

## 2. Common basic questionnaire

This is the standardized questionnaire that SIDUC is proposing for the Survey on Drug Use among secondary school students. *Explanatory notes and subtitles* (ST) have been included to orient the study's coordinator on the possibility of including additional questions and helping the facilitator understand the Application Handbook. Nevertheless, these subtitles and notes must not be included on the questionnaire used for working in the field. It would be ideal to use an *answer sheet*, which would make it possible to save a great deal on paper and provide the option for data scanning in those countries that have an electronic data reader or would like to consider paying for this type of service.

### Good morning – Good afternoon

We are conducting a study of students in various countries on issues involving **public health**. It is aimed at obtaining information to orient, as best as possible, a series of actions geared to solving public health problems in these countries. To this end, your cooperation in this survey shall be very useful. Your answers are **absolutely confidential**, that is, no one other than the research team will have access to them. In addition, there is no way that anyone can identify you with your answers, as you must not write down any of your personal information anywhere. That is why we are asking you to answer honestly and sincerely.

<b>1. COUNTRY</b> <input type="text"/>	<b>2. CITY</b> <input type="text"/>	<b>3. QUESTIONNAIRE NUMBER</b> <input type="text"/>
---	--	--

<b>4. Type of school</b>	<b>5. Type of students at school</b>												
<table border="1"> <tr><td><input type="checkbox"/></td><td>1.Public</td></tr> <tr><td><input type="checkbox"/></td><td>2.Private</td></tr> <tr><td><input type="checkbox"/></td><td>3.Other (Specify:.....)</td></tr> </table>	<input type="checkbox"/>	1.Public	<input type="checkbox"/>	2.Private	<input type="checkbox"/>	3.Other (Specify:.....)	<table border="1"> <tr><td><input type="checkbox"/></td><td>1.Only males</td></tr> <tr><td><input type="checkbox"/></td><td>2.Only females</td></tr> <tr><td><input type="checkbox"/></td><td>3.Both males and females (coed)</td></tr> </table>	<input type="checkbox"/>	1.Only males	<input type="checkbox"/>	2.Only females	<input type="checkbox"/>	3.Both males and females (coed)
<input type="checkbox"/>	1.Public												
<input type="checkbox"/>	2.Private												
<input type="checkbox"/>	3.Other (Specify:.....)												
<input type="checkbox"/>	1.Only males												
<input type="checkbox"/>	2.Only females												
<input type="checkbox"/>	3.Both males and females (coed)												

<b>6. Grade or form the student is attending:</b>	<b>6A Control Number:</b>												
<table border="1"> <tr><td><input type="checkbox"/></td><td><b>1.Eighth grade or 2nd Form</b></td></tr> <tr><td><input type="checkbox"/></td><td><b>2.Tenth grade or 4th Form</b></td></tr> <tr><td><input type="checkbox"/></td><td><b>3. Eleventh grade or 5th Form</b></td></tr> <tr><td><input type="checkbox"/></td><td><b>4.Twelfth grade or 6th Form</b></td></tr> </table>	<input type="checkbox"/>	<b>1.Eighth grade or 2nd Form</b>	<input type="checkbox"/>	<b>2.Tenth grade or 4th Form</b>	<input type="checkbox"/>	<b>3. Eleventh grade or 5th Form</b>	<input type="checkbox"/>	<b>4.Twelfth grade or 6th Form</b>	<table border="1"> <tr> <td style="width: 50%;"><b>School</b></td> <td style="width: 50%;"><b>Class</b></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<b>School</b>	<b>Class</b>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<b>1.Eighth grade or 2nd Form</b>												
<input type="checkbox"/>	<b>2.Tenth grade or 4th Form</b>												
<input type="checkbox"/>	<b>3. Eleventh grade or 5th Form</b>												
<input type="checkbox"/>	<b>4.Twelfth grade or 6th Form</b>												
<b>School</b>	<b>Class</b>												
<input type="text"/>	<input type="text"/>												

**ST.1. THE STUDENT BEGINS TO FILL OUT THE QUESTIONNAIRE HERE**

<b>7. Gender</b>		<b>8. Age (at last birthday)</b>	
<input type="checkbox"/>	1. Male	<input type="checkbox"/>	Age (at last birthday)
<input type="checkbox"/>	2. Female		
<b>9. What is your parents'/guardians' marital status? (in relation to each other)</b>		<b>10. With whom do you live? (you may tick as many options as necessary)</b>	
<input type="checkbox"/>	1. Single	<input type="checkbox"/>	1. Father
<input type="checkbox"/>	2. Married	<input type="checkbox"/>	2. Mother
<input type="checkbox"/>	3. Divorced	<input type="checkbox"/>	3. Brother and/or Sister
<input type="checkbox"/>	4. Separated	<input type="checkbox"/>	4. Stepmother
<input type="checkbox"/>	5. Widow(er)	<input type="checkbox"/>	5. Stepfather
<input type="checkbox"/>	6. Living together/common law	<input type="checkbox"/>	6. Wife/Husband
<input type="checkbox"/>	7. Other	<input type="checkbox"/>	7. Girlfriend/Boyfriend
		<input type="checkbox"/>	8. Guardian(s)
		<input type="checkbox"/>	9. Other relative
		<input type="checkbox"/>	10. Friend
		<input type="checkbox"/>	11. Alone
		<input type="checkbox"/>	12. Other

**ST.2. PARENTAL INVOLVEMENT**

<b>11. After school hours or on weekends, how often does your mother or father or guardian know where you are? Let's say for one or more hours.</b>		<b>12. As a rule, do any of your parents/guardian(s) focus on or know the programs you watch on television?</b>	
<input type="checkbox"/>	1. They never or almost never know where I am	<input type="checkbox"/>	1. Yes
<input type="checkbox"/>	2. Sometimes they do not know	<input type="checkbox"/>	2. No
<input type="checkbox"/>	3. They always or almost always know where I am		

**13. How closely do your parents/guardian(s) (or one of them) pay attention to what you are doing in school?**

<input type="checkbox"/>	1. Very closely
<input type="checkbox"/>	2. Closely
<input type="checkbox"/>	3. Somewhat
<input type="checkbox"/>	4. Not at all

**14. In a normal week, how many days do you sit down together, you and your parents/guardian(s) (or one of them), at the same table, whether for breakfast, lunch, supper or dinner?  
(Check just one option)**

<input type="checkbox"/>	1. Never
<input type="checkbox"/>	2. One single day
<input type="checkbox"/>	3. Two days
<input type="checkbox"/>	4. Three days
<input type="checkbox"/>	5. Four days
<input type="checkbox"/>	6. Five days
<input type="checkbox"/>	7. Six days
<input type="checkbox"/>	8. Every day

**15. On weekends, do your parents/guardian(s) (or one of them) control what time you come home at night?**

<input type="checkbox"/>	1. Yes
<input type="checkbox"/>	2. No
<input type="checkbox"/>	3. Rarely
<input type="checkbox"/>	4. Never

**16. When you go out in the afternoon or on weekends, do your parents/guardian(s) (or one of them) ask you and/or expect you to tell them where you are going?**

<input type="checkbox"/>	1. Yes
<input type="checkbox"/>	2. No
<input type="checkbox"/>	3. Rarely
<input type="checkbox"/>	4. Never

**17. As a rule, how well do you think your parents/guardian(s) (or one of them) know your closest friends?**

<input type="checkbox"/>	1. Very well
<input type="checkbox"/>	2. More or less
<input type="checkbox"/>	3. Slightly
<input type="checkbox"/>	4. Not at all

<b>How do I think my father, mother or guardian would react in the following situations?</b>	<b>1. Extremely upset</b>	<b>2. Very upset</b>	<b>3. Somewhat upset</b>	<b>4. Not upset</b>	<b>5. I have no idea how they would react</b>	<b>6. Not applicable, I have no living father/mother/guardian or I have never seen them</b>
<b>18. If your father/guardian catches you coming home tipsy or drunk.</b>						
<b>19. If your mother/guardian catches you coming home tipsy or drunk.</b>						
<b>20. If your father/guardian finds out you are smoking marijuana</b>						
<b>21. If your mother/guardian finds out you are smoking marijuana</b>						

<b>FOCUSING ON YOUR RELATIONSHIP WITH YOUR PARENTS/GUARDIAN(S)</b>	<b>1. Very good</b>	<b>2. Good</b>	<b>3. Bad</b>	<b>4. Very Bad</b>	<b>Not applicable,</b> I have no living father/mother/guardian, I have no relationship with them
<b>22. How would you describe the relationship you currently have with your father/guardian?</b>					
<b>23. How would you describe the relationship you currently have with your mother/guardian?</b>					
<b>24. How would you describe the relationship your Parents/guardian(s) have with each other? Describe it even if they do not live together.</b>					

<b>25. Have you had any serious conversations with any of your parents/guardian(s) about the dangers of drug use?</b> <table border="1" data-bbox="240 1402 792 1482"> <tr> <td><input type="checkbox"/></td> <td>1. YES</td> </tr> <tr> <td><input type="checkbox"/></td> <td>2. NO</td> </tr> </table>	<input type="checkbox"/>	1. YES	<input type="checkbox"/>	2. NO	<b>26. Focusing now on your parents/guardian(s), do you believe that any one of them used any illegal drug when they were young?</b> <table border="1" data-bbox="831 1402 1373 1482"> <tr> <td><input type="checkbox"/></td> <td>1. YES</td> </tr> <tr> <td><input type="checkbox"/></td> <td>2. NO</td> </tr> </table>	<input type="checkbox"/>	1. YES	<input type="checkbox"/>	2. NO				
<input type="checkbox"/>	1. YES												
<input type="checkbox"/>	2. NO												
<input type="checkbox"/>	1. YES												
<input type="checkbox"/>	2. NO												
<b>27. Do any one of your parents/guardian(s) regularly smoke at least one cigarette per day?</b> <table border="1" data-bbox="240 1629 792 1772"> <tr> <td><input type="checkbox"/></td> <td>1. YES, my father/guardian</td> </tr> <tr> <td><input type="checkbox"/></td> <td>2. YES, my mother/guardian</td> </tr> <tr> <td><input type="checkbox"/></td> <td>3. YES, both</td> </tr> <tr> <td><input type="checkbox"/></td> <td>4. NO, neither of them</td> </tr> </table>	<input type="checkbox"/>	1. YES, my father/guardian	<input type="checkbox"/>	2. YES, my mother/guardian	<input type="checkbox"/>	3. YES, both	<input type="checkbox"/>	4. NO, neither of them	<b>28. As far as you know, do any of your brothers or sisters or anybody else living at home with you currently use any drug?</b> <table border="1" data-bbox="831 1671 1373 1751"> <tr> <td><input type="checkbox"/></td> <td>1. YES</td> </tr> <tr> <td><input type="checkbox"/></td> <td>2. NO</td> </tr> </table>	<input type="checkbox"/>	1. YES	<input type="checkbox"/>	2. NO
<input type="checkbox"/>	1. YES, my father/guardian												
<input type="checkbox"/>	2. YES, my mother/guardian												
<input type="checkbox"/>	3. YES, both												
<input type="checkbox"/>	4. NO, neither of them												
<input type="checkbox"/>	1. YES												
<input type="checkbox"/>	2. NO												

<b>29 and 30.</b> How would you describe <u><i>your father's and mother's or guardian's drinking habits</i></u> regarding alcohol? (e.g. wine, beer, magnum, Smirnoff ice, hard liquor)		
	<b>Answer Q.29 Father/ Guardian</b>	<b>Answer Q.30 Mother/ Guardian</b>
1. Never drinks any alcohol		
2. Only on special occasions		
3. Only on weekends, but never during the week		
4. Sometimes during the week		
5. Drinks alcohol every day		
6. Not applicable, I have no living father/mother/ guardian, or I never see them		

<p><b>31. How happy do you feel when you go to school?</b></p> <table border="1" style="width: 100%;"> <tr><td>1. Very happy</td></tr> <tr><td>2. Fairly happy</td></tr> <tr><td>3. Neither happy/nor unhappy</td></tr> <tr><td>4. Unhappy</td></tr> <tr><td>5. Very unhappy</td></tr> </table>	1. Very happy	2. Fairly happy	3. Neither happy/nor unhappy	4. Unhappy	5. Very unhappy	<p><b>32. Speaking generally, would you say that you feel a sense of belonging at school?</b></p> <table border="1" style="width: 100%;"> <tr><td>1. YES</td></tr> <tr><td>2. NO</td></tr> </table>	1. YES	2. NO		
1. Very happy										
2. Fairly happy										
3. Neither happy/nor unhappy										
4. Unhappy										
5. Very unhappy										
1. YES										
2. NO										
<p><b>33. In the past year, how often did you skip school without permission for a part of the day or the entire day?</b></p> <table border="1" style="width: 100%;"> <tr><td>1. Never</td></tr> <tr><td>2. A few times</td></tr> <tr><td>3. Several times</td></tr> <tr><td>4. Often</td></tr> </table>	1. Never	2. A few times	3. Several times	4. Often	<p><b>34. In the past year, how many full days were you absent from school? Choose one of the following options.</b></p> <table border="1" style="width: 100%;"> <tr><td>1. Less than 5 days</td></tr> <tr><td>2. Between 5 and 10 days</td></tr> <tr><td>3. Between 11 and 20 days</td></tr> <tr><td>4. Between 21 and 30 days</td></tr> <tr><td>5. More than 30 days</td></tr> </table>	1. Less than 5 days	2. Between 5 and 10 days	3. Between 11 and 20 days	4. Between 21 and 30 days	5. More than 30 days
1. Never										
2. A few times										
3. Several times										
4. Often										
1. Less than 5 days										
2. Between 5 and 10 days										
3. Between 11 and 20 days										
4. Between 21 and 30 days										
5. More than 30 days										
<p><b>35. How would you describe the relationship you generally have with your teachers at school?</b></p> <table border="1" style="width: 100%;"> <tr><td>1. Very good</td></tr> <tr><td>2. Good</td></tr> <tr><td>3. Average</td></tr> <tr><td>4. Bad</td></tr> <tr><td>5. Very bad</td></tr> </table>	1. Very good	2. Good	3. Average	4. Bad	5. Very bad					
1. Very good										
2. Good										
3. Average										
4. Bad										
5. Very bad										

	1. YES	2. NO	3. I do not know
36A. In general, do you believe that there are drugs (alcohol, marijuana, beady, cigarettes, etc.) at your school?			
36B. In general, do you believe that there are students who bring, try or deal with drugs at your school?			
37A. Do you believe that there are drugs in the area surrounding or next to your school?			
37B. Do you believe that some students try to buy or deal in drugs amongst themselves just outside the school or in the surrounding area?			
38. Have you personally ever seen a student selling or giving drugs at school or in the area surrounding the school?			
39. Have you personally ever seen a student using drugs at school or in the area surrounding the school?			

<p>40. Do you have a job in addition to going to school?</p> <table border="1" data-bbox="240 968 789 1045"> <tr> <td></td> <td>1. YES</td> </tr> <tr> <td></td> <td>2. NO (<i>Go to # 42</i>)</td> </tr> </table> <p>41. How many hours a week do you work at your job?</p> <table border="1" data-bbox="354 1157 675 1234"> <tr> <td></td> <td>Hours</td> </tr> </table>		1. YES		2. NO ( <i>Go to # 42</i> )		Hours	<p>42. How likely is it that you will complete high school/secondary school?</p> <table border="1" data-bbox="831 968 1373 1161"> <tr> <td></td> <td>1. Very likely</td> </tr> <tr> <td></td> <td>2. Likely</td> </tr> <tr> <td></td> <td>3. Not very likely</td> </tr> <tr> <td></td> <td>4. Impossible</td> </tr> <tr> <td></td> <td>5. Don't know</td> </tr> </table>		1. Very likely		2. Likely		3. Not very likely		4. Impossible		5. Don't know
	1. YES																
	2. NO ( <i>Go to # 42</i> )																
	Hours																
	1. Very likely																
	2. Likely																
	3. Not very likely																
	4. Impossible																
	5. Don't know																
<p>43. How likely is that you will go to University?</p> <table border="1" data-bbox="240 1346 789 1530"> <tr> <td></td> <td>1. Very likely</td> </tr> <tr> <td></td> <td>2. Likely</td> </tr> <tr> <td></td> <td>3. Not very likely</td> </tr> <tr> <td></td> <td>4. Impossible</td> </tr> <tr> <td></td> <td>5. Don't know</td> </tr> </table>		1. Very likely		2. Likely		3. Not very likely		4. Impossible		5. Don't know	<p>44. How many grade levels or years have you had to repeat throughout your school years?</p> <table border="1" data-bbox="831 1381 1373 1497"> <tr> <td></td> <td>1. None</td> </tr> <tr> <td></td> <td>2. One</td> </tr> <tr> <td></td> <td>3. Two or more</td> </tr> </table>		1. None		2. One		3. Two or more
	1. Very likely																
	2. Likely																
	3. Not very likely																
	4. Impossible																
	5. Don't know																
	1. None																
	2. One																
	3. Two or more																

**45. Have you ever had behavioural and disciplinary problems during your school years? (e.g. detentions, suspensions, being sent to the headmaster/mistress or corporal punishment).**

	1. Never
	2. Once
	2. A few times
	3. Often

**46A. If your close friends knew you were smoking marijuana/ganja, how many of them would try to convince you to stop?**

	1. All
	2. Some
	3. None

**46B. If your close friends knew you were smoking marijuana/ganja, how many of them would disapprove?**

	1. All
	2. Some
	3. None

<b>JUST FOCUSING ON YOUR FRIENDS NOW</b>	<b>1. None</b>	<b>2. One</b>	<b>3. Some</b>	<b>4. A lot</b>
<b>47. How many of your friends drink alcohol regularly?</b> Let's say every weekend, weekends after school or even more often				
<b>48. How many of your friends smoke marijuana regularly?</b> Let's say every weekend, evenings after school or even more often				

**ST.3.RISK PERCEPTION AND CURIOSITY**

<b>49. In your opinion, how harmful are the following to your health? MARK YOUR ANSWER WITH AN X IN THE CHECKBOX</b>					
	1. Not harmful	2. Slightly harmful	3. Moderately harmful	4. Very harmful	5. Don't know
1. Smoking cigarettes sometimes					
2. Smoking cigarettes frequently					
3. Drinking alcoholic beverages frequently					
4. Getting drunk					
5. Taking tranquilizers/stimulants without medical prescription sometimes					
6. Taking tranquilizers/stimulants without medical prescription frequently					
7. Inhaling solvents sometimes					
8. Inhaling solvents frequently					
9. Smoking marijuana sometimes					
10. Smoking marijuana frequently					
11. Consuming cocaine or crack sometimes					
12. Consuming cocaine or crack frequently					
13. Consuming coca paste sometimes					
14. Consuming coca paste frequently					
15. Consuming ecstasy sometimes					
16. Consuming ecstasy frequently					
17. Inhaling second hand cigarette smoke					
18. Inhaling second hand marijuana smoke					

**50A. Have you ever been curious about trying an illicit drug?**  
*(example: marijuana, cocaine, crack, ecstasy, beady or similar)*

<input type="checkbox"/>	1. YES
<input type="checkbox"/>	2. NO
<input type="checkbox"/>	3. Not sure

**50B. Have you ever been curious to try any of the following drugs?**

	1. Yes	2. No	3. Maybe
1. Marijuana/Ganja	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Crack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**51. If you had the opportunity, would you try an illicit drug?**  
*(example: marijuana, cocaine, crack, ecstasy, beady or similar)*

<input type="checkbox"/>	1. YES
<input type="checkbox"/>	2. NO
<input type="checkbox"/>	3. Not sure

**ST.4. ACCESS TO ILLICIT DRUGS AND SUPPLY**

<b>52. How hard or easy would it be for you to get any of the following drugs?</b> <i>(Mark with an X the corresponding checkbox for each drug)</i>	1. It would be easy for me	2. It would be hard for me	3. I would not be able to get any	4. I do not know if it would be hard or easy
1. Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Crack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. LSD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>53. When was the <u>last time</u> someone offered you any of these drugs, whether to buy or try?</b> (Mark with an X the corresponding checkbox for each drug)	1. Over the past 30 days	2. More than one month ago, but less than one year ago	3. More than one year ago	4. I have never been offered any
1. Marijuana				
2. Cocaine				
3. Crack				
4. Ecstasy				
5. LSD				
6. Heroin				

<b>54. Think back to the last time you were offered one of the following drugs. Where did that occur?</b>	<b>1. At home</b>	<b>2. At school</b>	<b>3. On the block</b>	<b>4. At a friend's house</b>	<b>5. At sporting events</b>	<b>6. At other social events</b>	<b>7. Other</b>	<b>8. I have never been offered</b>
1. Marijuana								
2. Cocaine								
3. Crack								
4. Ecstasy								
5. LSD								
6. Heroin								

<b>55. Think back to the last time you were offered any of the following drugs; Who was the person offering it?</b>	1. A relative/family member	2. A friend	3. Someone you know but who is not your friend	4. Somebody you do not know	5. I have never been offered
1. Marijuana					
2. Cocaine					
3. Crack					
4. Ecstasy					
5. LSD					
6. Heroin					

## ST.5. TOBACCO/CIGARETTES

<p><b>56. Have you ever smoked cigarettes <u>in your lifetime</u>?</b></p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>1. YES</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>2. NO</td> <td>(Go to #62)</td> </tr> </table>	<input type="checkbox"/>	1. YES		<input type="checkbox"/>	2. NO	(Go to #62)	<p><b>57. How old were you when you smoked cigarettes for the <u>first time in your life</u>?</b></p> <table border="1"> <tr> <td><input type="text"/></td> <td>Years old</td> </tr> </table>	<input type="text"/>	Years old						
<input type="checkbox"/>	1. YES														
<input type="checkbox"/>	2. NO	(Go to #62)													
<input type="text"/>	Years old														
<p><b>58. When was the <u>first time</u> you smoked cigarettes?</b></p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>1. Never</td> </tr> <tr> <td><input type="checkbox"/></td> <td>2. Over the past 30 days</td> </tr> <tr> <td><input type="checkbox"/></td> <td>3. More than one month ago, but less than one year ago</td> </tr> <tr> <td><input type="checkbox"/></td> <td>4. More than one year ago</td> </tr> </table>	<input type="checkbox"/>	1. Never	<input type="checkbox"/>	2. Over the past 30 days	<input type="checkbox"/>	3. More than one month ago, but less than one year ago	<input type="checkbox"/>	4. More than one year ago	<p><b>59. Have you smoked cigarettes over the <u>past 12 months</u>?</b></p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>1. YES</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>2. NO</td> <td>(Go to #62)</td> </tr> </table>	<input type="checkbox"/>	1. YES		<input type="checkbox"/>	2. NO	(Go to #62)
<input type="checkbox"/>	1. Never														
<input type="checkbox"/>	2. Over the past 30 days														
<input type="checkbox"/>	3. More than one month ago, but less than one year ago														
<input type="checkbox"/>	4. More than one year ago														
<input type="checkbox"/>	1. YES														
<input type="checkbox"/>	2. NO	(Go to #62)													
<p><b>60. Have you smoked cigarettes over the <u>past 30 days</u>?</b></p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>1. YES</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>2. NO</td> <td>(Go to #62)</td> </tr> </table>	<input type="checkbox"/>	1. YES		<input type="checkbox"/>	2. NO	(Go to #62)	<p><b>61. About how many cigarettes a day have you smoked over the past 30 days?</b></p> <p><b>Number of cigarettes per day:</b></p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>1. From 1 to 5</td> </tr> <tr> <td><input type="checkbox"/></td> <td>2. From 6 to 10</td> </tr> <tr> <td><input type="checkbox"/></td> <td>3. From 11 to 20</td> </tr> <tr> <td><input type="checkbox"/></td> <td>4. More than 20</td> </tr> </table>	<input type="checkbox"/>	1. From 1 to 5	<input type="checkbox"/>	2. From 6 to 10	<input type="checkbox"/>	3. From 11 to 20	<input type="checkbox"/>	4. More than 20
<input type="checkbox"/>	1. YES														
<input type="checkbox"/>	2. NO	(Go to #62)													
<input type="checkbox"/>	1. From 1 to 5														
<input type="checkbox"/>	2. From 6 to 10														
<input type="checkbox"/>	3. From 11 to 20														
<input type="checkbox"/>	4. More than 20														

## ST.6. ALCOHOL

<p><b>62. Have you ever drunk alcoholic beverages in your lifetime?</b> <i>(Consider wine, beer or hard liquor such as, rum, vodka, Smirnoff ice etc. Do not include any time when your parents/guardian(s) gave you a sip of alcohol to taste)</i></p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>1. YES</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>2. NO</td> <td>(Go to #73)</td> </tr> </table>	<input type="checkbox"/>	1. YES		<input type="checkbox"/>	2. NO	(Go to #73)	<p><b>63. How old were you when you drank alcoholic beverages for the first time in your life?</b> <i>(Do not include any time when your parents/ guardian(s) gave you a sip of alcohol to taste)</i></p> <table border="1"> <tr> <td><input type="text"/></td> <td>Years old</td> </tr> </table>	<input type="text"/>	Years old						
<input type="checkbox"/>	1. YES														
<input type="checkbox"/>	2. NO	(Go to #73)													
<input type="text"/>	Years old														
<p><b>64. When was the <u>first time</u> you drank alcoholic beverages?</b></p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>1. Never</td> </tr> <tr> <td><input type="checkbox"/></td> <td>2. Over the past 30 days</td> </tr> <tr> <td><input type="checkbox"/></td> <td>3. More than one month ago, but less than one year ago</td> </tr> <tr> <td><input type="checkbox"/></td> <td>4. More than one year ago</td> </tr> </table>	<input type="checkbox"/>	1. Never	<input type="checkbox"/>	2. Over the past 30 days	<input type="checkbox"/>	3. More than one month ago, but less than one year ago	<input type="checkbox"/>	4. More than one year ago	<p><b>65. Have you drunk any alcoholic beverages over the <u>past 12 months</u>?</b></p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>1. YES</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>2. NO</td> <td>(Go to #73)</td> </tr> </table>	<input type="checkbox"/>	1. YES		<input type="checkbox"/>	2. NO	(Go to #73)
<input type="checkbox"/>	1. Never														
<input type="checkbox"/>	2. Over the past 30 days														
<input type="checkbox"/>	3. More than one month ago, but less than one year ago														
<input type="checkbox"/>	4. More than one year ago														
<input type="checkbox"/>	1. YES														
<input type="checkbox"/>	2. NO	(Go to #73)													

<p><b>66. Have you drunk alcoholic beverages over the <u>past 30 days</u>?</b></p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"><input type="checkbox"/> 1. YES</td> <td style="width: 50%;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 2. NO</td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> 1. YES	<input type="checkbox"/>	<input type="checkbox"/> 2. NO	<input type="checkbox"/>	<p><b>67. Where do you most often drink alcohol? (Tick only one (1) response)</b></p> <table border="1" style="width: 100%;"> <tr><td><input type="checkbox"/> 1. At home</td></tr> <tr><td><input type="checkbox"/> 2. At school</td></tr> <tr><td><input type="checkbox"/> 3. On the block</td></tr> <tr><td><input type="checkbox"/> 4. At a friend's house</td></tr> <tr><td><input type="checkbox"/> 5. At sporting events</td></tr> <tr><td><input type="checkbox"/> 6. At other social events</td></tr> <tr><td><input type="checkbox"/> 7. Other</td></tr> </table>	<input type="checkbox"/> 1. At home	<input type="checkbox"/> 2. At school	<input type="checkbox"/> 3. On the block	<input type="checkbox"/> 4. At a friend's house	<input type="checkbox"/> 5. At sporting events	<input type="checkbox"/> 6. At other social events	<input type="checkbox"/> 7. Other
<input type="checkbox"/> 1. YES	<input type="checkbox"/>											
<input type="checkbox"/> 2. NO	<input type="checkbox"/>											
<input type="checkbox"/> 1. At home												
<input type="checkbox"/> 2. At school												
<input type="checkbox"/> 3. On the block												
<input type="checkbox"/> 4. At a friend's house												
<input type="checkbox"/> 5. At sporting events												
<input type="checkbox"/> 6. At other social events												
<input type="checkbox"/> 7. Other												

<p><b>68. From whom/where do you usually get alcohol? Tick only one (1) response)</b></p> <table border="1" style="width: 100%;"> <tr><td><input type="checkbox"/> 1. Friends</td></tr> <tr><td><input type="checkbox"/> 2. Parents/Guardians</td></tr> <tr><td><input type="checkbox"/> 3. Brother/Sister</td></tr> <tr><td><input type="checkbox"/> 4. Other relatives</td></tr> <tr><td><input type="checkbox"/> 5. Street vendor</td></tr> <tr><td><input type="checkbox"/> 6. Shop</td></tr> <tr><td><input type="checkbox"/> 7. Other</td></tr> </table>	<input type="checkbox"/> 1. Friends	<input type="checkbox"/> 2. Parents/Guardians	<input type="checkbox"/> 3. Brother/Sister	<input type="checkbox"/> 4. Other relatives	<input type="checkbox"/> 5. Street vendor	<input type="checkbox"/> 6. Shop	<input type="checkbox"/> 7. Other	<p><b>69. How many days, over the <u>past 30 days</u>, have you taken too much to drink and have gotten drunk?</b></p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"><input type="text"/></td> <td style="width: 50%; text-align: center;"><b>Number of days</b></td> </tr> </table>	<input type="text"/>	<b>Number of days</b>
<input type="checkbox"/> 1. Friends										
<input type="checkbox"/> 2. Parents/Guardians										
<input type="checkbox"/> 3. Brother/Sister										
<input type="checkbox"/> 4. Other relatives										
<input type="checkbox"/> 5. Street vendor										
<input type="checkbox"/> 6. Shop										
<input type="checkbox"/> 7. Other										
<input type="text"/>	<b>Number of days</b>									

<p><b>70. Over the past 30 days, what type of alcoholic beverage did you drink and how often?</b>  <i>(Mark with an X only that option that corresponds to each alcoholic beverage)</i></p>					
	1. Daily	2. Several days of the week	3. Weekends	4. A few times during the month	5. Never
1. Beer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Wine (red label, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Hard liquor (rum, whisky, vodka, brandy, magnum, Smirnoff ice, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p><b>71. Over the past two weeks, how many times have you consumed five (5) or more alcoholic drinks in one (1) sitting?</b></p> <table border="1" style="width: 100%;"> <tr><td><input type="checkbox"/> 1. Not once</td></tr> <tr><td><input type="checkbox"/> 2. Only once</td></tr> <tr><td><input type="checkbox"/> 3. Between 2 and 3 times</td></tr> <tr><td><input type="checkbox"/> 4. Between 4 and 5 times</td></tr> <tr><td><input type="checkbox"/> 5. More than 5 times</td></tr> </table>	<input type="checkbox"/> 1. Not once	<input type="checkbox"/> 2. Only once	<input type="checkbox"/> 3. Between 2 and 3 times	<input type="checkbox"/> 4. Between 4 and 5 times	<input type="checkbox"/> 5. More than 5 times	<p><b>72. Just focusing on the past month, about how much money did you end up spending on buying alcoholic beverages?</b></p> <table border="1" style="width: 100%; height: 50px;"> <tr><td><input type="text"/></td></tr> </table>	<input type="text"/>
<input type="checkbox"/> 1. Not once							
<input type="checkbox"/> 2. Only once							
<input type="checkbox"/> 3. Between 2 and 3 times							
<input type="checkbox"/> 4. Between 4 and 5 times							
<input type="checkbox"/> 5. More than 5 times							
<input type="text"/>							

**NOTE: EACH COUNTRY MUST INDICATE THE MOST WIDELY USED TYPES AND NAMES OF HARD LIQUOR TAKEN IN THE COUNTRY**

**ST.7. LIFETIME PREVALENCE AND AGE OF FIRST USE**

73A. Have you ever consumed any of these substances? INDICATE THE ANSWER FOR EACH DRUG WITH AN (X). If you answer 'YES' to any drug, please indicate age of first use of that drug in Question 74 in the column to the right.			74. Age at first use?	
	NO	YES	→	
1. Tranquilizers without medical prescription				Years old
2. Stimulants without medical prescription				Years old
3. Inhalants (e.g. Glue, Diesel, Fuel, other Solvents)				Years old
4. Marijuana				Years old
5. Coca paste				Years old
6. Cocaine				Years old
7. Heroin				Years old
8. Opium				Years old
9. Morphine				Years old
10. Hallucinogens				Years old
11. Hashish				Years old
12. Crack				Years old
13. Ecstasy				Years old
14. Other drugs: .....				Years old

**ST.8. PREVALENCE YEAR, MONTH, INCIDENCE, FREQUENCY OF USE**

**INHALANTS**

<p><b>75a. When was the <u>first time</u> you tried inhalants</b> (e.g. Glue, Diesel, Fuel, other Solvents )?</p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>1.I have never used inhalants (<b>Go to #76a</b>)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>2. Over the past 30 days</td> </tr> <tr> <td><input type="checkbox"/></td> <td>3. More than one month ago, but less than one year ago</td> </tr> <tr> <td><input type="checkbox"/></td> <td>4. More than one year ago</td> </tr> </table>	<input type="checkbox"/>	1.I have never used inhalants ( <b>Go to #76a</b> )	<input type="checkbox"/>	2. Over the past 30 days	<input type="checkbox"/>	3. More than one month ago, but less than one year ago	<input type="checkbox"/>	4. More than one year ago	<p><b>75b. Have you used inhalants at least once over the <u>past 12 months</u>?</b></p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>1.YES</td> </tr> <tr> <td><input type="checkbox"/></td> <td>2.NO (<b>Go to #75e</b>)</td> </tr> </table>	<input type="checkbox"/>	1.YES	<input type="checkbox"/>	2.NO ( <b>Go to #75e</b> )		
<input type="checkbox"/>	1.I have never used inhalants ( <b>Go to #76a</b> )														
<input type="checkbox"/>	2. Over the past 30 days														
<input type="checkbox"/>	3. More than one month ago, but less than one year ago														
<input type="checkbox"/>	4. More than one year ago														
<input type="checkbox"/>	1.YES														
<input type="checkbox"/>	2.NO ( <b>Go to #75e</b> )														
<p><b>75c. How often have you used inhalants?</b></p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>1. Just once</td> </tr> <tr> <td><input type="checkbox"/></td> <td>2. Several times over the past 12 months</td> </tr> <tr> <td><input type="checkbox"/></td> <td>3. Several times a month</td> </tr> <tr> <td><input type="checkbox"/></td> <td>4. Several times a week</td> </tr> <tr> <td><input type="checkbox"/></td> <td>5. Every day</td> </tr> </table>	<input type="checkbox"/>	1. Just once	<input type="checkbox"/>	2. Several times over the past 12 months	<input type="checkbox"/>	3. Several times a month	<input type="checkbox"/>	4. Several times a week	<input type="checkbox"/>	5. Every day	<p><b>75d. Have you used inhalants at least once over the <u>past 30 days</u>?</b></p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>1.YES</td> </tr> <tr> <td><input type="checkbox"/></td> <td>2.NO</td> </tr> </table>	<input type="checkbox"/>	1.YES	<input type="checkbox"/>	2.NO
<input type="checkbox"/>	1. Just once														
<input type="checkbox"/>	2. Several times over the past 12 months														
<input type="checkbox"/>	3. Several times a month														
<input type="checkbox"/>	4. Several times a week														
<input type="checkbox"/>	5. Every day														
<input type="checkbox"/>	1.YES														
<input type="checkbox"/>	2.NO														
<p><b>75e. Have you ever sniffed inhalants such as glue, whiteout, paint, thinner, etc. in order to get high?</b></p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>1. Yes</td> </tr> <tr> <td><input type="checkbox"/></td> <td>2. No</td> </tr> </table>	<input type="checkbox"/>	1. Yes	<input type="checkbox"/>	2. No											
<input type="checkbox"/>	1. Yes														
<input type="checkbox"/>	2. No														

**MARIJUANA**

<p><b>76a. When was the <u>first time</u> you ever smoked smoking marijuana?</b></p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>1.I have never smoked marijuana (Go to # 77a)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>2. Over the past 30 days</td> </tr> <tr> <td><input type="checkbox"/></td> <td>3.More than one month ago, but less than one year ago</td> </tr> <tr> <td><input type="checkbox"/></td> <td>4.More than one year ago</td> </tr> </table>	<input type="checkbox"/>	1.I have never smoked marijuana (Go to # 77a)	<input type="checkbox"/>	2. Over the past 30 days	<input type="checkbox"/>	3.More than one month ago, but less than one year ago	<input type="checkbox"/>	4.More than one year ago	<p><b>76b. Have you smoked marijuana at least once over the <u>past 12 months</u>?</b></p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>1.YES</td> </tr> <tr> <td><input type="checkbox"/></td> <td>2.NO(Go to #77a)</td> </tr> </table>	<input type="checkbox"/>	1.YES	<input type="checkbox"/>	2.NO(Go to #77a)
<input type="checkbox"/>	1.I have never smoked marijuana (Go to # 77a)												
<input type="checkbox"/>	2. Over the past 30 days												
<input type="checkbox"/>	3.More than one month ago, but less than one year ago												
<input type="checkbox"/>	4.More than one year ago												
<input type="checkbox"/>	1.YES												
<input type="checkbox"/>	2.NO(Go to #77a)												

<b>76c. How often have you smoked marijuana?</b> <table border="1" style="width: 100%;"> <tr><td style="width: 20px;"></td><td>1. Just once</td></tr> <tr><td></td><td>2. Several times over the past 12 months</td></tr> <tr><td></td><td>3. Several times a month</td></tr> <tr><td></td><td>4. Several times a week</td></tr> <tr><td></td><td>5. Every day</td></tr> </table>		1. Just once		2. Several times over the past 12 months		3. Several times a month		4. Several times a week		5. Every day	<b>76d. Have you smoked marijuana once over the <u>past 30 days</u>?</b> <table border="1" style="width: 100%;"> <tr><td style="width: 20px;"></td><td>1. YES</td></tr> <tr><td></td><td>2. NO (Go to #77a)</td></tr> </table>		1. YES		2. NO (Go to #77a)
	1. Just once														
	2. Several times over the past 12 months														
	3. Several times a month														
	4. Several times a week														
	5. Every day														
	1. YES														
	2. NO (Go to #77a)														

<b>76e. Where do you most often use marijuana?</b> <table border="1" style="width: 100%;"> <tr> <td style="width: 20px;"></td><td style="width: 30%;">1. At home</td><td style="width: 20px;"></td><td style="width: 30%;">2. At a friend's house</td></tr> <tr> <td></td><td>3. At school</td><td></td><td>4. At sporting events</td></tr> <tr> <td></td><td>5. On the block</td><td></td><td>6. At other social events</td></tr> <tr> <td></td><td>7. Other .....</td><td></td><td></td></tr> </table>		1. At home		2. At a friend's house		3. At school		4. At sporting events		5. On the block		6. At other social events		7. Other .....			<b>76f. From whom/where do you usually get marijuana?</b> <table border="1" style="width: 100%;"> <tr> <td style="width: 20px;"></td><td style="width: 30%;">1. Friends</td><td style="width: 20px;"></td><td style="width: 30%;">2. Other relative(s)</td></tr> <tr> <td></td><td>3. Parents</td><td></td><td>4. Street pusher</td></tr> <tr> <td></td><td>5. Brother/Sister</td><td></td><td>6. Other .....</td></tr> </table>		1. Friends		2. Other relative(s)		3. Parents		4. Street pusher		5. Brother/Sister		6. Other .....
	1. At home		2. At a friend's house																										
	3. At school		4. At sporting events																										
	5. On the block		6. At other social events																										
	7. Other .....																												
	1. Friends		2. Other relative(s)																										
	3. Parents		4. Street pusher																										
	5. Brother/Sister		6. Other .....																										

<b>76g. Just focusing on the past month, about how much money did you end up spending on buying marijuana?</b> <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 20px;"></td><td style="width: 80%;"></td></tr> </table>			

<b>76h. Over the PAST 12 MONTHS, how often has any of the following described below happened to you?</b>	1. Never	2. Rarely	3. From time to time	4. Fairly often	5. Very often
a) Have you ever smoked marijuana before noon?					
b) Have you ever smoked marijuana when you were alone?					
c) Have you ever had memory problems when you smoked marijuana?					
d) Have friends or members of your family ever told you that you should reduce or stop your marijuana use?					
e) Have you ever tried to reduce or stop your marijuana use without succeeding?					
f) Have you ever had problems because of your use of marijuana (argument, fight, accident, bad result at school, etc.)?					

**COCAINE**

<p><b>77a. When was the <u>first time</u> you ever tried cocaine?</b></p> <table border="1"> <tr><td><input type="checkbox"/></td><td>1. I have never used cocaine (<b>Go to #78a</b>)</td></tr> <tr><td><input type="checkbox"/></td><td>2. Over the past 30 days</td></tr> <tr><td><input type="checkbox"/></td><td>3. More than one month ago, but less than one year ago</td></tr> <tr><td><input type="checkbox"/></td><td>4. More than one year ago</td></tr> </table>	<input type="checkbox"/>	1. I have never used cocaine ( <b>Go to #78a</b> )	<input type="checkbox"/>	2. Over the past 30 days	<input type="checkbox"/>	3. More than one month ago, but less than one year ago	<input type="checkbox"/>	4. More than one year ago	<p><b>77b. Have you used cocaine at least once over the <u>past 12 months</u>?</b></p> <table border="1"> <tr><td><input type="checkbox"/></td><td>1. YES</td></tr> <tr><td><input type="checkbox"/></td><td>2. NO (<b>Go to #78a</b>)</td></tr> </table>	<input type="checkbox"/>	1. YES	<input type="checkbox"/>	2. NO ( <b>Go to #78a</b> )		
<input type="checkbox"/>	1. I have never used cocaine ( <b>Go to #78a</b> )														
<input type="checkbox"/>	2. Over the past 30 days														
<input type="checkbox"/>	3. More than one month ago, but less than one year ago														
<input type="checkbox"/>	4. More than one year ago														
<input type="checkbox"/>	1. YES														
<input type="checkbox"/>	2. NO ( <b>Go to #78a</b> )														
<p><b>77c. How often have you used cocaine?</b></p> <table border="1"> <tr><td><input type="checkbox"/></td><td>1. Just once</td></tr> <tr><td><input type="checkbox"/></td><td>2. Several times over the past 12 months</td></tr> <tr><td><input type="checkbox"/></td><td>3. Several times a month</td></tr> <tr><td><input type="checkbox"/></td><td>4. Several times a week</td></tr> <tr><td><input type="checkbox"/></td><td>5. Every day</td></tr> </table>	<input type="checkbox"/>	1. Just once	<input type="checkbox"/>	2. Several times over the past 12 months	<input type="checkbox"/>	3. Several times a month	<input type="checkbox"/>	4. Several times a week	<input type="checkbox"/>	5. Every day	<p><b>77d. Have you used cocaine once over the <u>past 30 days</u>?</b></p> <table border="1"> <tr><td><input type="checkbox"/></td><td>1. YES</td></tr> <tr><td><input type="checkbox"/></td><td>2. NO (<b>Go to #78a</b>)</td></tr> </table>	<input type="checkbox"/>	1. YES	<input type="checkbox"/>	2. NO ( <b>Go to #78a</b> )
<input type="checkbox"/>	1. Just once														
<input type="checkbox"/>	2. Several times over the past 12 months														
<input type="checkbox"/>	3. Several times a month														
<input type="checkbox"/>	4. Several times a week														
<input type="checkbox"/>	5. Every day														
<input type="checkbox"/>	1. YES														
<input type="checkbox"/>	2. NO ( <b>Go to #78a</b> )														
<p><b>77e. From whom/where do you usually get cocaine?</b></p> <p><i>Mark with an X all those checkboxes that correspond</i></p> <table border="1"> <tr><td><input type="checkbox"/></td><td>1. Friends</td></tr> <tr><td><input type="checkbox"/></td><td>2. Parents</td></tr> <tr><td><input type="checkbox"/></td><td>3. Brother/Sister</td></tr> <tr><td><input type="checkbox"/></td><td>4. Other relative(s)</td></tr> <tr><td><input type="checkbox"/></td><td>5. Street pusher</td></tr> <tr><td><input type="checkbox"/></td><td>6. Other</td></tr> </table>	<input type="checkbox"/>	1. Friends	<input type="checkbox"/>	2. Parents	<input type="checkbox"/>	3. Brother/Sister	<input type="checkbox"/>	4. Other relative(s)	<input type="checkbox"/>	5. Street pusher	<input type="checkbox"/>	6. Other	<p><b>77f. Just focusing on the past month, about how much money did you end up spending on buying cocaine?</b></p> <table border="1"> <tr><td><input type="text"/></td><td></td></tr> </table>	<input type="text"/>	
<input type="checkbox"/>	1. Friends														
<input type="checkbox"/>	2. Parents														
<input type="checkbox"/>	3. Brother/Sister														
<input type="checkbox"/>	4. Other relative(s)														
<input type="checkbox"/>	5. Street pusher														
<input type="checkbox"/>	6. Other														
<input type="text"/>															

**CRACK**

<p><b>78a. When was the <u>first time</u> you ever tried crack?</b></p> <table border="1"> <tr><td><input type="checkbox"/></td><td>1. I have never used crack (<b>Go to #79a</b>)</td></tr> <tr><td><input type="checkbox"/></td><td>2. Over the past 30 days</td></tr> <tr><td><input type="checkbox"/></td><td>3. More than one month ago, but less than one year ago</td></tr> <tr><td><input type="checkbox"/></td><td>4. More than one year ago</td></tr> </table>	<input type="checkbox"/>	1. I have never used crack ( <b>Go to #79a</b> )	<input type="checkbox"/>	2. Over the past 30 days	<input type="checkbox"/>	3. More than one month ago, but less than one year ago	<input type="checkbox"/>	4. More than one year ago	<p><b>78b. Have you used crack at least once over the <u>past 12 months</u>?</b></p> <table border="1"> <tr><td><input type="checkbox"/></td><td>1. YES</td></tr> <tr><td><input type="checkbox"/></td><td>2. NO (<b>Go to #79a</b>)</td></tr> </table>	<input type="checkbox"/>	1. YES	<input type="checkbox"/>	2. NO ( <b>Go to #79a</b> )
<input type="checkbox"/>	1. I have never used crack ( <b>Go to #79a</b> )												
<input type="checkbox"/>	2. Over the past 30 days												
<input type="checkbox"/>	3. More than one month ago, but less than one year ago												
<input type="checkbox"/>	4. More than one year ago												
<input type="checkbox"/>	1. YES												
<input type="checkbox"/>	2. NO ( <b>Go to #79a</b> )												

<p><b>78c. How often have you used crack?</b></p> <table border="1"> <tr><td><input type="checkbox"/></td><td>1. Just once</td></tr> <tr><td><input type="checkbox"/></td><td>2. Several times over the past 12 months</td></tr> <tr><td><input type="checkbox"/></td><td>3. Several times a month</td></tr> <tr><td><input type="checkbox"/></td><td>4. Several times a week</td></tr> <tr><td><input type="checkbox"/></td><td>5. Every day</td></tr> </table>	<input type="checkbox"/>	1. Just once	<input type="checkbox"/>	2. Several times over the past 12 months	<input type="checkbox"/>	3. Several times a month	<input type="checkbox"/>	4. Several times a week	<input type="checkbox"/>	5. Every day	<p><b>78d. Have you used crack at least once over the <u>past 30 days</u>?</b></p> <table border="1"> <tr><td><input type="checkbox"/></td><td>1. YES</td></tr> <tr><td><input type="checkbox"/></td><td>2. NO (Go to #79a)</td></tr> </table>	<input type="checkbox"/>	1. YES	<input type="checkbox"/>	2. NO (Go to #79a)
<input type="checkbox"/>	1. Just once														
<input type="checkbox"/>	2. Several times over the past 12 months														
<input type="checkbox"/>	3. Several times a month														
<input type="checkbox"/>	4. Several times a week														
<input type="checkbox"/>	5. Every day														
<input type="checkbox"/>	1. YES														
<input type="checkbox"/>	2. NO (Go to #79a)														
<p><b>78e. From whom/where do you usually get crack?</b>  <i>Mark with an X all those checkboxes that correspond</i></p> <table border="1"> <tr><td><input type="checkbox"/></td><td>1. Friends</td></tr> <tr><td><input type="checkbox"/></td><td>2. Parents</td></tr> <tr><td><input type="checkbox"/></td><td>3. Brother/Sister</td></tr> <tr><td><input type="checkbox"/></td><td>4. Other relative(s)</td></tr> <tr><td><input type="checkbox"/></td><td>5. Street pusher</td></tr> <tr><td><input type="checkbox"/></td><td>6. Other</td></tr> </table>	<input type="checkbox"/>	1. Friends	<input type="checkbox"/>	2. Parents	<input type="checkbox"/>	3. Brother/Sister	<input type="checkbox"/>	4. Other relative(s)	<input type="checkbox"/>	5. Street pusher	<input type="checkbox"/>	6. Other	<p><b>78f. Just focusing now on the past month, about how much money did you end up spending on buying crack?</b></p> <table border="1"> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> </table>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	1. Friends														
<input type="checkbox"/>	2. Parents														
<input type="checkbox"/>	3. Brother/Sister														
<input type="checkbox"/>	4. Other relative(s)														
<input type="checkbox"/>	5. Street pusher														
<input type="checkbox"/>	6. Other														
<input type="text"/>	<input type="text"/>														

**ECSTASY**

<p><b>79a. When was the <u>first time</u> you ever tried Ecstasy?</b></p> <table border="1"> <tr><td><input type="checkbox"/></td><td>1. I have never used Ecstasy</td></tr> <tr><td><input type="checkbox"/></td><td>2. Over the past 30 days</td></tr> <tr><td><input type="checkbox"/></td><td>3. More than one month ago, but less than one year ago</td></tr> <tr><td><input type="checkbox"/></td><td>4. More than one year ago</td></tr> </table>	<input type="checkbox"/>	1. I have never used Ecstasy	<input type="checkbox"/>	2. Over the past 30 days	<input type="checkbox"/>	3. More than one month ago, but less than one year ago	<input type="checkbox"/>	4. More than one year ago	<p><b>79b. Which of the following substances do you recognize as a synthetic drug?</b>  <i>Mark with an X all the corresponding checkboxes</i></p> <table border="1"> <tr><td><input type="checkbox"/></td><td>1. Ecstasy</td></tr> <tr><td><input type="checkbox"/></td><td>2. Amphetamines or their derivatives</td></tr> <tr><td><input type="checkbox"/></td><td>3. LSD</td></tr> <tr><td><input type="checkbox"/></td><td>4. PCP</td></tr> <tr><td><input type="checkbox"/></td><td>5. Methamphetamines</td></tr> <tr><td><input type="checkbox"/></td><td>6. GHB</td></tr> </table>	<input type="checkbox"/>	1. Ecstasy	<input type="checkbox"/>	2. Amphetamines or their derivatives	<input type="checkbox"/>	3. LSD	<input type="checkbox"/>	4. PCP	<input type="checkbox"/>	5. Methamphetamines	<input type="checkbox"/>	6. GHB
<input type="checkbox"/>	1. I have never used Ecstasy																				
<input type="checkbox"/>	2. Over the past 30 days																				
<input type="checkbox"/>	3. More than one month ago, but less than one year ago																				
<input type="checkbox"/>	4. More than one year ago																				
<input type="checkbox"/>	1. Ecstasy																				
<input type="checkbox"/>	2. Amphetamines or their derivatives																				
<input type="checkbox"/>	3. LSD																				
<input type="checkbox"/>	4. PCP																				
<input type="checkbox"/>	5. Methamphetamines																				
<input type="checkbox"/>	6. GHB																				

**NOTE: A COUNTRY MAY ADD HERE ANY OTHER DRUG(S) TO MEASURE THE MAGNITUDE AND FREQUENCY OF USE – Use the drugs of the country**

<p><b>80a. When was the <u>first time</u> you ever tried XXX?</b></p> <table border="1"> <tr><td><input type="checkbox"/></td><td>1. I have never used seasoned spliff/Beady (Go to #81a)</td></tr> <tr><td><input type="checkbox"/></td><td>2. Over the past 30 days</td></tr> <tr><td><input type="checkbox"/></td><td>3. More than one month ago, but less than one year ago</td></tr> <tr><td><input type="checkbox"/></td><td>4. More than one year ago</td></tr> </table>	<input type="checkbox"/>	1. I have never used seasoned spliff/Beady (Go to #81a)	<input type="checkbox"/>	2. Over the past 30 days	<input type="checkbox"/>	3. More than one month ago, but less than one year ago	<input type="checkbox"/>	4. More than one year ago	<p><b>80b. Have you used XXX once over the <u>past 12 months</u>?</b></p> <table border="1"> <tr><td><input type="checkbox"/></td><td>1. YES</td></tr> <tr><td><input type="checkbox"/></td><td>2. NO (Go to #81a)</td></tr> </table>	<input type="checkbox"/>	1. YES	<input type="checkbox"/>	2. NO (Go to #81a)		
<input type="checkbox"/>	1. I have never used seasoned spliff/Beady (Go to #81a)														
<input type="checkbox"/>	2. Over the past 30 days														
<input type="checkbox"/>	3. More than one month ago, but less than one year ago														
<input type="checkbox"/>	4. More than one year ago														
<input type="checkbox"/>	1. YES														
<input type="checkbox"/>	2. NO (Go to #81a)														
<p><b>80c. How often have you used XXX?</b></p> <table border="1"> <tr><td><input type="checkbox"/></td><td>1. Just once</td></tr> <tr><td><input type="checkbox"/></td><td>2. Several times over the past 12 months</td></tr> <tr><td><input type="checkbox"/></td><td>3. Several times a month</td></tr> <tr><td><input type="checkbox"/></td><td>4. Several times a week</td></tr> <tr><td><input type="checkbox"/></td><td>5. Every day</td></tr> </table>	<input type="checkbox"/>	1. Just once	<input type="checkbox"/>	2. Several times over the past 12 months	<input type="checkbox"/>	3. Several times a month	<input type="checkbox"/>	4. Several times a week	<input type="checkbox"/>	5. Every day	<p><b>80d. Have you used XXX once over the <u>past 30 days</u>?</b></p> <table border="1"> <tr><td><input type="checkbox"/></td><td>1. YES</td></tr> <tr><td><input type="checkbox"/></td><td>2. NO</td></tr> </table>	<input type="checkbox"/>	1. YES	<input type="checkbox"/>	2. NO
<input type="checkbox"/>	1. Just once														
<input type="checkbox"/>	2. Several times over the past 12 months														
<input type="checkbox"/>	3. Several times a month														
<input type="checkbox"/>	4. Several times a week														
<input type="checkbox"/>	5. Every day														
<input type="checkbox"/>	1. YES														
<input type="checkbox"/>	2. NO														

<p><b>81a. When was the <u>first time</u> you ever tried tranquilizers without medical prescription?</b>  <i>Consider drugs such as Alprazolam, Diazepam (Valium), Flunitrazepam (Rohypnol), Chlordiazepoxide (Librium) or similar.</i></p> <table border="1"> <tr><td><input type="checkbox"/></td><td>1. I have never used prescription drugs without prescription (Go to #82a)</td></tr> <tr><td><input type="checkbox"/></td><td>2. Over the past 30 days</td></tr> <tr><td><input type="checkbox"/></td><td>3. More than one month ago, but less than one year ago</td></tr> <tr><td><input type="checkbox"/></td><td>4. More than one year ago</td></tr> </table>		<input type="checkbox"/>	1. I have never used prescription drugs without prescription (Go to #82a)	<input type="checkbox"/>	2. Over the past 30 days	<input type="checkbox"/>	3. More than one month ago, but less than one year ago	<input type="checkbox"/>	4. More than one year ago						
<input type="checkbox"/>	1. I have never used prescription drugs without prescription (Go to #82a)														
<input type="checkbox"/>	2. Over the past 30 days														
<input type="checkbox"/>	3. More than one month ago, but less than one year ago														
<input type="checkbox"/>	4. More than one year ago														
<p><b>81b. Have you used tranquilizers at least once without medical prescription once over the <u>past 12 months</u>?</b></p> <table border="1"> <tr><td><input type="checkbox"/></td><td>1. YES</td></tr> <tr><td><input type="checkbox"/></td><td>2. NO (Go to #81e)</td></tr> </table>	<input type="checkbox"/>	1. YES	<input type="checkbox"/>	2. NO (Go to #81e)	<p><b>81c. Have you used tranquilizers without medical prescription once over the <u>past 30 days</u>?</b></p> <table border="1"> <tr><td><input type="checkbox"/></td><td>1. YES</td></tr> <tr><td><input type="checkbox"/></td><td>2. NO (Go to #81e)</td></tr> </table>	<input type="checkbox"/>	1. YES	<input type="checkbox"/>	2. NO (Go to #81e)						
<input type="checkbox"/>	1. YES														
<input type="checkbox"/>	2. NO (Go to #81e)														
<input type="checkbox"/>	1. YES														
<input type="checkbox"/>	2. NO (Go to #81e)														
<p><b>81d. Over the <u>past 30 days</u>, how many days did you use tranquilizers without medical prescription?</b>          (insert no. of days)</p> <table border="1"> <tr> <td><input type="text"/></td> <td><b>Number of days</b></td> </tr> </table>	<input type="text"/>	<b>Number of days</b>	<p><b>81e. How did you have access to the tranquilizers that you consumed?</b></p> <table border="1"> <tr><td><input type="checkbox"/></td><td>1. From a medical doctor or other licensed medical practionner</td></tr> <tr><td><input type="checkbox"/></td><td>2. In the street</td></tr> <tr><td><input type="checkbox"/></td><td>3. At home</td></tr> <tr><td><input type="checkbox"/></td><td>4. From a friend</td></tr> <tr><td><input type="checkbox"/></td><td>5. At the pharmacy</td></tr> <tr><td><input type="checkbox"/></td><td>6. Other</td></tr> </table>	<input type="checkbox"/>	1. From a medical doctor or other licensed medical practionner	<input type="checkbox"/>	2. In the street	<input type="checkbox"/>	3. At home	<input type="checkbox"/>	4. From a friend	<input type="checkbox"/>	5. At the pharmacy	<input type="checkbox"/>	6. Other
<input type="text"/>	<b>Number of days</b>														
<input type="checkbox"/>	1. From a medical doctor or other licensed medical practionner														
<input type="checkbox"/>	2. In the street														
<input type="checkbox"/>	3. At home														
<input type="checkbox"/>	4. From a friend														
<input type="checkbox"/>	5. At the pharmacy														
<input type="checkbox"/>	6. Other														

**82a. When was the first time you ever tried stimulants without a medical prescription?**

*Consider drugs such as Methylphenidate (Ritalin), Phenmetrazine (Preludin or Adepsin), Amphetamines (Adderall), Dextroamphetamine (Dexedrine, DextroStat), Pemoline (Cylert) or similar*

	1. I have never used over-the-counter stimulants ( <b>Go to #83</b> )
	2. Over the past 30 days
	3. More than one month ago, but less than one year ago
	4. More than one year ago

**82b. Have you used stimulants once over the past 12 months?**

	1. YES
	2. NO ( <b>Go to #82e</b> )

**82c. Have you used over-the-counter stimulants once over the past 30 days?**

	1. YES
	2. NO ( <b>Go to #82e</b> )

**82d. Over the past 30 days, how many days did you use stimulants without a medical prescription ?**

	<b>Number of days</b>
--	-----------------------

**82e. How did you get the stimulants you used?**

	1. From a medical doctor or other licensed medical practitioner
	2. In the street
	3. At home
	4. From a friend
	5. At the drugstore
	6. Other

**ST.9. USE-RELATED RISKS**

<b>83. Over the PAST 12 MONTHS, how often have you experienced or been in the following situations because of drinking alcohol or using illicit drugs?</b>	1. Never	2. Rarely /Seldom	3. Sometimes	4. Often	5. Almost always
a) Getting a low grade on an important test/ exam or school project					
b) Getting into some kind of trouble with the police					
c) Getting into any angry argument or fight					
d) Memory loss					
e) Problems with your family/relatives/ households					
f) Having someone taking sexual advantage of you.					
g) Taking sexual advantage of someone.					
h) Trying <b>without success</b> to stop drinking alcohol or taking illicit drugs					
i) Self-harm (such as self-cutting, burning, hitting, etc.)					
j) Seriously thinking about committing suicide					

**ST.10. ACCURACY OF YOUR STATEMENT**

<p><b>84. If you tried marijuana once in your lifetime, would you say so in this questionnaire?</b></p> <table border="1"> <tbody> <tr><td><input type="checkbox"/></td><td>1. Yes, I have just said so</td></tr> <tr><td><input type="checkbox"/></td><td>2. Definitely yes</td></tr> <tr><td><input type="checkbox"/></td><td>3. Probably yes</td></tr> <tr><td><input type="checkbox"/></td><td>4. Probably no</td></tr> <tr><td><input type="checkbox"/></td><td>5. I would definitely not say so</td></tr> </tbody> </table>	<input type="checkbox"/>	1. Yes, I have just said so	<input type="checkbox"/>	2. Definitely yes	<input type="checkbox"/>	3. Probably yes	<input type="checkbox"/>	4. Probably no	<input type="checkbox"/>	5. I would definitely not say so	<p><b>85. If you tried crack once in your lifetime, would you say so in this questionnaire?</b></p> <table border="1"> <tbody> <tr><td><input type="checkbox"/></td><td>1. Yes, I have just said so</td></tr> <tr><td><input type="checkbox"/></td><td>2. Definitely yes</td></tr> <tr><td><input type="checkbox"/></td><td>3. Probably yes</td></tr> <tr><td><input type="checkbox"/></td><td>4. Probably no</td></tr> <tr><td><input type="checkbox"/></td><td>5. I would definitely not say so</td></tr> </tbody> </table>	<input type="checkbox"/>	1. Yes, I have just said so	<input type="checkbox"/>	2. Definitely yes	<input type="checkbox"/>	3. Probably yes	<input type="checkbox"/>	4. Probably no	<input type="checkbox"/>	5. I would definitely not say so
<input type="checkbox"/>	1. Yes, I have just said so																				
<input type="checkbox"/>	2. Definitely yes																				
<input type="checkbox"/>	3. Probably yes																				
<input type="checkbox"/>	4. Probably no																				
<input type="checkbox"/>	5. I would definitely not say so																				
<input type="checkbox"/>	1. Yes, I have just said so																				
<input type="checkbox"/>	2. Definitely yes																				
<input type="checkbox"/>	3. Probably yes																				
<input type="checkbox"/>	4. Probably no																				
<input type="checkbox"/>	5. I would definitely not say so																				