10/2020 | 06/2020 | 05/2020 | --- |
| First contact with sampled schools | 11/2020 | 09/2020 | 09/2020 | --- |
| Distribution of survey material to participating schools | 11/2020 | 09/2020 | 09/2020 | --- |
| Survey administration in schools/classes | 11/2020 | 11/2020 | 10/2020 | --- |
| Data registration/Data entry | 01/2021 | 12/2020 | 12/2020 | --- |
| Delivery of datasets and Country Report to CNR | 03/2021 | 02/2021 | 02/2021 | --- |

| South MedSPAD Activities | CNR |
|--|-----|
| Check National datasets and Country Report (fixing) | --- |
| Contact National MedSPAD team in case of problems with the data received | --- |
| Process South MedSPAD datasets (merging, cleaning and deleting process) | --- |
| South MedSPAD Datasets ready | --- |

| MedSPAD Reporting Activities | CNR |
|---|-----|
| Extract North MedSPAD countries from ESPAD 2019 survey | --- |
| Harmonisation process (South and North MedSPAD dataset) | --- |
| MedSPAD Report Production | --- |
| Launch of the International MedSPAD Report | --- |

Section 4 MedSPAD Sampling Procedures

4.1 Introduction

A correctly drawn sample of students can provide a fairly accurate estimate of substance use and other behaviours in a given school population. The difference between the responses obtained from any given sample and the responses that would have been obtained if the entire population had been surveyed is known as sampling error. Sampling error can be generated by random fluctuations in the sample drawn or by a systematic bias in the way the sample is drawn. Estimates based on smaller samples will in general fluctuate more from the true population parameters, and are, therefore, less precise than estimates based on larger samples. Increasing sample size will therefore up to a point increase the precision of population estimates. However, increased sample size cannot compensate for the systematic bias of a sample that does not accurately reflect the population under study. In other words, an incorrectly drawn sample will produce biased estimates of behaviours in the population, regardless of the size of the sample or the quality of other aspects of the survey project.

Obtaining unbiased and precise estimates is a crucial aspect of any survey project, particularly multi-centric surveys aimed at comparing trends and different countries results. It requires careful planning and implementation of a sound sampling strategy. Different types of surveys require specialized sampling strategies, and expertise in one type of survey does not necessarily translate directly to other types of surveys. This section provides a short overview of the main issues involved in sampling in school surveys, and outlines the most common sampling methods in such research.

The primary aim of this section is to discuss the potentials and pitfalls of different sampling methods. It is not intended as a sampling manual for a first-time school survey researcher. For the good conduction of the survey, a person with strong prior experience in school survey sampling should be responsible for the process of developing the sampling strategy. (her/his contact details should be reported in Section C1 of the Country report).

4.1.1 Sampling in comparative research on school populations

In many instances, the methodological standardization necessary for a successful comparative social research can only be met by adopting a single standard that is applicable across widely different national contexts. In the case of sampling, however, there is considerable flexibility in the choice of sampling strategies. As long as the sampling frame is standardized across countries, researchers can choose between several sampling methods that will yield equivalent samples as well as precise and comparable estimates.

4.2 Target population

The target population under study should be defined as the population of students in the target age group, not the national population of individuals in that age group. The definition of the target population must also clearly indicate the school categories and types covered, the age group included, and the time of the year during which the population is defined.

For example, the ESPAD target population is defined as 1) regular students who 2) turn sixteen in the calendar year of the survey, and 3) were present in class on the day of the survey administration, 4) which should be in March or April of the survey year. This definition includes students that are enrolled in general, technical, vocational and artistic, but excludes both special schools and special classes for students with learning disorders or severe physical disabilities. It also excludes students who are absent from class on the day of the survey, as well as adolescents in the target cohort who have left the school system.

4.2.1 School categories

The target population must be defined in terms of the national school system in each country. On the national level, schools may be divided into several distinct systems.

School category: almost every type of school can be sorted into the public or private category based on its funding. While most schools can fall into these two categories, the standard public vs. private school breakdown scarcely touches the wide array of schools one can find. The main school categories can be defined as public schools (operated by local, state, or federal government funds); private schools (may be run by for-profit businesses, or they may be nonprofit such as those run by private foundations, they may be fee-charging or non-fee-charging schools); religious schools (usually private institutions owned and operated by a particular religious affiliation / faith groups); special education schools (usually private, focused on students with special needs); schools based on ethnicity or language; etc.

In some cases, researchers may not have the resources or permission to include all school categories in their survey. As an example, certain types of private schools sometimes do not allow school surveys as a matter of principle and the target population must then be redefined accordingly. Such restrictions reduce the generalizability of findings, but do not reduce the reliability or validity of estimates for the restricted target population.

4.2.2 School types

The main school types of secondary education can be summarised into general, technical, vocational and artistic. These can take different names in each national school system, or the same name can indicate different school types depending on the countries considered. For this reason, it is important to be as clear as possible in communicating the school types included in the survey, including the corresponding ISCED level, the name in the original language, and the translation into English.

The International Standard Classification of Education (ISCED) is a statistical framework for organizing information on education maintained by the United Nations Educational, Scientific and Cultural Organization (UNESCO) (link: <http://uis.unesco.org/en/topic/international-standard-classification-education-isced>). It is very useful to the purpose of the MedSPAD survey, as it helps identifying through a shared definition in which stages of education the target age group is to be found in each national school system.

4.2.3 Target age group(s)

The definition of the target population for a school survey should clearly identify which groups within the school are included in this population. In some school systems, students are assigned to grades according to their year of birth, in other systems they are assigned to grades according to their actual age at the beginning of the academic year. Furthermore, some school systems assign students to grades by performance rather than age, or allow students to choose classes irrespective of age group.

The choice of age groups to be included in the target population dictates the conclusions that can be drawn from the study.

Using the year of birth as a definition of the target population is strongly encouraged as it provides a clear definition that is independent of school systems and therefore greatly facilitates cross-national comparisons. Not doing so can undermine the comparability of results with other countries.

The specific population targeted for sampling (the sample frame) common to all national MedSPAD surveys is young people attending school aged 16 years. This is also the target population of the ESPAD project, and will be the object of comparative analysis between the two survey results.

However, MedSPAD countries might wish to extend the study to other age cohorts. In this case, it is important that all the statistics and methodological information provided are broken down by the age cohorts considered.

4.2.4 Time of year

The target population should be defined at a specific time of the school year. The school population changes somewhat over the school year.

Furthermore, students in a specific grade or cohort are almost a year older at the end of the school year than in the beginning of the year and their substance use will in general increase with age.

There may also be certain periods that are unsuitable for conducting school surveys within the school year.

Researchers should in particular avoid surveys on substance use immediately following major holidays or other times that may be characterized by increased substance use among adolescents in any particular country.

It is also advisable to avoid school surveys immediately before national exam periods. In such periods, schools' administrators, teachers and students may be less cooperative than during regular periods, and substance use may be temporarily lower than in regular periods.

4.3 Sampling frame and sample size

4.3.1 Sampling frame

The selection of a sample from a defined target population requires the construction of a sampling frame. The sampling frame of school surveys refers to all students that have a known, non-zero probability of being included in the sample. It should correspond as closely as possible to the conceptual definition of the target population. The elements that are excluded from the desired target population in order to form the sampling frame are referred to as the excluded population.

For example, there might be particular geographical areas of the country that cannot be included in the sampling frame. Available sampling frames might also frequently include students that do not fall within the targeted age groups. If instructional groups are not strictly based on age, it will for instance be necessary to sample from a list of all classes/grades where the target age group can be found. In school systems where students are grouped by year of birth, there may also be some students who are older or younger than the definition of the target population. It is therefore sometimes necessary to sample a considerable number of individuals that do not belong to the target population. In such cases, the sample size must be increased by the proportion of students outside of the target age group that the research team expects to encounter in the sample.

For example, in the ESPAD study, the sampling frame of a country should cover all school grades containing at least 10% of the target population.

4.3.2 Sample size

The size of the sample is a major determinant of the precision of the results obtained. Everything else being equal, larger samples will yield more precise estimates of substance use. The sample size needed in school surveys therefore depends upon the precision of estimates desired.

For example, in ESPAD, the surveys in each participating country should be based on responses from at least 1200 males and 1200 females (net sample of 2400 students aged 16). Clearly, the sample size should be adapted on the basis of the number of age cohorts targeted.

To obtain the desired minimum net sample, it is necessary to draw a sample large enough to accommodate the attrition of absent students and schools/classes that had previously accepted to participate but become unable for incumbent problems.

In calculating the size of the gross sample, prior survey experiences have to be taken into account. It is important to consider both the number of non-participating students and non-participating schools/classes.

The national research team may for various reasons choose to draw a sample larger than necessary. A larger sample will of course yield more precise results, enabling researchers to discern relatively small differences across countries and over time. Increasing sample size can also allow more precise estimates for subgroups of gender, region, ethnicity, or other distinctions of interest.

4.4 Methods of sampling

A robust sample can be drawn from a wide variety of sampling frames, and if correctly implemented, different sampling methods will yield equally unbiased estimates. Each sampling method must however involve a known probability of selection for each unit in the sampling frame, and the sampling units must be randomly chosen.

The choice of sampling method will depend in part on the nature of the sampling frame that can be generated and in part on the resources available to the project. Each sampling method will produce a different data structure, which will influence the ways in which the data can be analyzed.

The school class should be the basic sampling unit of the MedSPAD survey. This implies that even though different sampling methods may be employed in different countries, the final sampling stage should be a random selection of classes, not of individual students. As the individual student is nevertheless the basic unit of analysis, the classes are in effect clusters of students being sampled.

The practical advantages of cluster sampling are well known. In school surveys, it is easier to obtain a list of classes than a list of students. Approaching an entire class of students is also a much easier than tracking down individuals and administering the questionnaire to each one of them. From the perspective of the school, sampling classes involves far less disruption of the normal operations of the school than individual-level sampling of students. Furthermore, selecting an entire class rather than individuals from the class contributes to a greater sense of anonymity. Finally, sampling entire classes allows researchers to estimate the extent to which the substance use of individuals is affected by their classmates as a group.

From a strictly statistical point of view, cluster samples are nonetheless inferior to individual-level samples. As the selection of all students in a particular class is determined by the initial selection of that class, the number of independent selections equals the number of classes in the sample, not the number of students in the sample. This will yield a less precise estimate of substance use in the population to the extent that the substance use of students correlates with the substance use of their classmates.

Using classes as the final sampling unit is the preferred sampling method in most school surveys.

Such sampling of classes can be done in a variety of ways, including simple and systematic random sampling, multi-stage random sampling, stratified random sampling and total population sampling.

In addition, these different methods can be combined in a variety of ways within a single sampling strategy. Regardless of the type of sampling employed, it is crucial that schools and classes be randomly selected.

4.4.1 Simple and systematic random sampling of classes

If an exhaustive list of all classes in the sampling frame is available, classes can be randomly sampled from this list. In the more complex sampling designs discussed below, the final step involves such a random sampling of classes. It is important to ensure that same students are

not sampled multiple times in different classes. This can be particularly problematic in schools where students are congregated in different instructional groups for different study subjects. In such cases, it may be necessary to sample classes within a single class period.

Cluster sampling of classes can be achieved either by simple random sampling or systematic random sampling. A simple random sample can be drawn from a complete list of classes by the use of random number tables or the pseudo-random number generator available in most statistical software packages. A systematic random sample only requires the first class on the list to be randomly selected, while subsequent classes are chosen at fixed intervals after the first class. The interval between classes sampled in a systematic random sample is determined by the total number of classes and the desired number of classes to be sampled. For example, sampling 125 classes from a list of 1,000 classes would require randomly choosing one of the first eight classes on the list, and then systematically sample every eighth class on the remaining list. Simple random samples and systematic random samples can for all practical purposes be treated as having the same sampling properties. The systematic random sample is somewhat simpler to draw, but researchers should be alert to cyclical patterns in the list of classes that would lead one type of class to be systematically more frequently drawn than other types of classes.

Random class samples can also be drawn in cases where only the approximate number of classes in each school is known. In such a case, the sampling list would contain proxy names for each class. On site, an alphabetically ordered class list would then be obtained, and the class corresponding to the proxy number would be chosen.

It should be noted that a random sample of classes will lead to an overrepresentation of students in small classes, as they individually have a larger probability of selection than students in large classes. In some cases, this will only cause a minor bias in results and does generally not require a correction for the purposes of the study. However, if classes vary to any important extent in size, this should be taken into account in sampling.

4.4.2 Multi-stage random sampling of classes

In some cases, the research team may need to reduce the number of schools included in the sample because of large geographic dispersion or limited resources. Although it would be possible to use schools as the final sampling unit (sampling all the students in a chosen school), this is not advisable given the substantial loss of precision involved. In these cases, it is preferable to draw a random sample of schools, and then randomly sample classes within the schools chosen. This will yield less precise estimates than randomly sampling classes, but the estimates will be more precise than if entire schools were sampled. The greater number of schools sampled at the first stage, the greater the precision of the estimates will become.

If a simple random sample of schools is drawn at the first stage, the probability of any given student being included in such a sample will vary inversely with the size of the school. In other words, each student in a large school will have a smaller chance of being included in the sample than a student in a small school. If schools vary to any important extent in size, this must be taken into account in sampling. This can for instance be achieved by sampling schools proportionate to school size or by stratifying schools by size, and then sampling schools within each stratum (see section on stratified random sampling below).

Once a sample of schools has been selected, the next step is to randomly select one class from the target year group within each selected school. It is important that classes are randomly selected within each school and to avoid sampling more than one class per grade in a school. If the latter cannot be avoided for practical reasons not more than two classes should be sampled.

It is recommended that researchers using multi-stage random sampling consider school size in the first stage and class size in the second.

4.4.3 Stratified random sampling of classes

In some cases, researchers may wish to draw several samples of schools or classes within clearly defined categories of shared characteristics. Such shared characteristics could involve belonging to distinct school systems, belonging to a specific geographical region, being situated in urban or rural areas, school size, or other clearly defined characteristics. Such stratification in effect involves drawing separate samples from a sampling frame of each category of schools or classes. In proportionate stratified sampling the proportion of schools or classes drawn within certain categories is equal to their proportion in the target population. In disproportionate stratified sampling the proportion of schools or classes drawn within certain categories is greater than their proportion in the target population.

In the case of proportionate stratified sampling, the final sample will accurately reflect the target population. Such a stratified sampling of classes will not yield less precise estimates than randomly sampling from a list of classes. On the contrary, such a stratified random sample can be shown to yield more precise results than a simple random sample to the extent that there is less variation in substance use or other behaviours of interest within each category than in the population as a whole.

Disproportionate stratified sampling allows researchers to generate more precise estimates for a specific subpopulation of interest by drawing a larger sample from this category. For instance, a minority group that only constitutes 5% of the population would on average only yield 150 individuals in a random sample of 3,000 students. In order to generate precise estimates of such a minority group, researchers may choose to draw a disproportionately large sample from schools where this group is concentrated. In such a case, it is essential to weight the results so that they reflect the actual composition of the population.

Disproportionate stratified random sampling may lead to more precise or less precise estimates for the population as a whole than a sample of classes, depending upon the distribution within and across categories. As the calculation of weights can also be quite complicated, there should be compelling substantive reasons for considering disproportionate stratified random sampling, and the research team must have the expertise to correctly calculate the sampling weights.

Although the increase in precision due to stratified sampling will compensate for the loss of precision due to cluster sampling, it is not recommended to reduce the sample size of studies on the basis of past success in sample stratification.

4.4.4 Total Population Sampling

Total population sampling refers to a special situation that arises in school surveys in small nations or small geographical areas. In such small populations the benefits of sampling are severely reduced. The organisational complexities of sampling are greater than the complexities of surveying the entire population. In addition, surveying the entire population eliminates random sampling errors, leaving only response errors and errors due to systematic attrition.

Section 5 Ethical considerations

It is very important to respect any existing national ethical regulations regarding surveys in the school environment. These regulations differ from country to country and the Principal Investigator in each respective country is therefore responsible to find out what actions need to be carried out to fulfil the national ethical requirements.

For example, in some countries it may be compulsory to have the project approved by an ethics committee or to receive permission from ministries involved. There might also be a need to ask for parental consent, which can be active or passive.

- Passive consent means that parents or guardians receive information about the upcoming survey, maybe a letter signed by the headmaster accompanied by a pamphlet about the study. If they do not wish their child to participate, they are asked to sign a form and return it to the school.
- Active consent requires signed permissions from all parents. This process is more complicated and time consuming so passive consent is always preferable from a pragmatic perspective, if any consent is necessary at all.

A minimum level of ethical actions is put into place to ensure that all students are informed that they can refuse to participate or to answer a specific question, that all answers are totally anonymous and that no results will be presented for a single respondent or a single class. There should also be a system to collect the questionnaires in a way that ensures anonymity, preferably via blank and sealable individual response envelopes.

Section 6 MedSPAD Questionnaire

To run the MedSPAD survey in 2020-2021 a new common MedSPAD questionnaire was elaborated by CNR in consultation with the MedSPAD Committee. The new MedSPAD questionnaire shares common question not only to the four countries performing the data collection in 2020-2021, but also to the ESPAD questionnaire 2019.

Furthermore, new topics are investigated, such as NPS, gambling, gaming and social media use, and new screening tests for problem behaviours related to cannabis use, gambling, gaming and social media use have been added.

In the previous waves of the MedSPAD survey, each country used its own questionnaire and this challenged the comparability of results.

The new questionnaire was elaborated with the long-term objective of reaching a sufficient level of comparability not only among the countries running the MedSPAD survey, but also with countries running the ESPAD survey.

Furthermore, to support the MedSPAD data collection 2020-2021, a Classroom report to be filled in by survey administrators was developed. This form will help collecting information about participating classes, present and absent students, situation during the data collection.

All the MedSPAD 2020-2021 Master questionnaire and related translations and backtranslations can be found in annex to this document, together with the Classroom report form.

Master versions:

Annex02_Master_Student_Questionnaire.docx

Annex03_Master_Classroom_Report_Questionnaire.docx

Egypt:

Annex09_EGY_NSQD_ARAB.docx

Annex10_EGY_NSQD_ENGLISH.docx

Lebanon:

Annex11_LBN_NSQD_ARAB.docx

Annex12_LBN_NSQD_ENGLISH.docx

Morocco:

Annex13_MAR_NSQD_ARAB.doc

Annex14_MAR_NSQD_ENGLISH.doc

Tunisia:

[TO BE ADDED UPON RECEPTION]

[TO BE ADDED UPON RECEPTION]

Section 7 Field Work

7.1 Minimise the number of refusing schools

There are always sampled schools that do not take part in the survey, but there are several steps that can be taken to minimise the number of refusing schools as much as possible. Some of those might be good in some countries, but less useful or maybe even counter-productive in others. Hence, the examples given below should be seen as a list of proposals.

7.1.1 Increased funding

It is obvious that the quality of the planning of the survey and the participation rate are influenced by the funding available for conducting the survey. However, it is certainly not always easy to get funding, particularly in bad economic times.

7.1.2 Collect data in the right period

Since bad timing is one of the main reasons mentioned by schools that refuse to take part, it is important to avoid examination periods or other periods when you can expect schools to be busy. As a principle, it is important to collect data early in the programming period, since schools tend to be busier towards the end.

7.1.3 Cooperate with other school surveys

In some countries several national, and maybe also international, school surveys are conducted on a more or less annual base. If this is the case it might be worthwhile to consider cooperating with them. One possibility could be to avoid that the same schools are sampled. This can easily be done whilst still ensuring that the sample are random. This advice is of course more relevant in middle sized or large countries than in small countries in which it might not be possible to avoid asking the same schools to take part in other school surveys. Another way of cooperating could be to coordinate the data collections by ensuring that data are not collected for more than one survey at the same time. This is of course especially important if the same schools are sampled.

7.1.4 Regional coordinators/research teams

It is easier to have more personal contact with a head of school/school director if you know them personally or if the contacting person comes from an organisation or institute on a local or regional level. Hence, at least in large countries it might be worth considering the possibility to have regional assisting coordinators as contact persons for the schools. If so, and if it is suitable for the data collection, they may also take an active part when it comes to deliver the questionnaires, and may be also taking part in the data collection.

7.1.5 Have more intensive follow up of the first contact with schools

As soon as a school is sampled, the relevant person from the school will be contacted and informed about the survey.

After that, you usually wait for an answer from the sampled schools. It is then important to continue contacting them until you get an (hopefully positive) answer. If you have a local/regional assisting coordinator/contact person it could be good if this person takes care of the follow-up to the initial contact.

7.1.6 Statements or support letters

In the initial contact with sampled schools it is important to describe the verbal or other support/permissions you have from national, regional or local ministries or other authorities. It may also help if you can attach a letter from a responsible minister or other important officials. This may be especially important if you cooperate with local or regional school authorities.

7.1.7 Special school incentives

Sometimes it might be easier to convince a school to participate if it gets something back. One possibility might be to offer that a specialist comes to the school to inform teachers and/or students about alcohol and/or drugs. This may demand time and costs.

Another possibility, in line with this, might be to offer the schools some kind of alcohol and/or drug related material that can be used for teaching purposes.

Some schools might find it of interest to get something back that is directly related to the data collection. For ethical reasons, of course you can not offer data about single schools, but you may offer an easy-to-read "MedSPAD report" in which you describe the most important results from the regional and/or national report.

7.2 Follow up of non-participating schools

For various reasons all sampled schools will not participate in the end.

A crucial question is whether refusing schools differ in any systematic way from those that take part, which would mean that data from participating schools are not nationally representative. The larger the proportion of non-participating schools the more important is this question.

It is therefore important to try to shed some light on it, in order to be able to discuss the representativeness of the data, which includes the possibility to make comparisons with data from other countries.

Some possibilities regarding data gathering about participating and refusing schools are illustrated below.

Please observe that such analysis needs to be included in the planning process well on time before the data collection starts in order to identify possible variables and to decide how those should be gathered and analysed.

7.2.1 Data from the sampling frame or other available statistics

In some countries the sampling frame might include data that can be used when comparing participating and refusing schools, some of which might anyhow be used if the sample is stratified. This kind of data might include school category (public, private religious, private secular etc.), school type (which is compulsory to report in the Country Report), school size, geographical area, and teaching language.

Before sampling, save all relevant data in a school file, which can be used at a later stage to compare participating and refusing schools.

Even if the sampling frame does not include any relevant data, important information might be available from other kinds of official national/regional statistics.

7.2.2 Gather information with a simple survey during school recruitment

Another possibility to gather relevant data is to ask all schools to answer a simple questionnaire. The easiest way might be to attach the questionnaire to the initial introductory letter to the schools.

Data to be gathered must be decided from a national perspective, i.e. which kind of information it makes sense to gather in a country and which can be expected to be available from the schools. Data to consider ought to include school type, school size, geographical area/category, teaching language and religiosity.

7.2.3 Gather information with a simple survey after data collection

Particularly in case of high refusal rates, it is important to know why schools have decided not to take part in the survey. The answers to this question will help to better prepare for the next data collection in order to reduce the number of refusing schools. Of course, a small survey

to refusing schools about the reasons of not taking part in the data collection can only be done after the student data collection itself is finished.

If the survey mentioned in the previous section for some reason is not conducted until after the student survey is finished, the questions to refusing schools about the reasons for not participating can be a part of the same survey.

7.3 Use school and class unique identification numbers

The school and class numbers are important ID-variables that must be included both in the Student Questionnaire Dataset and in the Classroom Report Dataset. Please carefully observe that the number(s) should be put on the Classroom Reports in advance, before the material is distributed to the respective class.

7.4 Choose the survey administrators

National research teams have to decide at an early stage whether teachers / school staff may serve as survey administrators or if the presence of research assistants is necessary during the data collection.

If the survey leader is a research assistant one should consider whether the teacher should be present in the classroom during the administration to ensure discipline. However, under no circumstances should the teacher be allowed to see any questionnaire during the administration or afterwards. Mistakes during the field work may jeopardise the whole survey. Hence, it is important that people responsible for the data collection get proper training.

An example of written instruction for survey administrators, describing how to perform the administration of the questionnaire in the classroom, can be found in *Annex08_Survey_Administrator_Instruction*.

7.5 Time of data collection

The data collection has to take place during a certain period which should not be preceded by any type of holiday where substance use is more frequent, ensuring that the students' estimate of their overall patterns of substance use is not atypically inflated.

It is also advisable to avoid school surveys immediately before national exam periods. In such periods school administrators, teachers and students may be less cooperative than during regular periods, and substance use may be temporarily lower than in regular periods. Whenever possible it is preferable that the data collection in a school is done at the same time in all participating classes. The main reason for this is to avoid discussions in the breaks that might influence the answers of those students who have not yet taken part in the study.

7.6 Classroom situation

The circumstances for responding to the questionnaire should follow more or less the same procedure as for a test or exam.

The questionnaires should be answered anonymously. It is extremely important that the students are informed about this and that they trust that their integrity will not be violated. No kind of individual identification is allowed/should be made possible. The survey administrator should be asked to stress that anonymity is guaranteed and to refrain from walking around in the classroom while the forms are being completed.

Written instructions for the survey administrator describing how to perform the completion of the questionnaire in the classroom are reported below and can also be found in *Annex08_Survey_Administrator_Instruction*.

It is strongly recommended to hand out a blank and sealable envelope together with the questionnaire to each student. After completion each student should individually put the

questionnaire in the envelope and seal it before returning it to the survey leader. Students' integrity is of course the main reason for this procedure.

If a joint envelope/box, for economic reasons, is used instead of individual envelopes, it should be specified to student how this will guarantee anonymity before the students start filling in the questionnaires.

7.7 Classroom Report Guidelines

As mentioned earlier, the Survey administrator should complete a Classroom Report while the students answer the questionnaires.

The Classroom Report form is available as *Annex05 Master Classroom Report Questionnaire* and includes information on the number of present and absent students, how student cooperation and comprehension was perceived and the time needed for completion.

Please observe that the assistance of a teacher is necessary for answering some of the questions in the Classroom Report.

Please ensure that the Student Questionnaires and Classroom Reports are jointly returned to the institute for each class. Lost or separated batches may jeopardise the survey.

It has to be noted that data from the Classroom Reports should be delivered as a dataset called Classroom Report Dataset (CRD).

Section 8 MedSPAD Data Management

8.1 General

The International MedSPAD Dataset is developed starting from the National Student Questionnaire / Classroom Report Datasets submitted by countries conducting the MedSPAD survey.

All datasets collected are submitted to and managed by the National Research Council of Italy (CNR).

To this end, each country has at its own disposal a resource package (including a cleaned version of the two datasets) that must be used for preparing and submitting the National MedSPAD Dataset to CNR.

The National MedSPAD Dataset can contain also students outside the MedSPAD target population age cohort (16 years-old students). National MedSPAD Teams are strongly encouraged to include in the National MedSPAD Dataset all the age cohorts included in their national survey.

It is vital for the database constructing process that each National MedSPAD Team follows the standardised instructions contained in this document. Deviations will delay the process of creating the database and create considerably more data management work. Datasets submitted in a non-standard format will be returned to the national teams for correction.

Since the planned timetable of national MedSPAD surveys might have undergone delays due to the COVID-19 pandemic, each MedSPAD team should communicate to the CNR the rescheduled timetable as soon as ready in order to guarantee a smooth planning of the coordination activities.

Needless to say, it is crucial that the communicated deadlines are respected, otherwise the schedule for the remaining steps in the process is jeopardised.

Please read all the instructions and follow them carefully.

Any questions/problems should be communicated to elisa.benedetti@ifc.cnr.it with copy to sabrina.molinaro@ifc.cnr.it and Florence.MABILEAU@coe.int.

8.2 MedSPAD International database

The MedSPAD International database is an organized collection of all data, and related information, documents, etc. referring to the MedSPAD Study.

1) The two main datasets are those collecting data from the Student Questionnaire (SQD) and the Classroom Report (CRD). The two datasets could contain extra Questions/Variables and additional age cohorts with respect to the target population (16 years-old students) and can be used for local and national purposes.

2) Before submitting the two datasets to the CNR, it is important to check if their layout reflects that described in the specific Codebooks enclosed to this document. At the end of this process the two datasets will be named XXX_NSQD and XXX_NCRD, where the XXX will be replaced with the Alpha-3 code of the country that collected the data (Table 5), and are ready to be sent to the CNR.

3) The datasets will be managed centrally and standardized procedures will be performed in order to check all the information and data collected (check of variables; missing values, etc.).

4) All the national datasets of the countries conducting the MedSPAD survey (South_MedSPAD countries) will be merged. Standardized procedures will be performed in order to Clean (missing value) and Remove records (Missing gender, more than half of Core questions are missing, etc.) from all collected datasets.

5) Each country will receive a copy of the processed national files, the syntaxes used, as well as possible questions to be addressed. This will allow the National MedSPAD Team to verify the datasets and, if necessary, indicate any changes or further corrections to be applied to the datasets.

Please observe that several countries use **weights** in order to ensure that the achieved net sample is more representative of the target population. It is important not to forget that if several records are removed in the cleaning/deleting process, a new WEIGHT variable must be calculated by the National MedSPAD Team. If this is the case, this will be addressed by the CNR in the e-mail accompanying the processed national files and syntaxes used.

Once the process of data confirmation and adjustment is closed, data from all surveys will be merged and the following two **South_MedSPAD** datasets are considered confirmed:

- South_MedSPAD_SQD: all male or female students who filled out the questionnaire in a "consistent" way;
- South_MedSPAD_CRD: all the school classes that students belong to.

This condition allows to proceed with the next step of merging the South_MedSPAD_SQD with the North_MedSPAD_SQD and produce the International MedSPAD Dataset and Report.

The merging of the two survey datasets will develop as follows:

6) Extraction from the ESPAD 2019 dataset of all records/student questionnaires of the countries participating in MedSPAD, that will agree to share the data. This subset of data will be named **North_MedSPAD**.

7) Harmonization procedure to create a new dataset that includes the greatest number of common/comparable variables of the two surveys. This process establishes what data can be validly combined across the MedSPAD and ESPAD studies.

8) The outcome of the harmonization process will be the International MedSPAD Dataset which will include all the MedSPAD countries and all the variables comparable from to the two surveys.

Table 4. Overview of the steps composing the process of development of the MedSPAD datasets.

| | Step 1 | Step 2 | Step 3 | Step 4 |
|---|---|--|--|--|
| Action | Questionnaire Administration and Data Capture | Preparation and Submission of Documentation and Datasets | Reception and Checking of Documentation and Datasets | Fixing, Merging, Cleaning and Removing Records from Datasets |
| Implemented by | National MedSPAD Teams | National MedSPAD Teams | CNR | CNR |
| Student Questionnaires | SQD | XXX_NSQD | XXX_NSQD | South_MedSPAD_SQD |
| Classroom Reports | CRD | XXX_NCRD | XXX_NCRD | South_MedSPAD_CRD |
| Country | Single country | Single country | Single country | Egypt, Lebanon, Morocco and Tunisia |
| Sample at the end of the process | All records students/classes | All students/classes | All students/classes | Only students/classes that get through the cleaning and deleting process |
| Question/Variable at the end of the process | All variables | Only variables included in MedSPAD Codebook | Only variables included in MedSPAD Codebook | Only variables included in MedSPAD Codebook |

| | Step 5 | Step 6 | Step 7 | Step 8 |
|---|--|--|---|---|
| Action | Return and Confirm | Extraction from ESPAD 2019 | Harmonization of Datasets | International MedSPAD Dataset |
| Implemented by | National MedSPAD Teams | CNR | CNR | CNR |
| Student Questionnaires | XXX_MedSPAD_SQD | North_MedSPAD_SQD | South and North_MedSPAD_SQD | MedSPAD_SQD |
| Classroom Report | XXX_MedSPAD_CRD | - | - | - |
| Country | Single country | MedSPAD countries that conducted the ESPAD survey | South and North MedSPAD Countries | All MedSPAD countries |
| Sample at the end of the process | Only students/classes that get through central cleaning/deleting process | Only students/classes that get through the central cleaning/deleting process | Only students/classes that get through the cleanup syntax (common target population, missing, etc.) | Only students/classes that get through the cleanup syntax (common target population, missing, etc.) |
| Question/Variable at the end of the process | Only variables included in MedSPAD Codebook | Only variables included in ESPAD2019 Codebook | Only comparable ESPAD/MedSPAD Variables | Only comparable ESPAD/MedSPAD Variables |

In the remainder each Step (1 to 8) of the illustrated process is described in detail.

Step 1 Questionnaire Administration and Data Capture

1.1 Data Collection. It can be done using a Paper and Pencil Interviewing (P&P) or Computer Assisted Personal Interviewing (CAPI) method. Two self-administered questionnaires are used, one is the Student Questionnaire, filled by students, which consists of a series of closed-ended questions and the other is the Classroom Report, filled by teachers, consisting of close and open-ended questions.

1.2 Data Administration and Capture. With the P&P method the data must be entered manually or via an OCR software by trained operators; while with the CAPI method the data is digitalised instantly, as the student or teacher fills the questionnaire, in the dedicated datasets.

In the dedicated datasets (Student Questionnaire - SQD; Classroom Report - CRD) each record must be preceded by the identifying variables such as country, school, class, student, data administration, and, if used, type of weight and weight.

Both the SQD and the CRD have the same identification variables, which of course must correspond between the two datasets.

- MedSPAD_Year: it must be set according to the data collection year (e.g. for Egypt it will be 2020).
- COUNTRY: For each country the following unique identification Numeric Code has to be used.

Table 5. ISO-3166 Country Codes

| Country Name | Alpha-3 Code | Numeric Code |
|--------------|--------------|--------------|
| Egypt | EGY | 818 |
| Lebanon | LBN | 422 |
| Morocco | MAR | 504 |
| Tunisia | TUN | 788 |

- SCHOOL: Each school should be assigned a unique identification number ranging from 1 to N1.
- CLASS: Each class should be assigned a unique identification number ranging from 1 to N2. The SCHOOL and CLASS numbers should be used during the field work and put on each classroom report prior to data collection. If only one class is sampled per school the CLASS-number will be equal to the SCHOOL-number.
- STUDENT: Each entered questionnaire should be assigned a unique identification number ranging from 1 to N3 (N3: Total number of national questionnaires returned).
- QUESTIONNAIRE ADMINISTRATION: Records the modality of data collection (P&P or CAPI)
- QUESTIONNAIRE EVALUATION: The variable "EVALUATION = 1 Not Valid", is used to inform CNR that the questionnaire is considered invalid by the National MedSPAD Team (because the questionnaire is practically empty, unserious respondent, offensive remarks or symbols, indecipherable questionnaire, etc.)
- WEIGHT_Type and WEIGHT: Depending on the sampling design, individual weights could be applied if the composition of the sample of participating students does not reflect the composition of the target population. The arithmetic mean of the WEIGHT-variable should result in 1.00000 (or very close). If no weighting is needed, the variables WEIGHT_Type and WEIGHT must be settled to 1.
- Coding of missing values. There are two types of values to encode missing information:
 - 1 No response
 - 3 Variable not included in the country/questionnaire

Step 2 Prepare and Exporting Documentations and Datasets

Documents to be submitted

To prepare the two datasets and the relative documentation, the CNR makes the following annexes available to each country:

Table 6. Documents provided by CNR

| Annex | Description |
|--|---|
| Annex01_XXX_Country_Report.docx | Master Country Data Collection Description |
| Annex04_Master_Student_Questionnaire_Codebook.docx | Master Student Questionnaire Codebook variable coding and description |
| Annex05_Master_Classroom_Report_Codebook.docx | Master Classroom Report Codebook variable coding and description |
| Annex06_XXX_NSQD.sav | Master Student Questionnaire Dataset (clean data set) |
| Annex07_XXX_NCRD.sav | Master Classroom Report Dataset (clean data set) |

Dataset format

The datasets XXX_NSQD and XXX_NCRD are in SPSS format, other formats are not supported.

During the preparation phase for submitting the two datasets to the CNR, it is important to verify that their layout reflects that described in the specific Master dataset/codebook. Every deviation from the Master dataset/codebook must be recorded in a dedicated section of the Country Report, this to keep track and document all the possible differences of the datasets received.

National Student Questionnaire Dataset. The XXX_NSQD Includes:

5 ID-variables (MedSPAD survey Year, Country, School, Class, Student)
2 Variable about questionnaires (Questionnaire Administration and Evaluation)
2 Weight variables (weight; weight type)
213 Core variables
76 Optional variables

298 Total Variables

The XXX_NSQD variable are described in the Master Student Questionnaire Codebook presented below.

All 298 variables must be included in the XXX_NSQD, even if several of them have not been included in the country questionnaire, in this case value -3 should be imputed.

No other variable names and value are allowed in the XXX_NSQD.

Please note that XXX_NSQDs with non-standard variables names and values will be returned to the National MedSPAD Team for correction.

National of Classroom Report Dataset. The XXX_NCRD includes:

4 ID-variables (MedSPAD survey Year, Country, School, Class)
18 Core variables

22 Total Variables

The XXX_NCRD variables are described in the Master Classroom Report Codebook presented below.

All 22 variables must be included in the XXX_NCRD, even if several of them have not been included in the country questionnaire.

No other variable name and value are allowed in the NCRD.

Please note that XXX_NCRDs with non-standard variables names and values will be returned to the National MedSPAD Team for correction.

In order to facilitate the preparation of the XXX_NSQD and XXX_NCRD, SPSS clean files are provided, containing all the variables described in the Codebooks.

The two datasets XXX_NSQD and XXX_NCRD and the XXX_Country_Report should be delivered to the CNR as early as possible after the data administration and capture phase.

Since the planned timetable of national MedSPAD surveys might undergo delays due to the COVID-19 pandemic, each MedSPAD team should communicate to the CNR the rescheduled timetable as soon as ready in order to guarantee a smooth planning of the coordination activities.

Each dataset and document must be labelled with the Alpha-3 code which identifies the country of origin. In other words by changing the XXX with the Alpha-3 code defined in Table 5. ISO-3166 Country Codes.

Table 7. The full package, comprising datasets and documents, that must be sent to the CNR is composed by the following:

| N | File name | Format | Description |
|---|--------------------|----------|---|
| 1 | XXX_Country_Report | Word | National data collection description |
| 2 | XXX_NSQD | SPSS | National Student Questionnaire Dataset (filled data set) |
| 3 | XXX_NCRD | SPSS | National Classroom Report Dataset (filled data set) |
| 4 | XXX_NSQ_OL | Word/PDF | National MedSPAD Student Questionnaire Final in original language(s) |
| 5 | XXX_NSQ_EL | Word/PDF | National MedSPAD Student Questionnaire Final back-translated into English |

Step 3 Reception and Checking of Documentation and Datasets

The CNR carefully examines the content of all the documents received.

Country Report (XXX_Country_Report).

Most of the information included in the Country Report is used to check the quality of the data and describe the methodology of the study.

For ease of reference, some notes have been added to the specific sections of this document where a detailed explanation of terms used in the Country report form is provided.

Notes of all missing or unclear information and other issues will have to be addressed with the National MedSPAD Team.

Student and Classroom datasets (XXX_NSQD, XXX_NCRD)

With the aim of evaluating all datasets received and moving on to the next steps, the following checks will be done.

Table 8. Checks implemented on MedSPAD datasets submitted

| XXX_NSQD and XXX_NCRD Datasets | Checks / Issues | Action |
|--------------------------------|--|--|
| Number of variables | Not correct | Delete Extra Variable Insert non collected variables (value -3) |
| Variable Type | Variable Type String | Change Variable type to Numeric |
| Variable Name | Wrong or Misspelled | Change Variable Name |
| Variable Value Label | Wrong or Misspelled | Change Variable Value Label |
| Variable COUNTRY | Different Number code ISO-3166 | Assign the correct code |
| Variable SCHOOL | Coding discordant between the two datasets | Address the National MedSPAD Team |
| Variable CLASS | Coding discordant between the two datasets | Address the National MedSPAD Team |
| Variable STUDENT | Not coded | Address the National MedSPAD Team |
| Variable WEIGHT | Arithmetic mean is not 1.00 (or close to it) | Address the National MedSPAD Team |
| MISSING Values | Not coded -1 No Answer or -3 Not included. | Check in the National Questionnaire for possible actions |
| All Variables | Out of range values | Change values into -1 |
| All Variables | Reverse scale | Address the National MedSPAD Team |

All possible actions, which we consider useful to correct the issues identified, will be recorded and applied to the Dataset(s), through a country-specific SPSS syntax file (XXX_Fixes.sps).

If any relevant issues in the Country Report and/or Dataset(s) remain unclear, the National MedSPAD Team will be contacted to clarify these discrepancies.

If no problems are found with the Country Report and/or Dataset(s), no communication with the National MedSPAD Team is necessary.

Step 4 Merge, Clean and Remove Records from Datasets

Merge datasets.

When the process described in Step 3 is concluded successfully, all the information received are ready to be combined with those received from the other South_MedSPAD countries. This is useful because it ensures that all subsequent procedures (clean and remove) are performed correctly and uniformly on all national datasets.

Also in this case, all actions are recorded and performed by using an SPSS syntax.

Clean the National Classroom Report Dataset (XXX_NCRD).

The syntax for cleaning the international CRD is very short and straight forward since very few questions are asked to the teacher. This syntax also constructs a couple of new variables, which are used for the Methodology tables.

Clean the National Student Questionnaire Dataset (XXX_NSQD).

In a first cleaning step, missing values on substance use items are (conservatively) replaced with 'no use', only in those cases where no other items indicate the use of that particular substance (logical substitution). However, no substitution is made if any contradictory indications of use are found. Also missing values in multiple choice questions are defined within this syntax.

Remove records from National Student Questionnaire Dataset (XXX_NSQD).

All records that do not meet the "Eligibility" criteria provided by the South_MedSPAD protocol are removed.

The criteria used to remove records from the National Student Questionnaire dataset are:

- Missing value on gender (since the results are presented by gender);
- Less than half of the Core questions completed;
- Response patterns involving repetitive marking of extreme values.

Step 5 Return and Confirm

Return and Confirm.

Each country will receive a copy of the processed files, the syntaxes used, and possible questions. This will allow the National MedSPAD Team to verify the datasets and, if necessary, indicate any changes or further corrections to be applied.

If adjustments are demanded by the National MedSPAD Team, these will be implemented in the Fixes syntax.

Once the central data process is completed (Fixes, Merge, Clean and Delete), the new dataset(s) obtained will become the final South_MedSPAD dataset(s).

Weights.

Several countries use weights in order to make the achieved net sample closer to the target population in order to be nationally representative.

If several records are removed, the mean of the WEIGHT variable could be significantly different from 1 (or close to), in this case a new WEIGHT variable must be calculated by the National MedSPAD Team. This will be requested by the CNR. If the WEIGHT variable needs to be updated, the National MedSPAD Team will only need to submit the variable STUDENT (as the unique case identifier) and WEIGHT, instead of replacing all the data. This will be easily merged into the South_MedSPAD dataset.

Once the process of data confirmation and possible adjusting of weights is closed, the South_MedSPAD datasets are considered to be confirmed and recorded as final versions.

Step 6 Extraction from the ESPAD 2019 dataset

Countries that perform the ESPAD survey and agree to share them in the MedSPAD project will be extracted from the ESPAD 2019 dataset. This subset of data will be named North_MedSPAD.

The following countries will be considered for inclusion in the North_MedSPAD dataset:

Table 9. ESPAD countries that performed the 2019 ESPAD survey and participate in the MedSPAD project

| Country | Male | Female | Total |
|--------------|--------------|--------------|--------------|
| Croatia | 1436 | 1336 | 2772 |
| Cyprus | 527 | 697 | 1224 |
| France | 1224 | 1364 | 2588 |
| Greece | 2925 | 3063 | 5988 |
| Italy | 1331 | 1211 | 2542 |
| Malta | 1551 | 1492 | 3043 |
| Portugal | 1994 | 2371 | 4365 |
| Spain | 1706 | 1851 | 3557 |
| Total | 12694 | 13385 | 26079 |

Step 7 Harmonisation of Datasets

International MedSPAD

To create the International MedSPAD Dataset (that will include the greatest number of common variables between MedSPAD and ESPAD survey), the harmonization process requires the creation of a complex "DataSchema" and the definition of the rules for the "pairing" of Common Questions / Variables.

The DataSchema is an exhaustive collection of all Questions/Variables that belong to the two datasets examined.

Pairing Rules are tested for each Question/Variable of the DataSchema if the information (variable) collected in a given survey can be used to generate a MedSPAD common variable. This process therefore establishes what data can be validly combined across studies.

The compatibility of each study's variable in a DataSchema is assessed on a three-level scale of matching quality: "complete," "partial," or "impossible" match. All variables of interest that are assessed to have a "complete" or "partial" match in the DataSchema will be included in the International MedSPAD Dataset.

Table 10. Classification of the level of compatibility between assessment items and DataSchema variables

| Compatibility Level | Description |
|---------------------|--|
| Complete | According to the matching rules, the meaning, format and standard operating procedures used for the collection of the information allow the construction of a common variable. |
| Partial | According to the matching rules, the meaning, format and standard operating procedures used for collection of the information allow the construction of a common variable, but with an unavoidable loss of information. This class includes two subcategories: Proximate: if the only reason for the classification as partial is because categories are used in a survey to collect information for a variable that is defined as continuous in the other survey(s). Tentative: whenever a variable is classified as partial for any other reason (e.g. a different number of variable levels). |
| Impossible | If no relevant information is collected (Impossible Not Covered) or, based on the pairing rules, insufficient information exists to construct a common variable (Impossible Covered). |

Note: Authors elaboration based on Griffith L, van den Heuvel E, Fortier I, et al. (2013). *Harmonization of Cognitive Measures in Individual Participant Data and Aggregate Data Meta-Analysis*. Rockville (MD): Agency for Healthcare Research and Quality (US); Mar. Methods and Results: Process of Preparing Data for Statistical Harmonization (Objective 2) Available at: <https://www.ncbi.nlm.nih.gov/books/NBK132550/>

The DataSchema takes in exam a total of 506 Questions/Variables.

From a preliminary analysis of the DataSchema, 153 comparable variables have been identified. A definitive list will be defined once all datasets are received.

Step 8 International MedSPAD DataSet

At the end of the harmonisation process the final International MedSPAD Dataset, which includes all MedSPAD countries (those running the MedSPAD survey and those running the ESPAD survey that agreed to share their data) and all the comparable variables of the two surveys, will be created.

MedSPAD Country Report

Before starting to complete the form, please read carefully the following definitions that will be used throughout the document:

Country Report Instructions

The standardised Country Report is a fundamental document in order to check the quality of the study and produce the methodological section of the MedSPAD Report.

It is necessary for all countries to carefully fill in the Country Report Template in annex. Some parts of this document overlap with the Project Plan, you are kindly requested to fill them again because the information provided in this document will be considered as final. If for some questions no national figures are available, please provide an estimate and note it accordingly.

Please note that some countries choose to sample also grades without target group students (age 16 years). In such a case, we ask the participants to report the required information for each sampled age cohort.

Without losing important information, the comments should be as synthetic as possible. Please, avoid to modify the headings and tables composing the template.

Information Delivery

The following documents should be collected in a single (compressed) folder and sent to elisa.benedetti@ifc.cnr.it, cc: rodolfo.cotichini@ifc.cnr.it.

- MedSPAD Country Report
- Dataset Student Questionnaires
- Dataset Classroom Report
- Questionnaire in National Language
- Questionnaire English Back Translation
-

All five files should be delivered within the time period communicated and agreed with CNR.

A General information

See Research
Handbook
Sect. 2

A1 Country.

(A1) Country: _____

A2 Name(s) of the organization(s) conducting the study and address.

(A2a) Organization Name: _____

(A2b) Organization Address: _____

A3 Responsible for compiling this Country Report.

| | Person role | Name | Surname | Position within the organization | Phone | email |
|-------|---|-------|---------|--|-------|-------|
| | (1) | (2) | (3) | (4) | (5) | (6) |
| (A3a) | Responsible for compiling this Country Report | _____ | _____ | _____ | _____ | _____ |

A4 List of researchers whose involvement in the MedSPAD survey you wish to acknowledge in the International MedSPAD Report.

| | Role in the conduction of the MedSPAD survey | Name | Surname | Position within the organisation | email |
|-------|--|-------|---------|-------------------------------------|-------|
| | (1) | (2) | (3) | (4) | (5) |
| (A4a) | Responsible of the MedSPAD survey | _____ | _____ | _____ | _____ |
| (A4b) | _____ | _____ | _____ | _____ | _____ |
| (A4c) | _____ | _____ | _____ | _____ | _____ |
| (A4d) | _____ | _____ | _____ | _____ | _____ |
| (A4e) | _____ | _____ | _____ | _____ | _____ |
| (A4f) | _____ | _____ | _____ | _____ | _____ |
| (A4g) | _____ | _____ | _____ | _____ | _____ |

| | | | | | |
|---------|--|--|--|--|--|
| (A4h) | | | | | |
| (A4i) | | | | | |
| (A4...) | | | | | |

- A5** Please provide a list of institutions whose support for the MedSPAD survey you wish to acknowledge in the International MedSPAD Report. (If the list is very long it might be shortened.)

| | Country | Institution Name supporting for the MedSPAD Survey | Role of the Institution in the MedSPAD Survey |
|---------|---------|---|--|
| | (1) | (2) | (3) |
| (A5a) | _____ | _____ | _____ |
| (A5b) | _____ | _____ | _____ |
| (A5c) | _____ | _____ | _____ |
| (A5...) | _____ | _____ | _____ |

- A6** Report in table the total population of the Country. If the whole Country was not included in the survey, the figures asked for, should be related to the area(s) that took part.

| | Country/Area | Male | Female | Total | Census Year |
|------|--------------|-------|--------|-------|-------------|
| | (1) | (2) | (3) | (4) | (5) |
| (A6) | _____ | _____ | _____ | _____ | _____ |

B Student population, sampling frame and coverage

See Research
Protocol
Sect. 4

B1 At what point does the compulsory school normally end in your country?

(B1a) ☐ At a certain age

☐ When a certain level of education is achieved

Please specify:

(B1b)

B2 What percentage of students leave the school system even though compulsory school is not completed??

(B2) Percentage of students _____%

B3 Please, specify the birth cohorts included in your survey.

(B3a) From Year _____

(B3b) To Year _____

B4 The MedSPAD study should cover all grades containing at least 10% of the target population.

Please specify:

(B4a) Which grades containing students of the target population were included in the sampling frame?

Please specify:

(B4b) Which grades containing AT LEAST 10% of the target population were NOT included in the sampling frame?

Please specify:

(B4c) Which grades containing LESS THAN 10% of the target population were NOT included in the sampling frame?

B5 The MedSPAD study should cover school category containing students in the target population. Was this the case in your country?

(B5a) ☐ Yes ☐ No

If No, please describe:

(B5b)

B6 The MedSPAD study should cover all school types containing students in the target population. Was this the case in your country?

(B6a) ☐ Yes ☐ No

If No, please describe:

(B6b)

B7 The MedSPAD study should include all geographical areas of a country and be nationally representative. Was this the case in your country?

(B7a) ☐ Yes ☐ No

If No, please describe:

(B7b)

- B8** Cohort size, student population size and sampling frame coverage (Table 2).
Please report the required information for each birth cohort included in your survey, by replicating the relevant rows as indicated in B3.
If data are not available, please provide estimates that are as good as possible and describe what they are based on (Census Year).
If the target population is defined in a way other than students born in 2003, the figures asked for should be related to the alternate definition of the target population. If the whole country was not included in the survey, the figures asked for should be related to the area(s) that took part.

| Table 2. Cohort size, student population size and sampling frame coverage by Birth Cohort (adapt the birth year based on your survey period) | | Birth Year | Absolute Number | Census Year |
|---|--|---------------|--------------------|----------------|
| | | (1) | (2) | (3) |
| (B8a1) | Number of births in the country during 2003 | _____ | _____ | _____ |
| (B8b1) | Number of MedSPAD target students born in 2003, <u>exclude</u> students in schools of a specific nature, type and geographical areas that were excluded, as reported in B5b/B6b/B7b . | _____ | _____ | _____ |
| (B8c1) | Number of 2003 born MedSPAD target students covered by the sampling frame. | _____ | _____ | _____ |
| | | | | |
| (B8a2) | the number of births in the country during 2004. | _____ | _____ | _____ |
| (B8b2) | the number of MedSPAD target students born in 2004, <u>exclude</u> students in schools of a specific nature, type and geographical areas that were excluded, as reported in B5b/B6b/B7b . | _____ | _____ | _____ |
| (B8c2) | the number of 2003 born MedSPAD target students covered by the sampling frame. | _____ | _____ | _____ |
| | | | | |
| (B8a..) | the number of births in the country during 2005. | _____ | _____ | _____ |
| (B8b..) | the number of MedSPAD target students born in 2005, <u>exclude</u> students in schools of a specific nature, type and geographical areas that were excluded, as reported in B5b/B6b/B7b . | _____ | _____ | _____ |
| (B8c..) | the number of 2003 born MedSPAD target students covered by the sampling frame. | _____ | _____ | _____ |
| | | | | |
| (B8a..) | the number of births in the country during 2006. | _____ | _____ | _____ |
| (B8b..) | the number of MedSPAD target students born in 2006, <u>exclude</u> students in schools of a specific nature, type and geographical areas that were excluded, as reported in B5b/B6b/B7b . | _____ | _____ | _____ |
| (B8c..) | the number of 2003 born MedSPAD target students covered by the sampling frame. | _____ | _____ | _____ |
| | | | | |

| | | | | |
|--------|--|-------|-------|-------|
| (B8a.) | the number of births in the country during 2007. | _____ | _____ | _____ |
| (B8b.) | the number of MedSPAD target students born in 2007, <u>exclude</u> students in schools of a specific nature, type and geographical areas that were excluded, as reported in B5b/B6b/B7b . | _____ | _____ | _____ |
| (B8c.) | the number of 2003 born MedSPAD target students covered by the sampling frame. | _____ | _____ | _____ |

B10 Please indicate the school type and the number of schools and classes in the sampling frame (use the ISCED levels. Please refer to <http://uis.unesco.org/sites/default/files/documents/international-standard-classification-of-education-isced-2011-en.pdf> and <https://webgate.ec.europa.eu/fpfis/mwikis/eurydice/images/0/05/192EN.pdf>). If data are not available, please provide an estimate and describe what it is based upon or contact the coordinators.

Table 3. School type, number of schools and classes included in the sampling frame.

| | ISCED level | School type (in national language) | Number of schools | Number of classes |
|--------------|----------------|---------------------------------------|----------------------|----------------------|
| | (1) | (2) | (3) | (4) |
| (B10a) | _____ | _____ | _____ | _____ |
| | | — | | |
| (B10b) | _____ | _____ | _____ | _____ |
| | | — | | |
| (B10c) | _____ | _____ | _____ | _____ |
| | | — | | |
| (B10d) | _____ | _____ | _____ | _____ |
| | | — | | |
| (B10e) | _____ | _____ | _____ | _____ |
| | | — | | |
| (B10...) | _____ | _____ | _____ | _____ |
| | | — | | |
| (B10) | Total | | _____ | _____ |

B11 Comment on the coverage/representativeness of the target population.?

Please describe it:

(B11)

C

Sampling procedure, sample, school cooperation and representativeness

See Research
Protocol
Sect. 4**C1** Person responsible for the process of sampling....

| | Role | Name | Surname | Position within the organisation | Phone | email |
|-------|---|-------|---------|--|-------|-------|
| | (1) | (2) | (3) | (4) | (5) | (6) |
| (C1a) | Responsible for the process of sampling | _____ | _____ | _____ | _____ | _____ |

C2 Was the class your last sampling unit?

(C2a) ☐ Yes ☐ No

If No, please describe:

(C2b) _____

C3 Which sampling procedure did you apply?

(C3a) ☐ Probabilistic ☐ Non probabilistic

If Non probabilistic, please describe:

(C3b) _____

C4 If your sampling procedure was probabilistic, please indicate which of the following is the closest sampling methodology to the one you have applied:

(C4) ☐ Systematic sampling

☐ Simple random sampling

☐ Stratified random sampling

☐ Multi-stage random sampling

☐ Multi-stage stratified random sampling

☐ Cluster sampling

☐ Total population sampling

☐ Other, please specify: _____

C5 Please give a step-by-step description of the sampling procedure (available lists etc.), and describe how you calculate your sample size

| Step | Describe |
|-------------|----------|
| (C5a) | — |
| (C5b) | — |
| (C5c) | — |
| (C5d) | — |
| (C5e) | — |
| (C5...) | — |

- C6** Report in Table D5 by the school type:
the number of schools **sampled**;
the number of schools and classes that actually **participated** in the data collection;
the number of schools and classes that **DID NOT participate** in the data collection.

| School type | N. of Sampled Schools | N. of Participating Schools | N. of Participating Classes | N. of Not Participating Schools | N. of Not Participating Classes |
|-------------------|-----------------------------|-----------------------------------|-----------------------------------|---------------------------------------|---------------------------------------|
| (1) | (2) | (3) | (4) | (5) | (6) |
| (C6a) _____ | _____ | _____ | _____ | _____ | _____ |
| (C6b) _____ | _____ | _____ | _____ | _____ | _____ |
| (C6c) _____ | _____ | _____ | _____ | _____ | _____ |
| (C6d) _____ | _____ | _____ | _____ | _____ | _____ |
| (C6e) _____ | _____ | _____ | _____ | _____ | _____ |
| (C6f) _____ | _____ | _____ | _____ | _____ | _____ |
| (C6...) _____ | _____ | _____ | _____ | _____ | _____ |
| (C6) Total | _____ | _____ | _____ | _____ | _____ |

- C7** Please comment about the schools and/or classes willingness to participate in the study
Please describe:

(C7
) _____

- C8** Please comment about school and class refusals.
Please describe:

(C8
) _____

- C9** Please provide an overall assessment of school-cooperation.
Please describe:

(C9
) _____

- C10** Please comment on possible problems related to the representativeness of the collected data, for example related to geographical regions, school type or gender.

(C10 Please describe:

)

C11 Are the collected data representative of the sample?

(C11a) ☐ Yes ☐ No

If No, please describe:

(C11b)

C12 Did you weight the data in the final National Student Questionnaire dataset (NSQD) to produce the MedSPAD results?

(C12) ☐ Yes ☐ No

C13 If you weighted the data, what did you take account of in your weighting procedure? Mark all that apply.?

(C13a) ☐ Geographical area, please specify: _____

(C13b) ☐ Type of school

(C13c) ☐ Gender

(C13d) ☐ Other, please specify: _____

D Ethical considerations

See Research
Protocol
Sect. 5

D1 In your country is it necessary to perform a scientific ethical review and obtain an ethical clearance in order to conduct the survey?

(D1) ☐ Yes ☐ No

D2 Did you ask for parental consent?

Yes, active parental consent

(D2a) ☐ Active consent requires parents to sign and return a form if they consent for their child to participate in the survey

Yes, passive parental consent

☐ Passive consent requires parents to sign and return a form if they refuse to allow their child to participate in the survey

☐ No

(D2b) Please specify how you did it:

D3 Please, report other ethical considerations or actions related to MedSPAD needed in your country, if any.

Please describe it:

(D3)

D4 Did you follow all relevant national ethical rules when performing the MedSPAD study?

(D4) ☐ Yes ☐ No

E

National Student Questionnaire and Master Student Questionnaire

See Research
Protocol
Sect. 6

E1 Had you included in your National Student Questionnaire all the (213) Core Questions and SubQuestion provided in Master Student Questionnaire (Core Questions have the prefix "C")?

(E1) ☐ Yes , all (213) Core Questions/SubQuestions ☐ No, only ____ Core Questions/Sub

E2 Had you included in your National Student Questionnaire all the (76) Optional Questions and SubQuestion provided in Master Student Questionnaire (Optional Questions have the prefix "O")?

(E2) ☐ Yes , all (76) Optional Questions/SubQuestions ☐ No, only ____ Optional Questions/Sub

E3 Had you added in your National Student Questionnaire Specific Questions?

(E3) ☐ Yes , ____Number of Specific Questions ☐ No

E4 Please, calculate the sum of all Questions and SubQuestions included in your National Student Questionnaire.

(E4) ____ Total Number

E5 Which specific questions did you use?

Please describe:

(E5) _____

E6 Describe the most important cultural adjustments made to the your National Student Questionnaire.

Please describe: _____

(E6) _____

E8 Are there any questions in your National Student Questionnaire, that could be considered different from those indicated in Master Questionnaire, due to incorrect translation, cultural adjustments, use of incorrect answer categories, etc. If so, which ones?

| | Master Question ID | National Question ID | National Question text as indicate in the questionnaire | National Answer coding and text as indicate in the questionnaire |
|---------|--------------------------|----------------------------|---|--|
| (E8a) | _____ | _____ | _____. | _____. |
| (E8b) | _____ | _____ | _____. | _____. |
| (E8...) | _____ | _____ | _____. | _____. |

E9 Was a pilot study performed to test the National Student Questionnaire ?

(E9a
)

☐ Yes

☐ No

If Yes, please describe:

(E9b
)

F1 Which actions did you take in order to reduce the number on non-participating schools?
Mark all that apply.

- (F1a) ☐ Increase funding by collaborating with regional schools authorities
- (F1b) ☐ Collect data early in the semester
- (F1c) ☐ Contact the schools at the beginning of the academic year of data collection, or earlier
- (F1d) ☐ Cooperate with other school surveys
- (F1e) ☐ Use regional coordinators/research teams
- (F1f) ☐ Have more intensive follow-up of the first contact with schools
- (F1g) ☐ Use statements or support letters
- (F1h) ☐ Indicate that a report of project results will be provided
- (F1i) ☐ Special school incentive, please specify: _____
- (F1j) ☐ There was no need.
- (F1k) ☐ Other, please specify: _____

F2 Did you encounter any problem in the recruitment of schools/classes? If so, please report them and their possible consequences?

- (F2a) ☐ Yes ☐ No

If Yes, please describe:

F3 Considering the data collection procedure, Who collected the data? mark all that apply.

- (F3a) ☐ School staff (teacher, teacher assistant, etc.)
- (F3b) ☐ External staff (researcher, researcher assistant, etc.)
- (F3c) ☐ Other, please specify: _____

F4 Did you provide any instructions to the survey administrator?

- (F4) ☐ Yes ☐ No

F5 How did you administer the questionnaire?

(F5) ☐ Paper-and-pencil

☐ Computer-based

☐ Mixed mode (paper-and-pencil and computer-based)

F6 In the case of computer based administration, how did you preserve the students' privacy?

Please describe:

(F6) _____

F7 In the case of paper-and-pencil administration, did you use individual envelopes for each student?

(F7) ☐ Yes ☐ No

F8 If you did not use individual envelopes, how did you otherwise preserve the students' privacy (paper-and-pencil administration)?

Please describe:

(F8) _____

F10 Time period when data was collected:

(F10a) data collection started date DD/MM/YYYY

(F10b) data collection ended date DD/MM/YYYY

F12 Did you encounter any problems in the field procedure?

(F12a) ☐ Yes ☐ No

If Yes, please describe:

(F12b) _____



G1 For paper-and-pencil data collection, what method of data entry did you apply?

(G1a) ☐ Manual data entry

(G1b) ☐ Manual data entry using a software program

(G1c) ☐ Automatically by optical character recognition (OCR) devices

G2 Did the software program or OCR apply rules or control for each variables (check for ranges, logical consistency, routing of the questionnaire, etc.)?

(G2a) ☐ Yes ☐ No

If Yes, please describe:

(G2b) _____

G3 For computer based data collection, did the software program apply rules or control for each variables (check for ranges; logical consistency; routing of the questionnaire, etc.)?

(G3a) ☐ Yes ☐ No

If Yes, please describe:

(G3b) _____

G4 At the end of the capture process did you check the dataset (Duplicate or redundant records; Invalid response; missing values; inconsistencies; uniformity of response values between different variables, etc.)

(G4a) ☐ Yes ☐ No

If Yes, please describe:

(G4b) _____

H

Data Management

Step 2 Prepare and Exporting Documentations and Datasets

See Research
Protocol
Sect. 7

H1 Person responsible for the process of datasets preparation and exporting.

| | Role | Name | Surname | Position within the organisation | Phone | email |
|-------|---|-------|---------|--|-------|-------|
| | (1) | (2) | (3) | (4) | (5) | (6) |
| (H1a) | Responsible for the process of datasets | _____ | _____ | _____ | _____ | _____ |

H2 Please provide us with a list of information that will be useful for describing the consistency of the national datasets (input files called SQD and CRD) used to later prepare the MedSPAD National Datasets submitted.

| | Information Input Dataset | Student Questionnaire SQD | Classroom Report CRD |
|-------|---|--|--------------------------------|
| | | (1) | (2) |
| (H2a) | Dataset Format (SPSS, STATA, Oracle...) | _____ | _____ |
| (H2b) | Number of Records | _____ | _____ |
| (H2c) | Number of Variables | _____ | _____ |

H3 In the process of preparing the dataset to be sent to the CNR (NSQD and NCRD), did you carry out the following checks, and took the necessary actions to align it with the expected standard?

| | Datasets Action: Delete, Generate, Check. | Student Questionnaires XXX_NSQD | Classroom Report XXX_NCRD |
|-------|---|--|-------------------------------------|
| | | (1) | (2) |
| (H3a) | Delete Extra Variables | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| (H3a) | Delete Extra Records Gender = Missing; Birth date or Age = Missing. | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| (H3b) | Generate Not Included Variables and coded with -3 | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| (H3c) | Check Identification Variable Values (Country, School, Class, Student) | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| (H3d) | Check Variable WEIGHT | <input type="checkbox"/> Yes | N.A. |

arithmetic mean =1.00 (or close)

| | | | |
|-------|---|------------------------------|------------------------------|
| (H3e) | Check MISSING Values | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| | -1 No Answer; -3 Not included Variable. | | |

| | | | |
|-------|---|------------------------------|------------------------------|
| (H3f) | Check Variable Values | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| | Out of range values; reversed scale; etc. | | |

H4 despite the checks carried out, in the National Student Dataset to be sent to the CNR, there are some variables that could be considered different (Not Comparable, Limited Comparability) from those indicated in the Master dataset, which ones?

| National Dataset | | National Dataset Difference |
|------------------|-------|---|
| Variable Name | | describe the nature of the differences (text of the question in the questionnaire; expected answers; bugs in the capture software, etc. |
| XXX_NSQD | | |
| (H4a) | _____ | _____. |
| (H4b) | _____ | _____. |
| (H4c) | _____ | _____. |
| (H4d) | _____ | _____. |
| (H4e) | _____ | _____. |
| (H4f) | _____ | _____. |
| (H4...) | _____ | _____. |

H6 Please provide us with a list of information that will be useful for describing the consistency of the submitted datasets.

| Information | | Student Questionnaires | Classroom Report |
|-----------------|---------------------|------------------------|------------------|
| Output Datasets | | XXX_NSQD | XXX_NCRD |
| | | (1) | (2) |
| (H6a) | Number of Records | _____ | _____ |
| (H6b) | Number of Variables | _____ | _____ |

I Datasets and documents will be sent to the CNR Step 2 Prepare and Exporting Documentations and Datasets

See Research
Protocol
Sect. 7

- I1** Please, check whose datasets and documents will be sent to the CNR.
Note: Each dataset and document must be labelled with the Alpha-3 code which identifies the country of origin. In other words by changing the XXX with the Alpha-3 code as defined in table 5 of MedSPAD Research Handbook.

| | File name | Description |
|-------|---|---|
| (I1a) | <input type="checkbox"/> XXX_Country_Report | National data collection description |
| (I1b) | <input type="checkbox"/> XXX_NSQD | National Student Questionnaire Dataset (filled dataset) |
| (I1c) | <input type="checkbox"/> XXX_NCRD | National Classroom Report Dataset (filled dataset) |
| (I1d) | <input type="checkbox"/> XXX_NSQ_OL | National MedSPAD Student Questionnaire Final in original language(s) |
| (I1e) | <input type="checkbox"/> XXX_NSQ_EL | National MedSPAD Student Questionnaire Final back-translated into English |

J Timetable of the 2020-2021 MedSPAD surveys. Update Required

See Research
Protocol
Sect. 3

- J1** Please give the actual time table of the following, plus other possible important steps of your data collection.

| | Activity | Date |
|-------|---|-------|
| (J1a) | Finalised sample | _____ |
| (J1b) | First contact with sampled schools | _____ |
| (J1c) | Survey administration in schools/classes | _____ |
| (J1d) | Data registration / data entry capture | _____ |
| (J1e) | Delivery of dataset and Country Report to CNR | _____ |

K Other important information and comments

K1 Please insert any important methodological remarks you wish to report regarding the data collection.

(K1) Please specify: _____

K2 Please, indicate the date of completion of the Country Report

(K2) Data Country Report completed DD/MM/YYYY

Thank you for
your support in compiling this document,
please, deliver it to

elisa.benedetti@ifc.cnr.it

Mediterranean School Survey Project on Alcohol and Other Drugs

<https://www.coe.int/en/web/pompidou/mednet/medspad>

MedSPAD Survey 2020

Questionnaire on the use of psychoactive substances and other addictive behaviours

Read this first please!

This questionnaire is part of an international study on the use of psychoactive substances and other behaviours among students in the Mediterranean region. It will be answered by a lot of students in different countries.

This study is called MedSPAD.

This questionnaire is totally anonymous. You should not state your name or give any other information which identifies you. You should hand the questionnaire to the [TEACHER/INTERVIEWER]. Your [TEACHER/INTERVIEWER] will collect it and put it with all the others after completion. (NOTE for those who use blank envelopes please replace with: *You should place your completed questionnaire in the enclosed envelope and seal it yourself. Your [TEACHER/ INTERVIEWER] will collect the envelopes after completion*).

Your class has been randomly selected to take part in this study. In [INSERT COUNTRY NAME] this survey is being carried out by [INSERT ORGANISATION NAME]. Participation is voluntary. If for any reason there is a question that you don't want to answer, please just leave it blank. It is very important that your answers are as truthful and thoughtful as possible. The results will not be presented by individual classes or schools, and remember that your answers are totally anonymous.

If you do not find an answer that fits exactly with what you want to say, check the one that is closest. Please check the answer for each question by putting an "X" in the corresponding box. If you have any doubts, please raise your hand and the [TEACHER/ INTERVIEWER] will help you.

Thank you in advance for your cooperation!

You can now begin the survey.

A

The first questions ask for some background information about yourself

C.A01 What is your gender?

- 1 ☐ Male
- 2 ☐ Female

C.A02 When were you born?

Year

(Optional) Month

(Enter: 01 for January, 02 for February...
12 for December)

C.A03 How often do you do any of the following activities?

Check one box for each line

| | Never | A few times a year | Once Or twice a month | At least once a week | Almost every day |
|---|--------------------------|--------------------------|--------------------------------|----------------------------|--------------------------|
| (C.A03a) Actively take part in sports or athletics or do exercise | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.A03b) Read books for enjoyment (not counting school books) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.A03c) Go out in the evening (to a disco, a bar, a party, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.A03d) Other hobbies (play an instrument, sing, paint, write, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.A03e) Meet up with friends to hang out in shopping malls, in the street, in a park | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.A03f) Use the Internet for fun (chats, music, games, social networks, etc.). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.A03g) Watch television | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 | 4 | 5 |

C.A04 During the LAST 30 DAYS, how many days have you missed school for one of the following reasons?

Check one box for each line

| | Never | 1 day | 2 days | 3-4 days | 5-6 days | 7 days or more |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (C.A04a) Because you were off sick | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.A04b) Because you didn't feel like going | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.A04c) Because of problems with school administration or teachers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (C.A04d) Because of problems with school mates | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.A04e) Because you were suspended | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.A04f) For other reasons | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 | 4 | 5 | 6 |

C.A05 How would you describe your school performance at the end of the last term?

Check one box

1 ☐ Below average

2 ☐ Average

3 ☐ Above average

O.A06 Would you say you live in a...

Check one box

- 1 ☐ City/Urban Area
- 2 ☐ Town/Village
- 3 ☐ Rural Area

C.A07 Which of the following people do you live with most of the time?

Check as many boxes as you need to.

- (O.A07a) 1 ☐ I live alone
-
- (C.A07b) 1 ☐ Father
-
- (C.A07c) 1 ☐ Stepfather
-
- (C.A07d) 1 ☐ Mother
-
- (C.A07e) 1 ☐ Stepmother
-
- (C.A07f) 1 ☐ Brother(s)
-
- (C.A07g) 1 ☐ Sister(s)
-
- (C.A07h) 1 ☐ Grandparent(s)
-
- (C.A07i) 1 ☐ Other relatives
-
- (C.A07j) 1 ☐ No relatives (e.g. when living in a boarding school or equivalent)
-

O.A08 During the LAST 30 DAYS, how many nights have you spent away from home?

Check one box

| | None | 1 night | 2 nights | 3 nights | 4 nights | 5 nights | 6 nights | 7 nights or more |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (O.A08) Nights away from home | <input type="checkbox"/> | <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 | 8 |

C.A09 How satisfied are you normally with your relationship...

Check one box for each line.

| | Very satisfied | Satisfied | Neither satisfied not satisfied | Not so satisfied | Not at all satisfied | There is not such person |
|--|--------------------------|--------------------------|--|--------------------------|----------------------------|--------------------------------|
| (C.A09a) Relationship with your mother | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (C.A09b) Relationship with your father | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.A09c) Relationship with your sibling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.A09d) Relationship with your friends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.A09e) Relationship with your class mates | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.A09f) Relationship with your teachers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.A09g) Relationship with your school administration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 | 4 | 5 | 6 |

B

The following questions are about your parents. If you have been brought up by other people (such as adoptive parents, step parents, or other people), please answer about them. For example, if you have both a stepfather/stepmother and a biological father/mother, answer about the one who is most important for your upbringing

C.B01 Which is the highest level of schooling your father completed?

Check one box

- 1 ☐ Illiterate
- 2 ☐ (ISCED 1) Primary Education
- 3 ☐ (ISCED 2) Lower Secondary Education
- 4 ☐ (ISCED 3/4/5) Upper Secondary Education
- 5 ☐ (ISCED 6/7/8) University/Post University degree
- 6 ☐ I don't know
- 7 ☐ Not applicable

C.B02 Which is the highest level of schooling your mother completed?

Check one box

- 1 ☐ Illiterate
- 2 ☐ (ISCED 1) Primary Education
- 3 ☐ (ISCED 2) Lower Secondary Education
- 4 ☐ (ISCED 3/4/5) Upper Secondary Education
- 5 ☐ (ISCED 6/7/8) University/Post University degree
- 6 ☐ I don't know
- 7 ☐ Not applicable

C.B03 Does your father have a job?

Check one box

- 1 ☐ Yes, full time
- 2 ☐ Yes, part time
- 3 ☐ No
- 4 ☐ I don't know
- 5 ☐ Not applicable

C.B04 Does your mother have a job?

Check one box

- 1 ☐ Yes, full time
- 2 ☐ Yes, part time
- 3 ☐ No
- 4 ☐ I don't know
- 5 ☐ Not applicable

C.B05 How well off is your family compared to others in your country?

Check one box

- 1 ☐ Better off
- 2 ☐ About the same
- 3 ☐ Less well off

C

The following questions are about **SMOKING CIGARETTES** and **ROLLING TOBACCO** but excluding e-cigarettes

C.C01 How difficult do you think it would be to get cigarettes (excluding e-cigarettes) if you wanted to?

Check one box

| | Impossible | Difficult | Easy | Don't know |
|------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (C.C01) Get cigarettes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 | 4 |

C.C02 Is there anyone among your family members or friends that smokes cigarettes?

Check one box for each line

| | Yes | No | Don't know |
|---|--------------------------|--------------------------|--------------------------|
| (C.C02a) Family member smokes cigarette | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.C02b) Friend smokes cigarettes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 |

C.C03 How many times have you smoked cigarettes (not including e-cigarettes)?

Check one box for each line

| | Never | 1-2 | 3-5 | 6-9 | 10-19 | 20-39 | 40 or more |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (C.C03a) Times cigarettes in your life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.C03b) Times cigarettes in 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"/> |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

C.C04 How many times in THE LAST 30 DAYS have you smoked cigarettes (not including e-cigarettes)?

Check one box

| | Never | Less than 1 cigarette a week | Less than 1 cigarette a day | 1-5 cigarettes a day | 6-10 cigarettes a day | 11-20 cigarettes a day | Over 20 cigarettes a day |
|--|--------------------------|------------------------------|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (C.C04) Times cigarettes in 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 |

C.C05 At what age did you first do the following...?

Check one box for each line

| | Never | 9 years old or less | 10 years old | 11 years old | 12 years old | 13 years old | 14 years old | 15 years old | 16 years old or more |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | <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"/> |

| | | | | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (C.C05a) Age smoke your first cigarette (excluding e-cigarettes) | <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"/> |
| (C.C05b) Age smoke cigarettes on a daily basis (excluding e-cigarettes) | <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"/> |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

D

The following questions are about **SMOKING E-CIGARETTES**
(including e-cigs, vaps, and mods) and “heat-not-burn” tobacco

C.D01 How difficult do you think it would be to get e-cigarettes if you wanted to?

Check one box

| | Impossible | Difficult | Easy | Don't know |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (C.D01) Get e-cigarettes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 | 4 |

C.D02 Is there anyone among your family members or friends that smokes e-cigarettes?

Check one box for each line

| | Yes | No | Don't know |
|---|--------------------------|--------------------------|--------------------------|
| (C.D02a) Family member smokes e-cigarette | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.D02b) Friend smokes e-cigarettes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 |

C.D03 How many times in YOUR LIFE have you smoked e-cigarettes

Check one box for each line

| | Never | 1-2 | 3-5 | 6-9 | 10-19 | 20-39 | 40 or more |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (C.D03a) Times e-cigarettes in your life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.D03b) Times e-cigarettes in 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"/> |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

C.D04 How many times in THE LAST 30 DAYS have you smoked e-cigarettes?

Check one box

| | Not at all | Less than once per week | At least once a week | Almost every day or every day |
|--|--------------------------|--------------------------|--------------------------|-------------------------------|
| (C.D04) Times e-cigarettes in the last 30 days | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 | 4 |

C.D05 At what age did you first do the following things?

Check one box for each line

| | Never | 9 years old or less | 10 years old | 11 years old | 12 years old | 13 years old | 14 years old | 15 years old | 16 years old or more |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (C.D05a) Age smoke your first e-cigarette) | <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"/> |

(C.D05b) Age smoke e-
cigarettes on a daily
basis



1

2

3

4

5

6

7

8

9

E

The following questions are about SMOKING WATER-PIPE (Narghilè or Chicha)

C.E01 How difficult do you think it would be to get a water-pipe if you wanted to?

Check one box

| | Impossible | Difficult | Easy | Don't know |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (C.E01) Get a water-pipe | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 | 4 |

C.E02 Is there anyone among your family members or friends that smokes water-pipe?

Check one box for each line

| | Yes | No | Don't know |
|--|--------------------------|--------------------------|--------------------------|
| (C.E02a) Family member smokes water-pipe | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.E02b) Friend smokes water-pipe | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 |

C.E03 How many times have you smoked water-pipe?

Check one box each line

| | Never | 1-2 | 3-5 | 6-9 | 10-19 | 20-39 | 40 or more |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (C.E03a) Times water-pipe in your life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.E03b) Times water-pipe in 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"/> |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

C.E04 How many times in THE LAST 30 DAYS have you smoked water-pipe?

Check one box

| | Never | Less than 1 a week | Less than 1 a day | 1-5 a day | 6-10 a day | 11-20 a day | Over 20 a day |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (C.E04) Times water-pipe in 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 |

C.E05 At what age did you first do the following things?

Check one box for each line

| | Never | 9 years old or | 10 years | 11 years | 12 years | 13 years | 14 years | 15 years | 16 years old or |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | <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"/> |

| | | less | old | old | old | old | old | old | old | more |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (C.E05a) Age smoke your first water-pipe | <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"/> |
| (C.E05b) Age smoke water-pipe on daily basis | <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"/> |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |

F

The following questions are about CHEWING TOBACCO (moist snuff, etc.)

O.F01 How difficult do you think it would be to get chewing tobacco if you wanted to?

Check one box

| | Impossible | Difficult | Easy | Don't know |
|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (O.F01) Get chewing tobacco | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 | 4 |

O.F02 Is there anyone among your family members or friends that uses chewing tobacco?

Check one box for each line

| | Yes | No | Don't know |
|---|--------------------------|--------------------------|--------------------------|
| (O.F02a) Family member uses chewing tobacco | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (O.F02b) Friend uses chewing tobacco | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 |

O.F03 How many times in YOUR LIFE have you used chewing tobacco?

Check one box for each line

| | Never | 1-2 | 3-5 | 6-9 | 10-19 | 20-39 | 40 or more |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (C.F03a) Times chewing tobacco in your life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.F03b) Times chewing tobacco in 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"/> |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

O.F04 How many times in THE LAST 30 DAYS have you used chewing tobacco?

Check one box

| | Never | Less than 1 a week | Less than 1 a day | 1-5 a day | 6-10 a day | 11-20 a day | Over 20 a day |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (O.F04) Times chewing tobacco in 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 |

O.F05 At what age did you first do the following things?

Check one box for each line

| | Never | 9 years old or | 10 years old | 11 years old | 12 years old | 13 years old | 14 years old | 15 years old | 16 years old or |
|--|-------|----------------|--------------|--------------|--------------|--------------|--------------|--------------|-----------------|
| | | | | | | | | | |

| | less | | | | | | | | more |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (O.F05a) Age use your first chewing tobacco | <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"/> |
| (O.F05b) Age use chewing tobacco on daily basis | <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"/> |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |



The following questions are about **ALCOHOLIC DRINKS** (beer, wine, premixed drinks, spirits, etc.)

C.G01 How difficult do you think it would be to get each of the following drinks if you wanted to?

Check one box for each line

| | Impossible | Difficult | Easy | Don't know |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| (C.G01a) Get beer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.G01b) Get premixed drinks (insert national examples) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.G01c) Get wine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.G01d) Get spirits (Whisky, Vodka, etc) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (O.G01e) Get optional drink | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 | 4 |

C.G02 Is there anyone among your family members or friends that drinks alcoholic beverages?

Check one box for each line

| | Yes | No | I don't know |
|---|--------------------------|--------------------------|--------------------------|
| (C.G02a) Family member drinks alcoholic beverages | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.G02b) Friend drinks alcoholic beverages | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 |

C.G03 How many times have you had any alcoholic beverages to drink?

Check one box for each line

| | Never | 1-2 | 3-5 | 6-9 | 10-19 | 20-39 | 40 or more |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (C.G03a) Times alcoholic beverages in your life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.G03b) Times alcoholic beverages in 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.G03c) Times alcoholic beverages in 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 |

C.G04 How many times in the **LAST 30 DAYS** have you had one of the following alcoholic drinks?

Check one box for each line

| | Never | 1-2 | 3-5 | 6-9 | 10-19 | 20-39 | 40 or more |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (C.G04a) Times beer in 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"/> |
| (C.G04b) Times premixed drinks (insert national examples) in 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"/> |
| (C.G04c) Times wine in 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"/> |
| (C.G04d) Times spirits (Whisky, Vodka, etc) in 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 |

C.G05 Thinking about the **LAST 30 DAYS**, how many times have you had 5 or more alcoholic drinks on the same occasion? Consider one alcoholic drink to be: One 200 ml glass of beer, one glass of wine, half a glass of long cocktails (rum and coke, gin and tonic etc).

Check one box

| | None | 1 | 2 | 3-5 | 6-9 | 10 or more times |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (C.G05) Times 5 or more drinks same occasion | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 | 4 | 5 | 6 |

C.G06 On how many occasions (if any) have you been intoxicated from drinking alcoholic beverages, for example staggered when walking, not being able to speak properly, throwing up or not remembering what happened?

Check one box for each line

| | Never | 1-2 | 3-5 | 6-9 | 10-19 | 20-39 | 40 or more |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (C.G06a) Times intoxicated in your life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.G06b) Times intoxicated in 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.G06c) Times intoxicated in 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 |

C.G07 At what age did you first do the following things?

Check one box for each line

| | Never | 9 years old or less | 10 years old | 11 years old | 12 years old | 13 years old | 14 years old | 15 years old | 16 years old or more |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (C.G07a) Age first alcoholic drinks | <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"/> |
| (C.G07b) Age first drunk | <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"/> |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

H

TRANQUILIZERS and SEDATIVES (INSERT Nationally relevant examples) used for non-medical reasons. These are psychotropic drugs that help people to calm down, sleep better or relax. Usually they are prescribed by doctors and cannot be sold by pharmacies.

C.H01 How difficult do you think it would be to get tranquilizers or sedatives without a doctor's prescription if you wanted to?

Check one box

| | Impossible | Difficult | Easy | Don't know |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| (C.H01) Get tranquilizers or sedatives without a doctor's prescription | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 | 4 |

C.H02 Is there anyone among your family members or friends that takes tranquilizers or sedatives without a doctor's prescription?

Check one box for each line

| | Yes | No | Don't know |
|---|--------------------------|--------------------------|--------------------------|
| (C.H02a) Family member takes tranquilizers or sedatives without a doctor's prescription | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.H02b) Friend takes tranquilizers or sedatives without a doctor's prescription | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 |

C.H03 How many times have you taken tranquilizers or sedatives without a doctor's prescription?

Check one box for each line

| | Never | 1-2 | 3-5 | 6-9 | 10-19 | 20-39 | 40 or more |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (C.H03a) Times tranquilizers or sedatives without a doctor's prescription life time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.H03b) Times tranquilizers or sedatives without a doctor's prescription in 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.H03c) Times tranquilizers or sedatives without a doctor's prescription in 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 |

C.H04 At what age did you take tranquilizers or sedatives without a doctor's prescription?

Check one box

| | Never | 9 years | 10 years | 11 years | 12 years | 13 years | 14 years | 15 years | 16 years |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | <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"/> |

| | | old or less | old | old | old | old | old | old | old | old or more |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (C.H04) Age first use tranquilizers or sedatives without a doctor's prescription | <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"/> |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |

The following questions are about CANNABIS (marijuana, hashish, cannabis oil, etc.)

C.I01 How difficult do you think it would be to get cannabis if you wanted to?

Check one box

| | Impossible | Difficult | Easy | Don't know |
|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (C.I01) Get cannabis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 | 4 |

C.I02 Is there anyone among your family members or friends that uses cannabis?

Check one box for each line

| | Yes | No | Don't know |
|--------------------------------------|--------------------------|--------------------------|--------------------------|
| (C.I02a) Family member uses cannabis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.I02b) Friend takes uses cannabis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 |

C.I03 How many times have you used cannabis?

Check one box for each line

| | Never | 1-2 | 3-5 | 6-9 | 10-19 | 20-39 | 40 or more |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (C.I03a) Times used cannabis life time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.I03b) Times used cannabis in 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.I03c) Times used cannabis in 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 |

C.I04 At what age did you first use cannabis?

Check one box

| | Never | 9 years old or less | 10 years old | 11 years old | 12 years old | 13 years old | 14 years old | 15 years old | 16 years old or more |
|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (C.I04) Age first use cannabis | <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"/> |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

C.I05 During the LAST 12 MONTHS, have you used the following types of cannabis?

Check one box for each line

| | Never | Seldom | From time to time | Fairly often | Very often |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (C.I05a) Cannabis resin (Hashish, hash) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.I05b) Herbal Cannabis (Marijuana, weed, skunk) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (O.I05c) Cannabis oil | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 | 4 | 5 |

C.I06 Have you used cannabis in the LAST 12 MONTHS?

Check one box

1 ☐ No

2 ☐ Yes → **Have any of the following things happened to you in the LAST 12 MONTHS?**

Check one box for each line

| | Never | Seldom | From time to time | Fairly often | Very often |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (C.I06a) Have you smoked cannabis before midday? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.I06b) Have you smoked cannabis alone? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.I06c) Have you had memory problems after smoking cannabis? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.I06d) Have friends or members of your family told you that you should reduce or stop using cannabis? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.I06e) Have you tried to reduce or stop using cannabis without success? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.I06f) Have you had problems due to your consumption of cannabis (arguments, fights, accidents, poor school results, etc)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 | 4 | 5 |

J The following questions are about COCAINE

C.J01 How difficult do you think it would be to get cocaine if you wanted to?

Check one box

| | Impossible | Difficult | Easy | Don't know |
|---------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (C.J01) Get cocaine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 | 4 |

C.J02 Is there anyone among your family members or friends that uses cocaine?

Check one box for each line

| | Yes | No | Don't know |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| (C.J02a) Family member uses cocaine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.J02b) Friend uses cocaine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 |

C.J03 How many times have you used cocaine?

Check one box for each line

| | Never | 1-2 | 3 or more |
|---|--------------------------|--------------------------|--------------------------|
| (C.J03a) Times used cocaine in life time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.J03b) Times used cocaine in the last 12 months | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.J03c) Times used cocaine in the last 30 days | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 |

C.J04 At what age did you first use cocaine?

Check one box

| | Never | 9 years old or less | 10 years old | 11 years old | 12 years old | 13 years old | 14 years old | 15 years old | 16 years old or more |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (C.J04) Age first use cocaine | <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"/> |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

K The following questions are about ECSTASY

C.K01 How difficult do you think it would be to get ecstasy if you wanted to?

Check one box

| | Impossible | Difficult | Easy | Don't know |
|---------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (C.K01) Get ecstasy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 | 4 |

C.K02 Is there anyone among your family members or friends that uses ecstasy?

Check one box for each line

| | Yes | No | Don't know |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| (C.K02a) Family member uses ecstasy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.K02b) Friend uses ecstasy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 |

C.K03 How many times have you used ecstasy?

Check one box for each line

| | Never | 1-2 | 3 or more |
|---|--------------------------|--------------------------|--------------------------|
| (C.K03a) Times used ecstasy in life time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.K03b) Times used ecstasy in the last 12 months | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.K03c) Times used ecstasy in the last 30 days | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 |

C.K04 At what age did you first use ecstasy?

Check one box

| | Never | 9 years old or less | 10 years old | 11 years old | 12 years old | 13 years old | 14 years old | 15 years old | 16 years old or more |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (C.K04) Age first use ecstasy | <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"/> |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

L The following questions are about HEROIN

C.L01 How difficult do you think it would be to get heroin if you wanted to?

Check one box

| | Impossible | Difficult | Easy | Don't know |
|--------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (C.L01) Get heroin | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 | 4 |

C.L02 Is there anyone among your family members or friends that uses heroin?

Check one box for each line

| | Yes | No | Don't know |
|------------------------------------|--------------------------|--------------------------|--------------------------|
| (C.L02a) Family member uses heroin | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.L02b) Friend takes uses heroin | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 |

C.L03 How many times have you used heroin?

Check one box for each line

| | Never | 1-2 | 3 or more |
|--|--------------------------|--------------------------|--------------------------|
| (C.L03a) Times used heroin in life time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.L03b) Times used heroin in the last 12 months | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.L03c) Times used heroin in the last 30 days | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 |

C.L04 At what age did you first use heroin?

Check one box

| | Never | 9 years old or less | 10 years old | 11 years old | 12 years old | 13 years old | 14 years old | 15 years old | 16 years old or more |
|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (C.L04) Age first use heroin | <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"/> |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

M

The following questions are about **INHALANTS** (glue, gas, gasoline, etc.) used in order to get high

O.M01 How difficult do you think it would be to get inhalants if you wanted to?

Check one box

| | Impossible | Difficult | Easy | Don't know |
|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (O.M01) Get inhalants | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 | 4 |

O.M02 Is there anyone among your family members or friends that uses inhalants?

Check one box for each line

| | Yes | No | Don't know |
|---------------------------------------|--------------------------|--------------------------|--------------------------|
| (O.M02a) Family member uses inhalants | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (O.M02b) Friend uses inhalants | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 |

O.M03 How many times have you used inhalants?

Check one box for each line

| | Never | 1-2 | 3 or more |
|---|--------------------------|--------------------------|--------------------------|
| (O.M03a) Times used inhalants in life time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (O.M03b) Times used inhalants in the last 12 months | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (O.M03c) Times used inhalants in the last 30 days | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 |

O.M04 At what age did you first use inhalants?

Check one box

| | Never | 9 years old or less | 10 years old | 11 years old | 12 years old | 13 years old | 14 years old | 15 years old | 16 years old or more |
|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (O.M04) Age first use inhalants | <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"/> |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

N

The following questions are about other substances
[please select optional substances to ask, only “Fictious drug” is compulsory]

C.N01 How difficult do you think it would be to get each of the following substances, if you wanted to?

Check one box for each line

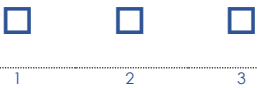
| | Impossible | Difficult | Easy | Don't know |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| (O.N01a) Get Amphetamines | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (O.N01b) Get Anabolic steroids | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (O.N01c) Get Crack | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.N01d) Get Fictious drug [REPLACE WITH NAME OF FAKE DRUG] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (O.N01e) Get GHB | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (O.N01f) Get Hallucinogens (LSD, magic mushrooms, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (O.N01g) Get Methamphetamines | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (O.N01h) Get Painkillers (Tramadol, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (O.N01i) Get Optional drug | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 | 4 |

C.N02 How many times in YOUR LIFE have you used each of the following substances?

Check one box for each line

| | Never | 1-2 | 3 or more |
|---|--------------------------|--------------------------|--------------------------|
| (O.N02a) Times used Amphetamines in life time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (O.N02b) Times used Anabolic steroids in life time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (O.N02c) Times used Crack in life time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.N02d) Times used Fictious drug [REPLACE WITH NAME OF FAKE DRUG] in life time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (O.N02e) Times used GHB in life time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (O.N02f) Times used Hallucinogens (LSD, magic mushrooms, etc.) in life time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (O.N02g) Times used Methamphetamines in life time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (O.N02h) Times used Painkillers (Tramadol, etc.) in life time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(O.N02i) Times used Optional drug in life time



C.N03 During the LAST 12 MONTHS, have you used the following substances?

Check one box for each line

| | Never | 1-2 | 3 or more |
|--|--------------------------|--------------------------|--------------------------|
| (O.N03a) Times used Amphetamines in the last 12 months | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (O.N03b) Times used Anabolic steroids in the last 12 months | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (O.N03c) Times used Crack in the last 12 months | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.N03d) Times used Fictious drug [REPLACE WITH NAME OF FAKE DRUG] in the last 12 months | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (O.N03e) Times used GHB in the last 12 months | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (O.N03f) Times used Hallucinogens (LSD, magic mushrooms, etc.) in the last 12 months | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (O.N03g) Times used Methamphetamines in the last 12 months | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (O.N03h) Times used Painkillers (Tramadol, etc.) in the last 12 months | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (O.N03i) Times used Optional drug in the last 12 months | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 |

C.N04 At what age did you first use each of the following substances?

Check one box for each line

| | Never | 9 years old or less | 10 years old | 11 years old | 12 years old | 13 years old | 14 years old | 15 years old | 16 years old or more |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (O.N04a) Age first use Amphetamines | <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"/> |
| (O.N04b) Age first use Anabolic steroids | <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"/> |
| (O.N04c) Age first use Crack | <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"/> |
| (C.N04d) Age first use Fictious drug [REPLACE WITH NAME OF FAKE DRUG] | <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"/> |
| (O.N04e) Age first use GHB | <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"/> |
| (O.N04f) Age first use Hallucinogens (LSD, magic mushrooms, etc.) | <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"/> |
| (O.N04g) Age first use Methamphetamines | <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"/> |
| (O.N04h) Age first use Painkillers (Tramadol, etc.) | <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"/> |
| (O.N04i) Age first use Optional drug | <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"/> |

P

The following questions are about **NEW SUBSTANCES**. These substances imitate the effect of illegal drugs such as cannabis or ecstasy and are now becoming available. These new substances, called legal highs or research chemicals (keta, spice, meow meow, flakka, superman, etc.) may be found in various forms, such as herbal mixtures, powders, crystals, pills, or incense.

O.P01 How many times have you used any of these substances

Check one box for each line

| | Never | 1-2 | 3-5 | 6-9 | 10-19 | 20-39 | 40 or more |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (O.P01a) Times used new substance in life time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (O.P01b) Times used new substance in 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"/> |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

O.P02 If you have taken any of these new substances in the LAST 12 MONTHS, what form did they take?

Check one or more boxes.

| | | | |
|----------|---|--------------------------|---|
| (O.P02a) | 1 | <input type="checkbox"/> | I haven't taken any of these substances in the last 12 months |
| (O.P02b) | 1 | <input type="checkbox"/> | Herbal mixtures for smoking with similar effects to drugs |
| (O.P02c) | 1 | <input type="checkbox"/> | Powders, crystals or pills with similar effects to drugs |
| (O.P02d) | 1 | <input type="checkbox"/> | Liquids with similar effects to drugs |
| (O.P02e) | 1 | <input type="checkbox"/> | Other |

O.P03 How many times in your life have you taken any of the following substances?

Check one box for each line

| | Never | 1-2 | 3-5 | 6-9 | 10-19 | 20-39 | 40 or more |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (O.P03a) Times used Synthetic Cannabinoids in life time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (O.P03b) Times used Synthetic Cathinones in life time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (O.P03c) Times used <u>Optional substance</u> in life time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(O.P03d) Times used Optional substance in
life time



1

2

3

4

5

6

7



The following questions are about your opinion on substance use

C.Q01 How much do you think PEOPLE RISK (physically or in other ways) harming themselves if they...?

Check one box for each line

| | No risk | Slight risk | Moderate risk | Great risk | Don't know |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (C.Q01a) Smoke cigarettes occasionally | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.Q01b) Smoke one or more packets of cigarettes a day (regularly) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.Q01c) Smoke e-cigarettes occasionally | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.Q01d) Smoke e-cigarettes regularly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.Q01e) Smoke water pipe occasionally | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.Q01f) Smoke water pipe regularly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (O.Q01g) Use chewing tobacco occasionally | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (O.Q01h) Use chewing tobacco regularly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.Q01i) Have alcoholic drinks occasionally | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.Q01j) Have 1-2 alcoholic drinks nearly every day | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.Q01k) Have 3 or more alcoholic drinks nearly every day | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.Q01l) Have five or more alcoholic drinks on the same occasion nearly every weekend (binge drinking) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 | 4 | 5 |

C.Q02 How much do you think PEOPLE RISK (physically or in other ways) harming themselves if they...?

Check one box for each line

| | No risk | Slight risk | Moderate risk | Great risk | Don't know |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (C.Q02a) Use tranquilizers without doctor prescription occasionally? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.Q02b) Use tranquilizers without doctor prescription regularly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.Q02c) Smoke cannabis occasionally? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.Q02d) Smoke cannabis regularly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.Q02e) Use cocaine occasionally? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (C.Q02f) Use ecstasy occasionally? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.Q02g) Use heroin occasionally? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.Q02h) Use inhalants occasionally? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.Q02i) Use amphetamines occasionally? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.Q02j) Use crack occasionally? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.Q02k) Use synthetic cannabinoids occasionally? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 | 4 | 5 |

C.Q03 If you had a problem with alcohol and/or drugs, would you know whom to address to get support?

Check one box for each line

| | Yes | No | Don't know |
|---|--------------------------|--------------------------|--------------------------|
| (C.Q03a) Family member(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.Q03b) Friends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.Q03c) Teachers or other school staff | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.Q03d) Doctor, Psychologist.... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.Q03e) Religious person | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.Q03f) Addiction Treatment Services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.Q03g) Non-Governmental Organizations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.Q03h) Other nationally relevant option | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 |

R

The following questions are about **SOCIAL NETWORKS** (WhatsApp, Instagram, Facebook, Blogs, Snapchat, Skype, Twitter, Hangouts, etc.)

C.R01 During the LAST 7 DAYS, how many hours have you spent on social networks communicating with others on the Internet?

Check one box for each line

| | None | Half an hour or less | About 1 hour | About 2-3 hours | About 4-5 hours | 6 hours or more |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (C.R01a) On a school day (a day you have to go to school) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.R01b) On a non-school day (on a weekend or during holidays) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 | 4 | 5 | 6 |

C.R02 To what extent do you agree or disagree with the following statements about using social networks to communicate with others on the Internet?

Check one box for each line.

| | Strongly agree | Partly agree | Neither agree nor disagree | Partly disagree | Strongly disagree |
|---|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| (C.R02a) I think I spend too much time on social networks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.R02b) I get in a bad mood when I can't spend time on social networks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.R02c) My parents say that I spend too much time on social networks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 | 4 | 5 |

S

The following questions are about VIDEOGAMES (strategy, puzzle, adventure, football, war, etc.) that you can play on a PC, tablet, console, smartphone, or other electronic device

C.S01 During the LAST 30 DAYS, how many hours have you spent playing videogames?

Check one box for each line

| | None | Half an hour or less | About 1 hour | About 2-3 hours | About 4-5 hours | 6 hours or more |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (C.S01a) On a school day (a day you have to go to school) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.S01b) On a non-school day (on a weekend or during holidays) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 | 4 | 5 | 6 |

C.S02 During the LAST 7 DAYS, how many days have you played videogames?

Check one box

| | None | 1 day | 2 days | 3 days | 4 days | 5 days | 6 days | 7 days |
|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (C.S02) Days played a videogame | <input type="checkbox"/> | <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 | 8 |

C.S03 To what extent do you agree or disagree with the following statements about videogames?

Check one box for each line.

| | Strongly agree | Partly agree | Neither agree nor disagree | Partly disagree | Strongly disagree |
|--|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| (C.S03a) I think I spend too much time on videogames | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.S03b) I get in a bad mood when I can't spend time on videogames | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.S03c) My parents say that I spend too much time on videogames | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 | 4 | 5 |

T

The following questions are about **GAMBLING** - playing games of chance for money (slot machines, card or dice games, lotteries, sports bets, etc.) - both **ONLINE** (if you have used a personal device - mobile, PC, tablet, etc. - to access gambling websites or applications) and **OFFLINE** (if you have physically gone to a betting shop or casino or have used gambling terminals in bars, etc.)

C.T01 How often have you gambled in the LAST 12 MONTHS?

Check one box

| | I haven't played these games | Once a month or less | 2-4 times a month | 2-3 times a week | 4-5 times a week | 6 or more times a week |
|--------------------------------------|---------------------------------------|----------------------------|--------------------------|--------------------------|--------------------------|------------------------------|
| (C.T01) Time gambling last 12 months | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 | 4 | 5 | 6 |

C.T02 If you have gambled OFFLINE in the LAST 12 MONTHS, what games have you played?

Check one box for each line.

| | I haven't played these games | Once a month or less | 2-4 times a month | 2-3 times a week | 4-5 times a week | 6 or more times a week |
|--|---------------------------------------|----------------------------|--------------------------|--------------------------|--------------------------|------------------------------|
| (C.T02a) Slot machines (fruit machines, new slot machines, etc) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.T02b) Card or dice games (poker, bridge, crap, etc) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.T02c) Lotteries (scratch cards, bingo, keno, etc) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.T02d) Sports betting or betting on racing (horses, greyhounds, etc.). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 | 4 | 5 | 6 |

C.T03 If you have gambled ONLINE in the LAST 12 MONTHS, what games have you played?

Check one box for each line.

| | I haven't played these games | Once a month or less | 2-4 times a month | 2-3 times a week | 4-5 times a week | 6 or more times a week |
|---|---------------------------------------|----------------------------|--------------------------|--------------------------|--------------------------|------------------------------|
| (C.T03a) Slot machines (fruit machines, new slot machines, etc) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.T03b) Card or dice games (poker, bridge, crap, etc) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.T03c) Lotteries (scratch cards, bingo, keno, etc) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.T03d) Sports betting or betting on racing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(horses, greyhounds, etc.).

1

2

3

4

5

6

Now think once again about gambling in in general:

C.T04 Have you ever felt the need to bet more and more money?

1 ☐ No

2 ☐ Yes

C.T05 Have you ever had to lie to people important to you about how much you gamble?

1 ☐ No

2 ☐ Yes

C.T06 If you have gambled in the LAST 12 MONTHS...

Check one box for each line

| | | Every time | Most of the time | Some of the time | Never |
|----------|---|--------------------------|--------------------------|--------------------------|--------------------------|
| (C.T06a) | How often have you gone back another day to try and win back money you lost gambling? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | 1 | 2 | 3 | 4 |
| | | | | Yes | No |
| (C.T06b) | When you were betting, have you ever told others you were winning money when you weren't? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.T06c) | Has your betting money ever caused any problems for you such as arguments with family and friends, or problems at school or work? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.T06d) | Have you ever gambled more than you had planned to? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.T06e) | Has anyone criticized your betting, or told you that you had a gambling problem whether you thought it true or not? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.T06f) | Have you ever felt bad about the amount of money you bet, or about what happens when you bet money? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.T06g) | Have you ever felt like you would like to stop betting, but didn't think you could? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.T06h) | Have you ever hidden from family or friends any betting slips, IOUs, lottery tickets, money that you won, or any signs of gambling? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.T06i) | Have you had money arguments with family or friends that centered on gambling? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.T06j) | Have you borrowed money to bet and not paid it back? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.T06k) | Have you ever skipped or been absent from school or work due to betting activities? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.T06l) | Have you borrowed money or stolen something in order to bet or to cover gambling activities? | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | 1 | 2 |

U

The COVID-19 (coronavirus disease 2019) pandemic has affected our daily lives in many ways. In this section we ask you few information about how the restrictions applied in your country as a consequence of COVID-19 affected your habits.

C.U01

Have you had to engage in any of the following during the COVID-19 restrictions?

Check one box for each line

| | | Yes | No |
|-----------|--|--------------------------|--------------------------|
| (C.U01a) | Physical isolation (e.g., avoiding public transport and social gatherings, working/studying from home)? | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.U01b) | Home isolation (i.e., a government asked everyone to stay in isolation at home) | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.U01c) | Home quarantine (tested positive for COVID-19 and stayed at home) | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.U01d) | Admitted to hospital (tested positive for COVID-19 and admitted to hospital) | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.U01e) | Other | <input type="checkbox"/> | <input type="checkbox"/> |
| ((C.U01f) | None | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.U01g) | Don't know | <input type="checkbox"/> | <input type="checkbox"/> |
| | | 1 | 2 |

C.U02

Think back to the period of COVID-19 restrictions, did you change your use of the following substances, compared to before the restrictions?

Check one box for each line

| | | Never used before | Stopped using | Started using | Decreased | Increased | No change |
|----------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (C.U02a) | Cigarettes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.U02b) | E-cigarettes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.U02c) | Water-pipe | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (O.U02d) | Chewing tobacco | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.U02e) | Alcoholic beverages | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.U02f) | Tranquilizers or sedatives without a doctor's prescription | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | | | |
|----------|-------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (C.U02g) | Cannabis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.U02h) | Cocaine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.U02i) | Ecstasy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.U02j) | Heroin | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (O.U02k) | Inhalants | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (O.U02l) | Amphetamines | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (O.U02m) | Anabolic steroids | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (O.U02n) | Crack | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (O.U02o) | GHB | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (O.U02p) | Hallucinogens | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (O.U02q) | Methamphetamines | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (O.U02r) | Painkillers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (O.U02s) | Optional Drug | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | 1 | 2 | 3 | 4 | 5 | 6 |

C.U03 Think back to the period of COVID-19 restrictions, did you change your habits related to the use of **SOCIAL NETWORKS** (WhatsApp, Instagram, Facebook, Blogs, Snapchat, Skype, Twitter, Hangouts, etc.) and **VIDEOGAMES** (strategy, puzzle, adventure, football, war, etc.), compared to before the restrictions?

Check one box for each line

| | | Never used before | Stopped using | Started using | Used less | Used more | No change |
|----------|----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (C.U03a) | Social Network | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.U03b) | Videogames | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | 1 | 2 | 3 | 4 | 5 | 6 |

C.U04 Think back to the period of COVID-19 restrictions, did you change your habits related to **ONLINE** or **OFFLINE** gambling, compared to before the restrictions?

Check one box for each line

| | | Never gambled before | Stopped gambling | Started gambling | Gambled less frequently | Gambled more frequently | No change |
|----------|---------------|----------------------------|--------------------------|--------------------------|-------------------------------|-------------------------------|--------------------------|
| (C.U04a) | Games offline | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (C.U04b) | Games online | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | 1 | 2 | 3 | 4 | 5 | 6 |

Z

You have almost completed the questionnaire, we just ask you to answer two further questions as frankly as possible

C.Z01 If you had ever used alcohol, do you think you would have said so in this questionnaire?

Check one box

- 1 ☐ I already said that I have used it
- 2 ☐ Definitely yes
- 3 ☐ Probably yes
- 4 ☐ Probably not
- 5 ☐ Definitely not

C.Z02 If you had ever used cannabis, do you think you would have said so in this questionnaire?

Check one box

- 1 ☐ I already said that I have used it
- 2 ☐ Definitely yes
- 3 ☐ Probably yes
- 4 ☐ Probably not
- 5 ☐ Definitely not

MedSPAD Survey 2020

Classroom Report

CR01 City/Town Name: _____

CR02 Name of school: _____

CR03 Class: _____

CR04 Date of questionnaire administration: Day _____ Month _____

CR05 Number of present students: _____

CR06 Number of students who refused to participate: _____

CR07 Did your school ask for parents' permission for the students to participate in the survey?

1 ☐ Yes

2 ☐ No

CR08 If Yes, how many students did not get their parents' permission? Number

CR09 What is the number of completed questionnaires collected? Number _____

CR10 What type of administration of the student questionnaire was used for this class?

- 1 ☐ Paper and pencil
- 2 ☐ WEB

CR11 In case of WEB administration, which devices were used (Mark all that apply):

- 1 ☐ Computer
- 2 ☐ Laptop
- 3 ☐ Tablet
- 4 ☐ Smartphone

CR12 Did you notice any disturbances from students during the completion of the questionnaires?

- 1 ☐ No disturbance
- 2 ☐ Yes, from a few students
- 3 ☐ Yes, from more than a few

CR13 Did you find that the students worked seriously?

- 1 ☐ Yes, all of them
- 2 ☐ Nearly all / the majority of them
- 3 ☐ About half or less

CR14 Do you think that the students found it easy or difficult to answer the questionnaire?

- 1 ☐ Easy
 - 2 ☐ Neither easy nor difficult
 - 3 ☐ Difficult
-

CR15 How much time was scheduled for the survey? Minutes _____

CR16 How long did it take:

the first student to complete the questionnaire? Minutes _____

the last student to complete the questionnaire? Minutes _____

CR17 Personal Comment:

Thank you!
**Please return the Classroom Report together with the
completed questionnaires**

MedSPAD Student Questionnaire Codebook

This document provides a guide for the preparation of the National dataset, before the merging into the SDQ datafile, and could help for data analysis.

Codebook take in exams all the Questions/Variables included in the Questionnaire and DataSet:

| MedSPAD_Student_10_07_2020_Ver05_ Questionnaire.docx | | MedSPAD_Student_26_01_2021_Ver05_ SQD_DUMMY.sav |
|--|------------|--|
| Type | Questions | Variables |
| Identification | --- | 5 ID-variables (MedSPAD survey Year, Country, School, Class, Student) |
| | | 2 Variable related to questionnaires (Questionnaire Administration e Quality) |
| | | 2 Weight variables (weight type, weight) |
| | | |
| Core | 213 | 213 |
| Optional | 76 | 76 |
| Total | 289 | 298 |

Codebook is organized as a row/column grid, and follows the structure of the questionnaire (sections, question and answers).

| Column | Description |
|-----------------------|--|
| S | Questionnaire Section |
| R | V: Question that determine the creation of a variable; Q: Main questions as written in the questionnaire |
| N | Progressive number of the variable |
| T | I: Identification Variables C: Core Variables, O: Optinal Variables. All optional Questions/Variables are showed in blue characters |
| Variable Name | Each variable in the dataset has been assigned a unique name, which is preceded by the letter of the section, as indicated in the questioannaire |
| Variable Label | Each variable has been given a unique label. These labels provide a brief description of what the variable refers to |
| Description Text | Question as written in the questionnaire |
| Variable [Value]Label | The possible values for each variable are given. Numeric codes and a brief explanation of what the codes refer to are provided. Missing value are coded: [-3]Not Expected; [-1]No Answer. |

| S ID Variables | | | | | | |
|----------------|---|---|---------------|------------------------------|---|--|
| R | N | T | Variable Name | Variable Label | Description Text | Variable [Value]Label |
| V | 1 | I | MedSPAD_Year | MedSPAD_Year | Survey Year/Wave | [4 digits] |
| V | 2 | I | COUNTRY | Country | Numeric Country Code Based on ISO 3166 | [422]Lebanon [504]Morocco [788]Tunisia [818]Egypt |
| V | 3 | I | SCHOOL | School | Each school in the gross sample should be assigned a unique identification number ranging from 1 to N1 (regardless of participation). | from 1 to N1 |
| V | 4 | I | CLASS | Class | Each class in the (gross) sample should be assigned a unique identification number ranging from 1 to N2. If only 1 class per school is surveyed this number will equal the SCHOOL variable. (If several classes per school: Use gross sample information if available, otherwise use the net sample information.) | from 1 to N2 |
| V | 5 | I | STUDENT | Student | Each student should be assigned a unique identification number ranging from 1 to N3. (Total number of national questionnaires returned.) | from 1 to N3 |
| V | 6 | I | QUEST_ADM | Questionnaire Administration | Questionnaire Administration Mode | [1]Paper-and-pencil [2]Computer-based [3]Mixed mode |

| | | | | | | |
|-------|---|---|----------------|---|--|---|
| | | | | <i>Valid questionnaire</i> | | |
| | | | | <i>[0]Valid (Approved Questionnaire)</i> | | |
| | | | | <i>[1]NOT Valid (NOT Approved Questionnaire):</i> | | |
| V | 7 | I | QUEST_VAL | Questionnaire Evaluation | <i>Practically empty questionnaire;</i> | [0]Valid (Approved Questionnaire) |
| | | | | | <i>Obviously unserious respondent;</i> | [1]NOT Valid (NOT Approved Questionnaire) |
| | | | | | <i>Offensive remarks and symbols;</i> | |
| | | | | | <i>Indecipherable questionnaire;</i> | |
| | | | | | <i>Other</i> | |
| <hr/> | | | | | | |
| V | 8 | I | WEIGHT_TY E | Weight_Type | <i>Type of weight</i> | [1]No weights used |
| | | | | | | [2]Geographical areas |
| | | | | | | [3]Type of school |
| | | | | | | [4]Gender |
| | | | | | | [5]Other |
| <hr/> | | | | | | |
| V | 9 | I | WEIGHT | Weight | <i>The arithmetic mean of the WEIGHT variable should result in 1.00000 (or very close). If no weighting is needed this variable should be set to 1</i> | [1]No weights used |
| <hr/> | | | | | | |

| | | | | | | |
|---|---|---|--|--|--|--|
| S | A | <i>The first questions ask for some background information about yourself</i> | | | | |
|---|---|---|--|--|--|--|

| R | N | T | Variable Name | Variable Label | Question Text | Variable [Value]Label |
|---|----|---|---------------|---|---|---|
| V | 10 | C | A01 | Gender | <i>What is your gender?</i> | [1]Male [2]Female |
| V | 11 | C | A02a | Birth year | <i>When were you born?</i> | [4 digits] [-3]Not Expected [-1]No Answer [01]January [02]February [03]March [04]April |
| V | 12 | O | A02b | Birth month | <i>When were you born?</i> | [05]May [06]June [07]July [08]August [09]September [10]October [11]November [12]December |
| Q | | | A03 | <i>How often do you do any of the following activities?</i> <i>Check one box for each line</i> | | |
| V | 13 | C | A03a | Leisure Activity sport | <i>Actively take part in sports or athletics or do exercise</i> | [-3]Not Expected [-1]No Answer |
| V | 14 | C | A03b | Leisure Activity read book | <i>Read books for enjoyment (not counting school books)</i> | [1]Never [2]A few times a year |
| V | 15 | C | A03c | Leisure Activity go out | <i>Go out in the evening (to a disco, a bar, a party, et)</i> | [3]Once Or twice a month |

| | | | | | | |
|---|----|---|------|--------------------------|---|--|
| V | 16 | C | A03d | Leisure Activity hobbies | <i>Other hobbies (play an instrument, sing, paint, write, et)</i> | [4]At least once a week [5]Almost every day |
|---|----|---|------|--------------------------|---|--|

| | | | | | |
|---|----|---|------|----------------------------------|---|
| V | 17 | C | A03e | Leisure Activity meet up friends | <i>Meet up with friends to hang out in shopping malls, in the street, in a park</i> |
|---|----|---|------|----------------------------------|---|

| | | | | | |
|---|----|---|------|-----------------------------------|---|
| V | 18 | C | A03f | Leisure Activity use the internet | <i>Use the Internet for fun (chats, music, games, social networks, et).</i> |
|---|----|---|------|-----------------------------------|---|

| | | | | | |
|---|----|---|------|-----------------------------------|-------------------------|
| V | 19 | C | A03g | Leisure Activity watch television | <i>Watch television</i> |
|---|----|---|------|-----------------------------------|-------------------------|

| | | | | | | |
|---|--|--|-----|--|--|--|
| Q | | | A04 | <i>During the LAST 30 DAYS, how many days have you missed school for one of the following reasons?</i> <i>Check one box for each line</i> | | |
|---|--|--|-----|--|--|--|

| | | | | | |
|---|----|---|------|--|----------------------------------|
| V | 20 | C | A04a | School missed because sick in the last 30 days | <i>Because you were off sick</i> |
|---|----|---|------|--|----------------------------------|

| | | | | | |
|---|----|---|------|--|---|
| V | 21 | C | A04b | School missed because didn't feel like going in the last 30 days | <i>Because you didn't feel like going</i> |
|---|----|---|------|--|---|

[-3]Not Expected

| | | | | | |
|---|----|---|------|--|---|
| V | 22 | C | A04c | School missed because problems school administration or teachers in the last 30 days | <i>Because of problems with school administration or teachers</i> |
|---|----|---|------|--|---|

[-1]No Answer

[1]Never

[2]1 day

[3]2 days

| | | | | | |
|---|----|---|------|---|--|
| V | 23 | C | A04d | School missed because problems school mates in the last 30 days | <i>Because of problems with school mates</i> |
|---|----|---|------|---|--|

[4]3-4 days

[5]5-6 days

[6]7 days or more

| | | | | | |
|---|----|---|------|---|-----------------------------------|
| V | 24 | C | A04e | School missed because suspended in the last 30 days | <i>Because you were suspended</i> |
|---|----|---|------|---|-----------------------------------|

| | | | | | |
|---|----|---|------|---|--------------------------|
| V | 25 | C | A04f | School missed for other reasons in the last 30 days | <i>For other reasons</i> |
|---|----|---|------|---|--------------------------|

| R | N | T | Variable e Name | Variable Label | Question Text | Variable [Value]Label |
|---|----|---|-----------------------|--|--|---|
| | | | | | | [-3]Not Expected |
| V | 26 | C | A05 | School performance end of last term | How would you describe your school performance at the end of the last term? | [-1]No Answer [1]Below average [2]Average [3]Above average |
| | | | | | | [-3]Not Expected |
| V | 27 | O | A06 | Home live in | Would you say you live in a... | [-1]No Answer [1]City/Urban Area [2]Town/Village [3]Rural Area |
| Q | | | A07 | Which of the following people do you live with most of the time? Check as many boxes as you need to | | |
| V | 28 | O | A07a | Home live alone | I live alone | |
| V | 29 | C | A07b | Home live with father | Father | |
| V | 30 | C | A07c | Home live with stepfather | Stepfather | |
| V | 31 | C | A07d | Home live with mother | Mother | |
| V | 32 | C | A07e | Home live with stepmother | Stepmother | [-3]Not Expected |
| V | 33 | C | A07f | Home live with brother | Brother(s) | [-1]No Answer [0]No |
| V | 34 | C | A07g | Home live with sister | Sister(s) | [1]Yes |
| V | 35 | C | A07h | Home live with grandparent | Grandparent(s) | |
| V | 36 | C | A07i | Home live with other relatives | Other relatives | |
| V | 37 | C | A07j | Home live with no relatives | No relatives (e.g. when living in a boarding school or equivalent) | |

| | | | | | |
|---|------|--|------|--|--|
| Q | A08 | During the LAST 30 DAYS, how many nights have you spent away from home? Check one box | | | |
| | | | | | [-3]Not Expected |
| | | | | | [-1]No Answer |
| | | | | | [1]None |
| | | | | | [2]1 night |
| | | | | | [3]2 nights |
| V | 38 | O | A08 | Home night away | Nights away from home |
| | | | | | [4]3 nights |
| | | | | | [5]4 nights |
| | | | | | [6]5 nights |
| | | | | | [7]6 nights |
| | | | | | [8]7 nights or more |
| Q | A09a | How satisfied are you normally with your relationship... Check one box for each line. | | | |
| V | 39 | C | A09a | Relationship with your mother | Relationship with your mother |
| V | 40 | C | A09b | Relationship with your father | Relationship with your father |
| | | | | | [-3]Not Expected |
| | | | | | [-1]No Answer |
| V | 41 | C | A09c | Relationship with your sibling | Relationship with your sibling |
| | | | | | [1]Very satisfied |
| V | 42 | C | A09d | Relationship with your friends | Relationship with your friends |
| | | | | | [2]Satisfied |
| | | | | | [3]Neither satisfied not satisfied |
| V | 43 | C | A09e | Relationship with your class mates | Relationship with your class mates |
| | | | | | [4]Not so satisfied |
| | | | | | [5]Not at all satisfied |
| V | 44 | C | A09f | Relationship with your teachers | Relationship with your teachers |
| | | | | | [6]There is not such person |
| V | 45 | C | A09g | Relationship with your school administration | Relationship with your school administration |

S

B

The following questions are about your parents. If you have been brought up by other people (such as adoptive parents, step parents, or other people), please answer about them. For example, if you have both a stepfather/stepmother and a biological father/mother, answer about the one who is most important for your upbringing

| R | N | T | Variable Name | Variable Label | Question Text | Variable [Value]Label |
|---|----|---|------------------|-----------------------------------|--|--|
| V | 46 | C | B01 | Father highest level of schooling | <i>Which is the highest level of schooling your father completed?</i> | [-3]Not Expected [-1]No Answer [1]Illiterate [2]ISCED 1 Primary Education [3]ISCED 2 Lower Secondary Education |
| V | 47 | C | B02 | Mother highest level of schooling | <i>Which is the highest level of schooling your mother completed?</i> | [4]ISCED 3/4/5 Upper Secondary Education [5]ISCED 6/7/8 University/Post University degree [6]I don't know [7]Not applicable |
| V | 48 | C | B03 | Father have a job | <i>Does your father have a job?</i> | [-3]Not Expected [-1]No Answer [1]Yes, full time [2]Yes, part time |
| V | 49 | C | B04 | Mother have a job | <i>Does your mother have a job?</i> | [3]No [4]I don't know [5]Not applicable |
| V | 50 | C | B05 | Family well off | <i>How well off is your family compared to others in your country?</i> | [-3]Not Expected [-1]No Answer [1]Better off [2]About the same[3]Less well off |

| | | |
|---|---|---|
| S | C | The following questions are about SMOKING CIGARETTES and ROLLING TOBACCO but excluding e-cigarettes |
|---|---|---|

| R | N | T | Variable Name | Variable Label | Question Text | Variable [Value]Label |
|---|---|---|---------------|----------------|---|-----------------------|
| Q | | | C01 | | How difficult do you think it would be to get cigarettes (excluding e-cigarettes) if you wanted to? | |

[-3]Not Expected

[-1]No Answer

| | | | | | | |
|---|----|---|-----|---|---------------|---|
| V | 51 | C | C01 | Cigarettes (Excl. E-Cig) difficult to get | Check one box | [1]Impossible [2]Difficult [3]Easy [4]Don't know |
|---|----|---|-----|---|---------------|---|

| | | | | | | |
|---|--|--|-----|--|---|--|
| Q | | | C02 | | Is there anyone among your family members or friends that smokes cigarettes? Check one box for each line | |
|---|--|--|-----|--|---|--|

| | | | | | | |
|---|----|---|------|--|--------------------------------|---|
| V | 52 | C | C02a | Cigarettes (Excl. E-Cig) used by family member | Family member smokes cigarette | [-3]Not Expected [-1]No Answer [1]Yes |
|---|----|---|------|--|--------------------------------|---|

| | | | | | | |
|---|----|---|------|---|--------------------------|------------------------|
| V | 53 | C | C02b | Cigarettes (Excl. E-Cig) used by friend | Friend smokes cigarettes | [2]No [3]Don't know |
|---|----|---|------|---|--------------------------|------------------------|

| | | | | | | |
|---|--|--|-----|--|--|--|
| Q | | | C03 | | How many times have you smoked cigarettes (not including e-cigarettes)? Check one box for each line | |
|---|--|--|-----|--|--|--|

| | | | | | | |
|---|----|---|------|---|-------------------------------|---|
| V | 54 | C | C03a | Cigarettes (Excl. E-Cig) times in the life time | Times cigarettes in your life | [-3]Not Expected [-1]No Answer [1]Never |
|---|----|---|------|---|-------------------------------|---|

| | | | | | | |
|---|----|---|------|--|--|---|
| V | 55 | C | C03b | Cigarettes (Excl. E-Cig) times in the last 12 months | Times cigarettes in the last 12 months | [2]01-02 [3]03-05 [4]06-09 [5]10-19 [6]20-39 [7]40 or more |
|---|----|---|------|--|--|---|

| | | | | | |
|---|----|--------|--|---|---------------------------------|
| Q | | C04 | <i>How many times in THE LAST 30 DAYS have you smoked cigarettes (not including e-cigarettes)?</i> <i>Check one box</i> | | |
| | | | | | [-3]Not Expected |
| | | | | | [-1]No Answer |
| | | | | | [1]Never |
| | | | | | [2]Less than 1 cigarette a week |
| V | 56 | C C04 | Cigarettes (Excl. E-Cig) times in the last 30 days | <i>Times cigarettes in the last 30 days</i> | [3]Less than 1 cigarette a day |
| | | | | | [4]1-5 cigarettes a day |
| | | | | | [5]6-10 cigarettes a day |
| | | | | | [6]11-20 cigarettes a day |
| | | | | | [7]Over 20 cigarettes a day |
| Q | | C05 | <i>At what age did you first do the following...?</i> <i>Check one box for each line</i> | | |
| V | 57 | C C05a | Cigarettes (Excl. E-Cig) age first use | <i>Age smoke your first cigarette (excluding e-cigarettes)</i> | [-3]Not Expected |
| | | | | | [-1]No Answer |
| | | | | | [1]Never |
| | | | | | [2]9 years old or less |
| | | | | | [3]10 years old |
| | | | | | [4]11 years old |
| V | 58 | C C05b | Cigarettes (Excl. E-Cig) age daily bases | <i>Age smoke cigarettes on a daily basis (excluding e-cigarettes)</i> | [5]12 years old |
| | | | | | [6]13 years old |
| | | | | | [7]14 years old |
| | | | | | [8]15 years old |
| | | | | | [9]16 years old or more |

| | | |
|---|---|---|
| S | D | The following questions are about SMOKING E-CIGARETTES (including e-cigs, vaps, and mods) and "heat-not-burn" tobacco |
|---|---|---|

| R | N | T | Variable Name | Variable Label | Question Text | Variable [Value]Label |
|---|----|---|---------------|--|---|---|
| Q | | | D01 | | How difficult do you think it would be to get e-cigarettes if you wanted to? Check one box | |
| | | | | | | [-3]Not Expected [-1]No Answer |
| V | 59 | C | D01 | E-Cigarettes difficult to get | Get e-cigarettes | [1]Impossible [2]Difficult [3]Easy [4]Don't know |
| Q | | | D02 | | Is there anyone among your family members or friends that smokes e-cigarettes? Check one box for each line | |
| V | 60 | C | D02a | E-Cigarettes used by family member | Family member smokes e-cigarette | [-3]Not Expected [-1]No Answer [1]Yes |
| V | 61 | C | D02b | E-Cigarettes used by friend | Friend smokes e-cigarettes | [2]No [3]Don't know |
| Q | | | D03 | | How many times in YOUR LIFE have you smoked e-cigarettes Check one box for each line | |
| V | 62 | C | D03a | E-Cigarettes times in the life time | Times e-cigarettes in your life | [-3]Not Expected [-1]No Answer |
| | | | | | | [1]Never [2]01-02 [3]03-05 |
| V | 63 | C | D03b | E-Cigarettes times in the last 12 months | Times e-cigarettes in the last 12 months | [4]06-09 [5]10-19 [6]20-39 [7]40 or more |

MedSPAD Guidelines_DRAFT p.121/166 CNR IFC 07-06-2021

| | | |
|---|---|---|
| S | E | The following questions are about SMOKING WATER-PIPE (Narghilè or Chicha) |
|---|---|---|

| R | N | T | Variable Name | Variable Label | Question Text | Variable [Value]Label |
|---|---|---|---------------|----------------|---|-----------------------|
| Q | | | E01 | | How difficult do you think it would be to get a water-pipe if you wanted to? Check one box | |

[-3]Not Expected

[-1]No Answer

| | | | | | | |
|---|----|---|-----|-----------------------------|------------------|---|
| V | 67 | C | E01 | Water-Pipe difficult to get | Get a water-pipe | [1]Impossible [2]Difficult [3]Easy [4]Don't know |
|---|----|---|-----|-----------------------------|------------------|---|

| | | | | | | |
|---|--|--|-----|--|---|--|
| Q | | | E02 | | Is there anyone among your family members or friends that smokes water-pipe? Check one box for each line | |
|---|--|--|-----|--|---|--|

| | | | | | | |
|---|----|---|------|----------------------------------|---------------------------------|-----------------------------------|
| V | 68 | C | E02a | Water-Pipe used by family member | Family member smokes water-pipe | [-3]Not Expected [-1]No Answer |
|---|----|---|------|----------------------------------|---------------------------------|-----------------------------------|

| | | | | | | |
|---|----|---|------|---------------------------|--------------------------|----------------------------------|
| V | 69 | C | E02b | Water-Pipe used by friend | Friend smokes water-pipe | [1]Yes [2]No [3]Don't know |
|---|----|---|------|---------------------------|--------------------------|----------------------------------|

| | | | | | | |
|---|--|--|-----|--|---|--|
| Q | | | E03 | | How many times have you smoked water-pipe? Check one box for each line | |
|---|--|--|-----|--|---|--|

| | | | | | | |
|---|----|---|------|-----------------------------------|-------------------------------|-----------------------------------|
| V | 70 | C | E03a | Water-Pipe times in the life time | Times water-pipe in your life | [-3]Not Expected [-1]No Answer |
|---|----|---|------|-----------------------------------|-------------------------------|-----------------------------------|

| | | | | | | |
|---|----|---|------|--|--|---|
| V | 71 | C | E03b | Water-Pipe times in the last 12 months | Times water-pipe in the last 12 months | [1]Never [2]01-02 [3]03-05 [4]06-09 [5]10-19 [6]20-39 [7]40 or more |
|---|----|---|------|--|--|---|

| | | | | | | |
|---|-----|---|------|--------------------------------------|--------------------------------------|-------------------------|
| Q | E04 | How many times in THE LAST 30 DAYS have you smoked water-pipe? Check one box | | | | |
| | | | | | | [-3]Not Expected |
| | | | | | | [-1]No Answer |
| | | | | | | [1]Never |
| | | | | | | [2]Less than 1 a week |
| V | 72 | C | E04 | Water-Pipe times in the last 30 days | Times water-pipe in the last 30 days | [3]Less than 1 a day |
| | | | | | | [4]1-5 a day |
| | | | | | | [5]6-10 a day |
| | | | | | | [6]11-20 a day |
| | | | | | | [7]Over 20 a day |
| Q | E05 | At what age did you first do the following things? Check one box for each line | | | | |
| V | 73 | C | E05a | Water-Pipe age first use | Age smoke your first water-pipe | [-3]Not Expected |
| | | | | | | [-1]No Answer |
| | | | | | | [1]Never |
| | | | | | | [2]9 years old or less |
| | | | | | | [3]10 years old |
| | | | | | | [4]11 years old |
| V | 74 | C | E05b | Water-Pipe age daily bases | Age smoke water-pipe on daily basis | [5]12 years old |
| | | | | | | [6]13 years old |
| | | | | | | [7]14 years old |
| | | | | | | [8]15 years old |
| | | | | | | [9]16 years old or more |

| | | |
|---|---|---|
| S | F | The following questions are about CHEWING TOBACCO (moist snuff, et) |
|---|---|---|

| R | N | T | Variable Name | Variable Label | Question Text | Variable [Value]Label |
|---|---|---|------------------|-------------------|--|--------------------------|
| Q | | | F01 | | How difficult do you think it would be to get chewing tobacco if you wanted to? Check one box | |

[-3]Not Expected

[-1]No Answer

| | | | | | | |
|---|----|---|-----|-------------------------------------|---------------------|---|
| V | 75 | O | F01 | Chewing Tobacco difficult to get | Get chewing tobacco | [1]Impossible [2]Difficult [3]Easy [4]Don't know |
|---|----|---|-----|-------------------------------------|---------------------|---|

| | | | | | | |
|---|--|--|-----|--|--|--|
| Q | | | F02 | | Is there anyone among your family members or friends that uses chewing tobacco? Check one box for each line | |
|---|--|--|-----|--|--|--|

| | | | | | | |
|---|----|---|------|---|---------------------------------------|---|
| V | 76 | O | F02a | Chewing Tobacco used by family member | Family member uses chewing tobacco | [-3]Not Expected [-1]No Answer [1]Yes |
|---|----|---|------|---|---------------------------------------|---|

| | | | | | | |
|---|----|---|------|-----------------------------------|--------------------------------|------------------------|
| V | 77 | O | F02b | Chewing Tobacco used by friend | Friend uses chewing tobacco | [2]No [3]Don't know |
|---|----|---|------|-----------------------------------|--------------------------------|------------------------|

| | | | | | | |
|---|--|--|-----|--|---|--|
| Q | | | F03 | | How many times in YOUR LIFE have you used chewing tobacco? Check one box for each line | |
|---|--|--|-----|--|---|--|

| | | | | | | |
|---|----|---|------|---|---------------------------------------|-----------------------------------|
| V | 78 | O | F03a | Chewing Tobacco times in the life time | Times chewing tobacco in your life | [-3]Not Expected [-1]No Answer |
|---|----|---|------|---|---------------------------------------|-----------------------------------|

| | | | | | | |
|---|----|---|------|---|--|---|
| V | 79 | O | F03b | Chewing Tobacco times in the last 12 months | Times chewing tobacco in the last 12 months | [1]Never [2]01-02 [3]03-05 [4]06-09 [5]10-19 [6]20-39 [7]40 or more |
|---|----|---|------|---|--|---|

| | | | |
|---|-----|--|---|
| Q | F04 | How many times in THE LAST 30 DAYS have you used chewing tobacco? Check one box | |
| | | | [-3]Not Expected |
| | | | [-1]No Answer |
| | | | [1]Never |
| | | | [2]Less than 1 a week |
| V | 80 | O F04 | Chewing Tobacco times in the last 30 days |
| | | | Times chewing tobacco in the last 30 days |
| | | | [3]Less than 1 a day |
| | | | [4]1-5 a day |
| | | | [5]6-10 a day |
| | | | [6]11-20 a day |
| | | | [7]Over 20 a day |
| Q | F05 | At what age did you first do the following things? Check one box for each line | |
| V | 81 | O F05a | Chewing Tobacco age first use |
| | | | Age use your first chewing tobacco |
| | | | [-3]Not Expected |
| | | | [-1]No Answer |
| | | | [1]Never |
| | | | [2]9 years old or less |
| | | | [3]10 years old |
| | | | [4]11 years old |
| V | 82 | O F05b | Chewing Tobacco age daily bases |
| | | | Age use chewing tobacco on daily basis |
| | | | [5]12 years old |
| | | | [6]13 years old |
| | | | [7]14 years old |
| | | | [8]15 years old |
| | | | [9]16 years old or more |

| | | | | | |
|---|---|--|--|--|--|
| S | G | <i>The following questions are about ALCOHOLIC DRINKS (beer, wine, premixed drinks, spirits, et)</i> | | | |
|---|---|--|--|--|--|

| R | N | T | Variable Name | Variable Label | Question Text | Variable [Value]Label |
|---|----|---|------------------|--|--|-----------------------------------|
| Q | | | G01 | <i>How difficult do you think it would be to get each of the following drinks if you wanted to?</i> <i>Check one box</i> | | |
| V | 83 | C | G01a | Beer difficult to get | <i>Get beer</i> | [-3]Not Expected |
| V | 84 | C | G01b | Premixed Drinks difficult to get | <i>Get premixed drinks (insert national examples)</i> | [-1]No Answer |
| V | 85 | C | G01c | Wine difficult to get | <i>Get wine</i> | [1]Impossible |
| V | 86 | C | G01d | Spirits difficult to get | <i>Get spirits (Whisky, Vodka, etc)</i> | [2]Difficult [3]Easy |
| V | 87 | O | G01e | Optional Drink difficult to get | <i>Get optional drink</i> | [4]Don't know |
| Q | | | G02 | <i>Is there anyone among your family members or friends that drinks alcoholic beverages?</i> <i>Check one box for each line</i> | | |
| V | 88 | C | G02a | Alcoholic Drinks used by family member | <i>Family member drinks alcoholic beverages</i> | [-3]Not Expected [-1]No Answer |
| V | 89 | C | G02b | Alcoholic Drinks used by friend | <i>Friend drinks alcoholic beverages</i> | [1]Yes [2]No [3]Don't know |
| Q | | | G03 | <i>How many times have you had any alcoholic beverages to drink?</i> <i>Check one box for each line</i> | | |
| V | 90 | C | G03a | Alcoholic Drinks times in the life time | <i>Times alcoholic beverages in your life</i> | [-3]Not Expected [-1]No Answer |
| V | 91 | C | G03b | Alcoholic Drinks times in the last 12 months | <i>Times alcoholic beverages in the last 12 months</i> | [1]Never |

| | | | | | | |
|---|----|---|------|--|--|---------------|
| | | | | | | [2]01-02 |
| | | | | | | [3]03-05 |
| V | 92 | C | G03c | Alcoholic Drinks times in the last 30 days | <i>Times alcoholic beverages in the last 30 days</i> | [4]06-09 |
| | | | | | | [5]10-19 |
| | | | | | | [6]20-39 |
| | | | | | | [7]40 or more |

| | | | | | | |
|---|--|--|-----|---|--|--|
| Q | | | G04 | <i>How many times in the LAST 30 DAYS have you had one of the following alcoholic drinks?</i> <i>Check one box for each line</i> | | |
|---|--|--|-----|---|--|--|

| | | | | | | |
|---|----|---|------|---|---|------------------|
| V | 93 | C | G04a | Beer times in the last 30 days | <i>Times beer in the last 30 days</i> | [-3]Not Expected |
| | | | | | | [-1]No Answer |
| V | 94 | C | G04b | Premixed Drinks times in the last 30 days | <i>Times premixed drinks (insert national examples)</i> | [1]Never |
| | | | | | | [2]01-02 |
| V | 95 | C | G04c | Wine times in the last 30 days | <i>Times wine in the last 30 days</i> | [3]03-05 |
| | | | | | | [4]06-09 |
| | | | | | | [5]10-19 |
| V | 96 | C | G04d | Spirits times in the last 30 days | <i>Times spirits (Whisky, Vodka, etc)</i> | [6]20-39 |
| | | | | | | [7]40 or more |

| | | | | | | |
|---|--|--|-----|---|--|--|
| Q | | | G05 | <i>Thinking about the LAST 30 DAYS, how many times have you had 5 or more alcoholic drinks on the same occasion? Consider one alcoholic drink to be: One 200 ml glass of beer, one glass of wine, half a glass of long cocktails (rum and coke, gin and tonic etc).</i> <i>Check one box for each line</i> | | |
|---|--|--|-----|---|--|--|

| | | | | | | |
|---|----|---|-----|--|---|---------------------|
| | | | | | | [-3]Not Expected |
| | | | | | | [-1]No Answer |
| | | | | | | [1]None |
| V | 97 | C | G05 | Binge Drinking times in the last 30 days | <i>Times 5 or more drinks same occasion</i> | [2]01 |
| | | | | | | [3]02 |
| | | | | | | [4]03-05 |
| | | | | | | [5]06-09 |
| | | | | | | [6]10 or more times |

| R | N | T | Variable Name | Variable Label | Question Text | Variable [Value]Label |
|---|-----|---|---------------|--|---|--|
| Q | | | G06 | | <p><i>On how many occasions (if any) have you been intoxicated from drinking alcoholic beverages, for example staggered when walking, not being able to speak properly, throwing up or not remembering what happened?</i></p> <p><i>Check one box for each line</i></p> | |
| V | 98 | C | G06a | Alcoholic Intoxication times in the life time | <i>Times intoxicated in your life</i> | [-3]Not Expected [-1]No Answer |
| V | 99 | C | G06b | Alcoholic Intoxication times in the last 12 months | <i>Times intoxicated in the last 12 months</i> | [1]Never [2]01-02 [3]03-05 [4]06-09 [5]10-19 [6]20-39 [7]40 or more |
| V | 100 | C | G06c | Alcoholic Intoxication times in the last 30 days | <i>Times intoxicated in the last 30 days</i> | [5]10-19 [6]20-39 [7]40 or more |
| Q | | | G07 | | <p><i>At what age did you first do the following things?</i></p> <p><i>Check one box for each line</i></p> | |
| V | 101 | C | G07a | Alcoholic Drinks age first use | <i>Age first alcoholic drinks</i> | [-3]Not Expected [-1]No Answer [1]Never [2]9 years old or less [3]10 years old [4]11 years old [5]12 years old [6]13 years old [7]14 years old [8]15 years old [9]16 years old or more |
| V | 102 | C | G07b | Alcoholic Intoxication age first drunk | <i>Age first drunk</i> | [5]12 years old [6]13 years old [7]14 years old [8]15 years old [9]16 years old or more |

| | | | | | |
|---|---|--|--|--|--|
| S | H | <i>TRANQUILIZERS and SEDATIVES (INSERT Nationally relevant examples) used for non-medical reasons. These are psychotropic drugs that help people to calm down, sleep better or relax. Usually they are prescribed by doctors and cannot be sold by pharmacies.</i> | | | |
|---|---|--|--|--|--|

| R | N | T | Variable Name | Variable Label | Question Text | Variable [Value]Label |
|---|-----|---|---------------|---|--|---|
| Q | | | H01 | | <i>How difficult do you think it would be to get tranquilizers or sedatives without a doctor's prescription if you wanted to?</i> <i>Check one box</i> | |
| | | | | | | [-3]Not Expected |
| | | | | | | [-1]No Answer |
| V | 103 | C | H01 | Nonprescribed Tranquilizers Or Sedatives difficult to get | <i>Get tranquilizers or sedatives without a doctor's prescription</i> | [1]Impossible [2]Difficult [3]Easy [4]Don't know |
| Q | | | H02 | | <i>Is there anyone among your family members or friends that takes tranquilizers or sedatives without a doctor's prescription?</i> <i>Check one box for each line</i> | |
| V | 104 | C | H02a | Nonprescribed Tranquilizers Or Sedatives used by family member | <i>Family member takes tranquilizers or sedatives without a doctor's prescription</i> | [-3]Not Expected [-1]No Answer [1]Yes |
| V | 105 | C | H02b | Nonprescribed Tranquilizers Or Sedatives used by friend | <i>Friend takes tranquilizers or sedatives without a doctor's prescription</i> | [2]No [3]Don't know |
| Q | | | H03 | | <i>How many times have you taken tranquilizers or sedatives without a doctor's prescription?</i> <i>Check one box for each line</i> | |
| V | 106 | C | H03a | Nonprescribed Tranquilizers Or Sedatives times in the life time | <i>Times tranquilizers or sedatives without a doctor's prescription life time</i> | [-3]Not Expected [-1]No Answer |

| | | | | | | |
|---|---------|---|------|---|---|---|
| V | 10 7 | C | H03b | Nonprescribed Tranquilizers Or Sedatives times in the last 12 months | <i>Times tranquilizers or sedatives without a doctor's prescription in the last 12 months</i> | [1]Never [2]01-02 [3]03-05 |
| V | 10 8 | C | H03c | Nonprescribed Tranquilizers Or Sedatives times in the last 30 days | <i>Times tranquilizers or sedatives without a doctor's prescription in the last 30 days</i> | [4]06-09 [5]10-19 [6]20-39 [7]40 or more |
| Q | | | H04 | <i>At what age did you take tranquilizers or sedatives without a doctor's prescription?</i> <i>Check one box for each line</i> | | |
| | | | | | | [-3]Not Expected |
| | | | | | | [-1]No Answer |
| | | | | | | [1]Never |
| | | | | | | [2]9 years old or less |
| V | 10 9 | C | H04 | Nonprescribed Tranquilizers Or Sedatives age first use | <i>Age first use tranquilizers or sedatives without a doctor's prescription</i> | [3]10 years old [4]11 years old [5]12 years old [6]13 years old [7]14 years old [8]15 years old [9]16 years old or more |

| | | |
|---|---|---|
| S | I | The following questions are about CANNABIS (marijuana, hashish, cannabis oil, etc.) |
|---|---|---|

| R | N | T | Variable Name | Variable Label | Question Text | Variable [Value]Label |
|---|---|---|---------------|----------------|---|-----------------------|
| Q | | | I01 | | How difficult do you think it would be to get cannabis if you wanted to? Check one box | |

[-3]Not Expected

[-1]No Answer

| | | | | | | |
|---|-----|---|-----|---------------------------|--------------|---|
| V | 110 | C | I01 | Cannabis difficult to get | Get cannabis | [1]Impossible [2]Difficult [3]Easy [4]Don't know |
|---|-----|---|-----|---------------------------|--------------|---|

| | | | | | | |
|---|--|--|-----|--|---|--|
| Q | | | I02 | | Is there anyone among your family members or friends that uses cannabis? Check one box for each line | |
|---|--|--|-----|--|---|--|

| | | | | | | |
|---|-----|---|------|--------------------------------|-----------------------------|-----------------------------------|
| V | 111 | C | I02a | Cannabis used by family member | Family member uses cannabis | [-3]Not Expected [-1]No Answer |
|---|-----|---|------|--------------------------------|-----------------------------|-----------------------------------|

| | | | | | | |
|---|-----|---|------|-------------------------|----------------------------|----------------------------------|
| V | 112 | C | I02b | Cannabis used by friend | Friend takes uses cannabis | [1]Yes [2]No [3]Don't know |
|---|-----|---|------|-------------------------|----------------------------|----------------------------------|

| | | | | | | |
|---|--|--|-----|--|---|--|
| Q | | | I03 | | How many times have you used cannabis? Check one box for each line | |
|---|--|--|-----|--|---|--|

| | | | | | | |
|---|-----|---|------|---------------------------------|-------------------------------|-----------------------------------|
| V | 113 | C | I03a | Cannabis times in the life time | Times used cannabis life time | [-3]Not Expected [-1]No Answer |
|---|-----|---|------|---------------------------------|-------------------------------|-----------------------------------|

| | | | | | | |
|---|-----|---|------|--------------------------------------|---|----------------------------------|
| V | 114 | C | I03b | Cannabis times in the last 12 months | Times used cannabis in the last 12 months | [1]Never [2]01-02 [3]03-05 |
|---|-----|---|------|--------------------------------------|---|----------------------------------|

| | | | | | | |
|---|-----|---|------|-----------------------------------|---|---|
| V | 115 | C | I03c | Cannabis tims in the last 30 days | Times used cannabis in the last 30 days | [4]06-09 [5]10-19 [6]20-39 [7]40 or more |
|---|-----|---|------|-----------------------------------|---|---|

| | | | | | |
|---|---------|--------|--|--|-------------------------|
| Q | | I04 | At what age did you first use cannabis? Check one box for each line | | |
| | | | | | [-3]Not Expected |
| | | | | | [-1]No Answer |
| | | | | | [1]Never |
| | | | | | [2]9 years old or less |
| | | | | | [3]10 years old |
| V | 11 6 | C I04 | Cannabis age first use | Age first use cannabis | [4]11 years old |
| | | | | | [5]12 years old |
| | | | | | [6]13 years old |
| | | | | | [7]14 years old |
| | | | | | [8]15 years old |
| | | | | | [9]16 years old or more |
| Q | | I05 | During the LAST 12 MONTHS, have you used the following types of cannabis? Check one box for each line | | |
| V | 11 7 | C I05a | Cannabis Resin age first use in the last 12 months | Cannabis resin (Hashish, hash) | [-3]Not Expected |
| | | | | | [-1]No Answer |
| V | 11 8 | C I05b | Cannabis Herbal age first use in the last 12 months | Herbal Cannabis (Marijuana, weed, skunk) | [1]Never |
| | | | | | [2]Seldom |
| | | | | | [3]From time to time |
| V | 11 9 | O I05c | Cannbis Oil age first use in the last 12 months | Cannabis oil | [4]Fairly often |
| | | | | | [5]Very often |

| R | N | T | Variable Name | Variable Label | Question Text | Variable [Value]Label |
|---|---------|---|---------------|--|---|--|
| Q | | | I06 | | <i>Have you used cannabis in the LAST 12 MONTHS?</i> <i>Check one box</i> | |
| | | | | | | [-3]Not Expected |
| V | 12 0 | C | I06 | Cannabis (CAST Test) used in the last 12 months | <i>Have you used cannabis in the LAST 12 MONTHS?</i> | [-1]No Answer [1]No [2]Yes |
| Q | | | I06a-f | | <i>[if Yes] Have any of the following things happened to you in the LAST 12 MONTHS?</i> <i>Check one box for each line</i> | |
| V | 12 1 | C | I06a | Cannabis (CAST Test) smoked before midday in the last 12 months | <i>Have you smoked cannabis before midday?</i> | |
| V | 12 2 | C | I06b | Cannabis (CAST Test) smoked alone in the last 12 months | <i>Have you smoked cannabis alone?</i> | |
| V | 12 3 | C | I06c | Cannabis (CAST Test) memory problem in the last 12 months | <i>Have you had memory problems after smoking cannabis?</i> | [-3]Not Expected [-1]No Answer |
| V | 12 4 | C | I06d | Cannabis (CAST Test) friends/family members told you to reduce or stop in the last 12 months | <i>Have friends or members of your family told you that you should reduce or stop using cannabis?</i> | [1]Never [2]Seldom [3]From time to time [4]Fairly often |
| V | 12 5 | C | I06e | Cannabis (CAST Test) yourself tried to reduce or stop in the last 12 months | <i>Have you tried to reduce or stop using cannabis without success?</i> | [5]Very often |
| V | 12 6 | C | I06f | Cannabis (CAST Test) problem due to the use in the last 12 months | <i>Have you had problems due to your consumption of cannabis (arguments, fights, accidents, poor school results, etc)</i> | |

| | | | | | |
|---|---|---|--|--|--|
| S | J | The following questions are about COCAINE | | | |
|---|---|---|--|--|--|

| R | N | T | Variable Name | Variable Label | Question Text | Variable [Value]Label |
|---|---|---|---------------|----------------|--|-----------------------|
| Q | | | J01 | | How difficult do you think it would be to get cocaine if you wanted to? Check one box | |

[-3]Not Expected

[-1]No Answer

| | | | | | | |
|---|-----|---|-----|--------------------------|-------------|---|
| V | 127 | C | J01 | Cocaine difficult to get | Get cocaine | [1]Impossible [2]Difficult [3]Easy [4]Don't know |
|---|-----|---|-----|--------------------------|-------------|---|

| | | | | | | |
|---|--|--|-----|--|--|--|
| Q | | | J02 | | Is there anyone among your family members or friends that uses cocaine? Check one box for each line | |
|---|--|--|-----|--|--|--|

| | | | | | | |
|---|-----|---|------|-------------------------------|----------------------------|-----------------------------------|
| V | 128 | C | J02a | Cocaine used by family member | Family member uses cocaine | [-3]Not Expected [-1]No Answer |
|---|-----|---|------|-------------------------------|----------------------------|-----------------------------------|

| | | | | | | |
|---|-----|---|------|------------------------|---------------------|----------------------------------|
| V | 129 | C | J02b | Cocaine used by friend | Friend uses cocaine | [1]Yes [2]No [3]Don't know |
|---|-----|---|------|------------------------|---------------------|----------------------------------|

| | | | | | | |
|---|--|--|-----|--|--|--|
| Q | | | J03 | | How many times have you used cocaine? Check one box for each line | |
|---|--|--|-----|--|--|--|

| | | | | | | |
|---|-----|---|------|--------------------------------|---------------------------------|-----------------------------------|
| V | 130 | C | J03a | Cocaine times in the life time | Times used cocaine in life time | [-3]Not Expected [-1]No Answer |
|---|-----|---|------|--------------------------------|---------------------------------|-----------------------------------|

| | | | | | | |
|---|-----|---|------|-------------------------------------|--|----------------------|
| V | 131 | C | J03b | Cocaine times in the last 12 months | Times used cocaine in the last 12 months | [1]Never [2]01-02 |
|---|-----|---|------|-------------------------------------|--|----------------------|

| | | | | | | |
|---|-----|---|------|-----------------------------------|--|---------------|
| V | 132 | C | J03c | Cocaine times in the last 30 days | Times used cocaine in the last 30 days | [3]03 or more |
|---|-----|---|------|-----------------------------------|--|---------------|

| | | | | | | |
|---|--|--|-----|--|---|--|
| Q | | | J04 | | At what age did you first use cocaine? Check one box for each line | |
|---|--|--|-----|--|---|--|

| | | | | | | |
|---|---------|---|-----|-----------------------|------------------------------|-------------------------|
| V | 13 3 | C | J04 | Cocaine age first use | <i>Age first use cocaine</i> | [-3]Not Expected |
| | | | | | | [-1]No Answer |
| | | | | | | [1]Never |
| | | | | | | [2]9 years old or less |
| | | | | | | [3]10 years old |
| | | | | | | [4]11 years old |
| | | | | | | [5]12 years old |
| | | | | | | [6]13 years old |
| | | | | | | [7]14 years old |
| | | | | | | [8]15 years old |
| | | | | | | [9]16 years old or more |

| | | | | | |
|---|---|---|--|--|--|
| S | K | The following questions are about ECSTASY | | | |
|---|---|---|--|--|--|

| R | N | T | Variable Name | Variable Label | Question Text | Variable [Value]Label |
|---|---|---|---------------|----------------|--|-----------------------|
| Q | | | K01 | | How difficult do you think it would be to get ecstasy if you wanted to? Check one box | |

[-3]Not Expected

[-1]No Answer

| | | | | | | |
|---|---------|---|-----|--------------------------|-------------|---|
| V | 13 4 | C | K01 | Ecstasy difficult to get | Get ecstasy | [1]Impossible [2]Difficult [3]Easy [4]Don't know |
|---|---------|---|-----|--------------------------|-------------|---|

| | | | | | | |
|---|--|--|-----|--|--|--|
| Q | | | K02 | | Is there anyone among your family members or friends that uses ecstasy? Check one box for each line | |
|---|--|--|-----|--|--|--|

| | | | | | | |
|---|---------|---|------|-------------------------------|----------------------------|-----------------------------------|
| V | 13 5 | C | K02a | Ecstasy used by family member | Family member uses ecstasy | [-3]Not Expected [-1]No Answer |
|---|---------|---|------|-------------------------------|----------------------------|-----------------------------------|

| | | | | | | |
|---|---------|---|------|------------------------|---------------------|----------------------------------|
| V | 13 6 | C | K02b | Ecstasy used by friend | Friend uses ecstasy | [1]Yes [2]No [3]Don't know |
|---|---------|---|------|------------------------|---------------------|----------------------------------|

| | | | | | | |
|---|--|--|-----|--|--|--|
| Q | | | K03 | | How many times have you used ecstasy? Check one box for each line | |
|---|--|--|-----|--|--|--|

| | | | | | | |
|---|---------|---|------|--------------------------------|---------------------------------|-----------------------------------|
| V | 13 7 | C | K03a | Ecstasy times in the life time | Times used ecstasy in life time | [-3]Not Expected [-1]No Answer |
|---|---------|---|------|--------------------------------|---------------------------------|-----------------------------------|

| | | | | | | |
|---|---------|---|------|-------------------------------------|--|----------------------|
| V | 13 8 | C | K03b | Ecstasy times in the last 12 months | Times used ecstasy in the last 12 months | [1]Never [2]01-02 |
|---|---------|---|------|-------------------------------------|--|----------------------|

| | | | | | | |
|---|---------|---|------|-----------------------------------|--|---------------|
| V | 13 9 | C | K03c | Ecstasy times in the last 30 days | Times used ecstasy in the last 30 days | [3]03 or more |
|---|---------|---|------|-----------------------------------|--|---------------|

| | | | | | | |
|---|--|--|-----|--|---|--|
| Q | | | K04 | | At what age did you first use ecstasy? Check one box for each line | |
|---|--|--|-----|--|---|--|

V 14
0 C K04

Ecstasy age first use *Age first use ecstasy*

[-3]Not Expected

[-1]No Answer

[1]Never

[2]9 years old or less

[3]10 years old

[4]11 years old

[5]12 years old

[6]13 years old

[7]14 years old

[8]15 years old

[9]16 years old or more

| | | | | | |
|---|---|--|--|--|--|
| S | L | The following questions are about HEROIN | | | |
|---|---|--|--|--|--|

| R | N | T | Variable Name | Variable Label | Question Text | Variable [Value]Label |
|---|---|---|---------------|----------------|---|-----------------------|
| Q | | | L01 | | How difficult do you think it would be to get heroin if you wanted to? Check one box | |

[-3]Not Expected

[-1]No Answer

V 14
1 C L01 Heroin difficult to get Get heroin

[1]Impossible

[2]Difficult

[3]Easy

[4]Don't know

| | | | | | | |
|---|--|--|-----|--|---|--|
| Q | | | L02 | | Is there anyone among your family members or friends that uses heroin? Check one box for each line | |
|---|--|--|-----|--|---|--|

V 14
2 C L02a Heroin used by family member Family member uses heroin

[-3]Not Expected

[-1]No Answer

V 14
3 C L02b Heroin used by friend Friend takes uses heroin

[1]Yes

[2]No

[3]Don't know

| | | | | | | |
|---|--|--|-----|--|---|--|
| Q | | | L03 | | How many times have you used heroin? Check one box for each line | |
|---|--|--|-----|--|---|--|

V 14
4 C L03a Heroin times in the life time Times used heroin in life time

[-3]Not Expected

[-1]No Answer

V 14
5 C L03b Heroin times in the last 12 months Times used heroin in the last 12 months

[1]Never

[2]01-02

V 14
6 C L03c Heroin times in the last 30 days Times used heroin in the last 30 days

[3]03 or more

| | | | | | | |
|---|--|--|-----|--|--|--|
| Q | | | L04 | | At what age did you first use heroin? Check one box for each line | |
|---|--|--|-----|--|--|--|

V 14
7 C L04

Heroin age first use

Age first use heroin

[-3]Not Expected

[-1]No Answer

[1]Never

[2]9 years old or less

[3]10 years old

[4]11 years old

[5]12 years old

[6]13 years old

[7]14 years old

[8]15 years old

[9]16 years old or more

| | | | | | |
|---|---|--|--|--|--|
| S | M | <i>The following questions are about INHALANTS (glue, gas, gasoline, et) used in order to get high</i> | | | |
|---|---|--|--|--|--|

| R | N | T | Variable Name | Variable Label | Question Text | Variable [Value]Label |
|---|---|---|---------------|----------------|---------------|-----------------------|
|---|---|---|---------------|----------------|---------------|-----------------------|

| | | | | | | |
|---|--|--|-----|--|--|--|
| Q | | | M01 | | <i>How difficult do you think it would be to get inhalants if you wanted to?</i> <i>Check one box</i> | |
|---|--|--|-----|--|--|--|

[-3]Not Expected

[-1]No Answer

| | | | | | | |
|---|-----|---|-----|----------------------------|----------------------|---|
| V | 148 | O | M01 | Inhalants difficult to get | <i>Get inhalants</i> | [1]Impossible [2]Difficult [3]Easy [4]Don't know |
|---|-----|---|-----|----------------------------|----------------------|---|

| | | | | | | |
|---|--|--|-----|--|--|--|
| Q | | | M02 | | <i>Is there anyone among your family members or friends that uses inhalants?</i> <i>Check one box for each line</i> | |
|---|--|--|-----|--|--|--|

| | | | | | | |
|---|-----|---|------|---------------------------------|-------------------------------------|-----------------------------------|
| V | 149 | O | M02a | Inhalants used by family member | <i>Family member uses inhalants</i> | [-3]Not Expected [-1]No Answer |
|---|-----|---|------|---------------------------------|-------------------------------------|-----------------------------------|

| | | | | | | |
|---|-----|---|------|--------------------------|------------------------------|----------------------------------|
| V | 150 | O | M02b | Inhalants used by friend | <i>Friend uses inhalants</i> | [1]Yes [2]No [3]Don't know |
|---|-----|---|------|--------------------------|------------------------------|----------------------------------|

| | | | | | | |
|---|--|--|-----|--|--|--|
| Q | | | M03 | | <i>How many times have you used inhalants?</i> <i>Check one box for each line</i> | |
|---|--|--|-----|--|--|--|

| | | | | | | |
|---|-----|---|------|----------------------------------|--|-----------------------------------|
| V | 151 | O | M03a | Inhalants times in the life time | <i>Times used inhalants in life time</i> | [-3]Not Expected [-1]No Answer |
|---|-----|---|------|----------------------------------|--|-----------------------------------|

| | | | | | | |
|---|-----|---|------|---------------------------------------|---|----------|
| V | 152 | O | M03b | Inhalants times in the last 12 months | <i>Times used inhalants in the last 12 months</i> | [1]Never |
|---|-----|---|------|---------------------------------------|---|----------|

| | | | | | | |
|---|-----|---|------|-------------------------------------|---|---------------------------|
| V | 153 | O | M03c | Inhalants times in the last 30 days | <i>Times used inhalants in the last 30 days</i> | [2]01-02 [3]03 or more |
|---|-----|---|------|-------------------------------------|---|---------------------------|

| | | | | | | |
|---|--|--|-----|--|---|--|
| Q | | | M04 | | <i>At what age did you first use inhalants?</i> <i>Check one box for each line</i> | |
|---|--|--|-----|--|---|--|

V 15 O M04 Inhalants age first use *Age first use inhalants*
4

[-3]Not Expected

[-1]No Answer

[1]Never

[2]9 years old or less

[3]10 years old

[4]11 years old

[5]12 years old

[6]13 years old

[7]14 years old

[8]15 years old

[9]16 years old or more

| | | | | | | |
|---|---|---|--|--|--|--|
| S | N | The following questions are about other substances [please select optional substances to ask, only "Fictious drug" is compulsory] | | | | |
|---|---|---|--|--|--|--|

| R | N | T | Variable Name | Variable Label | Question Text | Variable [Value]Label |
|---|-----|---|---------------|--|--|--|
| Q | | | N01 | | How difficult do you think it would be to get each of the following substances, if you wanted to? Check one box | |
| V | 155 | O | N01a | Amphetamines difficult to get | Get Amphetamines | |
| V | 156 | O | N01b | Anabolic Steroids difficult to get | Get Anabolic steroids | |
| V | 157 | O | N01c | Crack difficult to get | Get Crack | |
| V | 158 | C | N01d | Fictious Drug difficult to get | Get Fictious drug [REPLACE WITH NAME OF FAKE DRUG] | [-3]Not Expected [-1]No Answer [1]Impossible |
| V | 159 | O | N01e | Ghb difficult to get | Get GHB | [2]Difficult |
| V | 160 | O | N01f | Hallucinogens difficult to get | Get Hallucinogens (LSD, magic mushrooms, et) | [3]Easy [4]Don't know |
| V | 161 | O | N01g | Methamphetamines difficult to get | Get Methamphetamines | |
| V | 162 | O | N01h | Painkillers difficult to get | Get Painkillers (Tramadol, et) | |
| V | 163 | O | N01i | Optional Drug difficult to get | Get Optional drug | |
| Q | | | N02 | | How many times in YOUR LIFE have you used each of the following substances? Check one box for each line | |
| V | 164 | O | N02a | Amphetamines times in the life time | Times used Amphetamines in life time | [-3]Not Expected |
| V | 165 | O | N02b | Anabolic Steroids times in the life time | Times used Anabolic steroids in life time | [-1]No Answer [1]Never |
| V | 166 | O | N02c | Crack times in the life time | Times used Crack in life time | [2]01-02 |

| | | | | | | |
|---|---------|---|------|---|--|---------------|
| V | 16 7 | C | N02d | Fictitious Drug times in the life time | <i>Times used Fictitious drug [REPLACE WITH NAME OF FAKE DRUG]in life time</i> | [3]03 or more |
| V | 16 8 | O | N02e | Ghb times in the life time | <i>Times used GHB in life time</i> | |
| V | 16 9 | O | N02f | Hallucinogens times in the life time | <i>Times used Hallucinogens (LSD, magic mushrooms, et) in life time</i> | |
| V | 17 0 | O | N02g | Methamphetamines times in the life time | <i>Times used Methamphetamines in life time</i> | |
| V | 17 1 | O | N02h | Painkillers times in the life time | <i>Times used Painkillers (Tramadol, et) in life time</i> | |
| V | 17 2 | O | N02i | Optional Drug times in the life time | <i>Times used Optional drug in life time</i> | |

| R | N | T | Variable Name | Variable Label | Question Text | Variable [Value]Label |
|---|-----|---|---------------|---|---|------------------------------------|
| Q | | | N03 | | During the LAST 12 MONTHS, have you used the following substances? Check one box for each line | |
| V | 173 | O | N03a | Amphetamines times in the last 12 months | Times used Amphetamines in the last 12 months | |
| V | 174 | O | N03b | Anabolic Steroids times in the last 12 months | Times used Anabolic steroids in the last 12 months | |
| V | 175 | O | N03c | Crack times in the last 12 months | Times used Crack in the last 12 months | |
| V | 176 | C | N03d | Fictious Drug times in the last 12 months | Times used Fictious drug [REPLACE WITH NAME OF FAKE DRUG]in the last 12 months | [-3]Not Expected [-1]No Answer |
| V | 177 | O | N03e | Ghb times in the last 12 months | Times used GHB in the last 12 months | [1]Never |
| V | 178 | O | N03f | Hallucinogens times in the last 12 months | Times used Hallucinogens (LSD, magic mushrooms, et) in the last 12 months | [2]01-02 [3]03 or more |
| V | 179 | O | N03g | Methamphetamines times in the last 12 months | Times used Methamphetamines in the last 12 months | |
| V | 180 | O | N03h | Painkillers times in the last 12 months | Times used Painkillers (Tramadol, et) in the last 12 months | |
| V | 181 | O | N03i | Optional Drug times in the last 12 months | Times used Optional drug in the last 12 months | |
| Q | | | N04 | | At what age did you first use each of the following substances? Check one box for each line | |
| V | 182 | O | N04a | Amphetamines age first use | Age first use Amphetamines | [-3]Not Expected |
| V | 183 | O | N04b | Anabolic Steroids age first use | Age first use Anabolic steroids | [-1]No Answer |
| V | 184 | O | N04c | Crack age first use | Age first use Crack | [1]Never [2]9 years old or less |

| | | | | | | |
|---|---------|---|------|--------------------------------|---|------------------------------------|
| V | 18 5 | C | N04d | Fictitious Drug age first use | <i>Age first use Fictitious drug [REPLACE WITH NAME OF FAKE DRUG]</i> | [3]10 years old [4]11 years old |
| V | 18 6 | O | N04e | Ghb age first use | <i>Age first use GHB</i> | [5]12 years old [6]13 years old |
| V | 18 7 | O | N04f | Hallucinogens age first use | <i>Age first use Hallucinogens (LSD, magic mushrooms, et)</i> | [7]14 years old [8]15 years old |
| V | 18 8 | O | N04g | Methamphetamines age first use | <i>Age first use Methamphetamines</i> | [9]16 years old or more |
| V | 18 9 | O | N04h | Painkillers age first use | <i>Age first use Painkillers (Tramdol, et)</i> | |
| V | 19 0 | O | N04i | Optional Drug age first use | <i>Age first use Optional drug</i> | |

S

P

The following questions are about NEW SUBSTANCES. These substances imitate the effect of illegal drugs such as cannabis or ecstasy and are now becoming available. These new substances, called legal highs or research chemicals (keta, spice, meow meow, flakka, superman, et) may be found in various forms, such as herbal mixtures, powders, crystals, pills, or incense.

| R | N | T | Variable Name | Variable Label | Question Text | Variable [Value]Label |
|---|---------|---|---------------|---|---|---|
| Q | | | P01 | | How many times have you used any of these substances Check one box for each line | |
| V | 19 1 | O | P01a | New Substances times in the life time | Times used new substance in life time | [-3]Not Expected [-1]No Answer |
| | | | | | | [1]Never [2]01-02 [3]03-05 |
| V | 19 2 | O | P01b | New Substances times in the last 12 months | Times used new substance in the last 12 months | [4]06-09 [5]10-19 [6]20-39 [7]40 or more |
| Q | | | P02 | | If you have taken any of these new substances in the LAST 12 MONTHS, what form did they take? Check one or more boxes. | |
| V | 19 3 | O | P02a | New Substances never taken in the last 12 months | I haven't taken any of these substances in the last 12 months | |
| V | 19 4 | O | P02b | New Substances herbal mixture in the last 12 months | Herbal mixtures for smoking with similar effects to drugs | [-3]Not Expected [-1]No Answer |
| V | 19 5 | O | P02c | New Substances powders, crystals or pills in the last 12 months | Powders, crystals or pills with similar effects to drugs | [0]No [1]Yes |
| V | 19 6 | O | P02d | New Substances liquids in the last 12 months | Liquids with similar effects to drugs | |

V 19
7 O P02e New Substances
other in the last 12 months *Other*

Q P03 *How many times in your life have you taken any of the following substances?*
Check one box for each line

V 19
8 O P03a New Substances
synthetic cannabinoids in the life time *Times used Synthetic Cannabinoids in life time* [-3]Not Expected
[-1]No Answer

[1]Never

V 19
9 O P03b New Substances
synthetic cathinones in the life time *Times used Synthetic Cathinones in life time* [2]01-02
[3]03-05

V 20
0 O P03c New Substances
optional substance one in the life time *Times used Optional substance in life time* [4]06-09
[5]10-19

V 20
1 O P03d New Substances
optional substance two in the life time *Times used Optional substance in life time* [6]20-39
[7]40 or more

| | | | | | |
|---|---|---|--|--|--|
| S | Q | The following questions are about your opinion on substance use | | | |
|---|---|---|--|--|--|

| R | N | T | Variable Name | Variable Label | Question Text | Variable [Value]Label |
|---|-----|---|---------------|---|---|-----------------------------------|
| Q | | | Q01 | How much do you think PEOPLE RISK (physically or in other ways) harming themselves if they...? Check one box for each line | | |
| V | 202 | C | Q01a | Cigarettes risk perception occasionally | Smoke cigarettes occasionally | |
| V | 203 | C | Q01b | Cigarettes risk perception regularly | Smoke one or more packets of cigarettes a day (regularly) | |
| V | 204 | C | Q01c | E-Cigarettes risk perception occasionally | Smoke e-cigarettes occasionally | |
| V | 205 | C | Q01d | E-Cigarettes risk perception regularly | Smoke e-cigarettes regularly | [-3]Not Expected [-1]No Answer |
| V | 206 | C | Q01e | Water-Pipe risk perception occasionally | Smoke water pipe occasionally | [1]No risk [2]Slight risk |
| V | 207 | C | Q01f | Water-Pipe risk perception regularly | Smoke water pipe regularly | [3]Moderate risk [4]Great risk |
| V | 208 | O | Q01g | Chewing Tobacco risk perception occasionally | Use chewing tobacco occasionally | [5]Don't know |
| V | 209 | O | Q01h | Chewing Tobacco risk perception regularly | Use chewing tobacco regularly | |
| V | 210 | C | Q01i | Alcoholic Drinks risk perception occasionally | Have alcoholic drinks occasionally | |
| V | 211 | C | Q01j | Alcoholic Drinks 1-2 risk perception nearly every day | Have 1-2 alcoholic drinks nearly every day | |

| | | | | | | |
|---|---------|---|------|---|--|------------------------------------|
| V | 21 2 | C | Q01k | Alcoholic Drinks 3 Or More risk perception nearly every day | <i>Have 3 or more alcoholic drinks nearly every day</i> | |
| V | 21 3 | C | Q01l | Binge Drinking risk perception nearly every day | <i>Have five or more alcoholic drinks on the same occasion nearly every weekend (binge drinking)</i> | |
| Q | | | Q02 | <i>How much do you think PEOPLE RISK (physically or in other ways) harming themselves if they...?</i> <i>Check one box for each line</i> | | |
| V | 21 4 | C | Q02a | Nonprescribed Tranquilizers Or Sedatives risk perception occasionally | <i>Use tranquilizers without doctor prescription occasionally?</i> | |
| V | 21 5 | C | Q02b | Nonprescribed Tranquilizers Or Sedatives risk perception regularly | <i>Use tranquilizers without doctor prescription regularly?</i> | |
| V | 21 6 | C | Q02c | Cannabis risk perception occasionally | <i>Smoke cannabis occasionally?</i> | [-3]Not Expected |
| V | 21 7 | C | Q02d | Cannabis risk perception regularly | <i>Smoke cannabis regularly?</i> | [-1]No Answer [1]No risk |
| V | 21 8 | C | Q02e | Cocaine risk perception occasionally | <i>Use cocaine occasionally?</i> | [2]Slight risk [3]Moderate risk |
| V | 21 9 | C | Q02f | Ecstasy risk perception occasionally | <i>Use ecstasy occasionally?</i> | [4]Great risk [5]Don't know |
| V | 22 0 | C | Q02g | Heroin risk perception occasionally | <i>Use heroin occasionally?</i> | |
| V | 22 1 | C | Q02h | Inhalants risk perception occasionally | <i>Use inhalants occasionally?</i> | |
| V | 22 2 | C | Q02i | Amphetamines risk perception occasionally | <i>Use amphetamines occasionally?</i> | |

| | | | | | |
|---|---------|---|------|---------------------------------------|--------------------------------|
| V | 22 3 | C | Q02j | Crack risk perception occasionally | <i>Use crack occasionally?</i> |
|---|---------|---|------|---------------------------------------|--------------------------------|

| | | | | | |
|---|---------|---|------|--|---|
| V | 22 4 | C | Q02k | Synthetic Cannabinoids risk perception occasionally | <i>Use synthetic cannabinoids occasionally?</i> |
|---|---------|---|------|--|---|

| R | N | T | Variable Name | Variable Label | Question Text | Variable [Value]Label |
|---|-----|---|---------------|--|---|---|
| Q | | | Q03 | | <i>If you had a problem with alcohol and/or drugs, would you know whom to address to get support?</i> <i>Check one box for each line</i> | |
| V | 225 | C | Q03a | Get Support family member | <i>Family member(s)</i> | |
| V | 226 | C | Q03b | Get Support friends | <i>Friends</i> | |
| V | 227 | C | Q03c | Get Support teachers or other school staff | <i>Teachers or other school staff</i> | |
| V | 228 | C | Q03d | Get Support doctor, psychologist... | <i>Doctor, Psychologist....</i> | [-3]Not Expected [-1]No Answer |
| V | 229 | C | Q03e | Get Support religious person | <i>Religious person</i> | [1]Yes [2]No |
| V | 230 | C | Q03f | Get Support addiction treatment sevices | <i>Addiction Treatment Services</i> | [3]Don't know |
| V | 231 | C | Q03g | Get Support non-governmental organizations | <i>Non-Governmental Organizations</i> | |
| V | 232 | C | Q03h | Get Support other | <i>Other nationally relevant option</i> | |

| | | | | | |
|---|---|---|--|--|--|
| S | R | <i>The following questions are about SOCIAL NETWORKS (WhatsApp, Instagram, Facebook, Blogs, Snapchat, Skype, Twitter, Hangouts, et)</i> | | | |
|---|---|---|--|--|--|

| R | N | T | Variable Name | Variable Label | Question Text | Variable [Value]Label |
|---|-----|---|---------------|--|---|---|
| Q | | | R01 | | <i>During the LAST 7 DAYS, how many hours have you spent on social networks communicating with others on the Internet?</i> <i>Check one box for each line</i> | |
| V | 233 | C | R01a | Social Networks times on a school day in the last 7 days | <i>On a school day (a day you have to go to school)</i> | [-3]Not Expected [-1]No Answer [1]None [2]Half an hour or less |
| V | 234 | C | R01b | Social Networks times on a non-school day in the last 7 days | <i>On a non-school day (on a weekend or during holidays)</i> | [3]About 1 hour [4]About 2-3 hours [5]About 4-5 hours [6]6 hours or more |
| Q | | | R02 | | <i>To what extent do you agree or disagree with the following statements about using social networks to communicate with others on the Internet?</i> <i>Check one box for each line.</i> | |
| V | 235 | C | R02a | Social Networks spend too much time agree/disagree | <i>I think I spend too much time on social networks</i> | [-3]Not Expected [-1]No Answer |
| V | 236 | C | R02b | Social Networks get in a bad mood agree/disagree | <i>I get in a bad mood when I can't spend time on social networks</i> | [1]Strongly agree [2]Partly agree [3]Neither agree nor disagree |
| V | 237 | C | R02c | Social Networks spend too much time (parents) agree/disagree | <i>My parents say that I spend too much time on social networks</i> | [4]Partly disagree [5]Strongly disagree |

S S The following questions are about VIDEOGAMES (strategy, puzzle, adventure, football, war, et) that you can play on a PC, tablet, console, smartphone, or other electronic device

| R | N | T | Variable Name | Variable Label | Question Text | Variable [Value]Label |
|---|-----|---|---------------|--|--|--|
| Q | | | S01 | | During the LAST 30 DAYS, how many hours have you spent playing videogames? Check one box for each line | |
| V | 238 | C | S01a | Videogames times on a school day in the last 30 days | On a school day (a day you have to go to school) | [-3]Not Expected [-1]No Answer [1]None [2]Half an hour or less |
| V | 239 | C | S01b | Videogames times on a non-school day in the last 30 days | On a non-school day (on a weekend or during holidays) | [3]About 1 hour [4]About 2-3 hours [5]About 4-5 hours [6]6 hours or more |
| Q | | | S02 | | During the LAST 7 DAYS, how many days have you played videogames? Check one box | |
| V | 240 | C | S02 | Videogames days played a videogame in the last 7 days | Days played a videogame | [-3]Not Expected [-1]No Answer [1]None [2]1 day [3]2 days [4]3 days [5]4 days [6]5 days [7]6 days [8]7 days |
| Q | | | S03 | | To what extent do you agree or disagree with the following statements about videogames? Check one box for each line | |

| | | | | | | |
|---|---------|---|------|---|--|---|
| V | 24 1 | C | S03a | Videogames spend too much time agree/disagree | <i>I think I spend too much time on videogames</i> | [-3]Not Expected [-1]No Answer |
| V | 24 2 | C | S03b | Videogames get in a bad mood agree/disagree | <i>I get in a bad mood when I can't spend time on videogames</i> | [1]Strongly agree [2]Partly agree [3]Neither agree nor disagree |
| V | 24 3 | C | S03c | Videogames spend too much time (parents) agree/disagree | <i>My parents say that I spend too much time on videogames</i> | [4]Partly disagree [5]Strongly disagree |

| | | | |
|---|---|--|--|
| S | T | The following questions are about GAMBLING - playing games of chance for money (slot machines, card or dice games, lotteries, sports bets, et) - both ONLINE (if you have used a personal device - mobile, PC, tablet, et - to access gambling websites or applications) and OFFLINE (if you have physically gone to a betting shop or casino or have used gambling terminals in bars, et) | |
|---|---|--|--|

| R | N | T | Variable Name | Variable Label | Question Text | Variable [Value]Label |
|---|---------|---|---------------|---|--|--|
| Q | | | T01 | | How often have you gambled in the LAST 12 MONTHS? Check one box | |
| | | | | | | [-3]Not Expected [-1]No Answer [1]I haven't played these games [2]Once a month or less [3]2-4 times a month [4]2-3 times a week [5]4-5 times a week [6]6 or more times a week |
| V | 24 4 | C | T01 | Gambling times in the last 12 months | Time gambling last 12 months | |
| Q | | | T02 | | If you have gambled OFFLINE in the LAST 12 MONTHS, what games have you played? Check one box for each line. | |
| V | 24 5 | C | T02a | Gambling Offline slot machines in the last 12 months | Slot machines (fruit machines, new slot machines, etc) | [-3]Not Expected [-1]No Answer |
| V | 24 6 | C | T02b | Gambling Offline card or dice games in the last 12 months | Card or dice games (poker, bridge, crap, etc) | [1]I haven't played these games [2]Once a month or less [3]2-4 times a month [4]2-3 times a week [5]4-5 times a week [6]6 or more times a week |
| V | 24 7 | C | T02c | Gambling Offline lotteries in the last 12 months | Lotteries (scratch cards, bingo, keno, etc) | |
| V | 24 8 | C | T02d | Gambling Offline bettings in the last 12 months | Sports betting or betting on racing (horses, greyhounds, et) | |
| Q | | | T03 | | If you have gambled ONLINE in the LAST 12 MONTHS, what games have you played? Check one box for each line. | |

| | | | | | | |
|---|---------|---|------|--|---|--|
| V | 24 9 | C | T03a | Gambling Online slot machines in the last 12 months | <i>Slot machines (fruit machines, new slot machines, etc)</i> | [-3]Not Expected [-1]No Answer |
| V | 25 0 | C | T03b | Gambling Online card or dice games in the last 12 months | <i>Card or dice games (poker, bridge, crap, etc)</i> | [1]I haven't played these games [2]Once a month or less |
| V | 25 1 | C | T03c | Gambling Online lotteries in the last 12 months | <i>Lotteries (scratch cards, bingo, keno, etc)</i> | [3]2-4 times a month [4]2-3 times a week |
| V | 25 2 | C | T03d | Gambling Online bettings in the last 12 months | <i>Sports betting or betting on racing (horses, greyhounds, et)</i> | [5]4-5 times a week [6]6 or more times a week |
| V | 25 3 | C | T04 | Gambling Online bet more and more money in the last 12 months | <i>Have you ever felt the need to bet more and more money?</i> | [-3]Not Expected [-1]No Answer [1]No [2]Yes |
| V | 25 4 | C | T05 | Gambling Online lie to people about gambling in the last 12 months | <i>Have you ever had to lie to people important to you about how much you gamble?</i> | [-3]Not Expected [-1]No Answer [1]No [2]Yes |

| R | N | T | Variable Name | Variable Label | Question Text | Variable [Value]Label |
|---|-----|---|---------------|--|--|---|
| Q | | | T06 | | <i>If you have gambled in the LAST 12 MONTHS... Check one box for each line</i> | |
| | | | | | | [-3]Not Expected |
| V | 255 | C | T06a | Gambling go back another day to win in the last 12 months | <i>How often have you gone back another day to try and win back money you lost gambling?</i> | [-1]No Answer [1]Every time [2]Most of the time [3]Some of the time [4]Never |
| V | 256 | C | T06b | Gambling lie about money won in the last 12 months | <i>When you were betting, have you ever told others you were winning money when you weren't?</i> | |
| V | 257 | C | T06c | Gambling problems with family or friends in the last 12 months | <i>Has your betting money ever caused any problems for you such as arguments with family and friends, or problems at school or work?</i> | |
| V | 258 | C | T06d | Gambling gamble more than... in the last 12 months | <i>Have you ever gambled more than you had planned to?</i> | [-3]Not Expected [-1]No Answer |
| V | 259 | C | T06e | Gambling criticisms about gambling in the last 12 months | <i>Has anyone criticized your betting, or told you that you had a gambling problem whether you thought it true or not?</i> | [1]Yes [2]No |
| V | 260 | C | T06f | Gambling feel bad about bet money in the last 12 months | <i>Have you ever felt bad about the amount of money you bet, or about what happens when you bet money?</i> | |
| V | 261 | C | T06g | Gambling feel to stop betting in the last 12 months | <i>Have you ever felt like you would like to stop betting, but didn't think you could?</i> | |

| | | | | | |
|---|---------|---|------|---|--|
| V | 26 2 | C | T06h | Gambling hide any signs of gambling in the last 12 months | <i>Have you ever hidden from family or friends any betting slips, IOUs, lottery tickets, money that you won, or any signs of gambling?</i> |
| V | 26 3 | C | T06i | Gambling money arguments about gambling in the last 12 months | <i>Have you had money arguments with family or friends that centered on gambling?</i> |
| V | 26 4 | C | T06j | Gambling borrow money to bet in the last 12 months | <i>Have you borrowed money to bet and not paid it back?</i> |
| V | 26 5 | C | T06k | Gambling skip days from school or work in the last 12 months | <i>Have you ever skipped or been absent from school or work due to betting activities?</i> |
| V | 25 7 | C | T06l | Gambling borrow or steal money in the last 12 months | <i>Have you borrowed money or stolen something in order to bet or to cover gambling activities?</i> |

S

U

The COVID-19 (coronavirus disease 2019) pandemic has affected our daily lives in many ways. In this section we ask you few information about how the restrictions applied in your country as a consequence of COVID-19 affected your habits

| R | N | T | Variable Name | Variable Label | Question Text | Variable [Value]Label |
|---|-----|---|---------------|--|---|---|
| Q | | | U01 | | <i>Have you had to engage in any of the following during the COVID-19 restrictions? Check one box for each line</i> | |
| V | 267 | C | U01a | Engaged In physical isolation during the COVID-19 restrictions | <i>Physical isolation (e.g., avoiding public transport and social gatherings, working/studying from home)?</i> | |
| V | 268 | C | U01b | Engaged In home isolation during the COVID-19 restrictions | <i>Home isolation (i.e., a government asked everyone to stay in isolation at home)</i> | |
| V | 269 | C | U01c | Engaged In home quarantine during the COVID-19 restrictions | <i>Home quarantine (tested positive for COVID-19 and stayed at home)</i> | [-3]Not Expected |
| V | 270 | C | U01d | Engaged In admitted to hospital during the COVID-19 restrictions | <i>Admitted to hospital (tested positive for COVID-19 and admitted to hospital)</i> | [-1]No Answer [1]Yes [2]No |
| V | 271 | C | U01e | Engaged In other during the COVID-19 restrictions | <i>Other</i> | |
| V | 272 | C | U01f | Engaged In none during the COVID-19 restrictions | <i>None</i> | |
| V | 273 | C | U01g | Engaged In don't know during the COVID-19 restrictions | <i>Don't know</i> | |

| R | N | T | Variable Name | Variable Label | Question Text | Variable [Value]Label |
|---|---------|---|---------------|---|--|--|
| Q | | | U02 | | <p><i>Think back to the period of COVID-19 restrictions, did you change your use of the following substances, compared to before the restrictions?</i></p> <p><i>Check one box for each line</i></p> | |
| V | 27 4 | C | U02a | Cigarettes changes in habits during the COVID-19 restrictions | <i>Cigarettes</i> | |
| V | 27 5 | C | U02b | E-Cigarettes changes in habits during the COVID-19 restrictions | <i>E-cigarettes</i> | |
| V | 27 6 | C | U02c | Water-Pipe changes in habits during the COVID-19 restrictions | <i>Water-pipe</i> | |
| V | 27 7 | O | U02d | Chewing Tobacco changes in habits during the COVID-19 restrictions | <i>Chewing tobacco</i> | |
| V | 27 8 | C | U02e | Alcoholic Drinks changes in habits during the COVID-19 restrictions | <i>Alcoholic beverages</i> | <p>[-3]Not Expected</p> <p>[-1]No Answer</p> <p>[1]Never used before</p> <p>[2]Stopped using</p> |
| V | 27 9 | C | U02f | Nonprescribed Tranquilizers Or Sedatives changes in habits during the COVID-19 restrictions | <i>Tranquilizers or sedatives without a doctor's prescription</i> | <p>[3]Started using</p> <p>[4]Decreased</p> <p>[5]Increased</p> <p>[6]No change</p> |
| V | 28 0 | C | U02g | Cannabis changes in habits during the COVID-19 restrictions | <i>Cannabis</i> | |
| V | 28 1 | C | U02h | Cocaine changes in habits during the COVID-19 restrictions | <i>Cocaine</i> | |
| V | 28 2 | C | U02i | Ecstasy changes in habits during the COVID-19 restrictions | <i>Ecstasy</i> | |
| V | 28 3 | C | U02j | Heroin changes in habits during the COVID-19 restrictions | <i>Heroin</i> | |

| | | | | | |
|---|---------|---|------|--|--------------------------|
| V | 28 4 | O | U02k | Inhalants changes in habits during the COVID-19 restrictions | <i>Inhalants</i> |
| V | 28 5 | O | U02l | Amphetamines changes in habits during the COVID-19 restrictions | <i>Amphetamines</i> |
| V | 28 6 | O | U02m | Anabolic Steroids changes in habits during the COVID-19 restrictions | <i>Anabolic steroids</i> |
| V | 28 7 | O | U02n | Crack changes in habits during the COVID-19 restrictions | <i>Crack</i> |
| V | 28 8 | O | U02o | Ghb changes in habits during the COVID-19 restrictions | <i>GHB</i> |
| V | 28 9 | O | U02p | Hallucinogens changes in habits during the COVID-19 restrictions | <i>Hallucinogens</i> |
| V | 29 0 | O | U02q | Methamphetamines changes in habits during the COVID-19 restrictions | <i>Methamphetamines</i> |
| V | 29 1 | O | U02r | Painkillers changes in habits during the COVID-19 restrictions | <i>Painkillers</i> |
| V | 29 2 | O | U02s | Optional Drug changes in habits during the COVID-19 restrictions | <i>Optional Drug</i> |

| R | N | T | Variable Name | Variable Label | Question Text | Variable [Value]Label |
|---|-----|---|---------------|--|--|---|
| Q | | | U03 | | <p><i>Think back to the period of COVID-19 restrictions, did you change your habits related to the use of SOCIAL NETWORKS (WhatsApp, Instagram, Facebook, Blogs, Snapchat, Skype, Twitter, Hangouts, et) and VIDEOGAMES (strategy, puzzle, adventure, football, war, et), compared to before the restrictions?</i></p> <p><i>Check one box for each line</i></p> | |
| V | 293 | C | U03a | Social Networks changes in habits during the COVID-19 restrictions | <i>Social Network</i> | <p>[-3]Not Expected</p> <p>[-1]No Answer</p> <p>[1]Never used before</p> <p>[2]Stopped using</p> <p>[3]Started using</p> |
| V | 294 | C | U03b | Videogames changes in habits during the COVID-19 restrictions | <i>Videogames</i> | <p>[4]Used less</p> <p>[4]Used more</p> <p>[5]No change</p> |
| Q | | | U04 | | <p><i>Think back to the period of COVID-19 restrictions, did you change your habits related to ONLINE or OFFLINE gambling, compared to before the restrictions?</i></p> <p><i>Check one box for each line</i></p> | |
| V | 295 | C | U04a | Games Offline changes in habits during the COVID-19 restrictions | <i>Games offline</i> | <p>[-3]Not Expected</p> <p>[-1]No Answer</p> <p>[1]Never gambled before</p> <p>[2]Stopped gambling</p> <p>[3]Started gambling</p> |
| V | 296 | C | U04b | Games Online changes in habits during the COVID-19 restrictions | <i>Games online</i> | <p>[4]Gambled less frequently</p> <p>[5]Gambled more frequently</p> <p>[6]No change</p> |

| | | | | | | |
|---|-----|---|---------------|----------------------------|---|--|
| S | Z | You have almost completed the questionnaire, we just ask you to answer two further questions as frankly as possible | | | | |
| R | N | T | Variable Name | Variable Label | Question Text | Variable [Value]Label |
| V | 297 | C | Z01 | Alcoholic Drinks admit use | If you had ever used alcohol, do you think you would have said so in this questionnaire? | [-3]Not Expected [-1]No Answer [1]I already said that I have used it |
| V | 298 | C | Z02 | Cannabis admit use | If you had ever used cannabis, do you think you would have said so in this questionnaire? | [2]Definitely yes [3]Probably yes [4]Probably not [5]Definitely not |

Questionnaire **MedSPAD_Classroom_Report_27_02_2020_Questionnaire.docx**

Dataset **MedSPAD_Classroom_Report_25_01_2021_CRD_DUMMY.sav**

| | | | | | | |
|---|--------------|---|---------------|----------------|---|--|
| S | ID Variables | | | | | |
| R | N | T | Variable Name | Variable Label | Description Text | Variable [Value]Label |
| V | 1 | I | MedSPAD_Year | MedSPAD_Year | Survey Year/Wave | [4 digits] |
| V | 2 | I | COUNTRY | Country | Numeric Country Code Based on ISO 3166 | [422]Lebanon [504]Morocco [788]Tunisia [818]Egypt |
| V | 3 | I | SCHOOL | School | Each school in the gross sample should be assigned a unique identification number ranging from 1 to N1 (regardless of participation). | [8 digits]Values from 1 to N1 |
| V | 4 | I | CLASS | Class | Each class in the (gross) sample should be assigned a unique identification number ranging from 1 to N2. If only 1 class per school is surveyed this number will equal the SCHOOL variable. (If several classes per school: Use gross sample information if available, otherwise use the net sample information.) | [8 digits]Values from 1 to N1 |

| S | | | | | | |
|---|----|---|---------------|--|--|---|
| R | N | T | Variable Name | Variable Label | Question Text | Variable [Value]Label |
| V | 5 | C | CR01 | City or Town Name | City/Town Name | [80 characters] |
| V | 6 | C | CR02 | School Name | Name of school | [80 characters] |
| V | 7 | C | CR03 | Class Name | Class | [80 characters] |
| V | 8 | C | CR04 | Date | Date of questionnaire administration | (GG/MM/YYYY) |
| V | 9 | C | CR05 | Student Number of Present | Number of present students | [8 digits] |
| V | 10 | C | CR06 | Student Number of Refused | Number of students who refused to participate | [8 digits] |
| V | 11 | C | CR07 | Student Asked for Parents Permission | Did your school ask for parents' permission for the students to participate in the survey? | [-1]No Answer [1]Yes [2]No |
| V | 12 | C | CR08 | Student Number of Not Parents Permission | If Yes, how many students did not get their parents' permission? Number | [8 digits] |
| V | 13 | C | CR09 | Student Number of Completed Questionnaires | What is the number of completed questionnaires collected? Number | [8 digits] |
| V | 14 | C | CR10 | Administration Modality | What type of administration of the student questionnaire was used for this class? | [-1]No Answer [1]Paper and Pencil [2]WEB" |
| V | 15 | C | CR11 | Administration Web Device | In case of WEB administration, which devices were used (Mark all that apply): | [-1]No Answer [1]Computer [2]Laptop [3]Tablet [4]Smartphone |
| V | 16 | C | CR12 | Teacher Refer Any Disturbance From Student | Did you notice any disturbances from students during the completion of the questionnaires? | [-1]No Answer [1]No disturbance [2]Yes, from a few students [3]Yes, from more than a few |
| V | 17 | C | CR13 | Teacher Refer Student Worked Seriously | Did you find that the students worked seriously? | [-1]No Answer [1]Yes, all of them [2]Nearly all / the majority of them [3]About half or less |
| V | 18 | C | CR14 | Teacher Refer Student Evaluate Questionnaire | Do you think that the students found it easy or difficult to answer the questionnaire? | [-1]No Answer [1]Easy [2]Neither easy nor difficult [3]Difficult |
| V | 19 | C | CR15 | Scheduled Time For Survey | How much time was scheduled for the survey? Minutes | [8 digits] |
| Q | | | CR16 | | How long did it take: | |
| V | 20 | C | CR16a | Completion Time First Questionnaire | the first student to complete the questionnaire? Minutes | [8 digits] |
| V | 21 | C | CR16b | Completion Time Last Questionnaire | the last student to complete the questionnaire? Minutes | [8 digits] |
| V | 22 | C | CR17 | Teacher Comment | Personal Comment | [80 characters] |

Instructions to the survey administrator

Background

The Mediterranean School Survey Project on Alcohol and Other Drugs – MedSPAD is an international research project, initiated in 2003 by the Pompidou Group of the Council of Europe, which is an international governmental organization. It is comprised of experts nominated by the MedNET committee, called the MedSPAD Members, who want in the first place conduct a school survey in their country and to share their valid reliable results with other countries in order to obtain a regional Mediterranean high quality, comparable overview on substance use and risk behaviours among adolescent students.

Detailed information about the project is available at:

<https://www.coe.int/en/web/pompidou/mednet/medspad>

Participating schools and classes

Your school / class has been randomly sampled to participate in the survey. From a statistical point, it is important that a randomly selected class is not substituted by another.

Contact details

In [COUNTRY] the study is done by [RESPONSIBLE INSTITUTE]. If you have any questions regarding the survey, please feel free to contact [NAME] by [PHONE NUMBER and/or E-MAIL].

Anonymity

Since several of the questions may be perceived as sensitive by the students, it is extremely important that they are guaranteed to answer anonymously and that their integrity is not violated. Please observe that results of the study will not be presented at individual, class or school level.

Performance

The data collection should be planned for one academic hour. If more than one class is sampled in a school, whenever possible all classes in the school should do the survey at the same time.

It is also very important that all students in the class have the opportunity to participate. All students in the class should simultaneously complete the questionnaire in the classroom under the same conditions as a test or exam.

The students must understand that their participation is voluntary. If any of them refuse to participate they are entitled to do so. Those who are absent at the time of the survey (ill etc.) shall not answer the questionnaire afterwards.

Step-by-step instructions on the performance of the survey may be found below. Included is also a "Classroom Report" in which we ask you to report some facts about absent and present students and how you found the survey situation. This report may partly be filled in beforehand but it should be sent back together with the students' questionnaires.

Suggested instructions for performing the survey

1. Inform the class about the survey and how to complete the questionnaire

The information to the class should at least contain the following points:

- This year a survey on substance use and other behaviours is being performed in several Mediterranean countries among students of your age. The purpose is to collect data that can be compared between countries.
- Participating schools and classes are randomly sampled.
- Participation is totally voluntary.
- It is necessary to carefully read each question before answering.
- Avoid communicating with others during the survey.
- Participation is anonymous – don't put your name on the questionnaire cover or any page.
- It is important to answer the questions as truthfully as possible. There is no risk in doing so since your answers are anonymous, but you will give a great contribution to research.
- The results of the study will not be presented at individual, class or school level.
- Put the completed questionnaire into the enclosed envelope and seal it yourself before you hand it in. Please look thorough the questionnaire before returning it, making sure that you have not left out any questions.

2. Please distribute one questionnaire and one envelope to each student.

- All students should complete the questionnaire under the same conditions of a test / exam.
- It is recommended that the teacher/survey leader remains seated during the completion of the forms, or at least refrains from walking around in the classroom.
- If a student has a question, ask him/her to come up to you and try to give answers as neutral as possible.
- Try to avoid discussions on how to interpret the questions.

3. Complete the Classroom Report

Please complete the Classroom Report while the students are answering the questionnaires. It should be returned together with the questionnaires. Please observe that the assistance of a teacher is necessary for answering some of the questions in the Classroom Report.

4. Completion

Please remind the students not to put their names anywhere and wait until all students have finished their questionnaires before collecting them. The reason for this is to avoid discussions in case some students are answering slowly, which may make them feel uncomfortable.

5. Returning the material

The completed questionnaires should be packed together with the Classroom Report and returned in the pre-addressed envelope provided. If more than one class in your school participates, the questionnaires from each class, as well as the Classroom Reports, should be distinctly separated before returning them.

Please, do not return unused questionnaires.

Thank you very much for your help and your students' cooperation!