

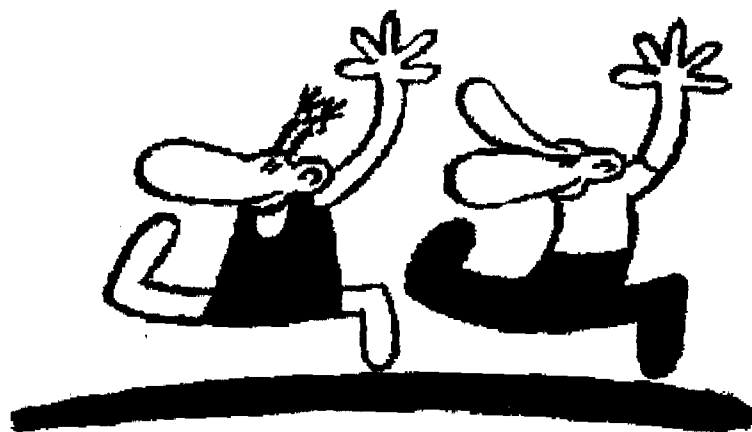
ZA4261

European adolescent delinquency and substance use

Fragebogen / Questionnaire
englisch / English
1997

Read this carefully before you begin

- * Your name is not linked to this questionnaire, so nobody will know what answers you have given**
- * There are no right or wrong answers. The most important thing is to answer truthfully and honestly**
- * Read each question carefully before answering (by placing a cross)**
- * Give only one answer to each question unless stated otherwise**
- * If you make a mistake, place an arrow next to the answer you mean to give**
- * Sometimes you will have to write something instead of placing a cross**
- * Answer all questions except when a \Rightarrow indicates that you should move on to another question**



General Questions

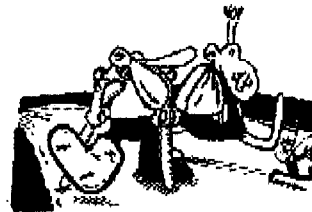
1. Sex:
 - ☐ male
 - ☐ female
2. In what year were you born?

Y

The following questions deal with your health

3. How many accidents have you had in the past year that required treatment by a doctor?

- > 5 |
- ☐ none (go to question 5)
 - ☐ 1
 - ☐ 2 - 3
 - ☐ 4 or more



4. Where did the accident(s) occur?
(if you have had more than one accident, please give details of the last one)

- ☐ on the road/ in traffic
- ☐ at school
- ☐ at home
- ☐ in a disco/bar/pub
- ☐ somewhere else, namely.....

5. How many times have you been hurt in a fight this past year so that you had to be treated by a doctor?

- ☐ none
- ☐ once
- ☐ 2 or 3 times
- ☐ 4 or more times

The following questions deal with drinking alcohol and smoking

6. Have you ever smoked cigarettes?

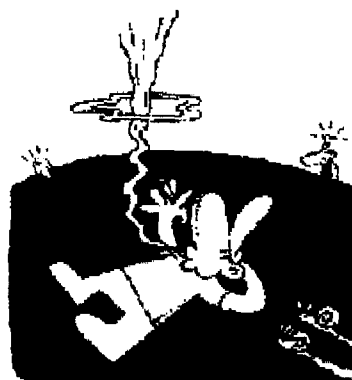
- ☐ no, I've never smoked (\Rightarrow go to question 11)
- ☐ I've smoked once or twice
- ☐ I used to smoke but I have stopped completely
- ☐ I smoke now and again
- ☐ I smoke daily

7. On average how many cigarettes do you smoke each day?

..... cigarettes

8. At what age did you smoke your first cigarette?

.....years



**9. If you have ever smoked, please explain for what reasons:
(up to 3 answers possible)**

- ☐ because my friends smoke
- ☐ because I wanted to try it
- ☐ because I like the taste of tobacco
- ☐ because it relaxes me
- ☐ because it isn't dangerous for me
- ☐ because I can't quit smoking
- ☐ because I'm old enough to smoke
- ☐ because people in my family smoke
- ☐ because people smoke in the places I go
- ☐ because I like how I look when I smoke
- ☐ for another reason, namely.....

10. What do your parents think about you smoking?

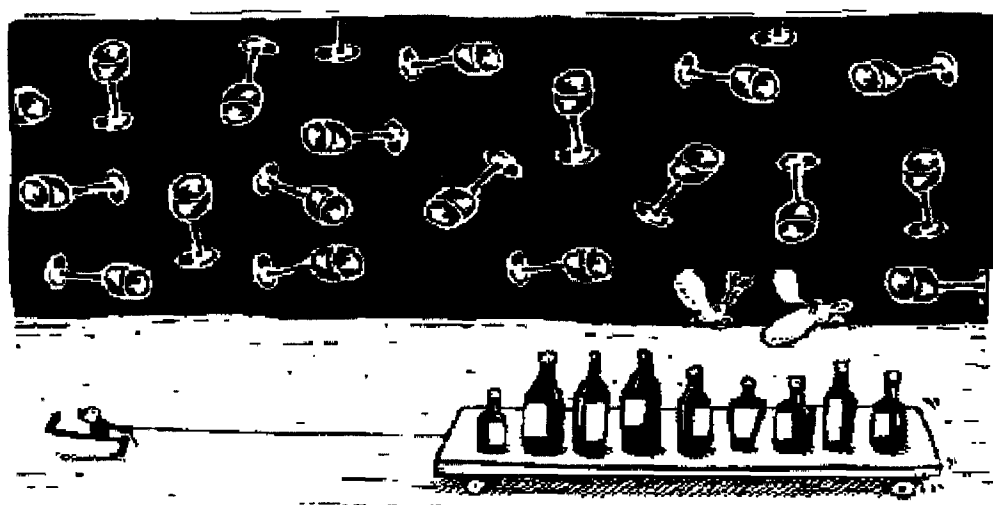
- ☐ they advise against it
- ☐ they think it's alright
- ☐ they say nothing about it
- ☐ they don't know that I smoke

11. If in general you don't smoke, please explain for what reasons.
(up to 3 answers possible)

- ☐ because it's bad for my health
- ☐ because I don't like the taste
- ☐ because my parents advice me not to or forbid me to
- ☐ because I practise a sport
- ☐ because I'm too young
- ☐ because it's too expensive
- ☐ because no-one in my family smokes
- ☐ because my friends don't smoke
- ☐ for another reason, namely.....

12. Do you sometimes drink alcoholic drinks (eg. beer, wine, cider or spirits such as whiskey)?

- ☐ no, I never drink alcohol (\Rightarrow go to question 20)
- ☐ yes, I sometimes drink alcohol
- ☐ yes, I regularly drink alcohol

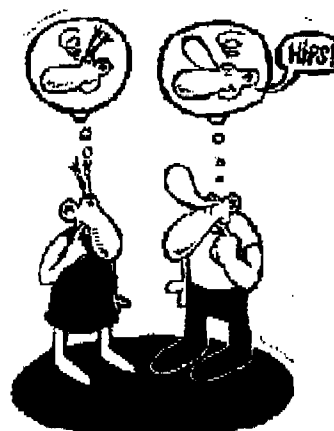


13. How often do you drink the following alcoholic drinks?

	never	once a month	less than once a month	at least once a week	daily
low alcohol beer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
larger, stout or cider.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
wine.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
alcoholic softdrinks.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
spirits with mixers.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
spirits.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other, namely.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. At what age did you have your first alcoholic drink?

..... years



15. If you have ever drunk alcohol, please explain for what reasons:
(up to 3 answers possible)

- ☐ because my friends drink
- ☐ because I wanted to try
- ☐ because I like the taste of alcohol
- ☐ because I like the effects of alcohol
- ☐ because it's a habit in my family -> usual
- ☐ because it's not dangerous for me
- ☐ because I can't give up
- ☐ because it's allowed at my age
- ☐ because I feel better when I drink
- ☐ because I like to drink alcohol on special occasions (eg. birthdays, New Year's Eve)
- ☐ because there is alcohol in the places I go out
- ☐ for another reason, namely.....

16. Where do you usually drink alcohol?

(several answers possible)

- ☐ at home
- ☐ at someone else's home
- ☐ on the street, in a park, on the beach or other open area
- ☐ in a pub
- ☐ in a disco
- ☐ in a restaurant
- ☐ other (please describe).....

17. When you drink alcohol, how many glasses do you drink on average?

(one glass = half pint or bottle of beer/cider, a glass of wine, a measure of spirits)

..... glasses

18. How likely is it that each of the following things would happen to you personally, if you drank alcohol?

(mark one box for each line)

	very likely	likely	unsure	unlikely	very unlikely
feel relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get into trouble with the police.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
harm my health.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
feel happy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
forget my problems.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
not be able to stop drinking.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
have a hangover.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
feel more friendly and outgoing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
do something I would regret.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
have a lot of fun.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
feel sick.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. What do your parents think about you drinking?

- ☐ they advise against it
- ☐ they think it's alright
- ☐ they say nothing about it
- ☐ they don't know that I drink

20. If you generally don't drink alcohol, please explain for what reasons:

(up to 3 answers possible)

- 1 ☐ because it's bad for your health
☐ because I don't like the taste of alcohol
☐ because my parents advise me not to or forbid me to
☐ because it's forbidden
☐ because I don't want to be drunk
☐ because I'm too young
☐ because it could change my mood
☐ because it's too expensive
☐ because my friends don't drink alcohol
☐ for another reason, namely.....
.....

21. Do you think the following activities are dangerous?

(mark one box for each line)

	not dange- rous at all	a little dangerous	very dangerous	I don't know
skiing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
drinking alcohol.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
taking heroin.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
having sex without using a condom.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
travelling by car.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
smoking tobacco.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
smoking a joint or hash.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
flying in a plane.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
taking ecstasy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
skateboarding.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
being on a motorbike or moped.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following questions deal with the use of substances

Please remember that no-one will know what answers you have given, so be as honest as possible.

22. Please fill in if you have used these substances and if so how often and at what age you used it for the first time?

	never	in the past year	in the past four weeks	age at first use
Hash/marijuana	<input type="checkbox"/>	_____	_____	_____ yrs
Tranquillisers (valium etc)	<input type="checkbox"/>	_____	_____	_____ yrs
Ecstasy (E)	<input type="checkbox"/>	_____	_____	_____ yrs
Amphetamines (speed, pep)	<input type="checkbox"/>	_____	_____	_____ yrs
LSD (acid)	<input type="checkbox"/>	_____	_____	_____ yrs
Relevin	<input type="checkbox"/>	_____	_____	_____ yrs
Magic Mushrooms	<input type="checkbox"/>	_____	_____	_____ yrs
Inhalents (glue)	<input type="checkbox"/>	_____	_____	_____ yrs
Other, namely.....	<input type="checkbox"/>	_____	_____	_____ yrs

23. Have you ever been offered any of the following substances? If so, where?
(you can fill in several answers for each drug)

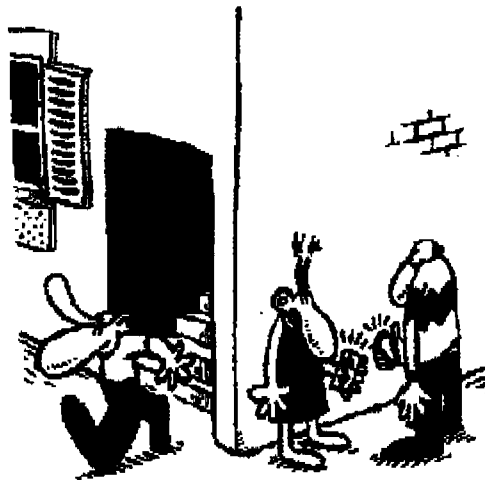
	never offered	at home	at friends home	in a bar or pub	on the street	at school	at a rave or disco
Hash/marijuana.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tranquillisers (eg.valium)...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy (E).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamine (eg. speed)...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LSD (acid).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevin.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magic mushrooms.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inhalents (eg glue).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, namely.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. Would you know where to obtain a joint (hash, marijuana)?

- ☐ yes, without any problems
- ☐ maybe, if I tried to find out
- ☐ no, not very easily
- ☐ I don't know

25. If someone offered you the following substances would you accept?

	yes	yes, probably	no
a joint (hash, grass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ecstasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



26. If you have ever taken drugs, please explain the reasons why?
(up to 3 answers possible)

- ☐ because my friends take drugs
- ☐ because I wanted to try
- ☐ because I like the effects that drugs have on me
- ☐ because it's a tradition among young people
- ☐ because I feel better when I take drugs
- ☐ because it's not dangerous for me
- ☐ because I can't give up
- ☐ because there are drugs in the places where I go out
- ☐ for another reason, namely.....

27. How do you usually get this substance?

(several answers possible)

alcohol cigarettes hash ecstasy other, namely

I have never used this substance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
from a brother or sister.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
from a friend.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
from a stranger.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
it is passed or shared around a group of friends.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I buy it.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
from (one of) my parents.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take it from home without my parents permission.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

none of these (please explain briefly
how you do get it).....

28. If in general you don't take drugs, please explain for what reasons?

(up to 3 answers possible)

- (
- ☐ because it's bad for your health
 - ☐ because my parents advise me not to or forbid me to
 - ☐ because I don't like the effects
 - ☐ because there's a risk that I wouldn't be able to give up
 - ☐ because it's too expensive
 - ☐ because it's against the law
 - ☐ because my friends don't take drugs
 - ☐ because it could change my mood
 - ☐ for another reason, namely.....

29. In your opinion what are the effects of the following substances?

(several answers possible)

	pleasure	pain	relaxation	dependency	modification of mood	hallucinati- on	no effect	I don't know
joint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ecstasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2

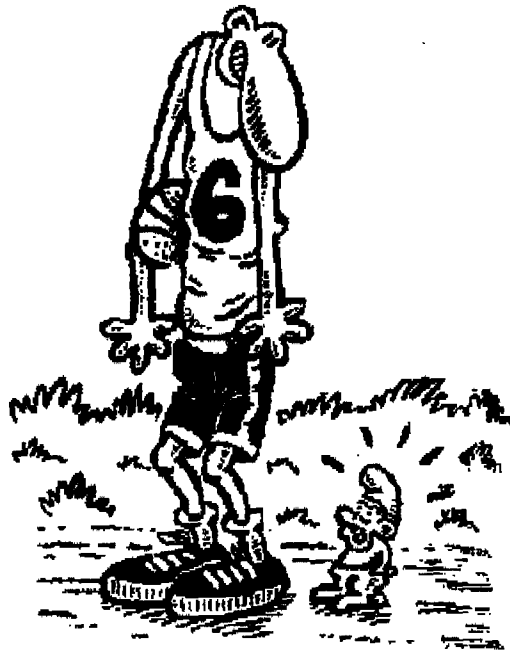
The following questions deal with nutrition and sport

30. How often do you take part in sport (including school gymnastics or P.E.)?

- ☐ once a month or less
- ☐ once a week
- ☐ a few times a week
- ☐ daily

31. Do you think that you are:

- ☐ much too thin
- ☐ a bit too thin
- ☐ about the right size
- ☐ a bit too fat
- ☐ much too fat
- ☐ I don't think about it



The following questions deal with so-called punishable offenses

32. In the past school year have you done any of the following things?

- | | Yes | No |
|--|--------------------------|--------------------------|
| - run away from home and stayed away one or more nights..... | <input type="checkbox"/> | <input type="checkbox"/> |
| - gone on the bus without paying..... | <input type="checkbox"/> | <input type="checkbox"/> |
| - taken something from a shop without paying for it..... | <input type="checkbox"/> | <input type="checkbox"/> |
| - deliberately damaged things like a streetlamp, bus shelter, a car
or bicycle, windows, things in a bus or train, trees, etc..... | <input type="checkbox"/> | <input type="checkbox"/> |
| - used a spray can or a felt-tip to apply graffiti to objects like
a wall, a bus shelter or a bus..... | <input type="checkbox"/> | <input type="checkbox"/> |
| - deliberately bothered someone on the street, at school, in a disco
or bar/cafe, or threatened to hit him/her..... | <input type="checkbox"/> | <input type="checkbox"/> |
| - deliberately hit someone on the street, at school, in a disco
or bar/cafe, so that he/she needed doctor's treatment (self
defense doesn't count here)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| - started a fire, for example in a cellar, shed or wooden hut..... | <input type="checkbox"/> | <input type="checkbox"/> |
| - climbed into a building, like a school or a house, without
permission..... | <input type="checkbox"/> | <input type="checkbox"/> |
| - stolen money from a telephone box or automatic machine..... | <input type="checkbox"/> | <input type="checkbox"/> |
| - stolen something from (fellow) pupils..... | <input type="checkbox"/> | <input type="checkbox"/> |
| - been involved in a fight or argument with people in a public
place (football stadium, festival, on the street)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| - carried a weapon, such as a knife or knuckle duster..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If so, what kind?..... | | |
| - thrown stones at moving cars or trains..... | <input type="checkbox"/> | <input type="checkbox"/> |

33. Have you ever been caught or arrested by the police?

- ☐ yes
☐ no

If yes what for? (if this has happened more than once, please describe most recent times)

- 1.....
2.....
3.....

34. What do you think of someone.....

	it's alright	don't care	don't know	dissapprove	strongly dissapprove
stealing from a shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
harassing a girl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
as old as you selling soft drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
damaging a telephone box, bicycle etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
selling stolen goods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following questions deal with school

35. During the last month how many whole days of school have you missed?

	none	1-2 days	3-5 days	more than 5 days
because of illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
because you skived	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
because of a family holiday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
because of other reasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36. Do you enjoy school?

- ☐ never
- ☐ sometimes
- ☐ often
- ☐ always

37. Compared to others your age how good are you at schoolwork?

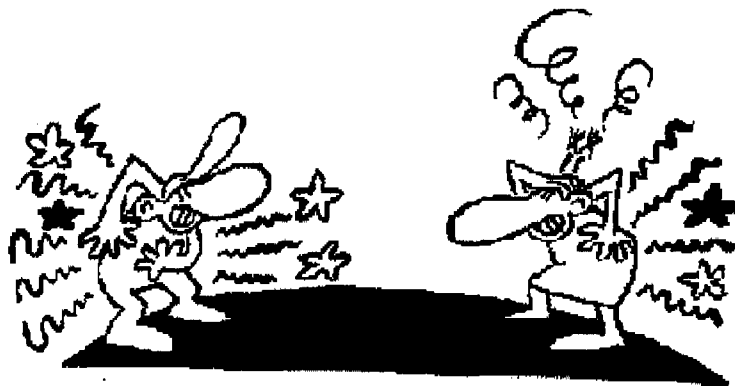
- ☐ well above average/excellent
- ☐ above average
- ☐ average
- ☐ below average
- ☐ well below average/poor

38. How often have you been bullied or teased by fellow pupils this school year?

- ☐ I haven't been bullied in this school year
- ☐ 1 or 2 times
- ☐ regularly
- ☐ about once a week
- ☐ several times a week

39. This school year how often have you yourself bullied or helped to bully fellow pupils?

- ☐ I haven't bullied any fellow pupils
- ☐ 1 or 2 times
- ☐ regularly
- ☐ about once a week
- ☐ several times a week



40. On which of the following subjects would you like to be informed or better informed in school? (several answers possible)

- ☐ nutrition
- ☐ road traffic and road traffic accidents
- ☐ tobacco
- ☐ alcohol
- ☐ illegal drugs
- ☐ sexual relations
- ☐ AIDS
- ☐ cancer risks
- ☐ medication
- ☐ weight problems
- ☐ stress
- ☐ environmental health
- ☐ others, namely.....

41. Have you ever talked about the following subjects in class?

	yes, too much	yes, enough	yes, but not enough	no, never	don't know/ don't remember
smoking.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
drinking.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
drugs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AIDS.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42. Do you do any of the following activities between lessons?

	yes	no
smoke cigarettes.....	<input type="checkbox"/>	<input type="checkbox"/>
drink alcohol.....	<input type="checkbox"/>	<input type="checkbox"/>
smoke hash/weed.....	<input type="checkbox"/>	<input type="checkbox"/>
gamble.....	<input type="checkbox"/>	<input type="checkbox"/>

43. What do you think you will be doing when you are 17?

- ☐ at school (theoretical or general education, such as leaving cert)
- ☐ at school (vocational education, such as leaving cert vocational programme or leaving cert applied)
- ☐ training (such as apprenticeship)
- ☐ working
- ☐ unemployed
- ☐ don't know



The following questions deal with who you live with and who you go around with

44. Who lives with you at at home?

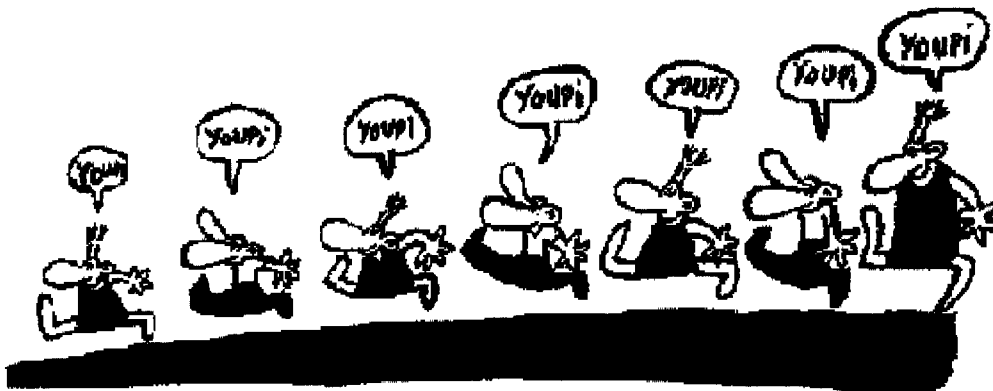
- ☐ my father
- ☐ my mother
- ☐ my stepfather
- ☐ my stepmother
- ☐ my father's partner
- ☐ my mother's partner
- ☐ my brother(s) how many?.....
- ☐ my sister(s) how many?.....
- ☐ my grandparent(s) how many?.....
- ☐ someone else, namely.....

45. If you don't live with your mother and father, why is that?

- ☐ my parents are seperated
- ☐ my father is dead
- ☐ my mother is dead
- ☐ other, namely.....
- ☐ don't know

46. Do you have the following friends?

- ☐ a close friend
- ☐ friends at school
- ☐ friends who you see outside of school
- ☐ steady boy/girlfriend



47. How many of the boys and girls you go around with do the following things?

	no-one	a few	most
smoke cigarettes daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
drink alcohol every week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
take tranquilisers or sleeping pills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
go to the cinema or concerts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
take part in sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
make music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gamble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
take hash or weed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
take cocaine or crack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
take ecstasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
take amphetamines (speed, pep)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
take other drugs, namely.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

48. Who can you talk to when something is troubling you?
(several answers possible)

- ☐ my mother
- ☐ my father
- ☐ my brother
- ☐ my sister
- ☐ my best friend
- ☐ my friends
- ☐ my teacher
- ☐ my doctor
- ☐ my grandparents
- ☐ other family member
- ☐ other, namely.....
- ☐ **I don't speak to anyone about it**

49. Where do you usually go to after school?

- ☐ home (there is usually someone there)
- ☐ home (I am usually alone)
- ☐ to a friend's house
- ☐ to a family
- ☐ somewhere else, namely.....

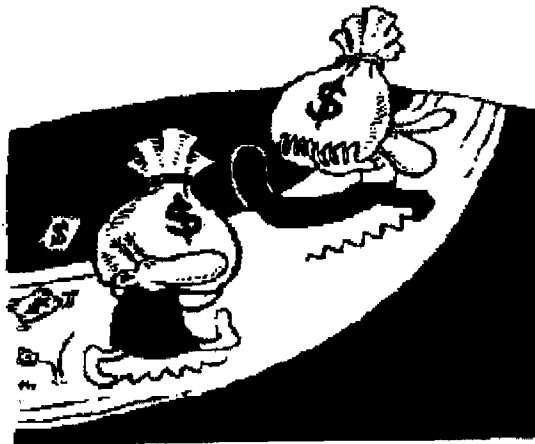
The following questions deal with money

50. How much money would you usually have available to you per week (including pocket money and money you earn yourself)?

£.....

51. Where do you get this money from?

- ☐ parents
☐ work or a job
☐ other, namely.....



The following questions deal with your family

52. In which country were your father and mother born?

	father	mother
Ireland/UK.....	<input type="checkbox"/>	<input type="checkbox"/>
other European country.....	<input type="checkbox"/>	<input type="checkbox"/>
Africa.....	<input type="checkbox"/>	<input type="checkbox"/>
India/Pakistan.....	<input type="checkbox"/>	<input type="checkbox"/>
China.....	<input type="checkbox"/>	<input type="checkbox"/>
other, namely.....	<input type="checkbox"/>	<input type="checkbox"/>

53. Do your father and mother have paid work at the moment?

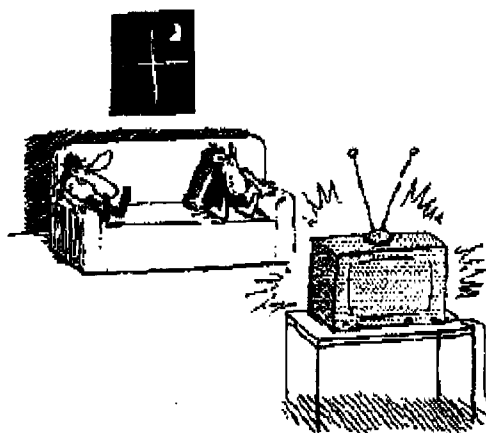
	father	mother
yes, full time.....	<input type="checkbox"/>	<input type="checkbox"/>
yes, part time.....	<input type="checkbox"/>	<input type="checkbox"/>
no, is house parent.....	<input type="checkbox"/>	<input type="checkbox"/>
no, is unemployed.....	<input type="checkbox"/>	<input type="checkbox"/>
no, is incapacitated, long term illness.....	<input type="checkbox"/>	<input type="checkbox"/>
no, is retired.....	<input type="checkbox"/>	<input type="checkbox"/>

54. What is the highest level of schooling your father and mother achieved?

	father	mother
primary school.....	<input type="checkbox"/>	<input type="checkbox"/>
Inter. or Group Cert.....	<input type="checkbox"/>	<input type="checkbox"/>
Leaving Cert.....	<input type="checkbox"/>	<input type="checkbox"/>
Technical Diploma or Certificate.....	<input type="checkbox"/>	<input type="checkbox"/>
University degree or higher	<input type="checkbox"/>	<input type="checkbox"/>
other, namely.....	<input type="checkbox"/>	<input type="checkbox"/>

55. Do your father and mother ever say anything when you:

	yes, often	sometimes	no, never
watch T.V. for a long time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
stay up late at night			
come home (too) late			
argue with other young people (eg. brothers, sisters, friends)			



The following questions deal with your leisure time

56. Are you sometimes bored?

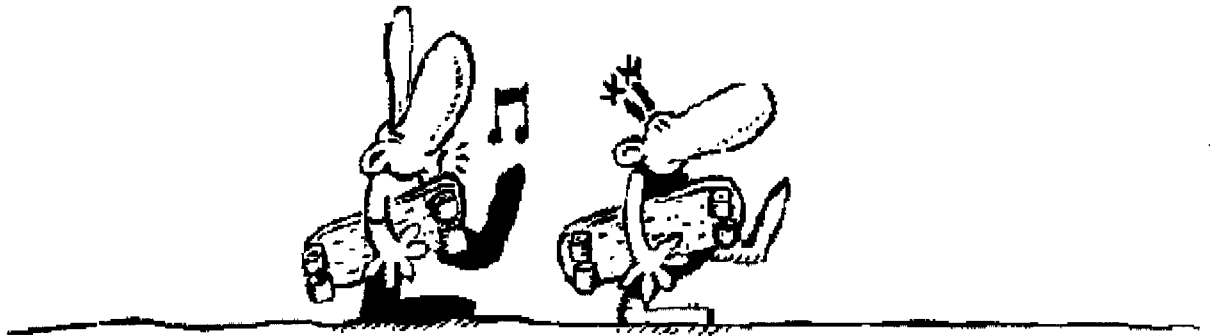
- ☐ very often
- ☐ now and again
- ☐ seldom
- ☐ never

57. Do you take part in organised sport?

- ☐ yes, in a club
- ☐ yes, informally
- ☐ no

58. Are you a member of another association or club (eg. scouts, guides, youth club)?

- ☐ yes Which one?.....
- ☐ no



59. In general how do you spend your free time?

A number of activities are listed below. Please mark which activities you do, indicating how often you do them.

	every day	a few times a week	weekly	a few times a month	seldom or never
doing lessons or training (sport, music, drama, dance etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
at my friends house/s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
reading a book or newspaper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
doing homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
playing computer games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
going to a disco or pub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
going to the cinema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hanging around on street corners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
riding around on a motorbike or moped, just for fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
actively participating in sport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
watching t.v. or videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
playing on slot machines/ fruit machines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
making music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
listening to music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
something else, namely.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

60. Where do you usually meet your friends?

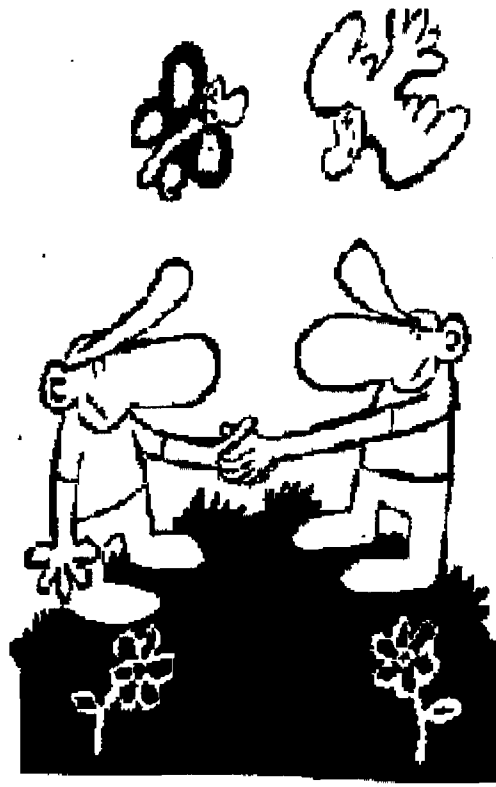
- ☐ at home
- ☐ at a friends home
- ☐ in a cafe
- ☐ at a disco or club
- ☐ at a youth club or community centre
- ☐ at the cinema or theatre
- ☐ on the street
- ☐ at a party
- ☐ at a sports club/ while doing sport
- ☐ at an amusement arcade or poolroom
- ☐ other, namely.....

61. How important is religion to you in your everyday life?

- ☐ very important
- ☐ important
- ☐ unsure
- ☐ unimportant
- ☐ very unimportant

62. Have you ever been a pioneer or taken any other pledge not to drink?

- ☐ yes
- ☐ no



63. Below is a list of items that describe kids. For each item that describes you now or in the past 6 months, please circle the 2 if the item is very true of you. Circle the 1 if the item is somewhat true of you. If the item is not true of you, circle the 0.

0 = Not True

1 = Somewhat True

2 = Very True or Often True

- | | 0 | 1 | 2 |
|---|---|---|---|
| 1. I act too young for my age | 0 | 1 | 2 |
| 2. I have an allergy (describe)..... | 0 | 1 | 2 |
| | 0 | 1 | 2 |
| 3. I argue a lot | 0 | 1 | 2 |
| 4. I have asthma | 0 | 1 | 2 |
| 5. I act like the opposite sex | 0 | 1 | 2 |
| 6. I like animals | 0 | 1 | 2 |
| 7. I brag | 0 | 1 | 2 |
| 8. I have trouble concentrating or paying attention | 0 | 1 | 2 |
| 9. I can't get my mind off certain thoughts
(describe)..... | 0 | 1 | 2 |
| | 0 | 1 | 2 |
| 10. I have trouble sitting still | 0 | 1 | 2 |
| 11. I'm too dependent on adults | 0 | 1 | 2 |
| 12. I feel lonely | 0 | 1 | 2 |
| 13. I feel confused or in a fog | 0 | 1 | 2 |
| 14. I cry a lot | 0 | 1 | 2 |
| 15. I am pretty honest | 0 | 1 | 2 |
| 16. I am mean to others | 0 | 1 | 2 |
| 17. I daydream a lot | 0 | 1 | 2 |
| 18. I deliberately try to hurt or kill myself | 0 | 1 | 2 |
| 19. I try to get a lot of attention | 0 | 1 | 2 |
| 20. I destroy my things | 0 | 1 | 2 |
| 21. I destroy things belonging to others | 0 | 1 | 2 |
| 22. I disobey my parents | 0 | 1 | 2 |
| 23. I disobey at school | 0 | 1 | 2 |
| 24. I don't est as well as I should | 0 | 1 | 2 |
| 25. I don't get along with ither kids | 0 | 1 | 2 |
| 26. I don't feel guilty after doing something I shouldn't | 0 | 1 | 2 |
| 27. I am jealous of others | 0 | 1 | 2 |
| 28. I am willing to help others when they need help | 0 | 1 | 2 |
| 29. I am afraid of certain animals, situations, or places,
other than school | 0 | 1 | 2 |
| 30. I am afraid of going to school | 0 | 1 | 2 |

0 = Not True 1 = Somewhat True 2 = Very True or Often True

31. I am afraid I might think or do bad	0	1	2
32. I feel that I have to be perfect	0	1	2
33. I feel that no-one loves me	0	1	2
34. I feel that others are out to get me	0	1	2
35. I feel worthless or inferior	0	1	2
36. I accidentally get hurt a lot	0	1	2
37. I get in many fights	0	1	2
38. I get teased a lot	0	1	2
39. I hang around kids who get in trouble	0	1	2
40. I hear things that no-one else seems to hear (describe).....	0	1	2
.....	0	1	2
41. I act without stopping to think	0	1	2
42. I like to be alone	0	1	2
43. I lie or cheat	0	1	2
44. I bite my fingernails	0	1	2
45. I am nervous or tense	0	1	2
46. Parts of my body twitch or make nervous movements (describe).....	0	1	2
.....	0	1	2
47. I have nightmares	0	1	2
48. I am not liked by other kids	0	1	2
49. I can do certain things better than most kids	0	1	2
50. I am too fearful or anxious	0	1	2
51. I feel dizzy	0	1	2
52. I feel too guilty	0	1	2
53. I eat too much	0	1	2
54. I feel overtired	0	1	2
55. I am overweight	0	1	2
56. Physical problems <i>without</i> known medical cause			
aches or pains	0	1	2
headaches	0	1	2
nausea, feel sick	0	1	2
problems with eyes(describe).....	0	1	2
.....			
rashes or skin problems	0	1	2
stomach-aches or cramps	0	1	2
vomiting, throwing up	0	1	2
other (describe).....	0	1	2
.....			

0 = Not True 1 = Somewhat True 2 = Very True or Often True

57.	I physically attack people	0	1	2
58.	I pick me skin or other parts of my body (describe).....	0	1	2
59.	I can be pretty friendly	0	1	2
60.	I like to try new things	0	1	2
61.	My schoolwork is poor	0	1	2
62.	I am poorly co-ordinated or clumsy	0	1	2
63.	I would rather be with older kids than kids my own age	0	1	2
64.	I would rather be with younger kids than kids my own age	0	1	2
65.	I refuse to talk	0	1	2
66.	I repeat certain actions over and over (describe)	0	1	2
67.	I run away from home	0	1	2
68.	I scream a lot	0	1	2
69.	I am secretive or keep things to myself	0	1	2
70.	I see things that nobody else seems to see (describe).....	0	1	2
71.	I am self-conscious or easily embarrassed	0	1	2
72.	I set fires	0	1	2
73.	I can work well with my hands	0	1	2
74.	I show off or clown	0	1	2
75.	I am shy	0	1	2
76.	I sleep less than other kids	0	1	2
77.	I sleep more than most kids during the day and /or night (describe)	0	1	2
78.	I have a good imagination	0	1	2
79.	I have a speech problem (desscribe).....	0	1	2
80.	I stand up for my rights	0	1	2
81.	I steal things at home	0	1	2
82.	I steal things from places other than home	0	1	2
83.	I store things up I don't need (describe).....	0	1	2

0 = Not True 1 = Somewhat True 2 = Very True or Often True

84. I do things other people think are strange (describe)			
.....	0	1	2
85. I have thoughts that other people would think are strange (describe).....	0	1	2
.....	0	1	2
86. I am stubborn	0	1	2
87. My moods or feelings change suddenly	0	1	2
88. I enjoy being with other people	0	1	2
89. I am suspicious	0	1	2
90. I swear or use dirty language	0	1	2
91. I think about killing myself	0	1	2
92. I like to make others laugh	0	1	2
93. I talk too much	0	1	2
94. I tease others a lot	0	1	2
95. I have a hot temper	0	1	2
96. I think about sex too much	0	1	2
97. I threaten to hurt people	0	1	2
98. I like to help others	0	1	2
99. I am too concerned about being neat or clean	0	1	2
100. I have trouble sleeping	0	1	2
101. I cut classes or skip school	0	1	2
102. I don't have much energy	0	1	2
103. I am unhappy, sad or depressed	0	1	2
104. I am louder than most kids	0	1	2
105. I use alcohol or drugs other than for medical conditions (describe).....	0	1	2
.....	0	1	2
106. I try to be fair to others	0	1	2
107. I enjoy a good joke	0	1	2
108. I try to take life easy	0	1	2
109. I try to help other people when I can	0	1	2
110. I wish I were of the opposite sex	0	1	2
111. I keep from getting involved with others	0	1	2
112. I worry a lot	0	1	2

There it's finished!!

Just one more thing: please tell us what you think of this questionnaire, as we would like to know your opinion.

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Thank you very much for your help and co-operation!!!!

