

TECHNICAL ANNEXES

EMCDDA project CT.97.EP.09

Co-ordination of an Expert Working Group to develop instruments and guidelines to improve quality and comparability of general population surveys on drugs in the EU. Follow up of EMCDDA project CT.96.EP.08

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MODEL QUESTIONNAIRES

**FRENCH
GERMAN
DUTCH
SWEDISH
FINNISH
GREEK**

TOBACCO

1. Fumez-vous du tabac, c'est à dire la cigarette, le cigare ou la pipe?

- 1 oui
2 non

2. Vous est-il arrivé de fumer dans le passé?

- 1 oui
2 non

ALCOHOL

3. Au cours des douze derniers mois, avez-vous bu une boisson alcoolisée?

- 1 oui
2 non

4. À quelle fréquence buvez-vous des boissons alcoolisées?

- 1 4 fois par semaine ou plus
2 2 à 3 fois par semaine
3 2 à 4 fois par mois
4 une fois par mois ou plus rarement

5. À quelle fréquence buvez-vous six verres ou plus d'alcool en une seule et même occasion?

- 1 quotidiennement ou presque
2 toutes les semaines
3 tous les mois
4 plus rarement qu'une fois par mois
5 jamais

6. Au cours des 30 derniers jours, avez-vous bu une boisson alcoolisée?

- 1 oui
2 non

7. Au cours des 30 derniers jours, à quelle fréquence avez-vous bu des boissons alcoolisées?

- 1 quotidiennement ou presque
2 plusieurs fois par semaine
3 au moins une fois par semaine
4 moins d'une fois par semaine

PHARMACEUTICALS

8. Au cours des 12 derniers mois, avez-vous pris des sédatifs ou des tranquillisants?

- 1 oui
2 non

9. A quelle fréquence prenez-vous des sédatifs ou des tranquillisants?

- 1 4 fois par semaine ou plus
- 2 2 à 3 fois par semaine
- 3 2 à 4 fois par mois
- 4 une fois par mois ou plus rarement

10. Au cours des 30 derniers jours, avez-vous pris un sédatif ou un tranquillisant?

- 1 oui
- 2 non

11. Au cours des 30 derniers jours, à quelle fréquence avez-vous pris des sédatifs ou des tranquillisants? 1

- 1 quotidiennement ou presque
- 2 plusieurs fois par semaine
- 3 au moins une fois par semaine
- 4 moins d'une fois par semaine

12. La dernière fois que vous avez pris des sédatifs ou des tranquillisants, comment les aviez-vous obtenus?

- 1 Je les ai achetés sur ordonnance d'un médecin
- 2 Quelqu'un que je connais me les a procurés
- 3 Je les ai achetés sans ordonnance dans une pharmacie
- 4 Autre

ILLICIT DRUGS

CANNABIS

13. Connaissez-vous personnellement une ou des personnes qui consomment du haschisch ou de la marijuana?

- 1 oui
- 2 non

14. Vous est-il arrivé de consommer vous-même du haschisch ou de la marijuana?

- 1 oui
- 2 non

15. À quel âge avez-vous consommé du haschisch ou de la marijuana pour la première fois?

.....

16. Au cours des 12 derniers mois, avez-vous consommé du haschisch ou de la marijuana?

- 1 oui
- 2 non

17. Au cours des 30 derniers jours, avez-vous consommé du haschisch ou de la marijuana?

- 1 oui
- 2 non

18. **Au cours des 30 derniers jours, à quelle fréquence avez-vous consommé du haschisch ou de la marijuana?**

- 1 quotidiennement ou presque
- 2 plusieurs fois par semaine
- 3 au moins une fois par semaine
- 4 moins d'une fois par semaine

ECSTASY

19. **Connaissez-vous personnellement une ou des personnes qui consomment de l'ecstasy?**

- 1 oui
- 2 non

20. **Vous est-il arrivé de consommer vous-même de l'ecstasy?**

- 1 oui
- 2 non

21. **Au cours des 12 derniers mois, avez-vous consommé de l'ecstasy?**

- 1 oui
- 2 non

22. **Au cours des 30 derniers jours, avez-vous consommé de l'ecstasy?**

- 1 oui
- 2 non

23. **Au cours des 30 derniers jours, à quelle fréquence avez-vous consommé de l'ecstasy?**

- 1 quotidiennement ou presque
- 2 plusieurs fois par semaine
- 3 au moins une fois par semaine
- 4 moins d'une fois par semaine

AMPHÉTAMINES

24. **Connaissez-vous personnellement une ou des personnes qui consomment des amphétamines?**

- 1 oui
- 2 non

25. **Vous est-il arrivé de consommer vous-même des amphétamines?**

- 1 oui
- 2 non

26. **Au cours des 12 derniers mois, avez-vous consommé des amphétamines?**

- 1 oui
- 2 non

27. **Au cours des 30 derniers jours, avez-vous consommé des amphétamines?**

- 1 oui
- 2 non

28. **Au cours des 30 derniers jours, à quelle fréquence avez-vous consommé des amphétamines?**

- 1 quotidiennement ou presque
- 2 plusieurs fois par semaine
- 3 au moins une fois par semaine
- 4 moins d'une fois par semaine

COCAINE

29. **Connaissez-vous personnellement une ou des personnes qui consomment de la cocaïne?**

- 1 oui
- 2 non

30. **Vous est-il arrivé de consommer vous-même de la cocaïne?**

- 1 oui
- 2 non

31. **Au cours des 12 derniers mois, avez-vous consommé de la cocaïne?**

- 1 oui
- 2 non

32. **Au cours des 30 derniers jours, avez-vous consommé de la cocaïne?**

- 1 oui
- 2 non

33. **Au cours des 30 derniers jours, à quelle fréquence avez-vous consommé de la cocaïne?**

- 1 quotidiennement ou presque
- 2 plusieurs fois par semaine
- 3 au moins une fois par semaine
- 4 moins d'une fois par semaine

HEROÏNE

34. **Connaissez-vous personnellement une ou des personnes qui consomment de l'héroïne?**

- 1 oui
- 2 non

35. **Vous est-il arrivé de consommer vous-même de l'héroïne?**

- 1 oui
- 2 non

36. **Au cours des 12 derniers mois, avez-vous consommé de l'héroïne?**

- 1 oui
- 2 non

37. **Au cours des 30 derniers jours, avez-vous consommé de l'héroïne?**

- 1 oui
- 2 non

38. **Au cours des 30 derniers jours, à quelle fréquence avez-vous consommé de l'héroïne?**

- 1 quotidiennement ou presque
- 2 plusieurs fois par semaine
- 3 au moins une fois par semaine
- 4 moins d'une fois par semaine

RELEVIN

39. **Connaissez-vous personnellement une ou des personnes qui consomment du relevin?**

- 1 oui
- 2 non

40. **Vous est-il arrivé de consommer vous-même du relevin?**

- 1 oui
- 2 non

41. **Au cours des 12 derniers mois, avez-vous consommé du relevin?**

- 1 oui
- 2 non

42. **Au cours des 30 derniers jours, avez-vous consommé du relevin?**

- 1 oui
- 2 non

43. **Au cours des 30 derniers jours, à quelle fréquence avez-vous consommé du relevin?**

- 1 quotidiennement ou presque
- 2 plusieurs fois par semaine
- 3 au moins une fois par semaine
- 4 moins d'une fois par semaine

LSD

44. **Connaissez-vous personnellement une ou des personnes qui consomment du LSD?**

- 1 oui
- 2 non

45. **Vous est-il arrivé de consommer vous-même du LSD?**

- 1 oui
- 2 non

46. **Au cours des 12 derniers mois, avez-vous consommé du LSD?**

- 1 oui
- 2 non

47. **Au cours des 30 derniers jours, avez-vous consommé du LSD?**

- 1 oui
- 2 non

48. **Au cours des 30 derniers jours, à quelle fréquence avez-vous consommé du LSD?**

- 1 quotidiennement ou presque
- 2 plusieurs fois par semaine
- 3 au moins une fois par semaine
- 4 moins d'une fois par semaine

OPINIONS

49. **Considérez-vous un toxicomane plutôt comme un délinquant ou plutôt comme un malade?**

- 1 plutôt comme un délinquant
- 2 plutôt comme un malade
- 3 ni comme un délinquant, ni comme un malade
- 4 à la fois comme un délinquant et comme un malade
- 5 ne sait pas, ne peut pas choisir

50. **Dans quelle mesure êtes-vous ou n'êtes-vous pas d'accord avec l'affirmation suivante : "La consommation du haschisch ou de la marijuana devrait être autorisée"?**

- 1 Tout à fait d'accord
- 2 Plutôt d'accord
- 3 ni d'accord, ni pas d'accord
- 4 Plutôt pas d'accord
- 5 Pas du tout d'accord

51. **Dans quelle mesure êtes-vous ou n'êtes-vous pas d'accord avec l'affirmation suivante : "La consommation de l'héroïne devrait être autorisée"?**

- 1 Tout à fait d'accord
- 2 Plutôt d'accord
- 3 ni d'accord, ni pas d'accord
- 4 Plutôt pas d'accord
- 5 Pas du tout d'accord

Instruction: *Les gens désapprouvent plus ou moins les personnes qui font les certaines suivantes. Pour chacune des choses suivantes, veuillez indiquer si vous ne désapprouvez pas, désapprouvez un peu ou désapprouvez absolument le fait que les gens fassent ces choses?*

52. **Essayer l'ecstasy une ou deux fois**

- 1 ne désapprouve pas
- 2 désapprouve un peu
- 3 désapprouve absolument
- 4 ne sait pas

53. **Essayer l'héroïne une ou deux fois**

- 1 ne désapprouve pas
- 2 désapprouve un peu
- 3 désapprouve absolument
- 4 ne sait pas

54. Fumer 10 cigarettes ou plus par jour

- 1 ne désapprouve pas
- 2 désapprouve un peu
- 3 désapprouve absolument
- 4 ne sait pas

55. Boire un ou deux verres d'alcool plusieurs fois par semaine

- 1 ne désapprouve pas
- 2 désapprouve un peu
- 3 désapprouve absolument
- 4 ne sait pas

56. Fumer de temps en temps de la marijuana ou du haschisch

- 1 ne désapprouve pas
- 2 désapprouve un peu
- 3 désapprouve absolument
- 4 ne sait pas

Instruction: *J'aimerais savoir maintenant dans quelle mesure vous pensez que les gens courent un risque en ce qui concerne leur santé, physique ou autre, lorsqu'ils font certaines choses. Je vais de nouveau citer un certain nombre de choses que certaines personnes pourraient faire. Veuillez m'indiquer si vous considérez le fait que les gens fassent de telles choses comme étant sans risque, légèrement risqué, assez risqué ou très risqué.*

57. Fumer un paquet de cigarettes ou plus par jour

- 1 sans risque
- 2 légèrement risqué
- 3 assez risqué
- 4 très risqué

58. Boire cinq verres d'alcool ou plus chaque week-end

- 1 sans risque
- 2 légèrement risqué
- 3 assez risqué
- 4 très risqué

59. Fumer régulièrement de la marijuana ou du haschisch

- 1 sans risque
- 2 légèrement risqué
- 3 assez risqué
- 4 très risqué

60. Essayer de l'ecstasy une ou deux fois

- 1 sans risque
- 2 légèrement risqué
- 3 assez risqué
- 4 très risqué

61. Essayer de la cocaïne ou du crack une ou deux fois

- 1 sans risque
- 2 légèrement risqué
- 3 assez risqué
- 4 très risqué

TOBACCO

1. Rauchen Sie Zigaretten, Zigarren oder Pfeife?

- 1 ja
2 nein

2. Haben Sie früher geraucht?

- 1 ja
2 nein

ALCOHOL

3. Haben Sie in den letzten 12 Monaten Alkohol getrunken?

- 1 ja
2 nein

4. Wie oft trinken Sie Alkohol?

- 1 4 Mal wöchentlich oder öfter
2 2-3 Mal wöchentlich
3 2-4 Mal monatlich
4 einmal monatlich oder seltener

5. Wie oft trinken Sie sechs oder mehr Gläser eines alkoholischen Getränkes zum gleichen Anlaß?

- 1 täglich oder fast täglich
2 jede Woche
3 jeden Monat
4 seltener als einmal monatlich
5 nie

6. Haben Sie in den letzten 30 Tagen Alkohol getrunken?

- 1 ja
2 nein

7. Wie oft haben Sie in den letzten 30 Tagen Alkohol getrunken?

- 1 täglich oder fast täglich
2 mehrmals wöchentlich
3 mindestens einmal wöchentlich
4 weniger als einmal wöchentlich

PHARMACEUTICALS

8. Haben Sie in den letzten 12 Monaten Schlaf- oder Beruhigungsmittel eingenommen?

- 1 ja
2 nein

9. **Wie oft nehmen Sie Schlaf- oder Beruhigungsmittel ein?**
- 1 4 Mal wöchentlich oder öfter
2 2-3 Mal wöchentlich
3 2-4 Mal monatlich
4 einmal monatlich oder seltener
10. **Haben Sie in den letzten 30 Tagen Schlaf- oder Beruhigungsmittel eingenommen?**
- 1 ja
2 nein
11. **Wie oft haben Sie in den letzten 30 Tagen Schlaf- oder Beruhigungsmittel eingenommen?**
- 1 täglich oder fast täglich
2 mehrmals wöchentlich
3 mindestens einmal wöchentlich
4 weniger als einmal wöchentlich
12. **Wie haben Sie diese Schlaf- oder Beruhigungsmittel beim letzten Mal erhalten?**
- 1 Ich bekam sie von einem Arzt verschrieben
2 Ich bekam sie von einem Bekannten
3 Ich kaufte sie ohne Rezept in einer Apotheke oder Drogerie
4 nichts ist zutreffend

ILLCIT DRUGS

CANNABIS

13. **Kennen Sie persönlich Haschisch- oder Marihuana-Konsumenten?**
- 1 ja
2 nein
14. **Haben Sie jemals Haschisch oder Marihuana genommen?**
- 1 ja
2 nein
15. **In welchem Alter haben Sie Haschisch oder Marihuana zum ersten Mal genommen?**
-
16. **Haben Sie in den letzten 12 Monaten Haschisch oder Marihuana genommen?**
- 1 ja
2 nein Beruhigungs-/Schlafmittel
17. **Haben Sie in den letzten 30 Tagen Haschisch oder Marihuana genommen?**
- 1 ja
2 nein
18. **Wie oft haben Sie in den letzten 30 Tagen Haschisch oder Marihuana genommen?**
- 1 täglich oder fast täglich
2 mehrmals wöchentlich
3 mindestens einmal wöchentlich
4 weniger als einmal wöchentlich

ECSTASY

19. **Kennen Sie persönlich Ecstasy-Konsumenten?**

- 1 ja
2 nein

20. **Haben Sie jemals Ecstasy genommen?**

- 1 ja
2 nein

21. **Haben Sie in den letzten 12 Monaten Ecstasy genommen?**

- 1 ja
2 nein

22. **Haben sie in den letzten 30 Tagen Ecstasy genommen?**

- 1 ja
2 nein

23. **Wie oft haben Sie in den letzten 30 Tagen Ecstasy genommen?**

- 1 täglich oder fast täglich
2 mehrmals wöchentlich
3 mindestens einmal wöchentlich
4 weniger als einmal wöchentlich

AMPHETAMINES

24. **Kennen Sie persönlich Amphetamin-Konsumenten?**

- 1 ja
2 nein

25. **Haben Sie selbst schon mal Amphetamine genommen?**

- 1 ja
2 nein

26. **Haben Sie in den letzten 12 Monaten Amphetamine genommen?**

- 1 ja
2 nein

27. **Haben Sie in den letzten 30 Tagen Amphetamine genommen?**

- 1 ja
2 nein

28. **Wie oft haben Sie in den letzten 30 Tagen Amphetamine genommen?**

- 1 täglich oder fast täglich
2 mehrmals wöchentlich
3 mindestens einmal wöchentlich
4 weniger als einmal wöchentlich

COCAINE

29. **Kennen Sie persönlich Kokain-Konsumenten?**

- 1 ja
2 nein

30. **Haben Sie selbst schon mal Kokain genommen?**

- 1 ja
2 nein

31. **Haben Sie in den letzten 12 Monaten Kokain genommen?**

- 1 ja
2 nein

32. **Haben Sie in den letzten 30 Tagen Kokain genommen?**

- 1 ja
2 nein

33. **Wie oft haben Sie in den letzten 30 Tagen Kokain genommen?**

- 1 täglich oder fast täglich
2 mehrmals wöchentlich
3 mindestens einmal wöchentlich
4 weniger als einmal wöchentlich

HEROIN

34. **Kennen Sie persönlich Heroin-Konsumenten?**

- 1 ja
2 nein

35. **Haben Sie selbst schon mal Heroin genommen?**

- 1 ja
2 nein

36. **Haben Sie in den letzten 12 Monaten Heroin genommen?**

- 1 ja
2 nein

37. **Haben Sie in den letzten 30 Tagen Heroin genommen?**

- 1 ja
2 nein

38. **Wie oft haben Sie in den letzten 30 Tagen Heroin genommen?**

- 1 täglich oder fast täglich
2 mehrmals wöchentlich
3 mindestens einmal wöchentlich
4 weniger als einmal wöchentlich

RELEVIN

39. **Kennen Sie persönlich Relevin-Konsumenten?**

- 1 ja
2 nein

40. **Haben Sie selbst schon mal Relevin genommen?**

- 1 ja
2 nein

41. **Haben Sie in den letzten 12 Monaten Relevin genommen?**

- 1 ja
2 nein

42. **Haben Sie in den letzten 30 Tagen Relevin genommen?**

- 1 ja
2 nein

43. **Wie oft haben Sie in den letzten 30 Tagen Relevin genommen?**

- 1 täglich oder fast täglich
2 mehrmals wöchentlich
3 mindestens einmal wöchentlich
4 weniger als einmal wöchentlich

LSD

44. **Kennen Sie persönlich LSD-Konsumenten?**

- 1 ja
2 nein

45. **Haben Sie selbst schon mal LSD genommen?**

- 1 ja
2 nein

46. **Haben Sie in den letzten 12 Monaten LSD genommen?**

- 1 ja
2 nein

47. **Haben Sie in den letzten 30 Tagen LSD genommen?**

- 1 ja
2 nein

48. **Wie oft haben Sie in den letzten 30 Tagen LSD genommen?**

- 1 täglich oder fast täglich
2 mehrmals wöchentlich
3 mindestens einmal wöchentlich
4 weniger als einmal wöchentlich

OPINIONS

49. Betrachten Sie einen Drogenabhängigen eher als Straftäter oder eher als Kranken?

- 1 eher als Straftäter
- 2 eher als Kranken
- 3 weder noch
- 4 beides
- 5 weiß nicht, kann mich nicht entscheiden

50. Inwieweit stimmen Sie folgender Aussage zu: „Der Konsum von Haschisch oder Marihuana sollte erlaubt werden.“

- 1 stimmen vollkommen zu
- 2 stimme eher zu
- 3 unentschieden
- 4 stimme eher nicht zu
- 5 stimme überhaupt nicht zu

51. Inwieweit stimmen Sie folgender Aussage zu: „Der Konsum von Heroin sollte erlaubt sein.“

- 1 stimme vollkommen zu
- 2 stimme eher zu
- 3 unentschieden
- 4 stimme eher nicht zu
- 5 stimme überhaupt nicht zu

Instruction: *Jeder hat eine andere Meinung dazu, ob bestimmte Dinge oder Verhaltensweisen erlaubt oder verboten sein sollten. Dazu werde ich einige Beispiele nennen. Können Sie mir dann bitte jeweils sagen, ob Sie diese Verhaltensweisen nicht ablehnen (d.h. zustimmen), eher ablehnen oder unbedingt ablehnen.*

52. Ecstasy ein- oder zweimal versuchen

- 1 lehne es nicht ab, stimme zu
- 2 lehne es eher ab
- 3 lehne es unbedingt ab, bin völlig dagegen
- 4 weiß nicht

53. Heroin ein- oder zweimal versuchen

- 1 lehne es nicht ab, stimme zu
- 2 lehne es eher ab
- 3 lehne es unbedingt ab, bin völlig dagegen
- 4 weiß nicht

54. 10 oder mehr Zigaretten täglich rauchen

- 1 lehne es nicht ab, stimme zu
- 2 lehne es eher ab
- 3 lehne es unbedingt ab, bin völlig dagegen
- 4 weiß nicht

55. Konsum von oder zwei alkoholischen Getränken mehrmals in der Woche

- 1 lehne es nicht ab, stimme zu
2 lehne es eher ab
3 lehne es unbedingt ab, bin völlig dagegen
4 weiß nicht

56. Gelegentliches Rauchen von Marihuana oder Haschisch

- 1 lehne es nicht ab, stimme zu
2 lehne es eher ab
3 lehne es unbedingt ab, bin völlig dagegen
4 weiß nicht

Instruction: *Jetzt würde ich gern wissen, wie hoch Sie das Risiko eines gesundheitlichen oder sonstigen Schadens bei bestimmten Verhaltensweisen einschätzen. Ich werde wiederum einige Verhaltensweisen aufzählen. Sagen Sie mir dann bitte, ob Sie diese Verhaltensweisen als risikolos, mit geringem Risiko verbunden, mit mittlerem Risiko verbunden oder mit hohem Risiko verbunden einschätzen.*

57. Eine oder mehrere Packungen Zigaretten täglich rauchen

- 1 kein Risiko
2 geringes Risiko
3 mittleres Risiko
4 hohes Risiko

58. Fünf oder mehr Gläser Alkohol ein- oder zweimal jedes Wochenende trinken

- 1 kein Risiko
2 geringes Risiko
3 mittleres Risiko
4 hohes Risiko

59. Regelmäßig Marihuana oder Haschisch rauchen

- 1 kein Risiko
2 geringes Risiko
3 mittleres Risiko
4 hohes Risiko

60. Ein- oder zweimal Ecstasy probieren

- 1 kein Risiko
2 geringes Risiko
3 mittleres Risiko
4 hohes Risiko

61. Ein- oder zweimal Kokain oder Crack probieren

- 1 kein Risiko
2 geringes Risiko
3 mittleres Risiko
4 hohes Risiko

TOBACCO

1. **Rookt u sigaretten, shag, sigaren of een pijp?**

- 1 ja
2 nee

2. **Heeft u vroeger ooit gerookt?**

- 1 ja
2 nee

ALCOHOL

3. **Heeft u de laatste 12 maanden alcohol gedronken?**

- 1 ja
2 nee

4. **Hoe vaak drinkt u alcohol?**

- 1 4 of meer keer per week
2 2-3 keer per week
3 2-4 keer per maand
4 een keer per maand of minder

5. **Hoe vaak drinkt u zes of meer glazen alcohol per keer?**

- 1 dagelijks of bijna dagelijks
2 elke week
3 elke maand
4 minder dan eens per maand
5 nooit

6. **Heeft u de laatste 30 dagen alcohol gedronken?**

- 1 ja
2 nee

7. **Gedurende hoeveel dagen heeft u de laatste 30 dagen alcohol gedronken?**

- 1 dagelijks of bijna dagelijks
2 meerdere malen per week
3 minstens één keer per week
4 minder dan één keer per week

PHARMACEUTICALS

8. **Heeft u de laatste 12 maanden kalmerende middelen of slaapmiddelen gebruikt?**

- 1 ja
2 nee

9. Hoe vaak gebruikt u kalmerende middelen of slaapmiddelen?

- 1 4 of meer keer per week
- 2 2-3 keer per week
- 3 2-4 keer per maand
- 4 een keer per maand of minder

10. Heeft u de laatste 30 dagen kalmerende middelen of slaapmiddelen gebruikt?

- 1 ja
- 2 nee

11. Gedurende hoeveel dagen heeft u de laatste 30 dagen kalmerende middelen of slaapmiddelen gebruikt?

- 1 dagelijks of bijna dagelijks
- 2 meerdere malen per week
- 3 minstens één keer per week
- 4 minder dan één keer per week

12. Hoe bent u de laatste keer dat u kalmerende middelen of slaapmiddelen gebruikte daaraan gekomen?

- 1 op doktersoorschrift voor mijzelf
- 2 gekregen van iemand die ik ken
- 3 zonder recept bij een apotheek of drogist gekocht
- 4 geen van deze antwoorden

ILLCIT DRUGS

CANNABIS

13. Kent u persoonlijk mensen die cannabis, hasjiesj of marihuana gebruiken?

- 1 ja
- 2 nee

14. Heeft u zelf ooit cannabis, hasjiesj of marihuana gebruikt?

- 1 ja
- 2 nee

15. Hoe oud was u toen u voor het eerst hasjiesj of marihuana gebruikte?

.....

16. Heeft u de laatste 12 maanden cannabis, hasjiesj of marihuana gebruikt?

- 1 ja
- 2 nee

17. Heeft u de laatste 30 dagen cannabis, hasjiesj of marihuana gebruikt?

- 1 ja
- 2 nee

18. **Gedurende hoeveel dagen heeft u de laatste 30 dagen cannabis, hasjiesj of marihuana gebruikt?**

- 1 dagelijks of bijna dagelijks
2 meerdere malen per week
3 minstens één keer per week
4 minder dan één keer per week

ECSTASY

19. **Kent u persoonlijk mensen die Ecstasy gebruiken?**

- 1 ja
2 nee

20. **Heeft u zelf ooit Ecstasy gebruikt?**

- 1 ja
2 nee

21. **Heeft u de laatste 12 maanden Ecstasy gebruikt?**

- 1 ja
2 nee

22. **Heeft u de laatste 30 dagen Ecstasy gebruikt?**

- 1 ja
2 nee

23. **Gedurende hoeveel dagen heeft u de laatste 30 dagen Ecstasy gebruikt?**

- 1 dagelijks of bijna dagelijks
2 meerdere malen per week
3 minstens één keer per week
4 minder dan één keer per week

AMPHETAMINES

24. **Kent u persoonlijk mensen die amfetaminen gebruiken?**

- 1 ja
2 nee

25. **Heeft u zelf ooit amfetaminen gebruikt?**

- 1 ja
2 nee

26. **Heeft u de laatste 12 maanden amfetaminen gebruikt?**

- 1 ja
2 nee

27. **Heeft u de laatste 30 dagen amfetaminen gebruikt?**

- 1 ja
2 nee

28. **Gedurende hoeveel dagen heeft u de laatste 30 dagen amfetaminen gebruikt?**

- 1 dagelijks of bijna dagelijks
2 meerdere malen per week
3 minstens één keer per week
4 minder dan één keer per week

COCAINE

29. **Kent u persoonlijk mensen die cocaïne gebruiken?**

- 1 ja
2 nee

30. **Heeft u zelf ooit cocaïne gebruikt?**

- 1 ja
2 nee

31. **Heeft u de laatste 12 maanden cocaïne gebruikt?**

- 1 ja
2 nee

32. **Heeft u de laatste 30 dagen cocaïne gebruikt?**

- 1 ja
2 nee

33. **Gedurende hoeveel dagen heeft u de laatste 30 dagen cocaïne gebruikt?**

- 1 dagelijks of bijna dagelijks
2 meerdere malen per week
3 minstens één keer per week
4 minder dan één keer per week

HEROÏNE

34. **Kent u persoonlijk mensen die heroïne gebruiken?**

- 1 ja
2 nee

35. **Heeft u zelf ooit heroïne gebruikt?**

- 1 ja
2 nee

36. **Heeft u de laatste 12 maanden heroïne gebruikt?**

- 1 ja
2 nee

37. **Heeft u de laatste 30 dagen heroïne gebruikt?**

- 1 ja
2 nee

38. **Gedurende hoeveel dagen heeft u de laatste 30 dagen heroïne gebruikt?**

- 1 dagelijks of bijna dagelijks
2 meerdere malen per week
3 minstens één keer per week
4 minder dan één keer per week

RELEVIN

39. **Kent u persoonlijk mensen die Relevin gebruiken?**

- 1 ja
2 nee

40. **Heeft u zelf ooit Relevin gebruikt?**

- 1 ja
2 nee

41. **Heeft u de laatste 12 maanden Relevin gebruikt?**

- 1 ja
2 nee

42. **Heeft u de laatste 30 dagen Relevin gebruikt?**

- 1 ja
2 nee

43. **Gedurende hoeveel dagen heeft u de laatste 30 dagen Relevin gebruikt?**

- 1 dagelijks of bijna dagelijks
2 meerdere malen per week
3 minstens één keer per week
4 minder dan één keer per week

LSD

44. **Kent u persoonlijk mensen die LSD (trips, acid) gebruiken?**

- 1 ja
2 nee

45. **Heeft u zelf ooit LSD (trips, acid) gebruikt?**

- 1 ja
2 nee

46. **Heeft u de laatste 12 maanden LSD (trips, acid) gebruikt?**

- 1 ja
2 nee

47. **Heeft u de laatste 30 dagen LSD (trips, acid) gebruikt?**

- 1 ja
2 nee

48. **Gedurende hoeveel dagen heeft u de laatste 30 dagen LSD (trips, acid) gebruikt?**

- 1 dagelijks of bijna dagelijks
- 2 meerdere malen per week
- 3 minstens één keer per week
- 4 minder dan één keer per week

OPINIONS

49. **Ziet u een drugverslaafde eerder als een crimineel of eerder als een patiënt?**

- 1 meer als crimineel
- 2 meer als patiënt
- 3 noc als crimineel noch als patiënt
- 4 zowel crmineel als patiënt
- 5 weet niet, geen mening

50. **Tot op welke hoogte bent u het eens of oneens met de volgende uitspraak: "Het zou toegestaan moeten zijn om cannabis, hasjiesj of marihuana te gebruiken"?**

- 1 geheel mee eens
- 2 grotendeels mee eens
- 3 eens noch oneens
- 4 grotendeels mee oneens
- 5 volstrekt mee oneens

51. **Tot op welke hoogte bent u het eens of oneens met de volgende uitspraak: "Het zou toegestaan moeten zijn om heroïne te gebruiken"?**

- 1 geheel mee eens
- 2 grotendeels mee eens
- 3 eens noch oneens
- 4 grotendeels mee oneens
- 5 volstrekt mee oneens

Instruction: *Mensen verschillen in de mate waarin ze dingen die andere mensen doen afkeuren. Ik noem nu een aantal dingen die sommige mensen doen. Kunt u zeggen of u die dingen niet afkeurt, wel afkeurt of sterk afkeurt?*

52. **Een enkele keer Ecstasy proberen**

- 1 keur ik niet af
- 2 keur ik wel af
- 3 keur ik sterk af
- 4 geen mening

53. **Een enkele keer heroïne proberen**

- 1 keur ik niet af
- 2 keur ik wel af
- 3 keur ik sterk af
- 4 geen mening

54. Tien of meer sigaretten per dag roken

- 1 keur ik niet af
2 keur ik wel af
3 keur ik sterk af
4 geen mening

55. Meerdere keren per week een of twee glazen alcohol drinken

- 1 keur ik niet af
2 keur ik wel af
3 keur ik sterk af
4 geen mening

56. Zo nu en dan cannabis, hasjiesj of marihuana roken

- 1 keur ik niet af
2 keur ik wel af
3 keur ik sterk af
4 geen mening

Instruction: *Nu zou ik willen weten in hoeverre volgens u mensen een gezondheids- of ander risico lopen wanneer ze bepaalde dingen doen. Ik zal nu een aantal dingen noemen die sommige mensen wel eens doen. Wilt u telkens zeggen of iets volgens u geen risico, een klein risico, een matig risico of een groot risico met zich meebrengt?*

57. Een of meer pakjes sigaretten per dag roken

- 1 geen risico
2 klein risico
3 matig risico
4 groot risico

58. Elk weekend vijf of meer glazen alcohol drinken

- 1 geen risico
2 klein risico
3 matig risico
4 groot risico

59. Regelmatig cannabis, marihuana of hasjiesj roken?

- 1 geen risico
2 klein risico
3 matig risico
4 groot risico

60. Een enkele keer Ecstasy proberen

- 1 geen risico
2 klein risico
3 matig risico
4 groot risico

61. Een enkele keer cocaïne of crack proberen

- 1 geen risico
2 klein risico
3 matig risico
4 groot risico

TOBACCO

1. **Röker Du tobak, som cigaretter, cigarrer eller pipa?**

- 1 ja
2 nej

2. **Har Du någon gång rökt?**

- 1 ja
2 nej

ALCOHOL

3. **Har Du under de senaste 12 månaderna druckit alkohol?**

- 1 ja
2 nej

4. **Hur ofta dricker Du alkohol?**

- 1 4 gånger i veckan eller mer
2 2-3 gånger i veckan
3 2-4 gånger i månaden
4 en gång i månaden eller mindre

5. **Hur ofta dricker Du sex eller fler glas alkohol d v s ölglas, vinglas, drinkglas eller snapsglas vid ett och samma tillfälle?**

- 1 varje dag eller nästan varje dag
2 varje vecka
3 varje månad
4 mindre än varje månad
5 aldrig

6. **Har Du under de senaste 30 dagarna druckit alkohol?**

- 1 ja
2 nej

7. **Under de senaste 30 dagarna, hur många dagar har Du druckit alkohol?**

- 1 varje dag eller nästan varje dag
2 flera gånger i veckan
3 minst en gång i veckan
4 mindre än en gång i veckan

PHARMACEUTICALS

8. **Har Du under de senaste 12 månaderna använt (nerv)lugnande medel?**

- 1 ja
2 nej

9. Hur ofta använder Du (nerv)lugnande medel?

- 1 4 gånger i veckan eller oftare
2 2-3 gånger i veckan
3 2-4 gånger i månaden
4 en gång i månaden eller mindre

10. Har Du under de senaste 30 dagarna använt (nerv)lugnande medel?

- 1 ja
2 nej

11. Under de senaste 30 dagarna, hur många dagar använde Du (nerv)lugnande medel?

- 1 varje dag eller nästan varje dag
2 flera gånger i veckan
3 minst en gång i veckan
4 mindre än en gång i veckan

12. När Du senast använde (nerv)lugnande medel, hur hade Du fått tag på dem?

- 1 Jag köpte eller fick dem på läkarrecept för mig själv
2 Jag fick dem av någon jag känner
3 Jag köpte dem utan recept på ett apotek
4 inget av ovanstående är tillämpligt

ILLCIT DRUGS

CANNABIS

13. Känner Du personligen någon som använder hasch eller marijuana?

- 1 ja
2 nej

14. Har Du någon gång själv provat hasch eller marijuana?

- 1 ja
2 nej

15. Vid vilken ålder provade Du hasch eller marijuana för första gången?

.....

16. Har Du under de senaste 12 månaderna använt hasch eller marijuana?

- 1 ja
2 nej

17. Har Du under de senaste 30 dagarna använt hasch eller marijuana?

- 1 ja
2 nej

18. Under de senaste 30 dagarna, hur många dagar använde Du hasch eller marijuana?

- 1 varje dag eller nästan varje dag
2 flera gånger i veckan
3 minst en gång i veckan
4 mindre än en gång i veckan

ECSTASY

19. Känner Du personligen någon som använder ecstasy?

- 1 ja
2 nej

20. Har Du någon gång själv prövat ecstasy?

- 1 ja
2 nej

21. Har Du använt ecstasy under de senaste 12 månaderna?

- 1 ja
2 nej

22. Har Du använt ecstasy under de senaste 30 dagarna?

- 1 ja
2 nej

23. Under de senaste 30 dagarna, hur många dagar använde Du ecstasy?

- 1 varje dag eller nästan varje dag
2 flera gånger i veckan
3 minst en gång i veckan
4 mindre än en gång i veckan

AMPHETAMINES

24. Känner Du personligen någon som använder amfetamin?

- 1 ja
2 nej

25. Har Du någon gång själv prövat amfetamin?

- 1 ja
2 nej

26. Har Du under de senaste 12 månaderna använt amfetamin?

- 1 ja
2 nej

27. Har Du under de senaste 30 dagarna använt amfetamin?

- 1 ja
2 nej

28. Under de senaste 30 dagarna, hur många dagar använde Du amfetamin?

- 1 varje dag eller nästan varje dag
2 flera gånger i veckan
3 minst en gång i veckan
4 mindre än en gång i veckan

COCAINE

29. Känner Du personligen någon som använder kokain?

- 1 ja
2 nej

30. Har Du någon gång själv prövat kokain?

- 1 ja
2 nej

31. Har Du under de senaste 12 månaderna använt kokain?

- 1 ja
2 nej

32. Har Du under de senaste 30 dagarna använt kokain?

- 1 ja
2 nej

33. Under de senaste 30 dagarna, hur många dagar använde Du kokain?

- 1 varje dag eller nästan varje dag
2 flera gånger i veckan
3 minst en gång i veckan
4 mindre än en gång i veckan

HEROIN

34. Känner Du personligen någon som använder heroin?

- 1 ja
2 nej

35. Har Du någon gång själv prövat heroin?

- 1 ja
2 nej

36. Har Du under de senaste 12 månaderna använt heroin?

- 1 ja
2 nej

37. Har Du under de senaste 30 dagarna använt heroin?

- 1 ja
2 nej

38. Under de senaste 30 dagarna, hur många dagar använde Du heroin?

- 1 varje dag eller nästan varje dag
2 flera gånger i veckan
3 minst en gång i veckan
4 mindre än en gång i veckan

RELEVIN

39. Känner Du personligen någon som använder re Levin?

- 1 ja
2 nej

40. Har Du någon gång själv prövat re Levin?

- 1 ja
2 nej

41. Har Du under de senaste 12 månaderna använt re Levin?

- 1 ja
2 nej

42. Har Du under de senaste 30 dagarna använt re Levin?

- 1 ja
2 nej

43. Under de senaste 30 dagarna, hur många dagar använde Du re Levin?

- 1 varje dag eller nästan varje dag
2 flera gånger i veckan
3 minst en gång i veckan
4 mindre än en gång i veckan

LSD

44. Känner Du personligen någon som använder LSD?

- 1 ja
2 nej

45. Har Du någon gång själv prövat LSD?

- 1 ja
2 nej

46. Har Du under de senaste 12 månaderna använt LSD?

- 1 ja
2 nej

47. Har Du under de senaste 30 dagarna använt LSD?

- 1 ja
2 nej

48. Under de senaste 30 dagarna, hur många dagar använde Du LSD?

- 1 varje dag eller nästan varje dag
2 flera gånger i veckan
3 minst en gång i veckan
4 mindre än en gång i veckan

OPINIONS

49. Ser Du en narkoman mer som en brottsling eller mer som en patient?

- 1 mer som en brottsling
- 2 mer som en patient
- 3 varken brottsling eller patient
- 4 både brottsling och patient
- 5 vet ej, kan inte avgöra

50. I vilken utsträckning är Du ense eller oense med följande påstående: "Folk bör tillåtas använda hasch eller marijuana"?

- 1 helt ense
- 2 till stor del ense
- 3 varken ense eller oense
- 4 till stor del oense
- 5 helt oense

51. I vilken utsträckning är Du ense eller oense med följande påstående: "Folk bör tillåtas använda heroin"?

- 1 helt ense
- 2 till stor del ense
- 3 varken ense eller oense
- 4 till stor del oense
- 5 helt oense

Instruction: *Individer har olika åsikter om de är ense eller ej med saker som vissa personer gör. Jag nämner ett antal saker som vissa personer kan göra. Kan Du säga om Du inte misstycker, misstycker eller misstycker starkt när folk gör något av följande saker?*

52. Att pröva ecstasy en eller ett par gånger

- 1 misstycker ej
- 2 misstycker
- 3 misstycker starkt
- 4 vet ej

53. Att pröva heroin en eller ett par gånger

- 1 misstycker ej
- 2 misstycker
- 3 misstycker starkt
- 4 vet ej

54. Att röka 10 eller mer cigaretter om dagen

- 1 misstycker ej
- 2 misstycker
- 3 misstycker starkt
- 4 vet ej

55. Att ta en eller ett par drinkar några gånger i veckan

- 1 misstycker ej
2 misstycker
3 misstycker starkt
4 vet ej

56. Att röka marijuana eller hasch ibland

- 1 misstycker ej
2 misstycker
3 misstycker starkt
4 vet ej

Instruction: *Nu skulle jag vilja veta hur mycket Du tror folk riskerar att skada sig fysiskt eller på annat sätt om de gör vissa saker. Jag nämner några saker som vissa personer gör. Kan Du säga om Du tycker att det inte är någon risk, en liten risk, en måttlig risk eller en stor risk om folk gör vissa saker.*

57. Att röka ett eller flera paket cigaretter om dagen

- 1 ingen risk
2 liten risk
3 måttlig risk
4 stor risk

58. Att ta fem eller fler drinkar en eller två gånger varje weekend

- 1 ingen risk
2 liten risk
3 måttlig risk
4 stor risk

59. Att röka marijuana eller hasch regelbundet

- 1 ingen risk
2 liten risk
3 måttlig risk
4 stor risk

60. Att pröva ecstasy en eller ett par gånger

- 1 ingen risk
2 liten risk
3 måttlig risk
4 stor risk

61. Att pröva kokain eller crack en eller ett par gånger

- 1 ingen risk
2 liten risk
3 måttlig risk
4 stor risk

TOBACCO

1. Poltatteko tupakkaa, esim. savukkeita, sikareita tai piippua?

- 1 kyllä
2 en

2. Oletteko aikaisemmin tupakoinut?

- 1 kyllä
2 en

ALCOHOL

3. Oletteko viimeksi kuluneiden 12 kuukauden aikana juonut alkoholia?

- 1 kyllä
2 en

4. Kuinka usein juotte alkoholia?

- 1 4 kertaa viikossa tai useammin
2 2-3 kertaa viikossa
3 2-4 kertaa kuukaudessa
4 kerran kuukaudessa tai harvemmin

5. Kuinka usein nautitte kuusi annosta alkoholijuomaa samalla kerralla?

- 1 päivittäin tai lähes päivittäin
2 kerran viikossa
3 kerran kuukaudessa
4 harvemmin kuin kerran kuukaudessa
5 en koskaan

6. Oletteko viimeksi kuluneiden 30 päivän aikana, juonut alkoholia?

- 1 kyllä
2 en

7. Kuinka monena päivänä viimeksi kuluneiden 30 päivän aikana, olette juonut alkoholia?

- 1 päivittäin tai lähes päivittäin
2 useita kertoja viikossa
3 vähintään kerran viikossa
4 harvemmin kuin kerran viikossa

PHARMACEUTICALS

8. Oletteko viimeksi kuluneiden 12 kuukauden aikana käyttänyt rauhoittavia lääkkeitä?

- 1 kyllä
2 en

9. Kuinka usein käytätte rauhoittavia lääkkeitä?

- 1 4 kertaa viikossa tai useammin
2 2-3 kertaa viikossa
3 2-4 kertaa kuukaudessa
4 kerran kuukaudessa tai harvemmin

10. Oletteko viimeksi kuluneiden 30 päivän aikana käyttänyt rauhoittavia lääkkeitä?

- 1 kyllä
2 en

11. Kuinka monena päivänä viimeksi kuluneiden 30 päivän aikana olette käyttänyt rauhoittavia lääkkeitä?

- 1 päivittäin tai lähes päivittäin
2 useita kertoja viikossa
3 vähintään kerran viikossa
4 harvemmin kuin kerran viikossa

12. Kun viimeksi käytitte rauhoittavia lääkkeitä, mistä olitte ne saanut?

- 1 lääkärin reseptillä
2 tuttavaltani
3 apteekista ilman reseptiä
4 ei mikään näistä vaihtoehdoista

ILLICIT DRUGS

CANNABIS

13. Tunnetteko henkilökohtaisesti ketään, joka käyttää hasista tai marihuanaa?

- 1 kyllä
2 en

14. Oletteko itse koskaan käyttänyt hasista tai marihuanaa?

- 1 kyllä
2 en

15. Minkä ikäisenä käytitte ensimmäisen kerran hasista tai marihuanaa?

.....

16. Oletteko viimeksi kuluneiden 12 kuukauden aikana käyttänyt hasista tai marihuanaa?

- 1 kyllä
2 en

17. Oletteko viimeksi kuluneiden 30 päivän aikana käyttänyt hasista tai marihuanaa?

- 1 kyllä
2 en

18. Kuinka monta kertaa viimeksi kuluneiden 30 päivän aikana olette käyttänyt hasista tai marihuanaa?

- 1 päivittäin tai lähes päivittäin
2 useita kertoja viikossa
3 vähintään kerran viikossa
4 harvemmin kuin kerran viikossa

ECSTASY

19. Tunneteko henkilökohtaisesti ketään, joka käyttää ekstaasia?

- 1 kyllä
2 en

20. Oletteko koskaan itse käyttänyt ekstaasia?

- 1 kyllä
2 en

21. Oletteko viimeksi kuluneiden 12 kuukauden aikana käyttänyt ekstaasia?

- 1 kyllä
2 en

22. Oletteko viimeksi kuluneiden 30 päivän aikana käyttänyt ekstaasia?

- 1 kyllä
2 en

23. Kuinka monta kertaa viimeksi kuluneiden 30 päivän aikana olette käyttänyt ekstaasia?

- 1 päivittäin tai lähes päivittäin
2 useita kertoja viikossa
3 vähintään kerran viikossa
4 harvemmin kuin kerran viikossa

AMPHETAMINES

24. Tunneteko henkilökohtaisesti ketään, joka käyttää amfetamiinia?

- 1 kyllä
2 en

25. Oletteko koskaan itse käyttänyt amfetamiinia?

- 1 kyllä
2 en

26. Oletteko viimeksi kuluneiden 12 kuukauden aikana käyttänyt amfetamiinia?

- 1 kyllä
2 en

27. Oletteko viimeksi kuluneiden 30 päivän aikana käyttänyt amfetamiinia?

- 1 kyllä
2 en

28. Kuinka monta kertaa viimeksi kuluneiden 30 päivän aikana olette käyttäneet amfetamiinia?

- 1 päivittäin tai lähes päivittäin
2 useita kertoja viikossa
3 vähintään kerran viikossa
4 harvemmin kuin kerran viikossa

COCAINE

29. Tunnetteko henkilökohtaisesti ketään, joka käyttää kokaiinia?

- 1 kyllä
2 en

30. Oletteko koskaan itse käyttänyt kokaiinia?

- 1 kyllä
2 en

31. Oletteko viimeksi kuluneiden 12 kuukauden aikana käyttänyt kokaiinia?

- 1 kyllä
2 en

32. Oletteko viimeksi kuluneiden 30 päivän aikana käyttänyt kokaiinia?

- 1 kyllä
2 en

33. Kuinka monena päivänä viimeksi kuluneiden 30 päivän aikana olette käyttänyt kokaiinia?

- 1 päivittäin tai lähes päivittäin
2 useita kertoja viikossa
3 vähintään kerran viikossa
4 harvemmin kuin kerran viikossa

HEROIN

34. Tunnetteko henkilökohtaisesti ketään, joka käyttää heroinia?

- 1 kyllä
2 en

35. Oletteko koskaan itse käyttänyt heroinia?

- 1 kyllä
2 en

36. Oletteko viimeksi kuluneiden 12 kuukauden aikana käyttänyt heroinia?

- 1 kyllä
2 en

37. Oletteko viimeksi kuluneiden 30 päivän aikana käyttänyt heroinia?

- 1 kyllä
2 en

38. Kuinka monena päivänä viimeksi kuluneiden 30 päivän aikana olette käyttänyt heroiniä?

- 1 päivittäin tai lähes päivittäin
2 useita kertoja viikossa
3 vähintään kerran viikossa
4 harvemmin kuin kerran viikossa

RELEVIN

39. Tunneteko henkilökohtaisesti ketään, joka käyttää releviiniä?

- 1 kyllä
2 en

40. Oletteko koskaan itse käyttänyt releviiniä?

- 1 kyllä
2 en

41. Oletteko viimeksi kuluneiden 12 kuukauden aikana käyttänyt releviiniä?

- 1 kyllä
2 en

42. Oletteko viimeksi kuluneiden 30 päivän aikana käyttänyt releviiniä?

- 1 kyllä
2 en

43. Kuinka monena päivänä viimeksi kuluneiden 30 päivän aikana olette käyttänyt releviiniä?

- 1 päivittäin tai lähes päivittäin
2 useita kertoja viikossa
3 vähintään kerran viikossa
4 harvemmin kuin kerran viikossa

LSD

44. Tunneteko henkilökohtaisesti ketään, joka käyttää LSD:tä?

- 1 kyllä
2 en

45. Oletteko koskaan itse käyttänyt LSD:tä?

- 1 kyllä
2 en

46. Oletteko viimeksi kuluneiden 12 kuukauden aikana käyttänyt LSD:tä?

- 1 kyllä
2 en

47. Oletteko viimeksi kuluneiden 30 päivän aikana käyttänyt LSD:tä?

- 1 kyllä
2 en

48. Kuinka monena päivänä viimeksi kuluneiden 30 päivän aikana olette käyttänyt LSD:tä?

- 1 päivittäin tai lähes päivittäin
2 useita kertoja viikossa
3 vähintään kerran viikossa
4 harvemmin kuin kerran viikossa

OPINIONS

49. Onko huumeiden käyttäjä mielestänne enemmän rikollinen vai sairas?

- 1 enemmän rikollinen
2 enemmän sairas
3 ei kumpaakaan
4 sekä rikollinen että sairas
5 vaikea sanoa

50. Missä määrin olette samaa mieltä seuraavan väittämän kanssa: "Ihmisillä pitäisi olla oikeus käyttää hasista tai marihuanaa."

- 1 täysin samaa mieltä
2 jokseenkin samaa mieltä
3 vaikea sanoa
4 jokseenkin eri mieltä
5 täysin eri mieltä

51. Missä määrin olette samaa mieltä seuraavan väittämän kanssa: "Ihmisillä pitäisi olla oikeus käyttää heroinia."

- 1 täysin samaa mieltä
2 jokseenkin samaa mieltä
3 vaikea sanoa
4 jokseenkin eri mieltä
5 täysin eri mieltä

Instruction: *Ihmiset ovat eri mieltä siitä, kuinka hyväksyttävää tai paheksuttavaa toisten ihmisten käyttäytyminen on. Mainitsemme nyt muutamia asioita, joita toiset ihmiset saattavat tehdä. Kuinka hyväksyttävää tai paheksuttavaa mielestänne on, jos toiset ihmiset tekevät seuraavia asioita?*

52. Kokeilevat ekstaasia kerran tai kaksi

- 1 hyväksyttävää
2 paheksuttavaa
3 täysin paheksuttavaa
4 vaikea sanoa

53. Kokeilevat heroinia kerran tai kaksi

- 1 hyväksyttävää
2 paheksuttavaa
3 täysin paheksuttavaa
4 vaikea sanoa

54. Polttavat vähintään 10 savuketta päivittäin

- 1 hyväksyttävää
2 paheksuttavaa
3 täysin paheksuttavaa
4 vaikea sanoa

55. Nauttivat yhden tai kahden alkoholiannoksen useita kertoja viikossa

- 1 hyväksyttävää
2 paheksuttavaa
3 täysin paheksuttavaa
4 vaikea sanoa

56. Polttavat marihuanaa tai hasista satunnaisesti

- 1 hyväksyttävää
2 paheksuttavaa
3 täysin paheksuttavaa
4 vaikea sanoa

Instruction: Seuraavaksi haluaisimme tietää, kuinka suuresti Teidän mielestänne ihmiset vaarantavat terveyttään tai muuten itseään tekemällä seuraavia asioita. Kuinka suuri terveydellinen tai muu riski mielestänne aiheutuu ihmisille, jotka tekevät seuraavia asioita?

57. Polttavat vähintään askin savukkeita päivässä.

- 1 ei riskiä
2 vähäinen riski
3 kohtalainen riski
4 suuri riski

58. Juovat vähintään viisi annosta alkoholia kerran tai kaksi viikonlopussa.

- 1 ei riskiä
2 vähäinen riski
3 kohtalainen riski
4 suuri riski

59. Polttavat marihuanaa tai hasista säännöllisesti.

- 1 ei riskiä
2 vähäinen riski
3 kohtalainen riski
4 suuri riski

60. Kokeilevat ekstaasiakerran tai kaksi.

- 1 ei riskiä
2 vähäinen riski
3 kohtalainen riski
4 suuri riski

61. Kokeilevat kokaiinia tai crackia kerran tai kaksi.

- 1 ei riskiä
- 2 vähäinen riski
- 3 kohtalainen riski
- 4 suuri riski

TOBACCO

1. Καπνίζετε, τσιγάρα, πούρα ή πίπα;

- 1 ναι
2 όχι

2. Έχετε καπνίσει ποτέ στο παρελθόν;

- 1 ναι
2 όχι

ALCOHOL

3. Κατά τη διάρκεια των 12 τελευταίων μηνών, ήπιατε κάποιο οινοπνευματώδες ποτό;

- 1 ναι
2 όχι

4. Πόσο συχνά πίνετε οινοπνευματώδη ποτά;

- 1 4 φορές την εβδομάδα ή περισσότερο
2 2-3 φορές την εβδομάδα
3 2-4 φορές τον μήνα
4 μία φορά τον μήνα ή λιγότερο

5. Πόσο συχνά πίνετε έξι ποτήρια οινοπνευματωδών ποτών στη καθησiά;

- 1 καθημερινά ή σχεδόν καθημερινά
2 κάθε εβδομάδα
3 κάθε μήνα
4 λιγότερο από μία φορά τον μήνα
5 ποτέ

6. Κατά τη διάρκεια των 30 τελευταίων ημερών, ήπιατε κάποιο οινοπνευματώδες ποτό;

- 1 ναι
2 όχι

7. Κατά τη διάρκεια των 30 τελευταίων ημερών, πόσες ημέρες ήπιατε κάποιο οινοπνευματώδες ποτό;

- 1 καθημερινά ή σχεδόν καθημερινά
2 μερικές φορές την εβδομάδα
3 τουλάχιστον μία φορά την εβδομάδα
4 λιγότερο από μία φορά την εβδομάδα

PHARMACEUTICALS

8. Κατά τη διάρκεια των 12 τελευταίων μηνών, πήρατε κάποιο ηρεμιστικό ή υπνωτικό;

- 1 ναι
2 όχι

9. Πόσο συχνά παίρνετε ηρεμιστικά ή υπνωτικά;
- 1 4 φορές την εβδομάδα ή περισσότερο
2 2-3 φορές την εβδομάδα
3 2-4 φορές τον μήνα
4 μία φορά τον μήνα ή λιγότερο
10. Κατά τη διάρκεια των 30 τελευταίων ημερών, πήρατε κάποιο ή ηρεμιστικό ή υπνωτικό;
- 1 ναι
2 όχι
11. Κατά τη διάρκεια των 30 τελευταίων ημερών, πόσες ημέρες πήρατε ηρεμιστικά ή υπνωτικά;
- 1 καθημερινά ή σχεδόν καθημερινά
2 μερικές φορές την εβδομάδα
3 τουλάχιστον μία φορά την εβδομάδα
4 λιγότερο από μία φορά την εβδομάδα
12. Την τελευταία φορά που πήρατε ηρεμιστικά ή υπνωτικά, με ποιον τρόπο τα προμηθευτήκατε;
- 1 Τα πήρα με συνταγή που μου έγραψε γιατρός
2 Τα πήρα από κάποιον γνωστό μου
3 Τα αγόρασα σε φαρμακείο χωρίς συνταγή
4 Δεν ισχύει τίποτα από τα παραπάνω

ILLCIT DRUGS

CANNABIS

13. Γνωρίζετε προσωπικά άτομα που παίρνουν χασίς ή μαριχουάνα;
- 1 ναι
2 όχι
14. Εσείς έχετε πάρει ποτέ χασίς ή μαριχουάνα;
- 1 ναι
2 όχι
15. Σε ποια ηλικία πήρατε χασίς ή μαριχουάνα για πρώτη φορά;
-
16. Κατά τη διάρκεια των 12 τελευταίων μηνών, πήρατε χασίς ή μαριχουάνα;
- 1 ναι
2 όχι
17. Κατά τη διάρκεια των 30 τελευταίων ημερών, πήρατε χασίς ή μαριχουάνα;
- 1 ναι
2 όχι
18. Κατά τη διάρκεια των 30 τελευταίων ημερών, πόσες ημέρες πήρατε χασίς ή μαριχουάνα;
- 1 καθημερινά ή σχεδόν καθημερινά
2 μερικές φορές την εβδομάδα
3 τουλάχιστον μία φορά την εβδομάδα
4 λιγότερο από μία φορά την εβδομάδα

ECSTASY

19. Γνωρίζετε προσωπικά άτομα που παίρνουν "έκσταση";

- 1 ναι
2 όχι

20. Εσείς έχετε πάρει ποτέ "έκσταση";

- 1 ναι
2 όχι

21. Κατά τη διάρκεια των 12 τελευταίων μηνών, πήρατε "έκσταση";

- 1 ναι
2 όχι

22. Κατά τη διάρκεια των 30 τελευταίων ημερών, πήρατε "έκσταση";

- 1 ναι
2 όχι

23. Κατά τη διάρκεια των 30 τελευταίων ημερών, πόσες ημέρες πήρατε "έκσταση";

- 1 καθημερινά ή σχεδόν καθημερινά
2 μερικές φορές την εβδομάδα
3 τουλάχιστον μία φορά την εβδομάδα
4 λιγότερο από μία φορά την εβδομάδα

AMPHETAMINES

24. Γνωρίζετε προσωπικά άτομα που παίρνουν αμφεταμίνες;

- 1 ναι
2 όχι

25. Εσείς έχετε πάρει ποτέ αμφεταμίνες;

- 1 ναι
2 όχι

26. Κατά τη διάρκεια των 12 τελευταίων μηνών, πήρατε αμφεταμίνες;

- 1 ναι
2 όχι

27. Κατά τη διάρκεια των 30 τελευταίων ημερών, πήρατε αμφεταμίνες;

- 1 ναι
2 όχι

28. Κατά τη διάρκεια των 30 τελευταίων ημερών, πόσες ημέρες πήρατε αμφεταμίνες;

- 1 καθημερινά ή σχεδόν καθημερινά
2 μερικές φορές την εβδομάδα
3 τουλάχιστον μία φορά την εβδομάδα
4 λιγότερο από μία φορά την εβδομάδα

COCAINE

29. Γνωρίζετε προσωπικά άτομα που παίρνουν κοκαΐνη;

- 1 ναι
2 όχι

30. Εσείς έχετε πάρει ποτέ κοκαΐνη;

- 1 ναι
2 όχι

31. Κατά τη διάρκεια των 12 τελευταίων μηνών, πήρατε κοκαΐνη;

- 1 ναι
2 όχι

32. Κατά τη διάρκεια των 30 τελευταίων ημερών, πήρατε κοκαΐνη;

- 1 ναι
2 όχι

33. Κατά τη διάρκεια των 30 τελευταίων ημερών, πόσες ημέρες πήρατε κοκαΐνη;

- 1 καθημερινά ή σχεδόν καθημερινά
2 μερικές φορές την εβδομάδα
3 τουλάχιστον μία φορά την εβδομάδα
4 λιγότερο από μία φορά την εβδομάδα

HEROIN

34. Γνωρίζετε προσωπικά άτομα που παίρνουν ηρωίνη;

- 1 ναι
2 όχι

35. Εσείς έχετε πάρει ποτέ ηρωίνη;

- 1 ναι
2 όχι

36. Κατά τη διάρκεια των 12 τελευταίων μηνών, πήρατε ηρωίνη;

- 1 ναι
2 όχι

37. Κατά τη διάρκεια των 30 τελευταίων ημερών, πήρατε ηρωίνη;

- 1 ναι
2 όχι

38. Κατά τη διάρκεια των 30 τελευταίων ημερών, πόσες ημέρες πήρατε ηρωίνη;

- 1 καθημερινά ή σχεδόν καθημερινά
2 μερικές φορές την εβδομάδα
3 τουλάχιστον μία φορά την εβδομάδα
4 λιγότερο από μία φορά την εβδομάδα

RELEVIN

39. Γνωρίζετε προσωπικά άτομα που παίρνουν ρελιβίνη;

- 1 ναι
2 όχι

40. Εσείς έχετε πάρει ποτέ ρελιβίνη;

- 1 ναι
2 όχι

41. Κατά τη διάρκεια των 12 τελευταίων μηνών, πήρατε ρελιβίνη;

- 1 ναι
2 όχι

42. Κατά τη διάρκεια των 30 τελευταίων ημερών, πήρατε ρελιβίνη;

- 1 ναι
2 όχι

43. Κατά τη διάρκεια των 30 τελευταίων ημερών, πόσες ημέρες πήρατε ρελιβίνη;

- 1 καθημερινά ή σχεδόν καθημερινά
2 μερικές φορές την εβδομάδα
3 τουλάχιστον μία φορά την εβδομάδα
4 λιγότερο από μία φορά την εβδομάδα

LSD

44. Γνωρίζετε προσωπικά άτομα που παίρνουν LSD;

- 1 ναι
2 όχι

45. Εσείς έχετε πάρει ποτέ LSD;

- 1 ναι
2 όχι

46. Κατά τη διάρκεια των 12 τελευταίων μηνών, πήρατε LSD;

- 1 ναι
2 όχι

47. Κατά τη διάρκεια των 30 τελευταίων ημερών, πήρατε LSD;

- 1 ναι
2 όχι

48. Κατά τη διάρκεια των 30 τελευταίων ημερών, πόσες ημέρες πήρατε LSD;

- 1 καθημερινά ή σχεδόν καθημερινά
2 μερικές φορές την εβδομάδα
3 τουλάχιστον μία φορά την εβδομάδα
4 λιγότερο από μία φορά την εβδομάδα

OPINIONS

49. Εσείς θεωρείτε κάποιον χρήστη ναρκωτικών περισσότερο ως εγκληματία ή ως ασθενή;

- 1 περισσότερο ως εγκληματία
2 περισσότερο ως ασθενή
3 ούτε ως εγκληματία ούτε ως ασθενή
4 και ως εγκληματία και ως ασθενή
5 δεν ξέρω, δεν μπορώ να αποφασίσω

50. Σε ποιο βαθμό συμφωνείτε ή διαφωνείτε με την παρακάτω φράση: "Θα έπρεπε να επιτρέπεται στους ανθρώπους να παίρνουν χασίς ή μαριχουάνα";

- 1 συμφωνώ απόλυτα
2 συμφωνώ αρκετά
3 ούτε συμφωνώ ούτε διαφωνώ
4 διαφωνώ αρκετά
5 διαφωνώ ριζικά

51. Σε ποιο βαθμό συμφωνείτε ή διαφωνείτε με την παρακάτω φράση: "Θα έπρεπε να επιτρέπεται στους ανθρώπους να παίρνουν ηρωίνη";

- 1 συμφωνώ απόλυτα
2 συμφωνώ αρκετά
3 ούτε συμφωνώ ούτε διαφωνώ
4 διαφωνώ αρκετά
5 διαφωνώ ριζικά

Instruction: *Οι άνθρωποι διαφέρουν ως προς το αν αποδοκιμάζουν ή όχι τα άτομα που κάνουν ορισμένα πράγματα. Θα σας αναφέρω ορισμένα πράγματα τα οποία κάνουν ορισμένα άτομα. Μπορείτε να μου πείτε αν δεν αποδοκιμάζετε, αν αποδοκιμάζετε ή αν αποδοκιμάζετε τελείως τους ανθρώπους που κάνουν κάτι από τα παρακάτω;*

52. Δοκιμάζουν "έκσταση" μία-δύο φορές

- 1 δεν τους αποδοκιμάζω
2 τους αποδοκιμάζω
3 τους αποδοκιμάζω τελείως
4 δεν ξέρω

53. Δοκιμάζουν ηρωίνη μία-δύο φορές

- 1 δεν τους αποδοκιμάζω
2 τους αποδοκιμάζω
3 τους αποδοκιμάζω τελείως
4 δεν ξέρω

54. Καπνίζουν 10 ή περισσότερα τσιγάρα την ημέρα

- 1 δεν τους αποδοκιμάζω
2 τους αποδοκιμάζω
3 τους αποδοκιμάζω τελείως
4 δεν ξέρω

55. Πίνουν ένα ή δύο ποτά αρκετές φορές την εβδομάδα

- 1 δεν τους αποδοκιμάζω
2 τους αποδοκιμάζω
3 τους αποδοκιμάζω τελείως
4 δεν ξέρω

56. Καπνίζουν περιστασιακά μαριχουάνα ή χασίς

- 1 δεν τους αποδοκιμάζω
2 τους αποδοκιμάζω
3 τους αποδοκιμάζω τελείως
4 δεν ξέρω

Instruction: Τώρα θα ήθελα να σας ρωτήσω εάν εσείς πιστεύετε πως τα άτομα κινδυνεύουν να βλάψουν τον εαυτό τους, σωματικά ή με άλλο τρόπο, κάνοντας ορισμένα πράγματα. Θα σας αναφέρω άλλη μια φορά κάποια πράγματα, τα οποία κάνουν

ορισμένα άτομα. Πείτε μου, σας παρακαλώ αν θεωρείτε ακίνδυνο, ελαφρά επικίνδυνο, μέτρια επικίνδυνο ή πολύ επικίνδυνο, το καθένα από τα παρακάτω:.

57. Καπνίζουν ένα ή περισσότερα πακέτα τσιγάρα την ημέρα

- 1 ακίνδυνο
2 ελαφρά επικίνδυνο
3 μέτρια επικίνδυνο
4 πολύ επικίνδυνο

58. Πίνουν πέντε ή περισσότερα ποτά κάθε σαββατοκύριακο

- 1 ακίνδυνο
2 ελαφρά επικίνδυνο
3 μέτρια επικίνδυνο
4 πολύ επικίνδυνο

59. Καπνίζουν τακτικά μαριχουάνα ή χασίς

- 1 ακίνδυνο
2 ελαφρά επικίνδυνο
3 μέτρια επικίνδυνο
4 πολύ επικίνδυνο

60. Δοκιμάσουν "έκσταση" μία-δύο φορές

- 1 ακίνδυνο
2 ελαφρά επικίνδυνο
3 μέτρια επικίνδυνο
4 πολύ επικίνδυνο

61. Δοκιμάσουν κοκαΐνη ή "κρακ" μία-δύο φορές

- 1 ακίνδυνο
2 ελαφρά επικίνδυνο
3 μέτρια επικίνδυνο

4 ΠΟΛΥ ΕΠΙΚΙΝΔΥΝ

**TABLE FORMATS GENERAL POPULATION
PREVALENCE SURVEYS
ANNUAL REPORTS OF EMCDDA
(POP-SUR-A/B)**

version May 1999

TABLE PO-SUR-A

BASIC RESULTS AND METHODOLOGY OF POPULATION SURVEYS ON DRUG USE

NOTES: Include information on national (or relevant regional) surveys on drug use conducted during the last five years. Here only summarised results are requested. In Table (PO-SUR-A) results are requested broken down by five years age groups. Age groups presented are partly due to maintenance of consistency with other EMCDDA indicators and other International Organizations

COUNTRY	All adults			Young adults			Broad age groups															
	15-64			15-34			LIFETIME PREVALENCE (%)															
	M	F	T	M	F	T	15-24			25-34			35-44			45-54			54-64			
(important: see "drug definitions" in the Methodology box)	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	
1. any illegal drugs																						
2. cannabis																						
3. opiates (total)																						
4. heroin																						
5. other opiates (specify)																						
5. cocaine (total, including crack)																						
8. amphetamines																						
9. ecstasy																						
10. hallucinogens (total)																						
11. LSD																						
12. other hallucinogens (specify)																						
13. hypnotics and sedatives (total)																						
14. benzodiazepines																						
15. other medic. (specify)																						
16. solvents																						
17. steroids																						
18. other (specify)																						

M = Male / F = Female / T= Total

COUNTRY	All adults			Young adults			Broad age groups														
	LAST 12 MONTHS PREVALENCE (%)																				
	15-64			15-34			15-24			25-34			35-44			45-54			55-64		
(important: see "drug definitions" in the Methodology box)	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
1. any illegal drugs																					
2. cannabis																					
3. opiates (total)																					
4. heroin																					
5. other opiates (specify)																					
5. cocaine (total, including crack)																					
8. amphetamines																					
9. ecstasy																					
10. hallucinogens (total)																					
11. LSD																					
12. other hallucinogens (specify)																					
13. hypnotics and sedatives (total)																					
14. benzodiazepines																					
15. other medic. (specify)																					
16. solvents																					
17. steroids																					
18. other (specify)																					

COUNTRY	All adults			Young adults			Broad age groups														
	LAST 30 DAYS PREVALENCE (%)																				
	15-64			15-34			15-24			25-34			35-44			45-54			55-64		
(important: see "drug definitions" in the Methodology box)	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
1. any illegal drugs																					
2. cannabis																					
3. opiates (total)																					
4. heroin																					
5. other opiates (specify)																					
5. cocaine (total, including crack)																					
8. amphetamines																					
9. ecstasy																					
10. hallucinogens (total)																					
11. LSD																					
12. other hallucinogens (specify)																					
13. hypnotics and sedatives (total)																					
14. benzodiazepines																					
15. other medic. (specify)																					
16. solvents																					
17. steroids																					
18. other (specify)																					

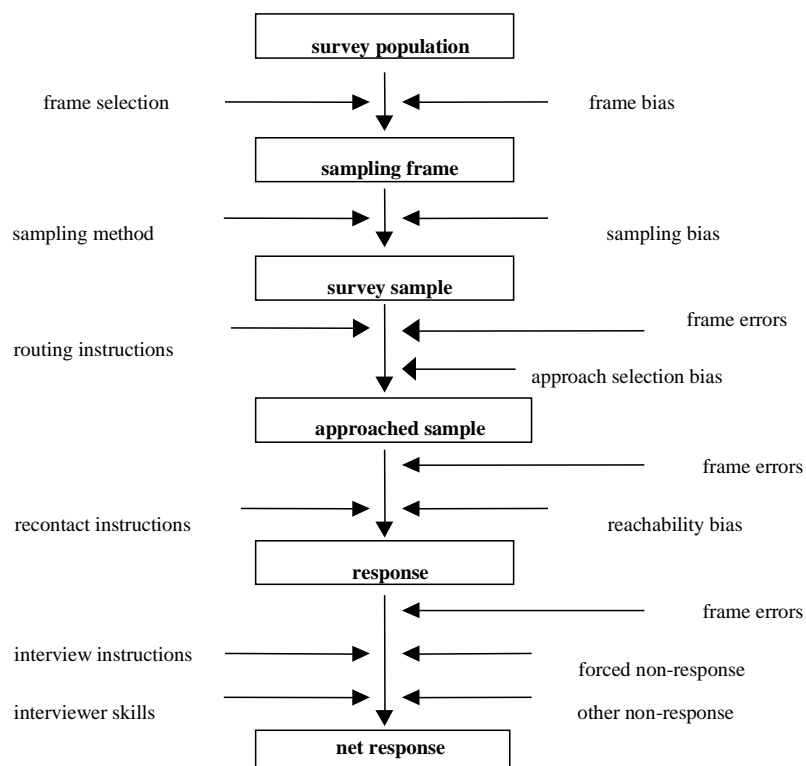
COUNTRY																													
	DRUGS (important: see "drug definitions" in the Methodology box)	LIFETIME PREVALENCE (%)																											
		15-19			20-24			25-29			30-34			35-39			40-44			45-49			50-54			55-59			60-64
M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
1. any illegal drugs																													
2. cannabis																													
3. opiates (total)																													
4. heroin																													
5. other opiates (specify)																													
5. cocaine (total, including crack)																													
8. amphetamines																													
9. ecstasy																													
10. hallucinogens (total)																													
11. LSD																													
12. other hallucinogens (specify)																													
13. hypnotics and sedatives (total)																													
14. benzodiazepines																													
15. other medic. (specify)																													
16. solvents																													
17. steroids																													
18. other (specify)																													

COUNTRY	LAST 12 MONTH PREVALENCE (%)																													
	15-19			20-24			25-29			30-34			35-39			40-44			45-49			50-54			55-59			60-64		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
1. any illegal drugs																														
2. cannabis																														
3. opiates (total)																														
4. heroin																														
5. other opiates (specify)																														
5. cocaine (total, including crack)																														
8. amphetamines																														
9. ecstasy																														
10. hallucinogens (total)																														
11. LSD																														
12. other hallucinogens (specify)																														
13. hypnotics and sedatives (total)																														
14. benzodiazepines																														
15. other medic. (specify)																														
16. solvents																														
17. steroids																														
18. other (specify)																														

COUNTRY	LAST 30 DAYS PREVALENCE (%)																													
	15-19			20-24			25-29			30-34			35-39			40-44			45-49			50-54			55-59			60-64		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
1. any illegal drugs																														
2. cannabis																														
3. opiates (total)																														
4. heroin																														
5. other opiates (specify)																														
5. cocaine (total, including crack)																														
8. amphetamines																														
9. ecstasy																														
10. hallucinogens (total)																														
11. LSD																														
12. other hallucinogens (specify)																														
13. hypnotics and sedatives (total)																														
14. benzodiazepines																														
15. other medic. (specify)																														
16. solvents																														
17. steroids																														
18. other (specify)																														

ERRORS AND BIASES BETWEEN TARGET POPULATION AND NET RESPONSE

Figure 1.1
Potential Errors and Biases in the Process between
Target Population and the Net Survey Response



ANNEX 4

INTERNATIONAL STANDARD CLASSIFICATION OF EDUCATION (ISCED)

Levels of Education According to the International Standard Classification of Education (ISCED) in the 15 countries of the European Union.

COUNTRY	ISCED 1 PRIMARY LEVEL OF EDUCATION	ISCED 2 LOWER SECONDARY LEVEL OF EDUCATION	ISCED 3 UPPER SECONDARY LEVEL OF EDUCATION	ISCED 5, 6, AND 7 HIGHER EDUCATION
BELGIUM: FLEMISH COMMUNITY	Lager onderwijs Buitengewoon onderwijs	1ste graad: A, B (year 2: Beroepsvoorbereidend) Buitengewoon onderwijs	2de graad: Algemeen, Kunst, Technisch, Beroeps 3de graad: Algemeen, Kunst, Technisch, Beroeps Deeltijds Buitengewoon onderwijs	Hoger onderwijs buiten de universiteit: Korte type, Lange type Universiteit
FRENCH COMMUNITY	Enseignement primaire Eseignement spécial	Enseignement secondaire: Type II: Cycle inférieur year 1-2: Professionel, Technique, Général Type I: Cycle d'observation (year 2: Professionel) Eseignement spécial	Enseignement secondaire: Type II: Cycle inférieur year 3-5: Professionel, Technique, Général; Cycle supérieur: Professionel, Technique, Général, Année préparatoire Type I: Cycle d'orientation: Général, Technique de transition, Technique de qualification, Professionel; Cycle de détermination: Général, Technique de transition, Technique de qualification, Professionel, Année préparatoire Eseignement à horaire réduit Eseignement spécial	Enseignement supérieur non universitaire: Type court, Type long Université
DENMARK	Grundskole year 1-6 Special education	Grundskole year 7-9 or year 7-10 (including year 8-10 Efterskole) Special education (Voksenuddannelse (part-time))	Individuelle uddannelser: EGU, FUU Erhvervsfaglige uddannelser: Erhvervsuddannelser, social- og sundhedsuddannelser, landbrugs søfartsuddannelser, CCC Gymnasiale uddannelser (Voksenuddannelse (part-time))	Korte videregående uddannelser Mellemlange videregående uddannelser Bacheloruddannelser, Kandidatuddannelser (Voksenuddannelse (part-time))

COUNTRY	ISCED 1 PRIMARY LEVEL OF EDUCATION	ISCED 2 LOWER SECONDARY LEVEL OF EDUCATION	ISCED 3 UPPER SECONDARY LEVEL OF EDUCATION	ISCED 5, 6, AND 7 HIGHER EDUCATION
GERMANY	Grundschulen Sonderschulen	Hauptschulen Integrierte klassen Realschulen Gesamtschulen Gymnasien <i>year 1-6</i> (all: including year 1-2: Orientierungsstufe) Sonderschulen	Berufsscholen (Duales System) Bedrufsaufbauschulen Fachgymnasien Fachoberschulen Berufsfachschulen Gesamtschulen Gymnasien <i>year 7-9</i>	Fachschulen Schulen des Gesundheitswesens Fachhochschulen Universitäten Weiterbildung
GREECE	Dimotiko (primary school)	Gymnasion	TES: Technical and vocational school TEL: Technical and vocational lykeion EPL: Integrated lykeion GEL: General lykeion IEK: Institute of vocational training (1 year) EPL: Vocational training (1 year)	Technological education establishments: 14 institutions Universities: 18 institutions: Technical universities, Medicine school, Dentistry schools, Agriculture schools, Other university schools Post-graduate studies
SPAIN	Colegios de educación general básica (EGB) <i>year 1-5</i>	Colegios de educación general básica (EGB) <i>year 6-8</i>	Institutos de formación profesional (VTI): Formación profesional de primer grado Formación profesional de segundo grado Institutos de bachillerato unificado y polivalente (BUP) Curso de orientación universitaria (COU): pruebas de acceso a la universidad	Universidades: Escuelas Universitarias Escuelas Técnicas Superiores Facultades
FRANCE	Écoles élémentaires	Colléges: 3e générale, 3e d'insertion, 3e technologique, lycées professionnels	Écoles spécialisées Lycées: BAC général, BAC technologique, BT Lycées professionnels: BEP ou CAP, BAC professionnel	Grandes écoles Écoles spécialisées Universités: UFR-Santé, UFR-Lettres-Arts-Sciences humaines-Sciences-droit-Sciences économiques IUT, IUP, BTS

COUNTRY	ISCED 1 PRIMARY LEVEL OF EDUCATION	ISCED 2 LOWER SECONDARY LEVEL OF EDUCATION	ISCED 3 UPPER SECONDARY LEVEL OF EDUCATION	ISCED 5, 6, AND 7 HIGHER EDUCATION
IRELAND	First Level: National schools, Non aided private schools, Special schools	Junior cycle (Junior certificate): Vocational schools, Community & comprehensive schools, Voluntary secondary schools, Private schools, Special schools <i>all: year 1-3</i>	Junior Cycle (Leaving certificate): Vocational schools, Community & comprehensive schools, Voluntary secondary schools, Private schools <i>all: year 4-6 (including year 4: transition year)</i> Special schools <i>year 4-5</i> Apprenticeship training: FAS, CERT, TEAGASC Post-leaving certificate Private business schools	Regional Technical Colleges (and Dublin Institute of Technology) Universities (including teacher training) Private third level
ITALY	Scuola elementari Educazione speciale	Scuola medie Educazione speciale	Scuola magistrali Istituto magistrali Licei artistici Istituto d'arte Istituto professionali Istituto tecnici Licei classici, scientifici, linguistici	Accademie Università ed istituti universitari: Corsi di laurea, corsi di diploma universitario, scuola diretta a fini speciali
LUXEMBOURG	Enseignement primaire	(Lower secondary schools general:) Lycée général (Lower secondary vocational:) Lycée technique	(Upper secondary schools general:) Lycée général (Upper secondary vocational:) Région technique Région de technicien Région professionnel	(Higher non-university:) BTS IST/SERP/IEES (Higher university:) Supérieur universitaire: including Continuation of studies abroad
NETHERLANDS	Basisonderwijs: <i>year 3-8</i> Speciaal onderwijs: <i>year 3-8</i>	Voortgezet onderwijs: VBO, MAVO, HAVO <i>year 1-3</i> , VWO <i>year 1-3 (all: year 1: Gemeenschappelijk brugjaar)</i> VSO <i>year 1-3</i>	Voortgezet onderwijs: LLW, MBO, HAVO <i>year 4-5</i> , VWO <i>year 4-6</i> VSO <i>year 4-6</i>	Hoger onderwijs: HBO, WO Post-doctoraal: Tweede fase, Post-doctoraal, AIO
AUSTRIA	Volksschule Sonderschule <i>year 1-4</i>	Hauptschule Allgemeinbildende höhere Schulen Unterstufe Sonderschule <i>year 5-9</i>	Polytechnischer Lehrgang, Berufsschule und Lehre Berufsbildende und Lehrerbildende mittlere Schulen Berufsbildende und Lehrerbildende höhere Schulen Allgemeinbildende höhere Schulen - Oberstufe, Oberstufenrealgymnasium	Sonstiger nichtuniversitärer Sektor Fachhochschulen Kunsthochschulen Universitäten

COUNTRY	ISCED 1 PRIMARY LEVEL OF EDUCATION	ISCED 2 LOWER SECONDARY LEVEL OF EDUCATION	ISCED 3 UPPER SECONDARY LEVEL OF EDUCATION	ISCED 5, 6, AND 7 HIGHER EDUCATION
PORTUGAL	Compulsory basic school: general school: 1st cycle year 1-4, 2nd cycle year 5-6 Eduç o especial	Compulsory basic school: general school: 3rd cycle (Certificate of degree) year 7-9 Eduç o especial	Vocational school courses Secondary courses: general and technological courses Eduç o especial	Polytechnic higher education (Licenciatura, Bacharelato) University higher education (Licenciatura, Master's degree, Doutoramento)
FINLAND	Primary: Peruskoulun ala-aste (comprehensive schools, lower stage) year 1-6	Lower secondary: Peruskoulun yläaste (comprehensive schools, upper stage) year 7-9	Upper secondary: Ammatilliset oppilaitokset (vocational and professional education), Lukio (upper secondary schools)	Lower tertiary: Ammattikorkeakoulut (AMK) (polytechnics) Ylopiست (universities): Alempi Korkeakoulututkinto (bachelor's), Ylempi Korkeakoulututkinto (master's), Licensiaatti (licentiate), Tohtorin tutkinto (doctorate)
SWEDEN	Grundskola year 1-6 Utlands, Sär- och Specialskola (Swedish schools abroad, special schools) Vuxenutbildning och folkbildning (adult education)	Grundskola year 7-9 Utlands, Sär- och Specialskola Vuxenutbildning och folkbildning	Gymnasieskola: Nationelle program, Specialkurser Utlands, Sär- och Specialskola Vuxenutbildning och folkbildning	Grundläggande högskoleutbildning: Program, Fristående kurser Forskarutbildning: Licenciat, Doktor
UNITED KINGDOM: ENGLAND AND WALES	Primary schools (including special education) (key stage 1 and key stage 2): First schools, Middle schools year 1-2 Private education	Comprehensive schools (including special education) years 1-3 (key stage 3) (including Middle schools year 3-4) Grammar and secondary schools years 1-3 (key stage 3) Private education	Comprehensive schools (including special education) years 4-5 (key stage 4): GCSE/ Foundation or intermediate GNVQs/ NVQ 1 or 2 Grammar and secondary schools years 4-5 (key stage 4) Further education (FE) sector colleges years 1-2 School sixth forms Adult education centres all: GCE A level/ advanced GNVQ/ NVQ3 Private education	Further education (FE) sector colleges years 3-4: Sub-degree HND/ HNC/ NVQ4 Higher education (HE) institutions (universities and colleges): Sub-degree HND/ HNC/ NVQ4, First Degree, Master's, Doctorate Private education
NORTHERN IRELAND	Primary schools	(Lower secondary schools general:) Grammar schools Secondary schools	(Upper secondary schools general:) Secondary schools Further education college Grammar schools	Sub-degree higher education First degree/post-graduate higher education
SCOTLAND	Primary schools	(Lower secondary schools general:) Secondary schools	(Upper secondary schools general:) Secondary schools Further education college	Further education Higher education

Sources: OECD (1996), European Commission (1996).

Remarks:

- ISCED 0 = Early childhood education not included
- ISCED 5 = Non-universitary tertiary level of education
- ISCED 6 = Universitary tertiary level of education: first stage
- ISCED 7 = Universitary tertiary level of education: second stage, post-graduate
- For Luxembourg, Northern Ireland (UK) and Scotland (UK) only less detailed information is available due to the use of another source, i.e. European Commission (1996), and not OESD (1997) as for the other EU-countries. No clear references are made to the ISCED levels of education, so here only 'estimates' are presented.
- *1-3 years* = theoretical year(s) of study *within* the type of educational programme or institution (not the theoretical duration of total study career, e.g. from year 1 primary education to year 17 university)
- Information about private education and special education is not available for each country

ANNEX 5

CONTENTS OF THE JOINT ANALYSIS EUROFILE

PART A

HARMONISED VARIABLES

VARIABLE LABEL	VARIABLE NAME	Value	VALUE LABEL	FINLAND	SWEDEN	GREECE	FRANCE	GERMANY	NETHERLANDS	ENGLAND
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TOBACCO

Status regarding smoking	SMOKING	1	Current smoker	Does smoke at present		Does smoke	Does smoke	Sees himself as a smoker	Smoked last 30 days	Does smoke
		2	Quitter	Doesn't smoke, did smoke in the past			Doesn't smoke, did smoke in the past	Not a smoker, did smoke in the past	Not smoked last 30 days	
		3	Abstainer	Never smoked			Never smoked	Never smoked	Never smoked	
		4	Quitter or abstainer			Does not smoke				Does not smoke

ALCOHOL

Life time prevalence	LTP.ALC	1	Yes	Yes		Yes	Yes	Yes	Yes	
		2	No	No		No	No	No	No	
Last year prevalence	LYP.ALC	1	Yes		Yes	Yes	Yes	Yes	Yes	
		2	No		No	No	No	No	No	
Last month prevalence	LMP.ALC	1	Yes	Yes		Yes		Yes	Yes	
		2	No	No		No		No	No	
	Criterion			<i>OR beer OR wine OR strong liquors</i>						
Last week prevalence	LWP.ALC	1	Yes			Yes	Yes			
		2	No			No	No			

VARIABLE LABEL	VARIABLE NAME	Value	VALUE LABEL	FINLAND	SWEDEN	GREECE	FRANCE	GERMANY	NETHERLANDS	ENGLAND
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ALCOHOL (continued)

Frequency drinking	DRINKING	1	High	20+ times	2 times a week or more	20+ times	Every day	20+ days	20+ days	5+ days a week
		2	Medium	10-19 times	2-4 times a month	10-19 times	3-6 days	6-19 days last month	6-19 days last month	1-5 days a week
		3	Low	1-9 times	once a month or less	1-9 times a month	1-2 days	1-5 days last month	1-5 days last month	2-3 times a month
	Reference period			Last month	In general	Last month	Last week	Last month	Last month	In general
	Criterion			Max. frequency OR beer OR wine OR strong liquors			Max. frequency OR beer OR wine OR other alcoholic drinks			
Frequency of binge drinking	BINGING	1	High	a couple of times a week or more	(almost) daily	20+ times	20+ times	20+ days	3 times a week or more	
		2	Medium	More than once a month to a couple of times a week	every week	6-19 times	6-19 times	6-19 days	Once a month to 2 times a week	
		3	Low	about once a month or less	every month or less	1-5 times	1-5 times	1-5 days	1-5 times	
		4	Not once	Never	Never	Not once	Not once	Not once	Not once	
	Reference period			In general	In general	Last month	Last year	Last month	Last 6 months	
	Criterion			Getting really drunk	6 glasses or more at one occasion	Having been drunk	Having been drunk	6 glasses or more at one occasion	6 glasses or more at one occasion	

VARIABLE LABEL	VARIABLE NAME	Value	VALUE LABEL	FINLAND	SWEDEN	GREECE	FRANCE	GERMANY	NETHERLANDS	ENGLAND
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ANY ILLICIT DRUG

Criterion				<i>Any illicit drug</i>	<i>Narcotics</i>		<i>Any soft or hard drug</i>	<i>Any illegal drug or solvent</i>		
Life time prevalence	LTP.ANY	1	Yes	Yes	Yes		Yes	Yes		
		2	No	No	No		No	No		
Last year prevalence	LYP.ANY	1	Yes	Yes			Yes			
		2	No	No			No			
Last month prevalence	LMP.ANY	1	Yes	Yes						
		2	No	No						
Age of onset	AGE.ANY	nn		nn						
	AGRP.ANY	1	< 15	< 15						
		2	15-19	15-19						
		3	20-29	20-29						
		4	30 +	30 +						

VARIABLE LABEL	VARIABLE NAME	Value	VALUE LABEL	FINLAND	SWEDEN	GREECE	FRANCE	GERMANY	NETHERLANDS	ENGLAND
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CANNABIS

Having heard of	KNO.CAN	1	Yes							Yes
		2	No							No
Life time prevalence	LTP.CAN	1	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
		2	No	No	No	No	No	No	No	No
Life time frequency	LTF.CAN	1	High	25+ times		20+ times		20+ times	25+ times	
		2	Low	0-24 times		0-19 times		0-19 times	0-24 times	
Last year prevalence	LYP.CAN	1	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
		2	No	No	No	No	No	No	No	No
Last month prevalence	LMP.CAN	1	Yes	Yes	Yes	Yes		Yes	Yes	Yes
		2	No	No	No	No		No	No	No
Last month frequency	LMF.CAN	1	Very high	20+ times		20+ times		20+ days	20+ days	
		2	High	10-19 times		10-19 times		10-19 days	10-19 days	
		3	Low	3-9 times		3-9 times		4-9 days	4-9 days	
		4	Very low	1-2 times		1-2 times		1-3 days	1-3 days	
Age of onset	AGE.CAN	nn					nn	nn		
Age of onset	AGRP.CAN	1	< 15		< 15	< 15		< 15	< 15	
		2	15-19		15-19	15-19		15-19	15-19	
		3	20-29		20-29	20-29		20-29	20-29	
		4	30 +		30 +	30 +		30 +	30 +	

VARIABLE LABEL	VARIABLE NAME	Value	VALUE LABEL	FINLAND	SWEDEN	GREECE	FRANCE	GERMANY	NETHERLANDS	ENGLAND
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AMPHETAMINES

<i>Criterion</i>							<i>Including ecstasy</i>			
Having heard of	KNO.AMP	1	Yes							Yes
		2	No							No
Life time prevalence	LTP.AMP	1	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
		2	No	No	No	No	No	No	No	No
Life time frequency	LTF.AMP	1	High	25+ times				20+ times	25+ times	
		2	Low	0-24 times				0-19 times	0-24 times	
Last year prevalence	LYP.AMP	1	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
		2	No	No	No	No	No	No	No	No
Last month prevalence	LMP.AMP	1	Yes	Yes	Yes	Yes		Yes	Yes	Yes
		2	No	No	No	No		No	No	No
Last month frequency	LMF.AMP	1	Very high	20+ times				20+ days	20+ days	
		2	High	10-19 times				10-19 days	10-19 days	
		3	Low	3-9 times				4-9 days	4-9 days	
		4	Very low	1-2 times				1-3 days	1-3 days	

VARIABLE LABEL	VARIABLE NAME	Value	VALUE LABEL	FINLAND	SWEDEN	GREECE	FRANCE	GERMANY	NETHERLANDS	ENGLAND
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ECSTASY

Having heard of	KNO.XTC	1	Yes							Yes
		2	No							No
Life time prevalence	LTP.XTC	1	Yes	Yes	Yes			Yes	Yes	Yes
		2	No	No	No			No	No	No
Life time frequency	LTF.XTC	1	High	25+ times				20+ times	25+ times	
		2	Low	0-24 times				0-19 times	0-24 times	
Last year prevalence	LYP.XTC	1	Yes	Yes	Yes			Yes	Yes	Yes
		2	No	No	No			No	No	No
Last month prevalence	LMP.XTC	1	Yes		Yes			Yes	Yes	Yes
		2	No		No			No	No	No
Last month frequency	LMF.XTC	1	Very high					20+ days	20+ days	
		2	High					10-19 days	10-19 days	
		3	Low					4-9 days	4-9 days	
		4	Very low					1-3 days	1-3 days	

VARIABLE LABEL	VARIABLE NAME	Value	VALUE LABEL	FINLAND	SWEDEN	GREECE	FRANCE	GERMANY	NETHERLANDS	ENGLAND
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COCAINE

Criterion						Including crack		Crack-cocaine measured separately (cocaine first)	Crack-cocaine measured separately (cocaine first)	Crack-cocaine measured separately (cocaine first)
Having heard of	KNO.COC	1	Yes							Yes
		2	No							No
Life time prevalence	LTP.COC	1	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
		2	No	No	No	No	No	No	No	No
Life time frequency	LTF.COC	1	High	25+ times		20+ times		20+ times	25+ times	
		2	Low	0-24 times		0-19 times		0-19 times	0-24 times	
Last year prevalence	LYP.COC	1	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
		2	No	No	No	No	No	No	No	No
Last month prevalence	LMP.COC	1	Yes	Yes	Yes	Yes		Yes	Yes	Yes
		2	No	No	No	No		No	No	No
Last month frequency	LMF.COC	1	Very high	20+ times		20+ times		20+ days	20+ days	
		2	High	10-19 times		10-19 times		10-19 days	10-19 days	
		3	Low	3-9 times		3-9 times		4-9 days	4-9 days	
		4	Very low	1-2 times		1-2 times		1-3 days	1-3 days	

VARIABLE LABEL	VARIABLE NAME	Value	VALUE LABEL	FINLAND	SWEDEN	GREECE	FRANCE	GERMANY	NETHERLANDS	ENGLAND
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HEROIN

Criterion								Other opiates measured separately (heroin first)	Other opiates measured separately (heroin not first)	
Having heard of	KNO.HER	1	Yes							Yes
		2	No							No
Life time prevalence	LTP.HER	1	Yes	Yes		Yes	Yes	Yes	Yes	Yes
		2	No	No		No	No	No	No	No
Life time frequency	LTF.HER	1	High	25+ times		20+ times		20+ times	25+ times	
		2	Low	0-24 times		0-19 times		0-19 times	0-24 times	
Last year prevalence	LYP.HER	1	Yes	Yes		Yes	Yes	Yes	Yes	Yes
		2	No	No		No	No	No	No	No
Last month prevalence	LMP.HER	1	Yes	Yes		Yes		Yes	Yes	Yes
		2	No	No		No		No	No	No
Last month frequency	LMF.HER	1	Very high	20+ times		20+ times		20+ days	20+ days	
		2	High	10-19 times		10-19 times		10-19 days	10-19 days	
		3	Low	3-9 times		3-9 times		4-9 days	4-9 days	
		4	Very low	1-2 times		1-2 times		1-3 days	1-3 days	

VARIABLE LABEL	VARIABLE NAME	Value	VALUE LABEL	FINLAND	SWEDEN	GREECE	FRANCE	GERMANY	NETHERLANDS	ENGLAND
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LSD

Criterion						<i>Including other hallucinogens</i>	<i>including other hallucinogens</i>		<i>Including other hallucinogens (combined by survey team)</i>	
Having heard of	KNO.LSD	1	Yes							Yes
		2	No							No
Life time prevalence	LTP.LSD	1	Yes	Yes		Yes	Yes	Yes	Yes	Yes
		2	No	No		No	No	No	No	No
Life time frequency	LTF.LSD	1	High	25+ times		20+ times		20+ times	25+ times	
		2	Low	0-24 times		0-19 times		0-19 times	0-24 times	
Last year prevalence	LYP.LSD	1	Yes	Yes		Yes	Yes	Yes	Yes	Yes
		2	No	No		No	No	No	No	No
Last month prevalence	LMP.LSD	1	Yes	Yes		Yes		Yes	Yes	Yes
		2	No	No		No		No	No	No
Last month frequency	LMF.LSD	1	Very high	20+ times		20+ times		20+ days	20+ days	
		2	High	10-19 times		10-19 times		10-19 days	10-19 days	
		3	Low	3-9 times		3-9 times		4-9 days	4-9 days	
		4	Very low	1-2 times		1-2 times		1-3 days	1-3 days	

VARIABLE LABEL	VARIABLE NAME	Value	VALUE LABEL	FINLAND	SWEDEN	GREECE	FRANCE	GERMANY	NETHERLANDS	ENGLAND
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RELEVIN (DUMMY DRUG)

<i>Criterion</i>										<i>Dummy name = Semeron</i>
Having heard of	KNO.REL	1	Yes							Yes
		2	No							No
Life time prevalence	LTP.REL	1	Yes							Yes
		2	No							No
Last year prevalence	LYP.REL	1	Yes							Yes
		2	No							No
Last month prevalence	LMP.REL	1	Yes							Yes
		2	No							No

VARIABLE LABEL	VARIABLE NAME	Value	VALUE LABEL	FINLAND	SWEDEN	GREECE	FRANCE	GERMANY	NETHERLANDS	ENGLAND
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PHARMACEUTICALS

<i>Criterion</i>				<i>Sedatives and / or tranquillisers (combined by EEDUS)</i>		<i>Non-prescribed tranquillisers</i>		<i>Sedatives and / or tranquillisers (combined by EEDUS)</i>	<i>Sedatives and / or tranquillisers (combined by EEDUS)</i>	<i>Non-prescribed tranquillisers</i>
Having heard of	KNO.SED	1	Yes							Yes
		2	No							No
Life time prevalence	LTP.SED	1	Yes			Yes			Yes	Yes
		2	No			No			No	No
Last year prevalence	LYP.SED	1	Yes	Yes		Yes		Yes	Yes	Yes
		2	No	No		No		No	No	No
Last month prevalence	LMP.SED	1	Yes	Yes		Yes		Yes	Yes	Yes
		2	No	No		No		No	No	No
Last month frequency	LMF.SED	1	High			20+ times		Daily	20+ days	
		2	Medium			10-19 times		1 time per week	6-19 days	
		3	Low			1-9		< 1 time per week	1-5 days	
	<i>Reference period</i>						<i>Last month</i>		<i>Last month</i>	Last month
	<i>Criterion</i>						.		<i>Max. frequency OR sedatives OR tranquill.</i>	<i>Max. frequency OR sedatives OR tranquill.</i>

VARIABLE LABEL	VARIABLE NAME	Value	VALUE LABEL	FINLAND	SWEDEN	GREECE	FRANCE	GERMANY	NETHERLANDS	ENGLAND
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RESPONDENT ATTRIBUTES

Gender	SEX	1	Male	Male	Male	Male	Male	Male	Male	Male
		2	Female	Female	Female	Female	Female	Female	Female	Female
Age	AGE	nn		15-76 yr.	15-78 yr.	12-64 yr.	18-74 yr.	18-60 yr.	12+ yr.	16+ yr.
Age group	AGEGRP	nn	5-yr. groups	5-yr. groups	5-yr. groups	5-yr. groups	5-yr. groups	5-yr. groups	5-yr. groups	5-yr. groups
Age selection group	AGESEL	1	<18 or 60+	<18 or >59	<18 or >59	<18 or >59	<18 or >59	<18 or >59	<18 or >59	<18 or >59
		2	18-59	18-59	18-59	18-59	18-59	18-59	18-59	18-59
Marital status	MARITAL	1	Married	Married	Married		Married	Married	Married	Married
		2	Cohabiting	Cohabiting	Cohabiting		Cohabiting	Cohabiting	Cohabiting	Cohabiting
		3	Single	Single			Single	Single	Single	Single
		4	Widowed	Widowed			Widowed	Widowed	Widowed	Widowed
		5	Divorced	Divorced			Divorced	Divorced	Divorced	Divorced
		6	Separated	Separated			Separated	Separated		Separated
		7	Other		Other					
Household composition	HOUSHLD	1	One person		One person	One person	One person	One person	One person	One person
		2	More than one person		More than one person	More than one person	More than one person	More than one person	More than one person	More than one person

VARIABLE LABEL	VARIABLE NAME	Value	VALUE LABEL	FINLAND	SWEDEN	GREECE	FRANCE	GERMANY	NETHERLANDS	ENGLAND
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RESPONDENT ATTRIBUTES (continued)

Main activity	EMPLOY	1	Employed	Employed	Employed	Employed	Employed	Employed	Employed	Employed	
		2	Student	Student	Student	Student	Student	Student	Student	Student	Student
		3	Unemployed	Unemployed	Unemployed ³	Unemployed	Unemployed	Unemployed	Unemployed	Unemployed	Unemployed
		4	Other	Other	Other	Other	Other	Other	Other	Other	Other
	<i>Criterion</i>			<i>Self-reported status</i>	<i>Self-report status</i>	<i>Self-reported status</i>	<i>Self-reported status</i>	<i>Self-reported status</i>	<i>Self-reported status</i>	<i>Situation last week</i>	
Level of highest completed education	EDUCAT	1	Low	ISCED 1	ISCED 1	ISCED 1	ISCED 1	ISCED 1	ISCED 1	ISCED 1	
		2	Medium	ISCED 2-3	ISCED 2-3	ISCED 2-3	ISCED 2-3	ISCED 2-3	ISCED 2-3	ISCED 2-3	
		3	High	ISCED 5-7	ISCED 5-7	ISCED 5-7	ISCED 5-7	ISCED 5-7	ISCED 5-7	ISCED 5-7	
		4	Not classified	Not classified	Not classified	Not classified	Not classified	Not classified	Not classified	Not classified	
Degree of urbanisation	URBAN	1	Metropolitan	Helsinki	Stockholm	Greater Athens	Paris agglomeration	> 500.000	Amsterdam, Rotterdam, The Hague	London region	
		2	Urban	> 20.000	large cities, densely populated areas		> 20.000	> 20.000	Utrecht, (very) urbanised municipalities	Inner city areas of other regions	
		3	Rural	< 20.000	sparsely populated areas		< 20.000	< 20.000	Other municipalities	All other areas	
Income level of respondent	RESINC	1	Low	Bottom 20 %	Bottom 29 %				Bottom 32 %		
		2	Medium	Middle 53 %	Middle 43 %				Middle 42 %		
		3	High	Top 28 %	Top 28 %				Top 27 %		
	<i>Criterion</i>			<i>% based on unweighted file</i>	<i>% based on weighted file</i>				<i>% based on weighted file</i>		

³ including conscripts

VARIABLE LABEL	VARIABLE NAME	Value	VALUE LABEL	FINLAND	SWEDEN	GREECE	FRANCE	GERMANY	NETHERLANDS	ENGLAND
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RESPONDENT ATTRIBUTES (continued)

Income level of household	HHINC	1	Low		Bottom 30 %		Bottom 35 %	Bottom 28 %	Bottom 33 %	Bottom 33 %
		2	Medium		Middle 33 %		Middle 29 %	Middle 37 %	Middle 31 %	Middle 31 %
		3	High		Top 37 %		Top 36 %	Top 36 %	Top 37 %	Top 37 %
	Criterion				% based on weighted file		% based on weighted file	% based on weighted file	% based on weighted file	% based on weighted file

SURVEY VARIABLES

Country	COUNTRY	n		1	2	3	4	5, 6	7	8
Interview mode	TYPE	1	face-to-face		face-to-face	face-to-face				
		2	CAPI						CAPI	CAPI
		3	CATI				CATI			
		4	postal ID ¹		postal ID			postal ID		
		5	postal M ²	postal M	postal M					
Weight factor	WEIGHT	nn				nn	nn	nn	nn	nn
Case number	CASENR	nn		nn	nn	nn	nn	nn	nn	nn
Sex of interviewer	INTSEX	1	Male		Male	Male				Male
		2	Female		Female	Female				Female

1 postal ID = postal survey delivered and collected by interviewer

2 postal M = postal survey sent and returned by mail

CONTENTS OF THE JOINT ANALYSIS EUROFILE

PART B

COUNTRY SPECIFIC OPINIONS AND PERCEPTIONS

Variables related to opinions and perceptions about drugs

On the next pages these variables from the Finnish, German, French and Swedish file are listed in groups with identical coding schemes as follows:

- (1) name of the variable in the original national data file
- (2) approximate translation or description of the underlying question in the survey
- (3) categories applicable to the (set of) variables

FINLAND

k59 are drugs a problem in Finland?
k60 are drugs a problem in your residential area?.

- 1 'no problem'
- 2 'slight problem'
- 3 'moderate problem'
- 4 'great problem'.

k62_1 risk of smoking > one pack of cigarettes a day'
k62_2 risk of getting drunk once a week'
k62_3 risk of trying cannabis once or twice'
k62_4 risk of smoking cannabis regularly'
k62_5 risk of trying cocaine once or twice'
k62_6 risk of using cocaine regularly'
k62_7 risk of trying heroin once or twice'
k62_8 risk of using heroin regularly'.

- 1 'no risk'
- 2 'slight risk'
- 3 'moderate risk'
- 4 'high risk'.

k63_1 smoking cannabis should be punished'
k63_2 mixed use alcohol and medicines should be punished'
k63_3 buying medicines in the streets should be punished'
k63_4 growing cannabis plants should be punished'
k63_5 picking drugging mushrooms should be punished'
k63_6 using heroin against withdrawal symptoms'
k63_7 sending cocaine by mail should be punished'.

- 1 'no'
- 2 'yes'.

k64 legal status drugs'.

- 1 'all legal no restrictions'
- 2 'all legal with restrictions'
- 3 'cannabis legal no restrictions'
- 4 'cannabis legal with restrictions'
- 5 'all illegal'.

k65 drugs should be as legal as alcohol'
k66 people should be free to decide what drugs to take'
k67 it is easy to buy drugs in Finland'
k68 if you try drugs once, you cannot get rid of it'
k69 would accept a friend using drugs'
k70 moderate drug use causes no health problems'
k71 all users compulsory should have treatment'
k72 treatment instead of punishment'
k73 ready to undergo urine test at work'.

- 1 'agree absolutely'
- 2 'agree somewhat'
- 3 'hard to say'
- 4 'disagree slightly'
- 5 'disagree absolutely'.

k74 what is worse, a drug addict or an alcoholic' .

- 1 *'addict clearly worse'*
- 2 *'addict slightly worse'*
- 3 *'both are bad'*
- 4 *'alcoholic slightly worse'*
- 5 *'alcoholic clearly worse'.*

k75 drug user criminal or patient?'.

- 1 *'clearly more a criminal'*
- 2 *'slightly more a criminal'*
- 3 *'neither criminal nor patient'*
- 4 *'slightly more a patient'*
- 5 *'clearly more a patient'.*

k76 drug use should be punished'.

- 1 *'no'*
- 2 *'with a fine'*
- 3 *'with imprisonment'.*

k77 are you afraid of drug related violence'.

- 1 *'yes'*
- 2 *'no'*
- 3 *'hard to say'.*

k78 which causes more problems, drugs or alcohol'.

- 1 *'alcohol clearly more'*
- 2 *'alcohol slightly more'*
- 3 *'equal for both'*
- 4 *'drugs slightly more'*
- 5 *'drugs clearly more'.*

k79_1 importance of drug education at school'
k79_2 importance of voluntary treatment'
k79_3 importance of compulsory treatment'
k79_5 importance of public campaigns about risks'
k79_4 importance of strict drug laws'
k79_6 importance of legalising soft drugs'
k79_7 importance of social support to users'
k79_8 importance of legalising hard drugs'
k79_9 importance of police and customs control'.

- 1 *'not at all important'*
- 2 *'fairly important'*
- 3 *'very important'.*

k80 most important measures to solve drug problem'.

- 1 *'education'*
- 2 *'voluntary treatment'*
- 3 *'compulsory treatment'*
- 4 *'strict laws against drugs'*
- 5 *'public campaigns'*
- 6 *'legalising soft drugs'*
- 7 *'help for users'*
- 8 *'legalising hard drugs'*
- 9 *'police and customs control'.*

GERMANY

- V075 How much interested in addiction to legal drugs'
V077 How much interested in addiction to illicit drugs'.

Scale from 1 'very interested' 6 'not interested at all'.

- V076 how well informed about effects of consumption of legal drugs'
V078 how well informed about effects of consumption of illicit drugs'.

Scale from 1 'very well informed' 4 'not at all informed'.

- V079 is alcohol a problem in Germany'
V080 is tobacco a problem in Germany'
V081 is cannabis a problem in Germany'
V082 are amphetamines a problem in Germany'
V083 is ecstasy a problem in Germany'
V084 is cocaine a problem in Germany'
V085 is heroin a problem in Germany'
V086 are some medicines a problem in Germany'.

Scale from 1 'very big problem' 6 'no problem at all'.

- V194 does it bother you when people smoke in your environment'
V195 do you resist smoking in your environment'.

*1 'always'
2 'sometimes'
3 'never'.*

- V197 smoking in public should be forbidden'
V198 smoking in public transport should be forbidden'
V199 smoking in public buildings should be forbidden'
V200 there should be smoke free areas in bars etc'
V201 it should not be allowed to smoke at the workplace'
V202 advertisements for tobacco should be fully forbidden'.

*1 'agree'
2 'disagree'.*

- V250 one can drink moderately as often as one wants'
V251 a party without alcohol is boring'
V252 at home one should always have some alcoholic drinks for visitors'
V253 being a little bit tipsy is a good feeling'
V254 also in small amounts alcohol damages health'
V255 if it becomes not a habit it does no harm to get drunk once in a while'.

Scale from 1 'fully agree' 5 'fully disagree'.

- V256 which is more a problem in Germany'.

*1 'drugs more a problem than alcohol'
2 'drugs an equal problem as alcohol'
3 'drugs a smaller problem than alcohol' .*

V454	addictivity of nicotine'
V455	addictivity of alcohol'
V456	addictivity of sleeping pills'
V457	addictivity of tranquillisers'
V458	addictivity of cannabis'
V459	addictivity of amphetamines'
V460	addictivity of ecstasy'
V461	addictivity of LSD'
V462	addictivity of heroin'
V463	addictivity of other opiates'
V464	addictivity of methadon'
V465	addictivity of cocaine'
V466	addictivity of crack'
V467	addictivity of inhalants or solvents'

Scale from 1 'very addictive' 6 'not addictive at all'.

V468	it is normal that young people try drugs'
V469	in the end cannabis not more harmful than alcohol'
V470	even possession of small amounts of hard drugs should be punished'
V471	soft drugs can be allowed without problems'
V472	young people should be informed even better about drugs'
V473	providing information about drugs is an important task for schools'
V474	sensible use of spare time reduces risk of starting with drugs'
V475	sporters do not take drugs'
V476	parents can prevent drug addiction of their children'
V477	young people can prevent drug addiction of their friends'
V478	I can do myself something to combat drug abuse'
V479	I would support organisations which inform about drugs'
V480	drugs are a topic that affects me personally'.

*1 'more agree'
2 'more disagree'.*

FRANCE

Q99malad	drug addicts are in the first place ill people'
Q99resp	drug addicts are themselves responsible for what happens to them'
Q99agres	drug addicts are aggressive and dangerous'
Q99trait	drug addicts need to have access to the best medical treatment'
Q99punis	drug addicts should be punished'
Q99vlibr	soft drugs should be free for sale'
Q100dep	smokers are dependent of tobacco as addicts are dependent of drugs'
Q100resp	smokers are themselves responsible for their health problems'
Q100aise	smoking makes you feel more at ease in a group'
Q100tax	it is quite right to increase taxes on tobacco'
Q100acc	today one is less accepted when one smokes'
Q100guer	there is a sort of war between smokers and non-smokers'.

*1 'fully agree'
2 'more agree than disagree'
3 'more disagree than agree'
4 'fully disagree'.*

SWEDEN

For Sweden the variable names refer to the names in the Eurofile, not to the ones in the original file(s). The variables of the Swedish survey correspond to the variables about opinions and perceptions as included in the model questionnaire.

crimopat criminal or patient?'

- 1 *'more criminal'*
- 2 *'more patient'*
- 3 *'neither'*
- 4 *'both'*
- 5 *'cannot decide'*.

legalcan cannabis should be legal'
legalher heroin should be legal'.

- 1 *'fully agree'*
- 2 *'largely agree'*
- 3 *'agree nor disagree'*
- 4 *'largely disagree'*
- 5 *'fully disagree'*.

disapxtc trying ecstasy once or twice?'
disapher trying heroin once or twice?'
disapsmo smoking > 10 cigarettes a day?'
disapalc drinking several times a week?'
disapcan smoking cannabis occasionally?'

- 1 *'do not disapprove'*
- 2 *'disapprove'*
- 3 *'strongly disapprove'*.

riskoxtc risk perception of ecstasy once or twice?'
riskoher risk perception of heroin once or twice?'
riskosmo risk perception of smoking > 10 cigarettes a day?'
riskoalc risk perception of drinking several times a week?'
riskocan risk perception of smoking cannabis occasionally?'

- 1 *'no risk'*
- 2 *'small risk'*
- 3 *'moderate risk'*
- 4 *'great risk'*.

PRE-TEST REPORTS PER COUNTRY

PRE-TEST REPORT FRANCE

COMPANY: CHRISTIAN GATARD & ASSOCIÉS

REPORT MADE BY: E.Busson

DATE: June 23, 1999

MODES: CATI, CAPI, CASI, PEN-AND-PAPER INTERVIEWER COMPLETION,
PEN-AND-PAPER SELF-COMPLETION

STAGE 1: FIRST IMPRESSION

Aspect	Your score	Remarks
Structure / following order of the questionnaire	5	Nothing
Colloquial phrasing of the questions (in your language)	4	Wording of question 68-72 of version 2 (Ne désapprouvez-vous pas, désapprouvez-vous ou désapprouvez-vous absolument que des gens ...) is a bit unusual and rather difficult to read / understand
Feasibility to transform into a computerised version	5	No specific problem.

STAGE 2: PREPARATION

Final draft of introduction text, texts between questions and interviewer instructions

Reference number	Interview mode	Motivation / reason for change or addition
Interviewers instructions, including routing (on paper questionnaires) were clear.		
Q.68-72	All	Here again, the wording of question 68-72's instructions (Ne désapprouvez-vous pas, désapprouvez-vous ou désapprouvez-vous absolument que des gens ...) is a bit unusual and rather difficult to read / understand. We could recommend something like 'Indiquez dans quelle mesure vous approuvez ou désapprouvez le fait que les gens ...'

Making the computer format for CATI, CAPI or CASI (if applicable)

Problems / complications	Solutions
CAPI / CATI : no problem	
CASI : People feel confused with more than 10-12 boxes to tick per screen. On the other hand, some are not used to keyboard layout -> we already experienced some problems on CASI projects when entering numeric figures (ex : ages)	We use to split these questions into 2 or more scales. Ex : 1) less than 20, 21-30, 31-40, ... then if 21-30 : 2) regular screen with 10 boxes (21,22,...)

Interviewer instructions

Number of interviewers instructed per mode	3
Duration of instruction per mode	30 min
Instructor(s) per mode	1

Initial confusions / misunderstandings:
 Nothing One of the interviewer used the word “legalisation” instead of the initial phrasing of questions 63 and 64. In my opinion, this question requires specific instruction to be exactly phrased because interviewers sometimes believe it’s easier to understand if they use “legalisation” or “depenalisation” or “liberalisation”.

Remarks from interviewer during instruction:
 Questions about ‘releVIN’

Selection of location / area

Mode	Area / location		Sampling method
CATI	Area name	Paris / Lyon	<input checked="" type="checkbox"/> simple random from telephone list <input type="checkbox"/> random digit dialling
	Area codes	75 / 69	
	Social grades covered by area	All	
Other modes	Area name	Paris	<input checked="" type="checkbox"/> street selection by recruiters <input type="checkbox"/> other selection procedure (specify) number of recruiters:3
	Social grades covered by area	All, but rather ABC+	
	Description of site(s)	Hotel, close to a railway station	

STAGE 3: PRE-TEST EXECUTION

CATI

	Score (encircle)				
	Poor ←				→ Good
Respondents understand the questions	1	2	3	4	5
Respondents can discriminate between pre-coded categories	1	2	3	4	5
Interviewers can label real answers to pre-coded categories	1	2	3	4	5
Interviewers can keep to the phrasing of the questions	1	2	3	4	5
Interviewers can keep to the phrasing of the introduction or links	1	2	3	4	5

General applicability of questionnaire for this mode	Not really ←————→ Perfect				
	1	2	3	4	5
Suitability of questionnaire for your interviewers	Only specialists ←————→ Suitable for all				
	1	2	3	4	5
Instruction and supervision required	Average ←————→ More than average				
	1	2	3	4	5

Question number	Proposed alternative phrasing in your language <i>(give also your back translation into English)</i>	Alternative adapted in process		
		yes	No	After how many interviews
5	Some respondents asked whether the question concerns regular use or the very first time			
9	"6 glasses or more in the same occasion" sounds easier to understand than "6 glasses or more at the same time", as "time" is equivocal.			
14, 21, 27, 33, 39...	I saw 2 problems in this formulation : when the respondent used to know someone (when he was young, for exemple) and when he knows someone who has just tried or who use the drug rarely. In both cases, the respondent hesitates, so there should at least be a recommendation to the interviewer.			
47/52	Relevin, because of "vin" at the end of the word, sounds a bit too french for beeing a realistic 'new' or 'unknown' drug. Any english name would be preferable (like mop?)		X	
61	Some respondents who took sedatives, for example everyday, during 1 week, 12 months ago could have difficulties to answer since they don't know whether this question refers to the last 12 months or to the days/weeks/months they took sedatives. One respondent, in this situation, answered '4 times a week or more often', even if he took sedatives 7 times in the last year. We could rather say 'Au cours des 12 derniers mois, avez-vous pris en moyenne des sédatifs ou des tranquillisants .. (during the last 12 months, on average, did you take sedatives or tranquillisers ...)		X	
65	For some people the word 'toxicomane' is not explicit enough ("is a hashish or cigarette smoker a toxicomane ?", "It depends the product and the quantity" ...). Some answered according to what they feel a 'toxicomane' is, and some according to what they thought a 'toxicomane' is for us. We could give some explanations like '...un toxicomane (personne dépendante d'une drogue illicite)...' (... a 'toxicomane (illicit drug addict) ...		X	
21/28/34/40/46/52/58/63	The scale is not linear : code 3 'at least once a week should be more explicit' ('Daily or almost daily' and 'several times a week' are 'at least once a week') We feel we should rather go for 'Environ une fois par semaine' (about once a week) or 'Une ou deux fois par semaine' (one or two times a week)		X	
68/68/70/71/72	Non linear scale : In french, 'désapprouve' is a rather 'strong' word in itself. Meaning that there are few differences between 'désapprouve' and 'désapprouve absolument'. We feel we may say 'désapprouve un peu' or 'désapprouve plutôt' ('disapprove a bit' or 'rather disapprove') instead of 'désapprouve' (code 2)		X	

CAPI

	Score (encircle)				
	Poor ←————→ Good				
Respondents understand the questions	1	2	3	4	5
Respondents can discriminate between pre-coded categories	1	2	3	4	5
Interviewers can label real answers to pre-coded categories	1	2	3	4	5
Interviewers can keep to the phrasing of the questions	1	2	3	4	5
Interviewers can keep to the phrasing of the introduction or links	1	2	3	4	5
General applicability of questionnaire for this mode	Not really ←————→ Perfect				
	1	2	3	4	5
Suitability of questionnaire for your interviewers	Only specialists ←————→ Suitable for all				
	1	2	3	4	5
Instruction and supervision required	Average ←————→ More than average				
	1	2	3	4	5

Questions: see remarks above

CASI

	Score (encircle)				
	Poor ←————→ Good				
Respondents understand the questions	1	2	3	4	5
Respondents can discriminate between pre-coded categories	1	2	3	4	5
General applicability of questionnaire for this mode	Not really ←————→ Perfect				
	1	2	3	4	5
Instruction and supervision required	Average ←————→ More than average				
	1	2	3	4	5

Questions: see remarks above

	Score (encircle)				
	Poor ←————→ Good				
Respondents understand the questions	1	2	3	4	5
Respondents can discriminate between pre-coded categories	1	2	3	4	5
Interviewers can label real answers to pre-coded categories	1	2	3	4	5
Interviewers can keep to the phrasing of the questions	1	2	3	4	5
Interviewers can keep to the phrasing of the introduction or links	1	2	3	4	5
General applicability of questionnaire for this mode	Not really ←————→ Perfect				
	1	2	3	4	5
Suitability of questionnaire for your interviewers	Only specialists ←————→ Suitable for all				
	1	2	3	4	5
Instruction and supervision required	Average ←————→ More than average				
	1	2	3	4	5

Questions: see remarks above

	Score (encircle)				
	Poor ←————→ Good				
Respondents understand the questions	1	2	3	4	5
Respondents can discriminate between pre-coded categories	1	2	3	4	5
General applicability of questionnaire for this mode	Not really ←————→ Perfect				
	1	2	3	4	5
Instruction and supervision (of respondent) required	Average ←————→ More than average				
	1	2	3	4	5

Questions: see remarks above

Some respondents did not answer all the questions (skipping too much, especially for the age of onset after having answered a life time prevalence, for exemple).

NON-RESPONSE ACCOUNT

CATI

Sample size			
Numbers used			82
Frame errors (no household, fax-number)			0
Answering machine			7
Number occupied, no answer			3
No suitable person available (under age, language problem)			18
Refusals	Based on Q2	No time	41
		No interest in topic	
		Doesn't participate in any survey	
		Other reasons	
	No reason given	13	
Attributes of refusers	Questions 78-83 completed		0
	Questions 78-83 not completed	Men	
		Women	
Interview completed			20
Numbers not used			

Inc quota closed 54

Gender estimated by the interviewer

CAPI / CASI / PEN & PAPER

Respondents have been recruited at the same place in the same time. The method of interviewing has been chosen according to their sex / age and quotas.

Persons approached on site (= sample size)			650
Refusal, no reason	Men, under 30 (approx.)		160
	Women, under 30 (approx.)		60
	Men, above 30 (approx.)		220
	Women, above 30 (approx.)		130
Refusals	Based on Q2	No time	
		No interest in topic	
		Doesn't participate in any survey	
		Other reasons	
	No reason given		
Attributes of refusers	Questions 78-83 completed		0
	Questions 78-83 not completed	Men < 30 yrs	
		Women < 30 yrs	
		Men > 30 yrs	
		Women > 30 yrs	
Interview completed			87

Age and gender estimated by the recruiters

5. CONCLUSIONS AND RECOMMENDATIONS

	Suitability for prevalence survey				
	Not suitable				Very suitable
CATI	1	2	3	4	5
CAPI, at home	1	2	3	4	5
CAPI, at sites	1	2	3	4	5
CASI, at home	1	2	3	4	5
CASI, at sites	1	2	3	4	5
Pen-and-paper, interviewer completion at home	1	2	3	4	5
Pen-and-paper, interviewer completion at sites	1	2	3	4	5
Pen-and-paper, self-completion, interviewer delivery and collect	1	2	3	4	5
Pen-and-paper, self-completion, mail survey	1	2	3	4	5
Other mode (specify)	1	2	3	4	5

PRE-TEST REPORT GERMANY

COMPANY: IFAK
REPORT MADE BY: Bettina Greuel
DATE: 23. June 1999
MODES: CATI

STAGE 1: FIRST IMPRESSION

Aspect	Your score	Remarks
Structure / following order of the questionnaire	4	Suggestion: Ask pharmaceuticals (Q. 59 - Q. 64) before drugs because in the existing order the respondents are influenced from thoughts about drugs and might associate sedatives and tranquillisers with drugs. As a result they might not be honest about their answers. Good idea!! Furthermore Q.65 is about drugs again.
Colloquial phrasing of the questions (in your language)	4	A few questions did not read very smoothly, we changed the wording already after two interviews (see also stage 3: proposed alternative phrasing)
Feasibility to transform into a computerised version	5	We received an English CATI version from MRSL, the adaption to the German CATI was easy.

STAGE 2: PREPARATION

Reference number	Interview mode	Motivation / reason for change or addition
1	CATI	We changed „use“ (=Verwendung) in „attitude“ (=Einstellung) because the interviewers argued that attitude is more neutral than the notion use.
2	CATI	We changed „some questions about the use of alcohol“ (= ein paar Fragen über den Alkoholkonsum) into „some questions about the subject alcohol“ because some people don't drink alcohol at all and that's why we prefer a more neutral wording.

3	CATI	We didn't translate „which some people take or once might have tried“ because this information is not necessary for answering the question
4	CATI	The interviewer instruction has been replaced by the equivalent CATI programming.
5	CATI	We didn't translate „regular“ because we think that it is too strong in this context. The topic „addiction“ would be emphasized too strongly.
6	CATI	Interviewer instruction before Q.59 is not necessary because the explanation of sedatives and tranquillisers is already integrated in Q.59
7	CATI	We adapted the interviewer instruction before Q. 82 to the German education system. One comment in general: There is no need to tell the interviewer in every detail what to do - like „if the answer is not on the list, specify the full answer in the category „other“ for later coding - because this practise is well known for telephone interviewer.

Making the computer format for CATI, CAPI or CASI (if applicable)

Problems / complications	Solutions
Minimum age.	We changed the minimum age from 18 to 16 years. For the main study in Germany we recommend to start with 16 years as well because respondents from 16 to 18 are quite important if you are looking at drug use patterns.
Honesty question (Q84)	We added an alternative honesty question to be asked randomly with the original question.
Query: Is it intended that people who don't want to give an interview but are willing to answer some statistical questions are asked about their honesty regarding their drug use?	We changed the programme and omitted Q. 84 in these cases.
Codes for no answer/don't know (na/dk).	Our colleagues in the UK did not insert na/dk. The codes were kept consistent. However, we briefed the interviewers to separate na/dk's for every individual question on an individual form sheet. But in fact this was unnecessary because all respondents were willing to answer and decisive.

Number of interviewers instructed per mode	3
Duration of instruction per mode	2 hours
Instructor(s) per mode	2

Initial confusions / misunderstandings:

It is very unusual to ask statistical questions to somebody who refuses to participate in the survey. This caused some confusion. Unusual as well is to code the „willingness to respond“ (Q.1) because normally refusals are coded directly at the beginning with other non-response reasons (like „no suitable person available“) before starting with the interview. As already mentioned the interviewers suggested to change the introduction text.

Remarks from interviewer during instruction:

At the beginning the interviewers have been sceptical about the conduct of the interviews. They feared that due to the sensibility of the subject people would tend to abandon or would refuse to answer questions like „Have you ever taken ecstasy yourself?“ The interviewers changed their mind during interviewing (see also „evaluation doc.“)

Mode	Area / location		Sampling method
CATI	Area name	Frankfurt am Main (= city with more than 500.000 inhabitants)	<input checked="" type="checkbox"/> simple random from telephone list <input type="checkbox"/> no random digit dialling
	Area codes	60325 / 60323 / 65933 / 60326	
	Social grades covered by area	Upmarket area (= Code 1 in q'aire and data): 60325 and 60323 Deprived area (= Code 2 in q'aire and data): 65933 and 60326	

STAGE 3: PRE-TEST EXECUTION

	Score (encircle)				
	Poor ← → Good				
Respondents understand the questions	1	2	3	4	5
Respondents can discriminate between pre-coded categories	1	2	3	4	5
Interviewers can label real answers to pre-coded categories	1	2	3	4	5
Interviewers can keep to the phrasing of the questions (Remark: In telephone interviews interviewers tend to shorten the phrasing of the questions in order to save time and concentrate the attention of the respondents towards the key issues).	1	2	3	4	5
Interviewers can keep to the phrasing of the introduction or links	1	2	3	4	5

General applicability of questionnaire for this mode = CATI	Not really ← → Perfect				
	1	2	3	4	5
Suitability of questionnaire for your interviewers	Only specialists ← → Suitable for all				
	1	2	3	4	5
Instruction and supervision required	Average ← → More than average				
	1	2	3	4	5

Question number	Proposed alternative phrasing in your language (give also your back translation into English)			
		yes	no	After how many interviews
8	Changed „Wann“ into „Mit wieviel Jahren“ - this is the correct translation of the English version „At what age ...“	X		Directly at the beginning after two interviews
14 / 21 / 34 / 40 / 46 / 52 / 58	Changed „Wieviel Tage...“ in „Wie oft ...“ (=How often) because this is a quite strange wording and probably a translation error.	X		At the beginning after two interviews
15	We added „Welche kennen Sie, wenn auch nur dem Namen nach?“ because this phrase is standard when we ask for spontaneous awareness and it underlines the meaning of the question.	X		At the beginning after two interviews
17 / 24 / 30 / 36 / 42 / 48 / 54	Replace the wording „Konsumenten“ into „Leute, die nehmen“ which is exactly the English wording „people who take ...“ and more colloquial German.		X	
29	Translation error: „mal“ (=ever) has been twice. We added „Aufputzmittel“ to this and to the following questions because „amphetamines“ is a quite medical expression.	X		At the beginning
59	Translation error: wrong order: first has to be „Schlafmittel“ (=sedativa) and second has to be „Beruhigungsmittel“ (=tranquillisers)	X		At the beginning
67	We replaced „ sollte erlaubt sein“ into „sollte erlaubt werden“ in order to have the same phrasing as in Q. 66. The English version is „... should be permitted ..“ and allows both translation possibilities.	X		At the beginning
68	We recommend to change the scale of „nicht ablehnen“, „eher ablehnen“ or „unbedingt ablehnen“ (in English: not disapprove - disapprove - strongly disapprove) because the wording is quite complicated and people are not used to this kind of scale (some respondents asked several times „can you repeat the answer possibilities?). The problem with this scale is that you start with a negative evaluation before going slightly positive (= eher) followed by a very negative evaluation (=unbedingt). It might be better either to reduce the answers to two categories (nicht ablehnen and unbedingt ablehnen) or to start with a positive answer: instead of nicht		X	> would it be an option to reduce the number of possible answer categories or use “zustimmen” instead: the phrasing is indeed complicated in German

	ablehnen - „zustimmen“ (= to approve)			
71	Translation error: „one“ = „ein“ was left out.	X		At the beginning
84a	50% of the respondents have been confronted with an alternative question testing their answering pattern in regard to honesty	X		From the beginning, asked randomized
15	We added „speed“ to „amphetamines“ because speed is a colloquial expression	X		At the beginning
64	Suggestion for Code 3: Drogerie (= drugstore). This does not apply to Germany because it is forbidden to sell pharmaceuticals like sedativa or tranquillisers in drugstores.		X	The phrasing should exclude drugstores but include „Apotheken“, as it could happen that a pharmacist gives them to people he knows
73 - 77	Suggestion: Replace „Risiko“ by „Gesundheitsrisiko“ (= health risk) because this is more precise		X	
80	Translation error: „more than one person“ has to be „mehr als einer Person“ and not „eher als ...“	X		At the beginning

81	Suggestion: The first category „angestellt oder selbständig“ (= employed or self-employed) is rather rough that's why we suggest to ask the occupation status in more detail in order to be able to characterize the respondent better.		X	in my opinion it is enough to refer to the categories already in use, as we just want to know whether the respondents are working or not. Probably a category like "pension" or "not able to work" (Rente, nicht erwerbsfähig) could be added
82	We inserted the German specific categories of educational levels which we usually apply in general population surveys. In comparison the precodes are equivalent to: Code 1: Secondary modern school without apprenticeship Code 2: Secondary modern school with apprenticeship Code 3: Intermediate Schools without A-level Code 4: A-level Code 5: University / College		X	Missing is "Sonderschule" a school somewhat below secondary modern school; the rest of the applied codes are alright

NON-RESPONSE ACCOUNT CATI

Sample size			20
Numbers used			409
Frame errors (no household, fax-number)			56
Answering machine			40
Number occupied, no answer			49
No suitable person available (wrong sex, under or over age, language problem, etc.)			206
Refusals (38 in total)	Based on Q2	No time	11
		No interest in topic	9
		Doesn't participate in any survey	13
		Other reasons	5
		No reason given	0
Attributes of refusers*)	Questions 78-83 completed		1
	Questions 78-83 not completed	Men	19
		Women	18
Interview completed			20
Numbers not used			91

Gender estimated by the interviewer

*) As already mentioned before, people who are not willing to participate in the survey, are also not willing to give information about their demographics.

CONCLUSIONS AND RECOMMENDATIONS

	Suitability for prevalence survey				
	Not suitable ←————→ Very suitable				
CATI	1	2	3	4	5
CAPI, at home	1	2	3	4	5
CAPI, at sites	1	2	3	4	5
CASI, at home	1	2	3	4	5
CASI, at sites	1	2	3	4	5
Pen-and-paper, interviewer completion at home	1	2	3	4	5
Pen-and-paper, interviewer completion at sites	1	2	3	4	5
Pen-and-paper, self-completion, interviewer delivery and collect	1	2	3	4	5
Pen-and-paper, self-completion, mail survey	1	2	3	4	5
Other mode (specify)	1	2	3	4	5

REMARKS / RECOMMENDATIONS:

Methodology:

1) We recommend to conduct the interviews by CATI because a contact via phone is much more anonymous and distant than having a personal face-to-face contact with an interviewer. As a result people often are more willing to answer sensitive questions (like the use of drugs), well knowing that they are free to abandon the interview whenever they want to.

2) Another advantage of CATI is that the respondent does not have to fill out anything (no active part demanded) and therefore does not have a feeling of a too strong commitment.

3) In general CATI is a time-saving way of interviewing, both for the institute and for the respondent - especially when you want to do short interviews like these pretest interviews. Especially for this interview one can profit from the easy use of rotations and filters. (In case in the major survey you want to have two or more versions (alternative question wordings) as well, this can also ideally be randomized with CATI).

Overview of supervisors remarks/observations

In general

- 1) No problems in conducting the interviews (although the interviewers have been quite sceptical the interviewees didn't abandon and they have been willing to answer the questions).
- 2) The respondents didn't feel personally attached when asking about their use of drugs
- 3) Almost no difficulties in understanding the questions (except the scale in Q68)
- 4) Interview length: The estimation of 10 minutes is quite accurate as we found out in this pre-test

Remarks to certain questions:

5) Q18: Being directly asked about their own drug use some respondents hesitated for a moment before they answered.

6) Q65. The respondents had difficulties to decide if a drug addict is more a criminal or a patient or both of them. This is an important point of discussion for the majority. After some time of reflection most of them decided for the „more as a patient“ answer.

Overall recommendations/remarks:

1) Refusals: We don't think that it makes sense trying to ask statistical questions to somebody who refuses to participate in the survey because in almost all cases (as you can see in the data, there was only one response) people are not willing to answer any questions at all.

2) In the pretest it was not necessary to add „don't know“ or „don't want to answer“ as precodes because the answers fitted to the existing precodes. However, we recommend to add these two precodes in the main study (at least to the most sensitive questions about drug use) because if you conduct more interviews we can imagine that there might be respondents who cannot or are not willing to endorse one of the given precodes.

3) Dummy drug „Relevin“: Relevin as a drug is unknown and not sold in Germany. People seem to be honest with their answers (compare data).

4) Age questions: The age question „ At what age did you take ... for the first time? is asked for hashish / marihuana only (compare Q.22). In order to be consistent with the following drug questions one might want to consider to ask the age question for ecstasy, amphetamines, cocaine, heroin and LSD as well.

5) Alternative phrasing in Q. 68 - 77: As you can see in the data the answering pattern of the first version is different to the answers given in the second version. Within the second phrasing (= the shorter one) respondents tend to give more negative answers like „ strongly disapprove“ or „ great risk“ than in combination with the first phrasing (= the longer one). The sample size of the pretest is too small to predict the answering pattern of the main study and it's difficult to estimate if a different phrasing will really result in different answers.

However, one should keep in mind that interviewers tend/like to shorten complicated introductions.

6) Q.84 a/b: To test the honesty in regard to drug use we integrated a second question (rotation). This question (Q.84a) has the same meaning as your question (Q.84b) but a quite different phrasing. When comparing the results we see that your question is doing better when looking at the spread of answers - in Q.84a answers don't show much variation. That's why we recommend to ask Q.84b for testing the honesty in the main study.

PRE-TEST REPORT NETHERLANDS

COMPANY: ANALYSE Research & Strategy

REPORT MADE BY: Ralph van Buuren

DATE: June 16, 1999

MODES: PEN-AND-PAPER INTERVIEWER COMPLETION, PEN-AND-PAPER SELF-COMPLETION

STAGE 1: FIRST IMPRESSION

Aspect	Your score	Remarks
Structure / following order of the questionnaire	4	none
Colloquial phrasing of the questions (in your language)	5	none
Feasibility to transform into a computerised version		not applicable

STAGE 2: PREPARATION

Final draft of introduction text, texts between questions and interviewer instructions

Reference number	Interview mode	Motivation / reason for change or addition
Q.73	F-t-F	we did not attempt to categorise postal codes

Making the computer format for CATI, CAPI or CASI (if applicable)

N.A.

Interviewer instructions

Number of interviewers instructed per mode	3
Duration of instruction per mode	45 min
Instructor(s) per mode	1

Initial confusions / misunderstandings:

Remarks from interviewer during instruction:

How to react when respondents ask about Relevin? Instructed that they should answer that they don't know (as they not themselves familiar with drugs)

Selection of location / area

Mode	Area / location		Sampling method
	Area name		<input type="checkbox"/> simple random from telephone list <input type="checkbox"/> random digit dialling
	Area codes		
	Social grades covered by area		
Other modes	Area name	Utrecht	<input checked="" type="checkbox"/> street selection by recruiters <input type="checkbox"/> other selection procedure (specify) number of recruiters:3
	Social grades covered by area	all social grades	
	Description of site(s)	Hotel, next to shopping centre, railway station and open market	

STAGE 3: PRE-TEST EXECUTION

	Score (encircle)				
	Poor ← → Good				
Respondents understand the questions	1	2	3	4	5
Respondents can discriminate between pre-coded categories	1	2	3	4	5
Interviewers can label real answers to pre-coded categories	1	2	3	4	5
Interviewers can keep to the phrasing of the questions	1	2	3	4	5
Interviewers can keep to the phrasing of the introduction or links	1	2	3	4	5
General applicability of questionnaire for this mode	Not really ← → Perfect				
	1	2	3	4	5
Suitability of questionnaire for your interviewers	Only specialists ← → Suitable for all				
	1	2	3	4	5
Instruction and supervision required	Average ← → More than average				
	1	2	3	4	5

Question number	Proposed alternative phrasing in your language <i>(give also your back translation into English)</i>	Alternative adapted in process		
		yes	No	After how many interviews
	No show cards have been used. Interviewers had to repeat the answer categories, which caused some confusion. In a real survey show card should be necessary (to be used for all similar questions). In self-completion the questions caused no problems.			

	Score (encircle)				
	Poor ← → Good				
Respondents understand the questions	1	2	3	4	5
Respondents can discriminate between pre-coded categories	1	2	3	4	5
General applicability of questionnaire for this mode	Not really ← → Perfect				
	1	2	3	4	5
Instruction and supervision (of respondent) required	Average ← → More than average				
	1	2	3	4	5

Questions: see remarks above

NON-RESPONSE ACCOUNT

PEN-and-PAPER (both interviewer completion and self-completion)

Persons approached on site (= sample size)		130	
Refusal, no reason	Men, under 30 (approx.)		<i>not recorded</i>
	Women, under 30 (approx.)		
	Men, above 30 (approx.)		
	Women, above 30 (approx.)		
Refusals	Based on Q2	No time	<i>not recorded</i>
		No interest in topic	
		Doesn't participate in any survey	
		Other reasons	
	No reason given	ca. 80%	
Attributes of refusers	Questions 78-83 completed		<i>Age and gender estimated by the recruiters</i>
	Questions 78-83 not completed	Men < 30 yrs	
		Women < 30 yrs	
		Men > 30 yrs	
		Women > 30 yrs	
interviewer completion		25	
self-completion		25	

Note: about twice as many men had to be approached to reach the quota than women. Men are more difficult to recruit. This is usually the case in most site surveys.

5. CONCLUSIONS AND RECOMMENDATIONS

	Suitability for prevalence survey				
	Not suitable				Very suitable
CATI	1	2	3	4	5
CAPI, at home	1	2	3	4	5
CAPI, at sites	1	2	3	4	5
CASI, at home	1	2	3	4	5
CASI, at sites	1	2	3	4	5
Pen-and-paper, interviewer completion at home	1	2	3	4	5
Pen-and-paper, interviewer completion at sites	1	2	3	4	5
Pen-and-paper, self-completion, interviewer delivery and collect	1	2	3	4	5
Pen-and-paper, self-completion, mail survey	1	2	3	4	5
Pen-and-paper, self-completion at sites	1	2	3	4	5

No judgement is made about modes that the company does not offer. Self-completion at sites is recommended because the questions seem clearer when the respondents can read them from paper by the respondents themselves. It is also more economical. Some respondents indicated that they preferred to complete themselves (they could observe that others did so in another part of the room).

PRE-TEST REPORT GREECE

COMPANY: STOCHOS

REPORT MADE BY: IOANNA MITROPOULOU

DATE: 21/6/99

MODES: CATI, PEN-AND-PAPER INTERVIWER COMPLETION, PEN-AND-PAPER SELF-COMPLETION

STAGE 1: FIRST IMPRESSION

Aspect	Your score	Remarks
Structure / following order of the questionnaire	4	Some difficulty in getting used to the sequence of questions
Colloquial phrasing of the questions (in your language)	4	The necessity for clarity makes the phrasing somewhat "stiff"
Feasibility to transform into a computerised version	4	

STAGE 2: PREPARATION

No remarks

Making the computer format for CATI, CAPI or CASI (if applicable)

No remarks

Number of interviewers instructed per mode	2
Duration of instruction per mode	40 min
Instructor(s) per mode	1

Initial confusions / misunderstandings: none
Remarks from interviewer during instruction: none

Mode	Area / location		Sampling method
CATI	Area name	Greater Athens	<input checked="" type="checkbox"/> simple random from telephone list <input type="checkbox"/> random digit dialling
	Area codes	01	
	Social grades covered by area	B to D	
Other modes	Area name	Kallithea (Athens Suburb)	<input checked="" type="checkbox"/> street selection by recruiters <input type="checkbox"/> other selection procedure number of recruiters:
	Social grades covered by area	B to D (mainly C1/C2)	
	Description of site(s)	Interviewing studio facing on the street	

STAGE 3: PRE-TEST EXECUTION

	Score (encircle)				
	Poor ← → Good				
Respondents understand the questions	1	2	3	4	5
Respondents can discriminate between pre-coded categories	1	2	3	4	5
Interviewers can label real answers to pre-coded categories	1	2	3	4	5
Interviewers can keep to the phrasing of the questions	1	2	3	4	5
Interviewers can keep to the phrasing of the introduction or links	1	2	3	4	5

General applicability of questionnaire for this mode	Not really ← → Perfect				
	1	2	3	4	5
Suitability of questionnaire for your interviewers	Only specialists ← → Suitable for all				
	1	2	3	4	5
Instruction and supervision required	Average ← → More than average				
	1	2	3	4	5

Question number	(give also your back translation into English)			
		yes	No	After how many interviews
Q 8, 22	It is not clear whether it means the age they tried for the first time “δοκιμάσατε XXX για πρώτη φορά” or the age at which they started using «αρχίσατε να καπνίζετε» / «αρχίσατε να παίρνετε χασίς ή μαριχουάνα»		✓	
Q 14, 21, 27, 28, 34, 39, 40, 46, 52, 58, 63	Κατά την διάρκεια των 30 τελευταίων ημερών με ποιά συχνότητα During the last 30 days with what frequency ...	✓		5
Q 66-67	People need clarification whether “permitted” means “legally permitted”		✓	

Q 68, 72	<p>The phrasing of these questions is confusing overall. We propose the following changes :</p> <p>Introduction</p> <p>Μερικοί άνθρωποι αποδοκιμάζουν τα άτομα που κάνουν κάποια πράγματα, άλλοι δεν τα αποδοκιμάζουν. Θα σας περιγράψω ανθρώπους που κάνουν κάποια συγκεκριμένα πράγματα και θα δίνετε μια απο τις εξής απαντήσεις : Δεν τους αποδοκιμάζω,</p> <p>(Some individuals disapprove of people doing certain things. I will describe people who do specific things and you will give one of the following answers : I do not disapprove ...)</p> <p>Individual Questions</p> <p>Start 68-72 : Τους ανθρώπους που ... (people who ...) and read out the answers for Q. 68, 69, 71</p> <p>Q 68-69 Δοκιμάζουν XXX μια-δυο φορές στην ζωή τους (Try XXX once or twice in their lifetime) or just «δοκιμάζουν» (try)</p> <p>{try once or twice is confusing}</p> <p>Q 70 Respondents are not sure whether it means tobacco cigarettes or joints (the expression for joints is very similar to “cigarettes” in Greek)</p> <p>We propose adding “κανονικά» regular before cigarettes.</p>	✓	✓	5
Q 73-77	The word used for “risk” in Greek (επικίνδυνο) means danger, connoting short-term danger (ie a car crash for drinks) If this is not your intention , an alternative expression would be βλαβερό (harmful)		✓	
Q74	Include term at one go (στην καθισιά τους)		✓	
Q 76-77	“once or twice” should be omitted or the expression in their lifetime be added (στη ζωή τους)		✓	
Q 77	Some respondents believe the question should be asked separately for each substance since the risk is not the same		✓	

	Score (encircle)				
	Poor ←				→ Good
Respondents understand the questions	1	2	3	4	5
Respondents can discriminate between pre-coded categories	1	2	3	4	5
Interviewers can label real answers to pre-coded categories	1	2	3	4	5
Interviewers can keep to the phrasing of the questions	1	2	3	4	5
Interviewers can keep to the phrasing of the introduction or links	1	2	3	4	5

General applicability of questionnaire for this mode	Not really ←————→ Perfect				
	1	2	3	4	5
Suitability of questionnaire for your interviewers	Only specialists ←————→ Suitable for all				
	1	2	3	4	5
Instruction and supervision required	Average ←————→ More than average				
	1	2	3	4	5

Questions: see remarks above

	Score (encircle)				
	Poor ←————→ Good				
Respondents understand the questions	1	2	3	4	5
Respondents can discriminate between pre-coded categories	1	2	3	4	5

General applicability of questionnaire for this mode	Not really ←————→ Perfect				
	1	2	3	4	5
Instruction and supervision (of respondent) required	Average ←————→ More than average				
	1	2	3	4	5

Questions: see remarks above

NON-RESPONSE ACCOUNT CATI

Sample size		500	
Numbers used		330	
Frame errors (no household, fax-number)		40	
Answering machine		37	
Number occupied, no answer		150	
No suitable person available (under age, language problem)		53	
Refusals	Based on Q2	No time	15
		No interest in topic	
		Doesn't participate in any survey	
		Other reasons	
No reason given		15	
Attributes of refusers	Questions 78-83 completed		0
	Questions 78-83 not completed	Men	20
		Women	10
Interview completed		20	
Numbers not used		170	

Gender estimated by the interviewer

Pen-and-paper, completion by interviewer

Persons approached on site (= sample size)			29
Refusal, no reason	Men, under 30 (approx.)		
	Women, under 30 (approx.)		
	Men, above 30 (approx.)		
	Women, above 30 (approx.)		
Refusals	Based on Q2	No time	6
		No interest in topic	3
		Doesn't participate in any survey	
		Other reasons	
	No reason given		
Attributes of refusers	Questions 78-83 completed		
	Questions 78-83 not completed	Men < 30 yrs	0
		Women < 30 yrs	2
		Men > 30 yrs	1
		Women > 30 yrs	6
Interview completed		20	

Age and gender estimated by the recruiters

Pen-and-paper, self-completion by respondent

Persons approached on site (= sample size)			36
Refusal, no reason	Men, under 30 (approx.)		
	Women, under 30 (approx.)		
	Men, above 30 (approx.)		
	Women, above 30 (approx.)		
Refusals	Based on Q2	No time	7
		No interest in topic	2
		Doesn't participate in any survey	3
		Other reasons (refused after seeing that they have to complete on their own – no glasses, bored)	4
	No reason given		
Attributes of refusers	Questions 78-83 completed		6
	Questions 78-83 not completed	Men < 30 yrs	2
		Women < 30 yrs	1
		Men > 30 yrs	4
		Women > 30 yrs	6
Interview completed		20	

Age and gender estimated by the recruiters

CONCLUSIONS AND RECOMMENDATIONS

	Suitability for prevalence survey				
	Not suitable ←————→ Very suitable				
CATI	1	2	3	4	5
CAPI, at home	1	2	3	4	5
CAPI, at sites	1	2	3	4	5
CASI, at home	1	2	3	4	5
CASI, at sites	1	2	3	4	5
Pen-and-paper, interviewer completion at home	1	2	3	4	5
Pen-and-paper, interviewer completion at sites	1	2	3	4	5
Pen-and-paper, self-compl., interv. delivery/collect	1	2	3	4	5
Pen-and-paper, self-completion, mail survey	1	2	3	4	5
Other mode (specify)	1	2	3	4	5

Remarks / recommendations:

- ◆ Questionnaire layout should have one “drug” per page.
- ◆ Instead of separate refusal questionnaires, use quota table (easier to follow).
- ◆ In the case of choosing a telephone mode there should be special planning on the hours of interviewing ie mainly afternoon to limit the number of absences. It should be noted though that during the summer months even in the afternoon people are not at home.
- ◆ There was an exceptionally low number of refusals, we believe due to the fact that this was a social interest rather than a commercial survey. Recruiters did not make any effort to “convince” people to participate but it should be noted that they are professional recruiters and thus are confident in approaching people (a student who is doing recruiting for academic purposes would most definitely not get similar results)
- ◆ It is evident that when people do not agree to participate they don’t answer any questions at all (they just hurry , in case you try to convince them)

PRE-TEST REPORT ENGLAND

COMPANY: MRSL / MICHAEL WARREN

REPORT MADE BY: MICHAEL WARREN

DATE: 21/6/99

MODES: CATI, PEN-AND-PAPER INTERVIWER COMPLETION, PEN-AND-PAPER SELF-COMPLETION

STAGE 1: FIRST IMPRESSION

Aspect	Your score	Remarks
Structure / following order of the questionnaire	4	
Colloquial phrasing of the questions (in your language)	3	The questionnaire was rather formal, and <u>not</u> particularly colloquial, hence the score of 3. Though this formality concerned me at first, it became clear in the course of the work that (i) it was not a problem and (ii) it may even have helped in creating a slightly official mood, and providing a 'distance' between the research process, interviewers and the informants. This, given the subject of the survey, may have encouraged cooperation and honesty, and seemed to encourage people both to concentrate and to think about the questions (in particular, for example, re. Q65 and Q68). So in terms of the 'success' of the questionnaire's style, a rating of 4/5 would be appropriate.
Feasibility to transform into a computerised version	5	

STAGE 2: PREPARATION

Face-to-face intro:	Delete at present..." and replace with "We are doing..." The suggested phrase is never used.
F-to-f intro	Because some questions had been added to the questionnaire after the first draft, we were not sure that the average interview length would be 10 minutes, but interviewers were instructed to say "10 minutes" for the first few interviews and only to change to the printed figure if informants were being misled. In the event, 10 minutes was near-average, so the printed wording was not needed
F-to-f, Q4	Delete 'At first' and insert 'Firstly'. ' At first' is not used
F-to-f. before Q15	This was not a problem but it is worth noting that deleting the word "once" would make this link slightly easier both to say and understand. It would not significantly change the meaning since in this context 'once' tends to have a generalised historic meaning as in 'Once upon a time" (the traditional introduction to children's stories) rather than 'once' with the strict meaning of 'on a single occasion'.
F-to-f, Q80	Delete "belong to household" and insert "are there in your household". This original phrase is not used, although (in error) we did

not change the phrase on the self-completion survey and it did not seem to cause any problems.

Q83, all modes

This does not work well in the UK, particularly in the Greater London area. We accepted your suggestion of using postal codes and this seems to have been acceptable.

Making the computer format for CATI, CAPI or CASI (if applicable)

No problems

Number of interviewers instructed per mode	pen-and-paper: 5 + 1 supervisor CATI: 3 + 1
Duration of instruction per mode	35 min pen-and-paper 25 min. CATI
Instructor(s) per mode	1

Please note that during on-street recruitment we did not mention the mode(s) of data collection (face-to-face interview as opposed to self-completion) since this would have slightly complicated an already difficult process and perhaps added to the number of refusals. We therefore recruited using a conventional approach to each of the two modes when they arrived in the hall. Also, a separate recruitment questionnaire was produced to avoid the use of a full questionnaire with the refusals. The successful recruitment questionnaires were attached to the completed interviews/self-completion questionnaires, plus the comment sheets, at the end of each interview.

Written notes were supplied to the interviewers. There were very few problems. The face-to-face interviewers queried 'Relevin' . We had already taken the decision not to tell them that it was a dummy until after the work was complete, in case, however unwittingly, it affected their behaviour. They were instructed to tell informants "it is a new drug". In the event there were few queries, because most people have little up-to-date knowledge about drugs and, also, the language used to describe drugs is varied and changing. In general, the interviewers' initial response was that the project seemed straightforward, and this view was confirmed by the data collection as a whole, which went well.

Note that for the purposes of the self-completion study, an instruction sheet was attached to the questionnaire to parallel the sort of instructions which would normally be included as part of the covering letter/introduction to a postal survey or other self-completion exercise. In addition to the briefing, the research director was available throughout the day, and three 'debrief' sessions were undertaken, two during the work and one at the end of the day.

For the telephone interviewing, the research director was again present and briefed the interviewers, and was available to answer queries and questions.

Selection of location/areas

The face-to-face and self-completion work was undertaken in Crawley, West Sussex, a town south of London, near Gatwick airport. All social grades are covered locally. The work was undertaken on Saturday June 5th, and was based on in a hall adjoining an open-air market selling vegetables, fruit, meat, confectionery, flowers and plants, household goods etc. The CATI work was done in parts of Manchester by random-digit dialing, from area codes M16, M25 and M30. The work was undertaken from MRSL's telephone interviewing unit in Newport, South Wales, on the evenings of June 8th and 9th.

STAGE 3: PRE-TEST EXECUTION

	score
Respondents understand the questions	4/5
Respondents can discriminate between pre-coded categories	4/5
Interviewers can label real answers to pre-coded	4/5

categories	
Interviewers can keep to the phrasing of the questions	4/5
Interviewers can keep to the phrasing of the introduction or links	4/5
General applicability of questionnaire for this mode	4
Suitability of questionnaire for your interviewers	3 / 4
Instruction and supervision required	4

In other words, it varied from good to very good.

Note that as one interview put it, "you have to give time with the questions which give alternative/double negative options. I found it better to repeat the question and options after I had read the statement for the first time". In other words, the questionnaire works, but needs careful attention for telephone use. It might be possible to deal with some questions by dividing them into two, firstly asking people "Do you agree or disagree that...?" If they agree, asking them whether they "...fully agree or largely agree? ". And so on.

Although interviewers can keep to the phrasing, they need to allow time for the informants to understand and think in some cases. This was true particularly for the criminal/patient question.

	score
Respondents understand the questions	4/5
Respondents can discriminate between pre-coded categories	4/5
Interviewers can label real answers to pre-coded categories	4/5
Interviewers can keep to the phrasing of the questions	4/5
Interviewers can keep to the phrasing of the introduction or links	4/5
General applicability of questionnaire for this mode	4/5
Suitability of questionnaire for your interviewers	3 / 4
Instruction and supervision required	4

As these figures suggest, and to confirm the point made earlier, the work went well. Part of this 'success' may have been the result of personal briefing (fairly rare these days) and - of course - the use of above-average interviewers. On the other hand, the questionnaire is technically straightforward and, with the exception of the points made in the next section of this report, worked well. We have combined our thoughts on potential revisions to wording and additional precodes in the section below.

Q15

This may be a translation or language problem, but some informants were concerned/confused by cocaine and crack being thought of as a single drug. In the UK at the moment cocaine is (almost) socially acceptable, certainly amongst the literate/affluent middle classes, whereas crack is thought to be far more dangerous, much more (genuinely?) addictive and is associated with the rougher / poorer / unemployed / criminal end of the drug culture. This gulf - I think - is likely to remain and may become wider, so the cocaine/crack link may need reconsideration. Specifically, should crack be given a section of its own?

Q16-22/Q66

As we suspected might happen, a few informants volunteered the possible use of cannabis to ease the problems of MS sufferers (*At the time of the pretests there was a discussion in English newspapers about the medical use of cannabis. RB*). Perhaps an additional precode is or might become needed at Q66 " ..for medical reasons..."

Q65

As one interviewer put it, informants "had to think" about this question. There was some

suggestion in post-interview conversation with informants, that addicts might be victims instead of either criminals or patients, but this did not, on the whole, stop people responding to the question as given.

At the same question it is worth noting that –to the interviewers’ surprise- the phrase drug addict was not queried and did not seem to cause problems, despite its simplified/generalised nature. It might be worth providing at the main-stage work, to avoid informants opting out too easily into a Don't know response?

Q68

Of the two formats at this question, the alternative approach (“would you not disapprove...if people...” etc. repeated for each of the activities), was disliked by the interviewers because of its overtly repetitive mechanistic nature.

Q84

One informant queried whether this meant “some kind of illegal drugs”. It was agreed at the debrief that informants would probably have assumed that it referred to illegal drugs, but the situation may be complicated by the misuse or prescribed drugs. Is there is a reason for not adding the word ‘illegal’ for all modes of data collection to make the question unequivocal?

Nothing emerged from this element of the work to distinguish it significantly from the face-to-face interviewing. The current questionnaire - not surprisingly given its formal nature and absence of open-ended questions- works well in either format, with the minor relevant revisions suggested above.

NON-RESPONSE ACCOUNT

CATI

Sample size		1001	
Numbers used		381	
Frame errors (business numbers / unobtainable)		50	
Answering machine		0	
Number occupied, no answer		78	
No suitable person available (under age, language problem)			
Refusals	Based on Q2	No time	8
		No interest in topic	9
		Doesn't participate in any survey	21
		Other reasons	39
	No reason given	0	
Attributes of refusers	Questions 78-83 completed		22
	Questions 78-83 not completed	Men	
		Women	
Interview completed		21	
Numbers not used		620	

Note that few of the refusers agreed to answer the classification questions. As one of the interviewers expressed it "...the response is along the lines of "I've already told you I don't want to answer any question"....they have put the phone down before you have the chance to even ask.

Pen-and-paper, completion by interviewer and self-completion

As noted above, the recruitment for these two elements of the work was undertaken jointly in an effort to minimise refusals and to reflect the likely procedure at any main-stage project. Also, of course, it is difficult to define a refusal. For the purposes of this analysis, we have excluded those people who –from observation – were clearly avoiding any contact with the interviewers and/or who refused to talk at all when approached.

Since the interviewing was going well and spare questionnaires were available, we completed more than the required of interviews. We hope this is of use.

Persons approached on site (= sample size)		99	
Refusal, no reason	Men, under 30 (approx.)		
	Women, under 30 (approx.)		
	Men, above 30 (approx.)		
	Women, above 30 (approx.)		
Refusals	Based on Q2	No time	39
		No interest in topic	1
		Doesn't participate in any survey	1
		Other reasons	7
	No reason given	0	
Attributes of refusers			<i>see below</i>
interviewer completion completed		26	
self-completion completed		25	

It seems likely that "no time" is an easy explanation for a face-to-face refusal, whether or not it is strictly true.

The data below is the approximate age and sex profile of the refusers, provided by each of the interviewers. Though the data clearly suggest greater difficulty in getting cooperation from the under 30s and to some extent from men, it must be noted that these figures cannot give an indication of the likely response from the population as a whole, since the numbers are of course small and, in particular, as the day progressed there was increased targeting of the younger age groups in order to achieve the required quotas.

interviewer no.	over 30	under 30	male	female
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1	20%	80%	30%	70%
2	40%	60%	50%	50%
3	60%	40%	50%	50%
4	30%	70%	40%	60%
5	30%	70%	50%	50%

CONCLUSIONS AND RECOMMENDATIONS

It should be noted that these below about the suitability of modes provide only part of the story. In terms of the overall aims of the study, there is a significant difference between an in-home quota sample interview and an in-home random or quasi-random interview. This distinction, and its implications, are discussed below .

	<i>score</i>
CATI	2/3
CAPI, at home	4/5
CAPI, at sites	3
CASI, at home	4
CASI, at sites	3
Pen-and-paper, interviewer completion at home	4/5
Pen-and-paper, interviewer completion at sites	4
Pen-and-paper, self-completion, interviewer delivery and collect	2
Pen-and-paper, self-completion, mail survey	1
Pen-and-paper self-completion at sites	4

Background and assumptions

If this project proceeds, the main-stage data will potentially be of great value. On publication all aspects of the work will be examined thoroughly and critically to ensure that the data has the validity that it is claiming. For these reasons we have to ensure not only that the questionnaire and data collection methods are appropriate to the task, but that those who are interviewed in the main-stage work are a sufficiently good cross-section of the population for the prevalence of drug-taking to be established. I will deal separately with these three aspects of the task.

The questionnaire

My initial doubts about the questionnaire were proved wrong. As a series of questions, though somewhat repetitive both for interviewers and informants. it was clear and it worked well. Few changes seem to be needed.

In the interviewers' judgement (this was true of all modes of data collection), there was no tendency for informants to lie, to underclaim or overclaim, and they seemed genuinely interested in the topic.

It was suggested that given the emotive nature of the subject-matter, some informants felt restricted –straightjacketed- by the exclusively pre-coded questionnaire. A final open-ended (the data from which would not need to be analysed) was suggested as a means by which informants would be left feeling more involved in, and satisfied with, the project.

Data collection mode

The distinction between pen-and-paper and computer assisted interviewing is largely irrelevant (except that the high-tech approach can provide data more quickly and is marginally 'safer' in helping interviewers through the routeing). The questionnaire works well in either mode.

The distinction between interview and self-completion is more complex. I suspect that in the right circumstances and handled in the right way, self-completion may be slightly more likely to establish valid data on the nature and extent of illegal or 'private' activity -nobody has to confess their sins out loud... By 'the right circumstances' however, I mean within a hall test situation, where informants are on their own, and/or as a self-completion exercise within a larger face-to-face interview where trust has been established between interviewer and informant.

Self-completion at home, either as a conventional postal survey or a deliver/collect exercise, where the questionnaire may be seen by various household members and the survey is likely to be discussed before and while it is being completed, is far less defensible. Indeed it may be unacceptable -doubly so since the response rate, and therefore the representativeness of the achieved sample, is likely to be poor.

In the debate between telephone and face-to-face completion, I would argue that you are far more likely to obtain valid data from face-to-face work. This however, is mainly a function of the nature of the achieved sample, which is dealt with below.

Informant contact

This is, of course, the troubling area of the project, more than just the mode itself. As you know from your discussions with Joy Reynolds of MRSL some week ago, in this pilot we could only contact people 18 years old or over. Given both the Market Research Society's Code of Conduct, and growing public concerns about privacy and intrusion, we would not be able to interview, for example 15-16-year-olds on this project without parental permission. This makes contacts anywhere but in home problematic for this key sector of the target group.

At a more general but fundamental level I am concerned about the discrepancy between the aim of the project (to establish the prevalence of drug-taking, and to explore attitudes to drugs amongst the general population) and the use of quota sampling. It seems reasonable to assume that there is likely to be some correlation between illegal drug use and an avoidance of - any research. This is inevitable, but the problem is massively compounded by on-street contacting and quota sampling. Even telephone interviewing, which in theory can generate 'random' samples of addresses have problems. Aren't all these approaches likely to obtain data from, for example, the more middle-of-the-road, conventional young people, rather those in or near the drug scene?

Telephone research has particular problems, which appear to be growing. There is increasing use of answer-phones, call blocking etc. and, as I understand it, the non-contact and refusal rates on telephone research are increasing at a higher rate than the equivalent for face-to-face, in-home interviewing.

I am particularly aware of these problems through my involvement in the preliminary stages of a possible European Social Survey, which is being developed under the auspices of European Science Foundation. Here, after much debate, random sampling has been accepted as the necessary approach, both to maximise the defensibility and usefulness of the data, and to enable researchers to calculate the precision the data obtained.

Random sampling, or some mid-point approach which guarantees more variety and range within the social grade and which can access those people, who will otherwise fall through the net, may well be more expensive per interview. However it will obtain, I suspect, data that is more valid, defensible and ultimately more useful than data from a conventional quota sample.

**PRE-TEST QUESTIONNAIRE
(ENGLISH VERSION)**

PRE-TEST QUESTIONNAIRE

INTRODUCTION

INTERVIEWS ON LOCATION

Good evening / morning / afternoon. My name is I work for {name of the field agency}. We do at present a survey about the use of tobacco, alcohol, drugs and some medicines. May I ask you some questions about this subject? Your answers will remain confidential. The interview will take about ... minutes.

CATI

(To the person answering the phone) Good evening / morning / afternoon. My name is I call you from {name of the field agency}. We do at present a survey about the use of tobacco, alcohol, drugs and some medicines. I would like to speak about this subject with someone of your household, who is at home at the moment, is over 16 years of age and has had his or her birthday last.

(To the selected respondent) Good evening / morning / afternoon. My name is I call you from {name of the field agency}. We do at present a survey about the use of tobacco, alcohol, drugs and some medicines. May I ask you some questions about this subject? Your answers will remain confidential. The interview will take about ... minutes.

INT: If the respondent asks for it, you may add that the survey is ordered by an agency of the European Commission.

FWA: The length of the interview will depend on mode and setting. A realistic estimate is one of the outcomes of the pre-tests. It might be wise however to give some indication, in order not to scare the respondents from participation. About 10 minutes would be a reasonable estimate.

INT: Note answer below. If selected person does not want to respond, ask why not and note his or her reason in question 2. Do not discuss the respondent's decision to respond or not!

RESPONSE

62. (Willingness to respond)

- 1 yes → go to question **Error! Reference source not found.**
2 no

63. (Reasons for refusal to respond)

- 1 no time
2 no interest in this topic, don't want to answer about this topic
3 don't want to participate in any survey
4 other reasons

64. May I still ask you for statistical purposes some questions about yourself?

- 1 yes → go to question 139
2 no → END INTERVIEW

TOBACCO

At first I will ask you some questions about the use of tobacco

65. Do you smoke tobacco, such as cigarettes, cigars or a pipe?

- 1 yes → go to question 69
2 no

66. Have you ever smoked in the past?

- 1 yes
2 no → go to question 0

67. During the last 12 months, have you smoked any tobacco?

- 1 yes
2 no → go to question 69

68. During the last 30 days, have you smoked any tobacco?

- 1 yes
2 no

69. At what age did you smoke any tobacco for the first time?

.....

ALCOHOL

Now I will ask you some questions about the use of alcohol

70. Have you ever drunk any alcohol, such as beer, wine, spirits or any other alcoholic drink(s)?

- 1 yes
2 no → go to question 76 ; pen-and-paper self-completion go to 77

71. During the last 12 months, have you drunk any alcohol?

- 1 yes
2 no → go to question 76 ; pen-and-paper self-completion go to 77

72. How often do you drink alcohol?

- 1 4 times a week or more often
2 2-3 times a week
3 2-4 times a month
4 once a month or more seldom

73. How often do you drink six glasses of an alcoholic drink on the same occasion?

- 1 daily or almost daily
2 every week
3 every month
4 more seldom than once a month
5 never

74. During the last 30 days, have you drunk any alcohol?

- 1 yes
2 no → go to question 76 ; pen-and-paper self-completion go to 77

75. During the last 30 days, on how many days did you drink any alcohol?

- 1 daily or almost daily
- 2 several times a week
- 3 at least once a week
- 4 less than once a week

ILLICIT DRUGS

The following questions are about drugs, which some people take or once might have tried.

FWA: Question 76 should be omitted in the pen-and-paper self-completion version. In other modes the drugs named by the respondent should be recorded in following order. You may adapt the structure of the question to your norms for spontaneous product listings. You should return separate tables for 1st mentioned drug, 2nd mentioned drug, etc.

Most drugs will also have colloquial names in each country. For pre-coding you should include the country specific list of synonyms provided to you by O+S.

INT: Ask without helping or suggesting! Specify non-pre-coded names as 'other'.

76. Can you tell me which drugs you have ever heard of?

order

- Cannabis (hasish, marihuana, joint)
- Ecstasy
- Amphetamines (speed, pep)
- Cocaine (coke, crack)
- Heroin
- Relevin
- LSD (acid, trips)
- 1st other → (specify):
- 2nd other → (specify):
- 3rd other → (specify):

INT: For each drug below, which has already been mentioned by the respondent in question 0, the first question "Have you ever heard of {drug}", should be omitted. Instead, the next question, "Do you personally know people who take {drug}", should be preceded by "You mentioned that you have heard of {drug}..."

CANNABIS

77. Have you ever heard of hashish or marihuana?

- 1 yes
- 2 no → go to question 0

78. Do you personally know people who take hashish or marihuana?

- 1 yes
- 2 no

79. Have you ever taken hashish or marihuana yourself?

- 1 yes
- 2 no → go to question 0

80. During the last 12 months, have you taken hashish or marihuana?

- 1 yes
2 no → go to question **Error! Reference source not found.**

81. **During the last 30 days, have you taken hashish or marihuana?**

- 1 yes
2 no → go to question **Error! Reference source not found.**

82. **During the last 30 days, on how many days did you take hashish or marihuana?**

- 1 daily or almost daily
2 several times a week
3 at least once a week
4 less than once a week

83. **At what age did you take hashish or marihuana for the first time?**

.....

ECSTASY

84. **Have you ever heard of ecstasy?**

- 1 yes
2 no → go to question 0

85. **Do you personally know people who take ecstasy?**

- 1 yes
2 no

86. **Have you ever taken ecstasy yourself?**

- 1 yes
2 no → go to question 0

87. **During the last 12 months, have you taken ecstasy?**

- 1 yes
2 no → go to question 0

88. **During the last 30 days, have you taken ecstasy?**

- 1 yes
2 no → go to question 0

89. **During the last 30 days, on how many days did you take ecstasy?**

- 1 daily or almost daily
2 several times a week
3 at least once a week
4 less than once a week

AMPHETAMINES

INT: In the next questions you can add that amphetamines equal speed or pep, for instance by phrasing "...amphetamines, like speed or pep".

90. **Have you ever heard of amphetamines?**

- 1 yes
2 no → go to question 0

91. **Do you personally know people who take amphetamines?**

- 1 yes

2 no

92. Have you ever taken amphetamines yourself?

1 yes

2 no → go to question 0

93. During the last 12 months, have you taken amphetamines?

1 yes

2 no → go to question 0

94. During the last 30 days, have you taken amphetamines?

1 yes

2 no → go to question 0

95. During the last 30 days, on how many days did you take amphetamines?

1 daily or almost daily

2 several times a week

3 at least once a week

4 less than once a week

COCAINE

96. Have you ever heard of cocaine?

1 yes

2 no → go to question 0

97. Do you personally know people who take cocaine?

1 yes

2 no

98. Have you ever taken cocaine yourself?

1 yes

2 no → go to question 0

99. During the last 12 months, have you taken cocaine?

1 yes

2 no → go to question 0

100. During the last 30 days, have you taken cocaine?

1 yes

2 no → go to question 0

101. During the last 30 days, on how many days did you take cocaine?

1 daily or almost daily

2 several times a week

3 at least once a week

4 less than once a week

HEROIN

102. Have you ever heard of heroin?

1 yes

2 no → go to question 0

103. Do you personally know people who take heroin?

- 1 yes
2 no

104. Have you ever taken heroin yourself?

- 1 yes
2 no → go to question 0

105. During the last 12 months, have you taken heroin?

- 1 yes
2 no → go to question 0

106. During the last 30 days, have you taken heroin?

- 1 yes
2 no → go to question 0

107. During the last 30 days, on how many days did you take heroin?

- 1 daily or almost daily
2 several times a week
3 at least once a week
4 less than once a week

RELEVIN

108. Have you ever heard of relevin?

- 1 yes
2 no → go to question 0

109. Do you personally know people who take relevin?

- 1 yes
2 no

110. Have you ever taken relevin yourself?

- 1 yes
2 no → go to question 0

111. During the last 12 months, have you taken relevin?

- 1 yes
2 no → go to question 0

112. During the last 30 days, have you taken relevin?

- 1 yes
2 no → go to question 0

113. During the last 30 days, on how many days did you take relevin?

- 1 daily or almost daily
2 several times a week
3 at least once a week
4 less than once a week

LSD

INT: In the next questions you can add that LSD equals 'trips' or 'acid', for instance by phrasing "...LSD or trips or acid".

114. Have you ever heard of LSD?

- 1 yes

2 no → go to question 0

115. Do you personally know people who take LSD?

1 yes

2 no

116. Have you ever taken LSD yourself?

1 yes

2 no → go to question 0

117. During the last 12 months, have you taken LSD?

1 yes

2 no → go to question 0

118. During the last 30 days, have you taken LSD?

1 yes

2 no → go to question 0

119. During the last 30 days, on how many days did you take LSD?

1 daily or almost daily

2 several times a week

3 at least once a week

4 less than once a week

PHARMACEUTICALS

Now I would like to continue with some questions about the use of regular medicines.

INT: In the next questions you can add that sedatives equal 'sleeping pills' and tranquillisers equal 'pills to calm you down or pills to relieve tense or nervousness', for instance by phrasing "...sedatives or tranquillisers, by which I mean sleeping pills or pills to relieve tense or nervousness".

120. Have you ever taken sedatives or tranquillisers?

1 yes

2 no → go to question Error! Reference source not found.

121. During the last 12 months, have you taken any sedatives or tranquilliser?

1 yes

2 no → go to question Error! Reference source not found.

122. How often do you take sedatives or tranquillisers?

1 4 times a week or more often

2 2-3 times a week

3 2-4 times a month

4 once a month or more seldom

123. During the last 30 days, have you taken any sedative or tranquilliser?

1 yes

2 no → go to question Error! Reference source not found.

124. During the last 30 days, on how many days did you take sedatives or tranquillisers?

1 daily or almost daily

2 several times a week

3 at least once a week

4 less than once a week

125. The last occasion you took sedatives or tranquillisers, how had you obtained them?

- 1 I bought or got them on a prescription by a doctor for myself
- 2 I got them from somebody else I know
- 3 I bought them without a prescription in a pharmacy or drugstore
- 4 non of the above applies

OPINIONS

The next questions deal with opinions and attitudes people have with regard to drugs.

126. Do you perceive a drug addict more as a criminal or more as a patient?

- 1 more as a criminal
- 2 more as a patient
- 3 neither a criminal nor a patient
- 4 both a criminal and a patient
- 5 don't know, cannot decide

127. To what extent do you agree or disagree with the following statement: "People should be permitted to take hashish or marijuana"?

- 1 fully agree
- 2 largely agree
- 3 neither agree nor disagree
- 4 largely disagree
- 5 fully disagree

128. To what extent do you agree or disagree with the following statement: "People should be permitted to take heroin"?

- 1 fully agree
- 2 largely agree
- 3 neither agree nor disagree
- 4 largely disagree
- 5 fully disagree

Individuals differ in whether or not they disapprove of people doing certain things. I will mention a few things, which some people might do. Can you tell me if you would not disapprove, disapprove or strongly disapprove when people do any of these things?

FWA: In the pre-tests 50% of the respondents should be confronted with an alternative, whereby each item below is embedded in a full sentence as follows: "Would you not disapprove, disapprove or strongly disapprove if people ...". Note that in this case you must change the wording of the verb of each question from (present) participle to the present!

Your pre-test report should indicate if this alternative phrasing must be preferred for the model questionnaire in a real survey.

SELF COMPLETION

Individuals differ in whether or not they disapprove of people doing certain things. Please indicate if you do not disapprove, disapprove or strongly disapprove of people doing any of the following?

FWA: For pen-and-paper self-completion, the items may be presented in a table format.

129. Trying ecstasy once or twice

- 1 do not disapprove
- 2 disapprove
- 3 strongly disapprove
- 4 don't know

130. Trying heroin once or twice

- 1 do not disapprove
- 2 disapprove
- 3 strongly disapprove
- 4 don't know

131. Smoking 10 or more cigarettes a day

- 1 do not disapprove
- 2 disapprove
- 3 strongly disapprove
- 4 don't know

132. Having one or two drinks several times a week

- 1 do not disapprove
- 2 disapprove
- 3 strongly disapprove
- 4 don't know

133. Smoking marijuana or hashish occasionally

- 1 do not disapprove
- 2 disapprove
- 3 strongly disapprove
- 4 don't know

Now I would like to know how much do you think that people risk harming themselves, physically or in other ways, if they do certain things. I will again mention a few things, which some people might do. Please tell me if you consider it to be no risk, a slight risk, a moderate risk or a great risk, if people do such things.

FWA: In the pre-tests 50% of the respondents should be confronted with an alternative, whereby each item below is embedded in a full sentence as follows: "How much risk of harming themselves do you think people take if they ...".

Your pre-test report should indicate if this alternative phrasing must be preferred.

SELF COMPLETION

How much do you think people risk harming themselves, physically or in other ways, if they do any of the following things?

FWA: For pen-and-paper self-completion, the items may be presented in a table format.

134. Smoke one or more packs of cigarettes per day

- 1 no risk
- 2 slight risk
- 3 moderate risk
- 4 great risk

135. Have five or more drinks each weekend

- 1 no risk
- 2 slight risk
- 3 moderate risk
- 4 great risk

136. Smoke marijuana or hashish regularly

- 1 no risk

- 2 slight risk
- 3 moderate risk
- 4 great risk

137. Try ecstasy once or twice

- 1 no risk
- 2 slight risk
- 3 moderate risk
- 4 great risk

138. Try cocaine or crack once or twice

- 1 no risk
- 2 slight risk
- 3 moderate risk
- 4 great risk

RESPONDENT CHARACTERISTICS

Finally, I would like to ask you some questions about yourself for statistical purposes.

INT: Note the following without asking

139. (Gender of respondent)

- 1 male
- 2 female

140. What is your age?

.....

141. How many people, including yourself, belong to your household?

- 1 one person
- 2 more than one person

INT: Read the categories of the next question in following order and stop after the category that according to the respondent applies.

FWA: For the pen-and-paper self-completion version, the words 'you are..' of each category description should be omitted.

142. Which of the following applies to you best?

- 1 you are employed or self-employed
- 2 you are a full-time student
- 3 you are unemployed
- 4 none of the above applies

FWA: For the pre-test you should include country specific categories of educational levels, which you usually apply in general population surveys. Try to distinguish at least the levels indicated between brackets)

INT: If the respondent seems in doubt, 'completed' in the question below means that the respondent has passed the final exam of a type of education. Do not read the categories listed, but classify the respondent's answer. If the answer is not on the list, specify the full answer in the category 'other' for later coding.

143. What is the highest level of education that you have completed?

- 1 (primary education or less)
- 2 (lower secondary education)
- 3 (higher secondary education)

- 4 (higher education)
5 other → (specify):

FWA: The next item identifies the type of area in which the respondent lives. Unless the interviewer can identify this from the address, you must include a specific question (e.g. asking for postal code), which allows re-grouping into the categories indicated between brackets).

144. (degree of urbanisation)

- 1 (metropolitan, i.e. cities > 500.000)
2 (urban, cities 100-500.000)
3 (rural, other areas)

RELIABILITY

Finally, I would like to ask you one more question.

FWA: You may change the phrasing of the question below to something else, which according to your professional expertise would indicate, if the respondent has been honest about his or her drug use. The phrasing might be different for interviewer completed and self-completed questionnaires.

145. If you had ever tried or taken some kind of drugs, do you think you would have mentioned this in this interview / questionnaire?

- 1 Yes, I already did
2 Yes, I would have done
3 I'm not sure if I would have done
4 No, I don't think I would have done
5 No, I certainly would not have done

NB:

INT = interviewer instruction

FWA = instruction for fieldwork agency