E.M.C.D.D.A.

Het Amsterdamse Bureau voor Onderzoek en Statistiek

FINAL REPORT

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

EMCDDA project CT.97.EP.09

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Please use the following citation:

European Monitoring Centre for Drugs and Drug Addiction. 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 (CT.97.EP.09), Lisbon, EMCDDA, September 1999.

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EUROPEAN EXPERT GROUP
ON DRUG USE SURVEYS
(EEDUS)

COMPARABILITY OF GENERAL POPULATION SURVEYS

CONTENTS

PREFACE

The final report of the project to Co-ordinate an Expert Group to Improve the Comparability of National General Population Surveys on Drug Prevalence (project CT.97.EP.09) starts with several considerations about different aspects of surveying (chapter I), which can and will influence survey bias and therefore affect comparability of prevalence data. This is followed in chapter II by our recommendations regarding the items, variables and questions to be included in a model prevalence survey. The resulting questionnaire is summarised in chapter III. In chapter IV we present the main conclusions from the pre-tests of this model questionnaire in five countries. These four chapters continue on the lines of exploration that we have set in the preceding project CT.96.EP.08 in which we already discussed many topics of the application of survey instruments and presented a first draft of the model questionnaire.

The report concludes in chapter V with an account of the construction of a joined data file from the original data files of seven countries, based on the model of chapter II. This was first of all intended to test the feasibility of harmonisation of existing data files which by themselves are not comparable. Even when countries are willing and able to implement the model presented in this report in their national surveys, it will take a long time before we have really comparable time series of the EU Member States about prevalence data. Considering the fact that general population prevalence is a key indicator for monitoring the drug situation in the European Union, it will be necessary for the time being to manipulate existing data sets of individual countries.

In the framework of project CT.97.EP.09 Ludwig Kraus, Sven Jünger, Petra Kümmler, Osmo Kontula, François Beck and Dirk Korf have carried out some experimental analyses (in the text referred to as Joint Analysis) on this joined European file to assess the analytical potential of a European dataset based on a standardised approach to prevalence surveys. The exercises not only support the need for harmonisation of prevalence surveys but also justify the efforts to join existing survey data as far as possible. However, the experimental nature of the experimental analyses does not match all requirements for scientific comparisons of national prevalence data. To avoid disputes about prevalence figures of individual countries as such, which might distract from the real content matter of this report, results of the analyses are not included in this final report.

The final report includes a set of annexes, which present among others translations of the model questionnaire into French, German, Dutch, Swedish, Finnish and Greek, an overview of the contents of the combined European data file used for the Joint Analysis and the reports of the pre-tests of the model questionnaire.

At this stage only parts of the final reports of project CT.97.EP.09 and the preceding project CT.96.EP.08 can be labelled as guidelines or manual for prevalence surveys. Nevertheless we expect that our explorations about the subject will contribute to a gradual harmonisation of prevalence survey practices, which ultimately result in comparable data and better insights in the nature of drug use in the European Union.

As co-ordinator of the project I like to acknowledge the very constructive co-operation of the expert group. Apart from all the results we produced, I consider the serious and pleasant co-working of experts from different countries with different backgrounds as one of the major benefits of the project. At the end of the day all attempts to harmonise data and research methods in the European Union will depend on the possibility to establish such active cross-country co-operations. Let's hope we get many followers.

Ruud Bless
Project Co-ordinator

I. SURVEY DESIGN

1. INTRODUCTION

We first discuss in Chapter I a number of themes about surveying, which can have a direct impact on the construction and design of the model questionnaire presented in Chapter II. Many survey aspects have already been discussed in the final report of the preceding project CT.96.EP.08. We do not attempt to repeat those discussions here. Instead we focus only on aspects which have not yet been elaborated or which can now be placed in a more direct relationship to the recommended model.
As a framework for Chapter I we view the organisation of a prevalence survey as a process of consecutive decisions in which the questionnaire is embedded. The process starts with the identification of survey aims. This is followed by an identification of the target population and the survey mode. As a next step we need to consider how the survey will be presented to the general public and finally, we have to decide how and with whom to organise the survey. The development of a questionnaire runs parallel to this process, but a final questionnaire will only exist when the whole preparatory process has been completed.

2. SURVEY AIMS

Any survey should start with a specification of the aims, which the organisers want to pursue by means of the data collection. Data can be collected to present statistics or reports or to allow scientific research with regard to a particular phenomenon. In the case of statistics and reports we need to know which formats and detail are required, in the case of research we need to know which analytical design we want to elaborate. Report and research demands define the data we need to collect and in consecutive steps we then can decide on data collection methods and instruments.
This might seem pretty obvious, but in reality the actual work process often goes the other way around. That is, the process often starts with the design of a questionnaire based on a general notion of the survey topic. Then follows the choice of a data collection method, and after the data have been collected, one starts thinking about how to report and what to analyse.
The risk of course is that we might find that the data collected do not fully respond to demands.
In the proceedings of our project we started with a comparison of the questionnaires of national prevalence surveys, which have been carried out in the last decade. Apart from similarities and differences, we found that on one hand many data have been collected, which have not been reported or analysed, and on the other hand many data had not been collected which in retrospect seem necessary or relevant for reporting or analysis.

Based on this consideration the expert group has tried to keep the project going by continuously asking, "why we would want to collect particular data", and if so, "what could be a relevant use or interpretation of these data", and both in the context of European cross-country comparison.
Our final recommendations about model survey items reflect the consensus within the expert group about the main objectives of comparative data collection on prevalence of illicit drugs in the general population. These main objectives can be stated as follows.

(1) to report prevalence and continuation rates of the most common illicit drugs in the general population by gender and age groups;
(2) to allow cross-country assessment of relationships between general patterns of use of illicit and licit drugs;
(3) to allow the assessment of relationships between particular population attributes and the use of illicit drugs.

ad (1)
The first objective implies the reporting of prevalence rates according to the formats specified by EMCDDA (see Annex 2). It requires measures for lifetime, last year and last month prevalence, as well as age and gender as core variables.
The expert group however decided on a more limited number of illicit drugs than specified in the EMCDDA report formats as not all of them were considered to be 'common' on a European scale. We also did not incorporate "illicit" use of medicines, i.e. without prescription or medical need, because of definition problems.

ad (2)
The second objective implies collection of data about the use of licit drugs. Tobacco, alcohol and two kinds of pharmaceutical drugs (sedatives and tranquillisers) have been chosen as the most appropriate, although there are also other reasons to include them (see Part 2).
As indications of patterns of use we decided upon a general behavioural pattern related to last year for licit drugs and a general pattern during last month for both licit and illicit drugs. As we did not expect to find many regular users of illicit drugs in a population survey, we omitted a general last year pattern for illicit drugs.

ad (3)
It proved to be more complicated to decide on relevant attributes, apart from the obvious age and gender. As core variables we recommend only data to describe household situation, level of education, main ("professional") activity and degree of urbanisation. Although we discussed several other options, more research would be needed to achieve a consensus on relevant socio-economic, cultural or behavioural attributes in the context of illicit drug use.
Attitudes, opinions and perceptions have also been considered. We recommend to include some standard questions about opinions and perceptions, but acknowledge at the same time that more studies will be needed to identify what we are actually measuring in this way and to what extent this will help to understand prevalence and patterns of illicit drug use. In the Joint Analysis we included a tentative approach to clarify this issue.

The modest implicit survey objectives that we defined for our task to improve comparability of general population surveys, result in this final report in a limited number of core variables and questions. Many more have been discussed, but have been rejected, as we could not identify clear objectives for collecting and comparing across Europe.
As such this report only intends to set minimum standards from a European point of view.

Context
It should also be acknowledged that in many countries the assessment of the prevalence of illicit drugs is included in a survey, which focuses on other items. We can assume that this "context" not only influences response but also can have an effect on the demands for data illicit drugs and the questions needed to collect this information.
People might respond differently depending on whether the survey deals with illicit drugs only or mainly, with the use of all kinds of licit and illicit substances or with health risks and health problems in general.
If the survey pursues other aims as well, there might be a need for other or more detailed data about illicit drugs due to analytical designs that aim to answer different types research questions.
The reality that drug prevalence is often embedded in wider research aims proved to be one of the obstacles to reach an easy consensus about the core items and questions.
Individual countries would still have to elaborate their own data demands. As a result they might decide to extend the model presented here with more items, variables and questions. Such decisions should be made on the basis of clearly specified report demands and/or elaborated a priori research designs.

3. TARGET POPULATION

In theory a general national population survey will have the whole population of a country as its target population. In reality however some segments of the population will be excluded.
Very young people will be excluded because we do not expect any drug use among them or because they can only be interviewed with their parent's consent, which might bias the results.

In many cases older people are also excluded because we don't expect any drug use or because we realise that interviews might be complicated and biased due to health and mental problems.
In most cases people who do not speak the native language of the country will be excluded as well. In general the increase in survey costs will not justify doing otherwise. These costs not only regard translations and interviewers who speak other languages, but also an increase in organisational costs as we usually only find out that an intended respondent does not speak the native language when we encounter the respondent. However, excluding non-native speakers can bias the survey results, in particular in areas with concentrations of ethnic minorities.

In the Joint Analysis we restricted ourselves to the age group of 18-59 years, which was the common divide of the target populations of the national surveys included in the analysis.
These age limits do not correspond with the present report format of the EMCDDA tables (see Annex 2), where the lower limit is set to age 15 and the upper limit to age 64.
It should be noted however that including young people of age 15, 16 and 17 can create problems. . Most professional survey agencies follow national or international codes of conduct that inhibits the interviewing of 15-year olds and sometimes 16-17 years olds. They could be interviewed when their parents do not object, but this is a rather complicated procedure in a survey process. For this reason the under 16- or 18-year olds will often be excluded from a survey.
Nevertheless, youngsters of 15-17 years are an interesting group for prevalence surveys as the first use of illicit drugs often starts at this age. To some extent there might be an alternative because the age group will be partly covered by the European School Surveys (ESPAD), but this excludes those young people who already left school, which can be a sizeable group in some countries. Also those who already have left school at this age might be a particular risk group with regard to drug use. Although we recognise the practical problems of including young people in general populations surveys we still recommend to include them if possible.

Including older people in a survey could imply increasing numbers of inaccurate answers or missing values. Measuring prevalences depends on memory recall, which can be a problem for older people. At present we do not know much about the extent of such memory effects and as a consequence upper age limits in surveys are usually defined on the basis of common sense of practical considerations.
As most drug use in Europe only started in the 60s among young people, we would not expect today to find (life-time) prevalences among people over 60/65, which corresponds to the present upper limit of EMCDDA or the common divide of the surveys included in our project. The argument to include older people because they increasingly might use medical drugs does not apply as long as we focus on illicit drugs. In a prevalence survey about illicit drugs, the use of medicines, like alcohol and tobacco, a context variable, not a research item as such.
However, as time goes by, there might be arguments to raise the upper limit as the 65-years of today are the over 70 of tomorrow. Ultimately any upper limit should be based on better insights in memory effects with increasing age.

Considering the above we recommend for the time being to define the target population for general population prevalence surveys as the population of 15-64 years, in accordance with the present report formats of EMCDDA.

4. SURVEY MODE

Choosing which mode to apply is a crucial decision in designing a survey. We discussed this topic in general terms in the final report of project CT.96.EP.08. Each survey mode will generate a particular bias in both response rates and item response and comparing survey data collected by different modes can be complicated because of the differences in mode bias.
In drug research there has always been a lot of attention to mode related bias in survey results. For one reason because we know that we deal with a sensitive topic –illicit drug use, which we can expect that people only are willing to reveal when they feel confident about their anonymity. Another reason is that we can control the bias to some extent by selecting the right mode, whereas we can not always influence other factors that may affect survey bias, like the interaction between interviewers and respondents or media attention for the survey subject at the time of the interviews.

Although is has not been the task of our project to investigate which mode(s) are the most suitable for prevalence surveys, we have to consider mode effects in the development of standard questionnaires. We discuss a few aspects below and in Chapter II we list mode implications with regard to the recommended core items of the model questionnaire.

Mode and phrasing of questions

The formulation of questions should be adapted to the survey mode applied. Sometimes the wording and phrasing of questions might be acceptable in situations where the respondent can read the questions, but the same text can sound awful when posed verbally by an interviewer. In general a question to listen to should be a pretty short colloquial sentence, whereas a question that one can read might be more complex and formal.

We also need to consider that a question to be read by the respondent from screen or paper will be the same for all respondents. But a question to be asked by interviewers will always somehow change in the course of the survey process. If the question has some length or has to be phrased in a not very spontaneous way, most interviewers will not be able to stick to the same wording over and over again. Even if questions are pretty simple and short, but at the same time have a repetitive character within the questionnaire, as is the case for most prevalence questions, the wording might change during the interview. In our fieldwork experience face-to-face pen-and-paper questionnaires incite more variations than computer aided interviews.

Besides, many interviews will not evolve as a simple question-answer interaction. Respondents will make in-between remarks, which the interviewer cannot always ignore, but will affect the way next questions are asked. CAPI and face-to-face interviews will be more affected than CATI, as the telephone setting creates more distance and anonymity between interviewer and respondent.

One should be aware that questionnaires in most cases have to be initially developed from a perspective of the respondent reading the question. These initial formulations should always be tested in a real audience before adaptation to modes where the respondent has to listen to the questions.

Mode, survey introduction, joining texts, instructions and referrals

A real questionnaire will have a proper introduction about the nature and the reasons for the survey. Presented on paper the respondent can carefully read and re-read this. In a face-to-face setting the text will be shorter, or if not, can raise comments forcing the interviewer to more detailed explanations which might or might not be correct. CATI will usually limit the possibilities for extensive introductions anyway.

The same remarks hold for so called joining texts between different items of a survey.

Most instructions about the completion of the questionnaire, being it for the respondent or the interviewer, are by nature mode dependent. Referrals, e.g. the GO TO's following particular answers, will usually work well in computer aided modes as the referral is build into the programme, but they can easily cause confusion in pen-and-paper formats. When such a mode is chosen, the referrals have to be as simple as possible.

Mode and questionnaire structure

Pen-and-paper self-completion modes imply that the respondent can view all the questions before starting to complete the questionnaire. This can affect his or her willingness to respond or response pattern. Admittedly both in a positive or negative way.

With interviewer completion the respondent does not know in advance what will be asked, which can be advantage or disadvantage.

In computer aided interviews there is usually no possibility to have second thoughts about previous answers, as one cannot skip back or skipping back is limited to one or two questions. In fact computer aided surveys, in particular CATI, call for spontaneous direct answers. That might be what we actually want, for instance with regard to opinions, but sometimes we hope for some reflection which in the speed of the process we might not get.

Mode and response categories

An important implication of survey mode deals with the answer categories for each question. Reading from paper (questionnaire or show card) or screen will cause no problems, but when the interviewer has to list the possibilities verbally the options will be limited. With too many categories the respondent might forget some of them. Without listing the categories the interviewer might allocate the spontaneous responses incorrectly or be forced to type the full answer, which causes as many problems as interviewers are usually not selected on behalf of their fast typing skills.

In particular CATI limits the number of optional categories. The usual solution of creating dichotomous questions for each category will not always yield the same results as the a priori presentation of all options.

Ideally a questionnaire should be developed after the selection of a survey mode. In practice most researchers will copy questions from other questionnaires or use model questions as presented here. In such cases it is recommended to carefully adapt and test the full design in the selected mode before starting the survey fieldwork.

5. PRESENTATION

Both general response and item response can be influenced by the way the survey is presented to the general public. Although this topic has been discussed in the expert group we cannot provide a standard model for the introduction of a drug prevalence survey. Presentation and introduction not only depends on the mode chosen for the survey but also on the context in which the drug prevalence questions are embedded.
Based on the pre-tests and the experiences of the expert group of the project we can however formulate some general principles.

Survey aims
It is important to explain the general aim of the survey. Obviously this needs to be pretty concise and understandable, even if it will be mentioned in a letter preceding the interview. Details can be omitted. The information should be accurate and honest, but some 'window-dressing' might be allowed to prevent that the respondents will be scared off from the start.
Introducing the survey as an assessment of illicit drug use or addictive behaviour does not seem helpful to gain co-operation, so this will usually change into an assessment of the use of all sorts of substance use, lifestyles, health risks, etc. But such window-dressing should then also be justified by the questionnaire, which sometimes means to include questions, which might be obsolete for the real survey aims.
Ideally the survey aim should be formulated in such a way that the respondent might feel that his or her opinions or fact do matter for a cause of public interest.

Survey commission
Fieldwork agencies will usually not mention the name of their client for a survey, unless the client's name can be thought to contribute to the willingness to respond. If a government body or non-governmental organisation commissions the survey, mentioning the client might improve response as it indicates a public interest. But it might also have an adverse effect if the name of the organisation already hints in a direction that scares off the respondent.
A study commissioned by the Tax Office is not likely to call for initial co-operation, but the same holds if the commissioner's name contains a reference to drugs (which most people still associate with 'illicit' drugs) or addiction.
Nevertheless if a respondent asks for the information, the interviewer has to give an answer. It should be carefully considered what will be answered. For instance, if a survey is commissioned by a drug agency that in the end acts on behalf of a government body, it is justifiable to mention that government organisation instead of the drug agency.

Anonymity
The respondent must be ensured that his responses will remain confident. For this it is not enough to tell this, but it should also follow from the setting of the interview or the traceable procedures of the handling of completed surveys. A classic example is the printing of identification numbers on postal questionnaires. Many people will right or wrong interpret this as a link to their name and will therefore not respond.
Finally, it is generally considered good practice to mention in the introduction the name of the interviewer and the survey agency and to inform the respondent about the expected length of the interview.

6. FIELDWORK

After the initial decisions about a survey design, including the questionnaire, have been made an agency has to be selected to carry out the fieldwork. This can be the research organisation responsible for the survey, but in most cases a commercial market research company will be contracted.
In general the further elaboration and fine-tuning of the survey design and questionnaire will be accomplished in co-operation between the researchers and the fieldwork agent. In particular with regard to all sorts of bias control it makes little sense to elaborate the whole process in an academic research setting without accounting for the practical constraints of a particular fieldwork company or the contract that can and will be concluded.
The choice of and the arrangements with a fieldwork company are among the most crucial, though often neglected, factors with regard to bias in and reliability of survey outcomes. A perfect survey design can be ruined if it is not matched by the reality of the fieldwork.
Below we list some important aspects to consider in the process of selecting a fieldwork company and making arrangements for the fieldwork execution and the deliverables thereof.

Quotation

The price of the fieldwork will of course be a main criterion to select a company. Research companies should have some general ideas about price levels before they even start to design a survey, otherwise they risk to find that their design choice of mode, length of questionnaire and intended net response will not be manageable within the budget available.
A price quotation should specify at least the desired mode, the length of the questionnaire and the required net response. It is not advisable to accept quoted which just fit into the budget. Having no margins to cope with last minute changes, unexpected problems or adaptation will inevitably result in compromises that affect the results. Specifying every aspect of a survey in detail in advance is often not practical, but inserting detail later on will be constrained by the budget. Fieldwork is business and nothing goes for free.
It often makes sense to test the expected interview time of the questionnaire in advance. Most agencies calculate on the number of questions and a net interview time per hour. Open-ended questions are usually calculated separately, both for interview time and data entry / recoding.
In our experience 30-40 questions can be asked in about 10 minutes, but when there are many filter questions the number of questions in the same time can be much higher. The pre-tests of the model questionnaire, which had –including the 61 questions listed in Chapter II- in total 83 questions, the average interview time was below 10 minutes in all modes.
The effective interview time per hour depends on mode but can also differ considerably between agencies. In a CATI unit with many extensions net interview time can reach up to 50 minutes per hour, whereas face-to-face interviewing can slow down to less than 10 minutes per hour, depending on the dispersion of sample addresses and the efficiency of routing systems.

Sampling

In practice the actual choice of sampling frames and sampling methods will be made by the fieldwork company in accordance with their professional standards and general criteria for stratification and clustering defined by the researchers. In most cases there will be no other alternative. This does not have to be a problem if the exact procedures are known and communicated. However, more often than not, this is not the case. A simple statement that multistage systematic sampling has been applied will usually not be sufficient. As a result frame and sampling biases are not really known. It is advisable to ask companies already in the stage of quotations to specify the frames and sampling methods they will and can use.
In any case the exact proceedings should be specified in a technical survey report.

Pre-testing and instructing the interviewers

Although preliminary pre-tests might have been done by the researchers, it is recommended to have a pre-test done by the selected fieldwork agency as well. One reason is that each company has their own type of more or less skilled interviewers. For a major survey pre-tests should be carried out in a real life situation, mimicking the actual survey process, and not just among the interviewers themselves. Ideally the commissioning researchers should be able to observe the pre-tests.
Obviously the interviewers need to be instructed. This is a task of the company but again the responsible researchers should be able to observe the proceedings.

In both cases the main reason is not to control the agency, but to understand the problems involved in the questionnaire and facilitate necessary decisions about changes and adaptations or conclusions about inevitable biases in the design.

Survey control

Interviewers and, if applicable data entry, will be controlled by the fieldwork company. The procedures need to be clear and written down. Selecting only certified companies according to an ISO or market research quality standard can ensure this.
Survey control also includes specified rules about how to handle when unexpected problems are encountered during the survey process and in particular whether or not the commissioning researchers will be involved in the decisions made to solve the problems. It can be very frustrating if you only find out afterwards that some aspects of the survey have not been executed as originally arranged.

Data management

It is advisable to make quite specific arrangements about the data that the fieldwork company has to deliver. Of course they have to deliver the survey data, but they will not spontaneously deliver the file in the format that the researcher would like to handle. Variable names and codes usually differ from those on the questionnaire. Often response code will each be delivered as a separate variable, in particular with CATI and depending on the programme used. More important are the specifications of missing values and the procedures used in cleaning the data. When no clear arrangements are made the initial data handling can take a lot of valuable research time.

Survey accountability

Another point to consider is the account that the fieldwork company will present of the survey process. Ideally, a full technical report should be delivered, which describes the problems encountered during the survey, the way in which these problems have been solved and last but not least a full account of the response. Again, such report is not always presented spontaneously and consequently many aspects of survey bias cannot be evaluated properly.
The scheme which we have presented in the final report of CT.96.EP.08 and is here included as Annex 3 can be used as a guideline for the reporting of both problem solving solutions and response account.
As minimum standards we recommend to specify:

process
-the frame used
-description of potential frame bias
-sampling method (with definition of terminology)
-description of potential sampling bias
-routing of interviews
-recontact procedures
-replacement procedures

response
-(estimate of) size of target population
-initial size of survey sample (total and per stratum/cluster if applicable)
-final sample size (initial size plus added samples or replacements)
-number of encountered frame errors
-size of actually contacted sample
-non response by type of non response
-net response

At present response rates of national prevalence surveys can hardly be compared, due to different methods of calculation. We recommend calculating the rate always as net response divided by total sample size minus frame errors. Therefore non-contacts will be included in the nominator, as well as refusals etc.

II. ITEMS OF A MODEL SURVEY ON DRUG PREVALENCE

1. INTRODUCTION

In this chapter the expert group presents a model for national population surveys about drug prevalence in the EU Member States. The model is first of all the result of the discussions within the expert group. The structure of other surveys on the topic as well as personal experiences of the members of the group with the execution and analysis of prevalence surveys played an important role in these discussions. In the final design of the model we have also taken into account the efforts to construct a European file for the Joint Analysis and the evaluation of the pre-tests, which have been carried in different modes with a draft version of the model.

In the following sections we provide an overview of the elements that we propose as core items of a model survey and the questionnaire, which will implement this model.
The overview of core items starts with a short discussion per item and then specifies the variables related to the item, the questions that will generate these variables, mode implications related to the questions, recommended data manipulations and acceptable alternatives with regard to the questions or questionnaire design.
The discussion of core items is followed by the English version of the model questionnaire and a summary of the pre-tests of this model. In Annex 1 we present the model questionnaire in the other languages -French, German, Dutch, Swedish, Finnish, Greek- of the countries represented in the expert group.

Discussions per item
We restrict ourselves here to the main arguments that played a role in the final selection of variables and questions. Detailed discussions about the different items have already been reported in the final report of the first comparability project (CT.96.EP.08) and the interim report of the follow-up project CT.97.EP.09. It should be noticed that we focus in this report on the items chosen, not on the items, which after discussion and evaluation have been left out.

Core variables and categories
In the early stages of the project it has already been acknowledged that comparability of national population surveys not necessarily implies that the questionnaires of different countries have to be identical. We don't compare questions but the data resulting from these questions. We therefore first define the data or variables that we want to be comparable across countries and for each variable we define the categories which we consider relevant for comparative analysis.
In many cases we have deliberately chosen for ordinal scales, partly because this facilitated consensus about the categories, partly because we believe that such scales are sufficient for cross-country analysis. So we rather intend to compare for example frequent drug users between countries than people who use drug in the same frequency or quantity.

Core questions
As a next step we present the questions which will result in answers that classify the respondents to the categories of the core variables. Depending on the nature of the variables and categories required, the questions have to be more or less precise in their phrasing and wording.
With regard to the prevalence variables the most important is that the questions call for the same concept and refer to the same periods of time. Hence we choose for example "taking substances" instead of using or consuming them, because the latter might by some, in some languages, be interpreted as a sort of a habit and therefore not invite to reveal incidental or occasional "use".
On the contrary, with regard to respondent's attributes, the wording or phrasing of questions will not always matter, as long as we can unambiguously identify the attributes. In fact we here only provide for these attributes some tentative questions, realising that national surveys most likely will apply their own traditional sets of questions to assess such attributes.
On the other hand, with regard to opinions we only present core questions without defining the individual or conceptual scale variables that can be assessed by these questions.

Mode implications
The wording and phrasing of questions cannot be independent of the survey mode applied. A question that sounds clear and unambiguous when the respondent can read the sentence might sound odd or confusing when asked by an interviewer. Although we have tried to find formulations, which can be generally applied, in some modes specific instructions or variations in wording might be needed. For each item the most obvious implications and complications will be mentioned.

Data manipulations
An attempt to harmonise variables, categories and questions might still not bring comparable data when the researchers apply different rules for data manipulation with regard to missing data or inconsistencies. For instance, we will do not get real figures for item non-response when people who rightly have skipped a question are labelled the same as those who should have provided an answer but did not do so.
We recommend a uniform approach in which skipped questions always return a value on the variable concerned. In our proposal we use code 8888, which means that the question has been skipped according to the referrals in the questionnaire. In some statistical analysis it might be needed to recode this value into a logical category of the variable concerned. For the real item non-response we propose code 9999, though this might be split in subcategories, e.g. refusals. Based on our experiences in handling national data for the Joint Analysis we recommend not accepting so called "system" missing values in data files. In general missing values should only be declared in the context of specific statistical procedures and not as a fixed label in the data set.
Also both interviewers and respondents can make mistakes or be inaccurate in completing questionnaires, which can result in inconsistencies. Again, our data will not be comparable if one researcher deletes cases with inconsistent answers whereas another corrects them.
Where appropriate we propose standard routine to handle inconsistent cases. The routines have been derived from the procedures used in the construction of the data set for the Joint Analysis.

Alternatives
Finally, we discuss for each item acceptable alternatives with regard to the question formats.
These alternatives basically deal with two issues.
Some countries traditionally collect more detailed information regarding (frequency of) substance use than we propose, and they might prefer to continue to do so. We consider the effects with regard to comparability, but it must be remarked that we do not have research evidence about these effects.
Secondly, computer assisted interview modes today tend more and more to reduce questions to simple yes-no answers. Many CATI programmes are already structured in this way and actually return dichotomous variables for each category of all variables. In this case too we have to consider the implications, but again without evidence about the effects.

Optional items
In the interim report and the final report of the preceding project we already mentioned several optional items. We expect that many countries will include optional items depending on national demands. In fact we expect that for the time being, the model presented here is more likely to be incorporated in national surveys, than to be used as the starting point for national surveys. For this reason we do not summarise previous discussions on optional items in this report.

Model questionnaire
The model questionnaire presented in different languages at the end of this section is limited to the questions we have defined, that is excluding questions related to respondent's attributes.
For practical reasons we present the questionnaire without internal referrals, interviewer or respondent instructions or sentences that "join" the questions. In real life the mode and context of a survey, as well as the working practices of the survey agencies involved will determine the phrasing of these texts. However, these aspects should be carefully considered, as they will have an impact on survey outcomes.

2. TOBACCO

DISCUSSION

In the context of a prevalence survey about illicit drugs questions about tobacco consumption have a dual purpose:

(1) Starting first with questions about the use of licit drugs makes it easier to address the item of illicit drug use. In this sense, questions about the use of licit drugs act as a sort of 'warming up' for the questions about illicit drugs, which are considered more sensitive to the general public.

(2) It is expected that there are relations between the use of licit and illicit drugs, being both psychoactive substances. Inclusion of questions about licit drugs will enable to study these relations.

Both arguments however do not imply that the model questionnaire about prevalence of illicit drugs should aim at a detailed assessment of smoking habits. Only a basic distinction between active smokers, quitters and abstainers needs to be made. This requires two questions that can be merged into a single variable.

The questions are purposely formulated in a rather casual manner. They should result in the type of answer the respondent would give when asked "do you smoke" or "have you ever smoked" in a social setting. Different ways of smoking tobacco are mentioned to make the question more concrete.

The expert group has considered various questions on tobacco use. Although other routes of administration (e.g. the nasal use of snuff) were discussed, the core item remains restricted to smoking of tobacco. The alternative formulation "are you a smoker" was judged to be less objective and more subject to changing general attitudes towards smoking.

More detailed answer categories have been considered as well, for example the format used in several surveys, which differentiates between 'regular' or 'occasional' smoking. These options were judged either unnecessary or too complex. Although they might yield slightly different results, they can be taken as alternatives, see below.

CORE VARIABLES

SMOKING

Label: Self-labelled 'status' with regard to smoking of tobacco

Categories:

1	**active smoker**	= does smoke
2	**quitter**	= did smoke in the past
3	**abstainer**	= never smoked
9999	**missing**	= no answer

MODEL QUESTIONS

Q1 ***Do you smoke tobacco, such as cigarettes, cigars or a pipe?***

1	**yes**	**► skip Q2**
2	**no**	
9999	**else**	**► skip Q2**

Q2 ***Have you ever smoked in the past?***

1	**yes**
2	**no**
9999	**else**

MODE IMPLICATIONS none

DATA MANIPULATION SMOKING needs to be calculated from Q1 and Q2 as follows

All modes

IF (Q1 = 1) SMOKING = 1
IF (Q1 = 9999) SMOKING = 9999
IF (Q2 = 1) SMOKING = 2
IF (Q2 = 2) SMOKING = 3
IF (Q2 = 9999) SMOKING = 9999

ALTERNATIVES

Applying the general prevalence model
One may use the standard prevalence questions instead, e.g. asking for lifetime, last year and last month prevalence. Active smoking should then be set equal to last month smoking and quitters will be those who did smoke ever or in the last year, but not in the last month.
It can be expected however that we get slightly different results in classification of respondents. People who have given up smoking less than 30 days ago, or more important people who do not consider themselves as 'smokers', might still be classified as active smokers.
The prevalence questions might also yield more quitters, as people who once or twice in their life tried a cigarette might not consider themselves as "having ever smoked", when asked in the more casual manner of our proposal.

Differentiating intensity
As already mentioned above, many surveys differentiate between regular and occasional smoking, either or both with regard to active smoking and past smoking.
If a question about regular or occasional use follows a "yes" on the model questions Q1 or Q2, the differentiation has no effect on the model. When the differentiation is included in the categories of Q1 and Q2, both regular and occasional should be read as a single "yes". However, we do not really know if we will get the same results. An occasional (past) smoker might not consider himself as a smoker, hence he will respond "no" to the phrasing of Q1 or Q2. Confronted with the alternatives of regular and occasional, he might opt for occasional and we will get more active smokers and/or fewer abstainers.

3. ALCOHOL

DISCUSSION

Questions about the consumption of alcohol do have the same purposes as discussed above with regard to tobacco. Therefore, the model questions about alcohol are not intended as a detailed assessment of drinking habits.
Nevertheless, the expert group decided on more detail about alcohol than about smoking. One reason for this is the fact that in many countries the assessment of illicit drug use is incorporated in a long-standing tradition of alcohol surveys. Another reason might be that intervention structures often cover both addiction to alcohol and illicit drugs, but not really deal with smoking, hence a greater focus on alcohol than on tobacco.

In principle the proposed model only differentiates between drinkers and non-drinkers and between heavy drinking and normal or occasional drinking. The first is achieved by measuring last year and last month prevalence, the latter by including questions about general drinking

behaviour taken from the Alcohol Use Disorders Identification Test (AUDIT, Saunders et al., 1993). These questions relate to general patterns of drinking and binge drinking, whereby binge drinking is indicated by drinking 6 glasses or more at one occasion. If this standard in alcohol research will change in the future to another number of glasses, it is meant that our model will change accordingly. Last month frequency is included to assess a sort of persistence of a general pattern.
It should be noticed that the proposed model questions do not measure alcohol intake as such. We only establish a comparable measure for drinking habits on an ordinal scale. Identical scale values, for instance drinking 2-3 times a week, might imply a different intake of alcohol in one country compared to another, depending on the usual type of alcoholic drink and the standard volume of a typical 'drink'.
In fact the complications of standardising questions about frequency and intensity of use resulting in comparable figures of alcohol intake, facilitated the consensus about the ordinal scales to differentiate habits as presented below.

CORE VARIABLES

LYP_ALC

Label: Last year prevalence of alcohol

Categories:

1	**did drink drunk any alcohol during last 12 months**
2	**did not drink any alcohol during last 12 months**
9999	**missing**

DRINKING

Label: General frequency of alcohol

Categories:

1	**4 times a week or more often**
2	**2 to 3 times a week**
3	**2 to 4 times a month**
4	**once a month or more seldom**
8888	**skipped**
9999	**missing**

BINGING

Label: General frequency of drinking 6 glasses or more of an alcoholic drink at one and the same occasion

Categories:

1	**daily or almost daily**
2	**every week**
3	**every month**
4	**more seldom than once a month**
5	**never**
8888	**skipped**
9999	**missing**

LMP_ALC

Label: Last month prevalence of alcohol

Categories:

1	**did drink drunk any alcohol during last 30 days**
2	**did not drink any alcohol during last 30 days**
8888	**skipped**
9999	**missing**

LMF_ALC

Label: Last month frequency of alcohol drinking

Categories:

1	**daily or almost daily**
2	**several times a week**
3	**at least once a week**
4	**less than once a week**
8888	**skipped**
9999	**missing**

MODEL QUESTIONS

Q1 ***During the last 12 months, have you drunk beer, wine, spirits or any other alcoholic drink?***

1	**yes**	
2	**no**	**► skip Q2, Q3, Q4, Q5**
9999	**else**	**► skip Q2, Q3, Q4, Q5**

Q2 ***How often do you drink alcohol?***

1	**4 times a week or more often**
2	**2 to 3 times a week**
3	**2 to 4 times a month**
4	**once a month or more seldom**
9999	**else**

Q3 ***How often do you drink 6 gasses or more 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**
9999	**else**

Q4 ***During the last 30 days, have you drunk any alcohol?***

1	**yes**	
2	**no**	**► skip Q5**
9999	**else**	**► skip Q5**

Q5 ***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**
9999	**else**

MODE IMPLICATIONS Questions require mode-dependent instructions

Self-completion	Q2, Q3, Q5: respondents should be instructed to choose the pre-coded answer that applies to them best
Interviewer completion	Q2, Q3, Q5: interviewers should be instructed to read the answer categories one by one in following order and mark the first one that applies

DATA MANIPULATION

Pen-and-paper modes require consistency corrections.
Core variables can be computed from questionnaire items

Self-completion modes

IF (Q5 < 8888) Q4 = 1
IF ((Q4 = 1) and (Q5 = 8888)) Q5 = 9999
IF ((Q4 > 1) and (Q5 = 9999)) Q5 = 8888

Q5 LMF_ALC	Q4 LMP_ALC			
	1	*2*	*8888*	*9999*
1-4		Q4 = 1	Q4 = 1	Q4 = 1
8888	Q5 = 9999			
9999		Q5 = 8888	Q5 = 8888	Q5 = 8888

IF (Q2 = 1) Q1 = 1
IF ((Q1 > 1) and (Q2 = 9999)) Q2 = 8888
IF ((Q4 = 1) and (Q2 = 8888)) Q2 = 9999

Q2, Q3 DRINKING	Q1 LYP_ALC			
	1	*2*	*8888*	*9999*
1-4		Q1 = 1	Q1 = 1	Q1 = 1
8888	Q2 = 9999			
9999		Q2 = 8888	Q2 = 8888	Q2 = 8888

IF (Q3 < 5) Q1 = 1
IF ((Q1 > 1) and (Q3 > 4)) Q3 = 8888
IF ((Q4 = 1) and (Q3 = 8888)) Q3 = 9999

Q3 BINGING	Q1 LYP_ALC			
	1	*2*	*8888*	*9999*
1-4		Q1 = 1	Q1 = 1	Q1 = 1
5		Q3 = 8888	Q3 = 8888	Q3 = 8888
8888	Q3 = 9999			
9999		Q3 = 8888	Q3 = 8888	Q3 = 8888

IF (Q4 = 1) Q1 = 1
IF ((Q1 > 1) and (Q4 > 1)) Q4 = 8888
IF ((Q1 = 1) and (Q4 = 8888)) Q4 = 9999

Q4 LMP_ALC	Q1 LYP_ALC			
	1	*2*	*8888*	*9999*
1		Q1 = 1	Q1 = 1	Q1 = 1
2		Q4 = 8888	Q4 = 8888	Q4 = 8888
8888	Q4 = 9999			
9999		Q4 = 8888	Q4 = 8888	Q4 = 8888

All modes

LYP_ALC = Q1
DRINKING = Q2
BINGING = Q3
LMP_ALC = Q4
LMF_ALC = Q5

ALTERNATIVES

Differentiation by types of alcoholic drinks

In some countries there is tradition to ask questions about alcohol consumption for different types of alcoholic drinks separately. In such cases LYP_ALC and LMP_ALC should be calculated by accounting for the answers on all corresponding questions regarding each type of drink. We might get slightly different results. Some people might respond "no" on a general question about any alcohol, but would be triggered to say "yes" in some cases when confronted with the different modalities.

When also Q2, Q3 and Q5 are asked separately for each drink, the core variables DRINKING, BINGING and LMF_ALC could be set equal to highest frequency specified for any drink. This method has been applied in file construction for the joined European file (see chapter V). It can be an underestimation however, as we don't know if some people combine or alternate their drinking of different drinks.

A compromise would be to include a summing up variable after questions about individual alcoholic drinks. This approach has been applied for instance in the German survey of 1995. The summing up would then read like "let's summarise all your answers above, did you.....etc.

Splitting Q2, Q3, Q5 in separate questions per answer category
As mentioned before Q2, Q3 and Q5 require that the respondent knows all answer categories before responding. In self-completion modes this will not cause any problems, but interviewer completion supposes that the interviewer reads all possibilities first. This can easily cause errors. If the questions need to be followed by specifying the answer categories, the interviewers will have problems to stick to the exact wording. On the other hand the respondent might not properly hear the differences between the answers he can give.
For this reason survey agencies will often prefer to split these questions in separate ones with regard to each of the answer categories, to be asked in following order (i.e. the higher frequencies first).
The result might not be the same however. Not knowing the alternatives, the respondent could wait too long before answering "yes..to any of the questions or respond too promptly. As a result we might get less or more binge or frequent drinkers compared to self-completion modes.

Alternative answer categories for Q5
The AUDIT questions incorporated in our model measure last month frequency on an ordinal scale. Several countries however will prefer to continue traditional interval measures based on an exact number of days of drinking during the last 30 days. In such case data can be made comparable by using the recode scheme we applied in the Joint Analysis.

20 + days = Daily or almost daily
10-19 days = Several times a week
4-9 days = At least once a week
< 4 days = Less than once a week

Asking for the number of drinking days will be more in line with the approach that we have chosen for the illicit drugs. It also avoids the problems of having to read the answer categories first.
It should be noticed that asking for the *number of times* instead of days of alcohol drinking will not produce comparable results, as drinking many times on a day might result in a different classification of respondents. The expert group considers the number of times a substance has been taken not as a recommendable frequency measure.

4. PHARMACEUTICALS

DISCUSSION

The inclusion of questions about the use of medicines ("pharmaceuticals.).has been a topic in several meetings of the expert group. The issue proved to be rather complicated.
Although many drug prevalence surveys in the past had some questions on this item, there are not yet many studies that investigate the meaning of taking medicines in the context of illicit drug use. Also the method of questioning about medicines shows more variations than the assessment of the prevalence of illicit drugs.
The expert group concluded that the item in principle has the same purpose as the items of tobacco and alcohol. That is, to provide information about a behavioural pattern rather than an assessment of prevalence. Also, it was concluded that in the context of illicit drug use the item could be restricted to sedatives and tranquillisers. As it is assumed that many people might not really know the difference between these substances, the group decided on question formats, which combine both, i.e. by asking about "sedatives and/or tranquillisers...

In the context of a drug prevalence survey we are not really interested in the use of these substances for medical purposes, i.e. prescribed by a doctor to cure an illness. Including regular medication might imply that we measure morbidity instead of behaviour.
However, we acknowledged that the required phrasing to identify non-medical and non-prescribed use can become quite confusing, in particular when people actually do both. Also we have to realise that comparability would still not be achieved as countries differ with regard to availability without prescription of sedatives and tranquillisers, as well as with regard to prescription practices of medical doctors.

The expert group therefore decided on formulations that comprise both medical and non-medical and prescribed and non-prescribed use. As an indication of a potential pattern of non-prescribed use a question has been added which refers to the last time the respondent had used the substance(s).

In the final model the item of pharmaceuticals has been placed before the questions about illicit drugs. This is in accordance with the background context nature of the item, but also avoids that respondents interpret sedatives and tranquillisers as another type of illicit drugs.

CORE VARIABLES

LYP_MED

Label: Last year prevalence of sedatives and/or tranquillisers

Categories:

1	**did take sedatives and/or tranquillisers during last 12 months**
2	**did not take sedatives and/or tranquillisers during last 12 months**
9999	**missing**

MEDHABIT

Label: General frequency of taking sedatives and/or tranquillisers

Categories:

1	**4 times a week or more often**
2	**2 to 3 times a week**
3	**2 to 4 times a month**
4	**once a month or more seldom**
8888	**skipped**
9999	**missing**

LMP_MED

Label: Last month prevalence of sedatives or tranquillisers

Categories:

1	**did take sedatives and/or /tranquillisers during last 30 days**
2	**did not take sedatives and/or tranquillisers during last 30 days**
8888	**skipped**
9999	**missing**

LMF_MED

Label: Last month frequency of taking sedatives or tranquillisers

Categories:

1	**daily or almost daily**
2	**several times a week**
3	**at least once a week**
4	**less than once a week**
8888	**skipped**
9999	**missing**

LASTMED

Label: Source of last time used sedatives and/or tranquillisers

Categories:

1	**on prescription by a doctor**
2	**from someone known**
3	**from pharmacy or drugstore without prescription**
4	**other source**
8888	**skipped**
9999	**missing**

MODEL QUESTIONS

Q1 ***During the last 12 months, have you taken any sedatives or tranquillisers?***

1	**yes**	
2	**no**	**▶ skip Q2, Q3, Q4, Q5**
9999	**else**	**▶ skip Q2, Q3, Q4, Q5**

Q2 ***How often do you take sedatives or tranquillisers?***

1	**4 times a week or more often**
2	**2 to 3 times a week**
3	**2 to 4 times a month**
4	**once a month or more seldom**
9999	**else**

Q3 ***During the last 30 days, have you taken any sedatives or tranquillisers?***

1	**yes**	
2	**no**	**▶ skip Q4**
9999	**else**	**▶ skip Q4**

Q4 ***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**
9999	**else**

Q5 ***The last occasion you took sedatives or tranquillisers, how did you obtain 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	**none of the above applies**
9999	**else**

MODE IMPLICATIONS Questions require mode dependent instructions

All modes	Q1-Q5: the generic names 'sedatives' and 'tranquillisers' can be substituted by a more colloquial substance name (e.g. sleeping pills, calming pills). Moreover, it is recommended to add to both substances common brand names as examples
Self-completion	Q2, Q4: respondents should be instructed to choose the pre-coded answer that applies to them best Q5: respondents should be instructed to choose only one answer
Interviewer completion	Q2, Q4, Q5: interviewers should be instructed to read the answer categories one by one in following order and mark the first one that applies

DATA MANIPULATION

Pen-and-paper modes require consistency corrections.
Core variables can be computed from questionnaire items

Self-completion modes

IF (Q4 < 8888) Q3 = 1
IF ((Q3 = 1) and (Q4 = 9999)) Q4 = 8888
IF ((Q3 > 1) and (Q4 = 8888)) Q4 = 9999

Q4 LMF_MED	Q3 LMP_MED			
	1	*2*	*8888*	*9999*
1-4		Q3 = 1	Q3 = 1	Q3 = 1
8888	Q4 = 9999			
9999		Q4 = 8888	Q4 = 8888	Q4 = 8888

IF (Q2 = 1) Q1 = 1
IF ((Q1 > 1) and (Q2 = 9999)) Q2 = 8888
IF ((Q1 = 1) and (Q2 = 8888)) Q2 = 9999

Q2 MEDHABIT	Q1 LYP_MED			
	1	*2*	*8888*	*9999*
1-4		Q1 = 1	Q1 = 1	Q1 = 1
8888	Q2 = 9999 Q3 = 9999			
9999		Q2 = 8888 Q3 = 8888	Q2 = 8888 Q3 = 8888	Q2 = 8888 Q3 = 8888

IF (Q4 = 1) Q1 = 1
IF ((Q1 > 1) and (Q4 > 1)) Q4 = 8888
IF ((Q1 = 1) and (Q4 = 8888)) Q4 = 9999

Q4 LMP_MED	Q1 LYP_MED			
	1	*2*	*8888*	*9999*
1		Q1 = 1	Q1 = 1	Q1 = 1
2		Q4 = 8888	Q4 = 8888	Q4 = 8888
8888	Q4 = 9999			
9999		Q4 = 8888	Q4 = 8888	Q4 = 8888

All modes
LYP_MED = Q1
MEDHABIT = Q2
LMP_MED = Q3
LMF_MED = Q4
LASTMED = Q5

ALTERNATIVES

Differentiation between sedatives and tranquillisers
Although the model does not intend to distinguish between sedatives and tranquillisers, separate sets of questions can be asked for each substance. In such cases LYP_MED and LMP_MED should be calculated by accounting for the answers on the corresponding questions about sedatives and tranquillisers. As discussed before with regard to alcohol, we might get slightly different results. When also Q2 and Q4 are asked separately for each substance, the core variables MEDHABIT and LMF_MED could be set equal to highest frequency specified for either substance. As for alcohol, this method can produce underestimation. When Q5 is asked for each substance the model variable LASTMED should equal the lowest code that applies to either substance.
Apart from this, the distinction can produce very different results when people don't know the difference between the two substances.

Splitting Q2, Q4, Q5 in separate questions per answer category
As Q2, Q4 and Q5 require that the respondent knows all answer categories before responding, survey agencies will often prefer to split these questions in separate ones with regard to each of the answer categories, to be asked in following order. The implications have been discussed before. Again, we can expect different results because the respondent, not knowing the alternatives, might answer too promptly or wait too long.

Alternative answer categories for Q5
Instead of general last month frequency on an ordinal scale some prefer to continue traditional interval measures based on an exact number of days of taking sedatives or tranquillisers. As in the case of alcohol data can be made comparable by using the recode scheme we applied in the Joint Analysis.

20 + days = Daily or almost daily
10-19 days = Several times a week
4-9 days = At least once a week
< 4 days = Less than once a week

Asking for the number of days of taking substances is more in line with the approach we have chosen for the illicit drugs. It also avoids the problems of having to read the answer categories first.
Again, it should be noticed that asking for the *number of times* would not produce comparable results, as taking sedatives and/or tranquillisers several times a day can result in a different classification of the respondents.

5. ILLICIT DRUGS

DISCUSSION

A number of possible questions were considered for breaching the subject of illicit drugs. "Have you ever heard of..has been discussed as an optional filter question for each individual drug. Not having heard of a drug does not exclude that one has taken that drug, and the filter has been rejected.
Instead the expert group decided to start the questions for each individual illicit drug with a *warming-up* question. The final model question "do you personally know people who take..was preferred over the alternative to ask "do you have friends or acquaintances who take..as the latter phrasing might put the respondent on the defensive. The model question has been intentionally phrased in the present tense to avoid reference to the past or hearsay.
A side benefit of the model warming-up question could also be to arrive at an additional or an alternative *prevalence estimate*. Such would be particularly useful in the case of drugs, which are taken by only a small number of respondents. The answers could further be interpreted as *risk factors* or *predictors* for drug use.

Warming-up questions are followed by questions about respondents' personal use of drugs. For all drugs we include the standard prevalence measures, life time, last year and last month, and one ordinal frequency measure related to the last month.
The expert group decided not to include a measure for lifetime frequency in the proposed model. Such questions enable to distinguish between sporadic and more frequent use and could be informative about the nature of the 'drug epidemic'. However, the interpretation was thought to be pretty complex and its analytical potential therefore limited.
A general frequency measure to establish behavioural patterns, similar to those related to last year for tobacco, alcohol and pharmaceuticals, was not considered to add more information about drug taking habits than already provided by last month frequency, due to the expected low prevalence rates for illicit drugs.
Only with regard to cannabis the expert group proposes to include a question about the age of onset since it is the illicit drug most often taken and started with. The question should be raised immediately after the question about lifetime prevalence. It is advised to ask for an exact age rather than an age range in which cannabis might have been taken for the first time. Though the expert acknowledge that age of onset might be imprecise due to failing memory, exact ages might still be accurate at an aggregate level and allow more sophisticated analysis.

The expert group proposes to include the following illicit drugs in the model questionnaire: cannabis, ecstasy, amphetamines, cocaine, heroin and LSD. Including other drugs can be optional, though one should be aware of possible questionnaire fatigue due to the repetitive nature of the questions.
The proposed core selection is based on a consensus about which drugs would be relevant for all EU Member States. It is recommended to ask about cannabis first, as it is the most common illicit

drug and thought not to be very intrusive nowadays. Ecstasy should be placed before amphetamines to avoid that people already interpret ecstasy as a form of amphetamines.
Most experts would like to differentiate between cocaine and crack-cocaine. The model however does not make this distinction and a separate question about crack is not considered cost-effective in a general population survey, which at best will reveal very low prevalences. In any case crack should not be mentioned as an example of cocaine. In a similar way 'other opiates' should not be mentioned in connection to heroin, and 'other hallucinogens' not in connection with LSD.
In computer aided survey modes it is possible to alternate the following order of the drugs in the questionnaire to avoid a bias on a particular drug that comes at the end. However, randomisation of the following order should still comply with the recommendation that cannabis will be the first and that ecstasy precedes amphetamines.

In principle (other) colloquial names of the substances concerned can be added. The phrasing of the question for interviewer completion modes should then be exactly specified. When there are many alternative names, the phrasing can become rather clumsy and confusing.
Instead se it is better that the interviewer has a list of synonyms available. On the basis of this list he can accept or reject the answers when the respondent spontaneously asks if a particular colloquially named substance is meant.
The usual mentioning of alternative names between brackets, which should works well in self-completion modes, is not sufficient for interviewer completion modes, where it will be an invitation to interviewers to make up their own phrasings.

It is also recommended by the expert group to include a dummy drug. In the model we have chosen for the name, Relevin, used in the standard European School Survey (ESPAD). A dummy drug enables the researchers to evaluate the reliability of the answer patterns of respondents. Preferably it should be placed between the other drugs investigated, which makes it seem more like a 'real' drug. Its name can be replaced by another one that sounds like an illicit drug. We do acknowledge however that the inclusion of a dummy drug might be disputed. We have no proof that people who claim to have used the dummy should not be considered reliable with regard to their answers on other questions. The pre-tests of the model questionnaire suggest that people who are aware that Relevin must be a non-existing drug might doubt the reliability or seriousness of the survey.

CANNABIS

CORE VARIABLES

KNO_CAN

Label: Personally knowing people who take cannabis

Categories:
1 knows people who take cannabis
2 does not know people who take cannabis
9999 missing

LTP_CAN

Label: Lifetime prevalence of cannabis

Categories:
1 has ever taken cannabis
2 has never taken cannabis
9999 missing

AGE_CAN

Label: Age of onset of taking cannabis

Categories:

nn	**age in years**
8888	**skipped**
9999	**missing**

LYP_CAN

Label: Last year prevalence of cannabis

Categories:

1	**did take cannabis during last 12 months**
2	**did not take cannabis during last 12 months**
8888	**skipped**
9999	**missing**

LMP_CAN

Label: Last month prevalence of cannabis

Categories:

1	**did take cannabis during last 30 days**
2	**did not take cannabis during last 30 days**
8888	**skipped**
9999	**missing**

LMF_CAN

Label: Last month frequency of taking cannabis

Categories:

1	**daily or almost daily**
2	**several times a week**
3	**at least once a week**
4	**less than once a week**
8888	**skipped**
9999	**missing**

MODEL QUESTIONS

For the model questions it is recommended to use "hashish or marihuana" instead of the generic name "cannabis"...

Q1 ***Do you personally know people who take cannabis?***

1	**yes**
2	**no**
9999	**else**

Q2 ***Have you ever taken cannabis yourself?***

1	**yes**	
2	**no**	**► skip Q3, Q4, Q5, Q6**
9999	**else**	**► skip Q3, Q4, Q5, Q6**

Q3 ***At what age did you take cannabis for the first time?***

nn	**(age)**
9999	**else**

Q4 ***During the last 12 months, have you taken cannabis?***

1	**yes**	
2	**no**	**► skip Q5, Q6**
9999	**else**	**► skip Q5, Q6**

Q5 ***During the last 30 days, have you taken cannabis?***

1	**yes**	
2	**no**	**► skip Q6**
9999	**else**	**► skip Q6**

Q6 ***During the last 30 days, on how many days did you take cannabis?***

1	**daily or almost daily**
2	**several times a week**
3	**At least once a week**
4	**Less than once a week**
9999	**else**

MODE IMPLICATIONS

Q6 requires mode dependent instructions none

Self-completion	Q6: respondents should be instructed to choose the pre-coded answer that applies to them best
Interviewer completion	Q6: interviewers should be instructed to read the answer categories one by one in following order and mark the first one that applies

DATA MANIPULATION

Pen-and-paper modes require consistency corrections. Core variables can be computed from questionnaire items

Pen-and-paper modes

IF (Q6 < 8888) Q5 = 1
IF ((Q5 = 1) and (Q6 = 8888)) Q6 = 9999
IF ((Q5 > 1) and (Q6 = 9999)) Q6 = 8888

Q6 LMF_CAN	Q5 LMP_CAN			
	1	*2*	*8888*	*9999*
1-4		Q5 = 1	Q5 = 1	Q5 = 1
8888	Q5 = 9999			
9999		Q6 = 8888	Q6 = 8888	Q6 = 8888

IF (Q5 = 1) Q4 = 1
IF ((Q4 > 1) and (Q5 > 1)) Q5 = 8888
IF ((Q4 = 1) and (Q5 = 8888)) Q5 = 9999

Q5 LMP_CAN	Q4 LYP_CAN			
	1	*2*	*8888*	*9999*
1		Q4 = 1	Q4 = 1	Q4 = 1
2		Q5 = 8888	Q5 = 8888	Q5 = 8888
8888	Q5 = 9999			
9999		Q5 = 8888	Q5 = 8888	Q5 = 8888

IF (Q3 = 1) Q2 = 1
IF ((Q2 > 1) and (Q3 > 100)) Q3 = 8888
IF ((Q2 = 1) and (Q3 = 8888)) Q3 = 9999

Q3 AGE_CAN	Q2 LTP_CAN			
	1	*2*	*8888*	*9999*
nn		Q2 = 1	Q2 = 1	Q2 = 1
8888	Q3 = 9999			
9999		Q3 = 8888	Q3 = 8888	Q3 = 8888

IF (Q4 = 1) Q2 = 1
IF ((Q2 > 1) and (Q4 > 1)) Q4 = 8888
IF ((Q2 = 1) and (Q4 = 8888)) Q4 = 9999

Q4 LYP_CAN	Q2 LTP_CAN			
	1	*2*	*8888*	*9999*
1		Q2 = 1	Q2 = 1	Q2 = 1
2		Q4 = 8888	Q4 = 8888	Q4 = 8888

	8888	Q4 = 9999			
	9999		Q4 = 8888	Q4 = 8888	Q4 = 8888

All modes

KNO_CAN = Q1
LTP_CAN = Q2
AGE_CAN = Q3
LYP_CAN = Q4
LMP_CAN = Q5
LMF_CAN = Q6

ALTERNATIVES

Splitting Q6 in separate questions per answer category
As Q6 requires that the respondent knows all answer categories before responding, survey agencies will often prefer to split these questions in separate ones with regard to each of the answer categories, to be asked in following order. The implications have been discussed before. Again, we can expect different results because the respondent, not knowing the alternatives, might answer too promptly or wait too long.

Alternative answer categories for Q6
Instead of general last month frequency on an ordinal scale some prefer to continue traditional interval measures based on an exact number of days of taking cannabis. As in the case of alcohol, data can be made comparable by using the recode scheme we applied in the Joint Analysis.

20 + days = Daily or almost daily
10-19 days = Several times a week
4-9 days = At least once a week
< 4 days = Less than once a week

Again, it should be noticed that asking for the *number of times* would not produce comparable results, as taking cannabis several times a day can result in a different classification of the respondents.

ECSTASY

CORE VARIABLES

KNO_XTC

Label: Personally knowing people who take ecstasy

Categories:
1 knows people who take ecstasy
2 does not know people who take ecstasy
9999 missing

LTP_XTC

Label: Lifetime prevalence of ecstasy

Categories:
1 has ever taken ecstasy
2 has never taken ecstasy
9999 missing

LYP_XTC

Label: Last year prevalence of ecstasy

Categories
1 **did take ecstasy during last 12 months**
2 **did not take ecstasy during last 12 months**
8888 **skipped**
9999 **missing**

LMP_XTC

Label: Last month prevalence of ecstasy

Categories
1 **did take ecstasy during last 30 days**
2 **did not take ecstasy during last 30 days**
8888 **skipped**
9999 **missing**

LMF_XTC

Label: Last month frequency of taking ecstasy

Categories
1 **Daily or almost daily**
2 **several times a week**
3 **At least once a week**
4 **Less than once a week**
8888 **skipped**
9999 **missing**

MODEL QUESTIONS

Q1 ***Do you personally know people who take ecstasy?***

1 **yes**
2 **no**
9999 **else**

Q2 ***Have you ever taken ecstasy yourself?***

1 **yes**
2 **no** **► skip Q3, Q4, Q5**
9999 **else** **► skip Q3, Q4, Q5**

Q3 ***During the last 12 months, have you taken ecstasy?***

1 **yes**
2 **no** **► skip Q4, Q5**
9999 **else** **► skip Q4, Q5**

Q4 ***During the last 30 days, have you taken ecstasy?***

1 **yes**
2 **no** **► skip Q5**
9999 **else** **► skip Q5**

Q5 ***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**
9999 **else**

MODE IMPLICATIONS

Q5 requires mode dependent instructions

Self-completion: Q5: respondents should be instructed to choose the pre-coded answer that applies to them best

Interviewer completion

Q5: interviewers should be instructed to read the answer categories one by one in following order and mark the first one that applies

DATA MANIPULATION

Pen-and-paper modes require consistency corrections.
Core variables can be computed from questionnaire items

Pen-and-paper modes

IF (Q5 < 8888) Q4 = 1
IF ((Q4 = 1) and (Q5 = 8888)) Q5 = 9999
IF ((Q4 > 1) and (Q5 = 9999)) Q5 = 8888

Q5 LMF_XTC	Q4 LMP_XTC			
	1	*2*	*8888*	*9999*
1-4		Q4 = 1	Q4 = 1	Q4 = 1
8888	Q5 = 9999			
9999		Q5 = 8888	Q5 = 8888	Q5 = 8888

IF (Q3 = 1) Q4 = 1
IF ((Q3 > 1) and (Q4 > 1)) Q4 = 8888
IF ((Q3 = 1) and (Q4 = 8888)) Q4 = 9999

Q4 LMP_XTC	Q3 LYP_XTC			
	1	*2*	*8888*	*9999*
1		Q3 = 1	Q3 = 1	Q3 = 1
2		Q4 = 8888	Q4 = 8888	Q4 = 8888
8888	Q4 = 9999			
9999		Q4 = 8888	Q4 = 8888	Q4 = 8888

IF (Q3 = 1) Q2 = 1
IF ((Q2 > 1) and (Q3 > 1)) Q3 = 8888
IF ((Q2 = 1) and (Q3 = 8888)) Q3 = 9999

Q3 LYP_XTC	Q2 LTP_XTC			
	1	*2*	*8888*	*9999*
1		Q2 = 1	Q2 = 1	Q2 = 1
2		Q3 = 8888	Q3 = 8888	Q3 = 8888
8888	Q3 = 9999			
9999		Q3 = 8888	Q3 = 8888	Q3 = 8888

All modes

KNO_XTC = Q1
LTP_XTC = Q2
LYP_XTC = Q3
LMP_XTC = Q4
LMF_XTC = Q5

ALTERNATIVES

See alternatives for Q6 under Cannabis

AMPHETAMINES

CORE VARIABLES

KNO_AMP

Label: Personally knowing people who take amphetamines

Categories:
1 knows people who take amphetamines
2 does not know people who take amphetamines
9999 missing

LTP_AMP

Label: Lifetime prevalence of amphetamines

Categories
1 **has ever taken amphetamines**
2 **has never taken amphetamines**
9999 **missing**

LYP_AMP

Label Last year prevalence of amphetamines

Categories
1 **did take amphetamines during last 12 months**
2 **did not take amphetamines during last 12 months**
8888 **skipped**
9999 **missing**

LMP_AMP

Label Last month prevalence of amphetamines

Categories
1 **did take amphetamines during last 30 days**
2 **did not take amphetamines during last 30 days**
8888 **skipped**
9999 **missing**

LMF_AMP

Label Last month frequency of taking amphetamines

Categories
1 **daily or almost daily**
2 **several times a week**
3 **at least once a week**
4 **less than once a week**
8888 **skipped**
9999 **missing**

MODEL QUESTIONS

The word amphetamines in the questions can be changed into "amphetamines or speed or pep pills...

Q1 ***Do you personally know people who take amphetamines?***

1 **yes**
2 **no**
9999 **else**

Q2 ***Have you ever taken amphetamines yourself?***

1 **yes**
2 **no** ▶ **skip Q3, Q4, Q5**
9999 **else** ▶ **skip Q3, Q4, Q5**

Q3 ***During the last 12 months, have you taken amphetamines?***

1 **yes**
2 **no** ▶ **skip Q4, Q5**
9999 **else** ▶ **skip Q4, Q5**

Q4 ***During the last 30 days, have you taken amphetamines?***

1 **yes**
2 **no** ▶ **skip Q5**
9999 **else** ▶ **skip Q5**

Q5 ***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**
9999 **else**

MODE IMPLICATIONS

Q5 requires mode dependent instructions

Self-completion: Q5: respondents should be instructed to choose the pre-coded answer that applies to them best

Interviewer completion: Q5: interviewers should be instructed to read the answer categories one by one in following order and mark the first one that applies

DATA MANIPULATION

Pen-and-paper modes require consistency corrections.
Core variables can be computed from questionnaire items

Pen-and-paper modes

Consistency corrections equal those listed for ecstasy

All modes

KNO_AMP = Q1
LTP_AMP = Q2
LYP_AMP = Q3
LMP_AMP = Q4
LMF_AMP = Q5

ALTERNATIVES

See alternatives for Q6 under Cannabis

HEROIN

CORE VARIABLES

KNO_HER

Label: Personally knowing people who take heroin

Categories:
1 knows people who take heroin
2 does not know people who take heroin
9999 missing

LTP_HER

Label: Lifetime prevalence of heroin

Categories:
1 has ever taken heroin
2 has never taken heroin
9999 missing

LYP_HER

Label: Last year prevalence of heroin

Categories:
1 did take heroin during last 12 months
2 did not take heroin during last 12 months
8888 skipped
9999 missing

LMP_HER

Label: Last month prevalence of heroin

Categories:

1	**did take heroin during last 30 days**
2	**did not take heroin during last 30 days**
8888	**skipped**
9999	**missing**

LMF_HER

Label: Last month frequency of taking heroin

Categories:

1	**daily or almost daily**
2	**several times a week**
3	**at least once a week**
4	**less than once a week**
8888	**skipped**
9999	**missing**

MODEL QUESTIONS

Q1 ***Do you personally know people who take heroin?***

1	**yes**
2	**no**
9999	**else**

Q2 ***Have you ever taken heroin yourself?***

1	**yes**	
2	**no**	**► skip Q3, Q4, Q5**
9999	**else**	**► skip Q3, Q4, Q5**

Q3 ***During the last 12 months, have you taken heroin?***

1	**yes**	
2	**no**	**► skip Q4, Q5**
9999	**else**	**► skip Q4, Q5**

Q4 ***During the last 30 days, have you taken heroin?***

1	**yes**	
2	**no**	**► skip Q5**
9999	**else**	**► skip Q5**

Q5 ***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**
9999	**else**

MODE IMPLICATIONS

Q5 requires mode dependent instructions

Self-completion	Q5: respondents should be instructed to choose the pre-coded answer that applies to them best
Interviewer completion	Q5: interviewers should be instructed to read the answer categories one by one in following order and mark the first one that applies

DATA MANIPULATION

Pen-and-paper modes require consistency corrections.
Core variables can be computed from questionnaire items

Pen-and-paper modes

Consistency corrections equal those listed for ecstasy

All modes

KNO_HER = Q1
LTP_HER = Q2
LYP_HER = Q3
LMP_HER = Q4
LMF_HER = Q5

ALTERNATIVES

See alternatives for Q6 under Cannabis

COCAINE

CORE VARIABLES

KNO_COC

Label: Personally knowing people who take cocaine

Categories:
1 knows people who take cocaine
2 does not know people who take cocaine
9999 missing

LTP_COC

Label: Lifetime prevalence of cocaine

Categories:
1 has ever taken cocaine
2 has never taken cocaine
9999 missing

LYP_COC

Label: Last year prevalence of cocaine

Categories:
1 did take cocaine during last 12 months
2 did not take cocaine during last 12 months
8888 skipped
9999 missing

LMP_COC

Label: Last month prevalence of cocaine

Categories:
1 did take cocaine during last 30 days
2 did not take cocaine during last 30 days
8888 skipped
9999 missing

LMF_COC

Label: Last month frequency of taking cocaine

Categories:
1 daily or almost daily

2	several times a week
3	at least once a week
4	less than once a week
8888	skipped
9999	missing

MODEL QUESTIONS

Q1 ***Do you personally know people who take cocaine?***

1	yes
2	no
9999	else

Q2 ***Have you ever taken cocaine yourself?***

1	yes	
2	no	► skip Q3, Q4, Q5
9999	else	► skip Q3, Q4, Q5

Q3 ***During the last 12 months, have you taken cocaine?***

1	yes	
2	no	► skip Q4, Q5
9999	else	► skip Q4, Q5

Q4 ***During the last 30 days, have you taken cocaine?***

1	yes	
2	no	► skip Q5
9999	else	► skip Q5

Q5 ***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
9999	else

MODE IMPLICATIONS

Q5 requires mode dependent instructions

Self-completion	Q5: respondents should be instructed to choose the pre-coded answer that applies to them best
Interviewer completion	Q5: interviewers should be instructed to read the answer categories one by one in following order and mark the first one that applies

DATA MANIPULATION

Pen-and-paper modes require consistency corrections.
Core variables can be computed from questionnaire items

Pen-and-paper modes

Consistency corrections equal those listed for ecstasy

All modes

KNO_COC = Q1
LTP_COC = Q2
LYP_COC = Q3
LMP_COC = Q4
LMF_COC = Q5

ALTERNATIVES

See alternatives for Q6 under Cannabis

RELEVIN

CORE VARIABLES

KNO_REL

Label: Personally knowing people who take relevin

Categories:

1	**knows people who take relevin**
2	**does not know people who take relevin**
9999	**missing**

LTP_REL

Label: Lifetime prevalence of relevin

Categories:

1	**has ever taken relevin**
2	**has never taken relevin**
9999	**missing**

LYP_REL

Label: Last year prevalence of relevin

Categories:

1	**did take relevin during last 12 months**
2	**did not take relevin during last 12 months**
8888	**skipped**
9999	**missing**

LMP_REL

Label: Last month prevalence of relevin

Categories:

1	**did take relevin during last 30 days**
2	**did not take relevin during last 30 days**
8888	**skipped**
9999	**missing**

LMF_REL

Label: Last month frequency of taking relevin

Categories:

1	**daily or almost daily**
2	**several times a week**
3	**at least once a week**
4	**less than once a week**
8888	**skipped**
9999	**missing**

MODEL QUESTIONS

Instead of "relevin..another name for a dummy drug can be chosen

Q1 ***Do you personally know people who take relevin?***

1	**yes**
2	**no**

9999 else

Q2 ***Have you ever taken relevin yourself?***

1 yes
2 no ▶ skip Q3, Q4, Q5
10000 else ▶ skip Q3, Q4, Q5

Q3 ***During the last 12 months, have you taken relevin?***

1 yes
2 no ▶ skip Q4, Q5
9999 else ▶ skip Q4, Q5

Q4 ***During the last 30 days, have you taken relevin?***

1 yes
2 no ▶ skip Q5
9999 else ▶ skip Q5

Q5 ***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
9999 else

MODE IMPLICATIONS

Q5 requires mode dependent instructions

Self-completion	Q5: respondents should be instructed to choose the pre-coded answer that applies to them best
Interviewer completion	Q5: interviewers should be instructed to read the answer categories one by one in following order and mark the first one that applies

DATA MANIPULATION

Pen-and-paper modes require consistency corrections.
Core variables can be computed from questionnaire items

Pen-and-paper modes

Consistency corrections equal those listed for ecstasy

All modes

KNO_REL = Q1
LTP_REL = Q2
LYP_REL = Q3
LMP_REL = Q4
LMF_REL = Q5

ALTERNATIVES

See alternatives for Q6 under Cannabis

LSD

CORE VARIABLES

KNO_LSD

Label: Personally knowing people who take LSD

Categories:
- **1 knows people who take LSD**
- **2 does not know people who take LSD**
- **9999 missing**

LTP_LSD

Label: Lifetime prevalence of LSD

Categories:
- **1 has ever taken LSD**
- **2 has never taken LSD**
- **9999 missing**

LYP_LSD

Label: Last year prevalence of LSD

Categories:
- **1 did take LSD during last 12 months**
- **2 did not take LSD during last 12 months**
- **8888 skipped**
- **9999 missing**

LMP_LSD

Label: Last month prevalence of LSD

Categories:
- **1 did take LSD during last 30 days**
- **2 did not take LSD during last 30 days**
- **8888 skipped**
- **9999 missing**

LMF_LSD

Label: Last month frequency of taking LSD

Categories:
- **1 daily or almost daily**
- **2 several times a week**
- **3 at least once a week**
- 4 **less than once a week**
- **8888 skipped**
- **9999 missing**

MODEL QUESTIONS

The word 'LSD' in the questions can be changed into "LSD or acid or trips..(but *not* into: "LSD or other hallucinogens..).

Q1 ***Do you personally know people who take LSD?***

- **1 yes**
- **2 no**
- **9999 else**

Q2 ***Have you ever taken LSD yourself?***

- **1 yes**
- **2 no** ► **skip Q3, Q4, Q5**
- **10001 else** ► **skip Q3, Q4, Q5**

Q3 ***During the last 12 months, have you taken LSD?***

- **1 yes**

2	no	► skip Q4, Q5
9999	else	► skip Q4, Q5

Q4 ***During the last 30 days, have you taken LSD?***

1	yes	
2	no	► skip Q5
9999	else	► skip Q5

Q5 ***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
9999	else

MODE IMPLICATIONS

Q5 requires mode dependent instructions

Self-completion	Q5: respondents should be instructed to choose the pre-coded answer that applies to them best
Interviewer completion	Q5: interviewers should be instructed to read the answer categories one by one in following order and mark the first one that applies

DATA MANIPULATION

Pen-and-paper modes require consistency corrections.
Core variables can be computed from questionnaire items

Pen-and-paper modes

Consistency corrections equal those listed for ecstasy

All modes

KNO_LSD = Q1
LTP_LSD = Q2
LYP_LSD = Q3
LMP_LSD = Q4
LMF_LSD = Q5

ALTERNATIVES

See alternatives for Q6 under Cannabis

6. OPINIONS

DISCUSSION

The expert group had many discussions about the incorporation of questions about attitudes and opinions in the model prevalence questionnaire. The consensus about the proposals below has not been reached without difficulties.
At first some experts argued for excluding all attitude and opinion questions, considering them too complex and too ideologically charged for a European model questionnaire. Some disputed if such questions should be asked at all in prevalence surveys on drug use. Others held an opposite position, regarding these questions as a vital part of a model questionnaire, resulting in information that allows a better understanding of cross-cultural differences in drug use patterns.

The main problem with regard to item of attitudes and opinions proved to be that we do not yet have a clear view on what, why and how to measure. In a general sense, questions about attitudes and opinions in surveys will not result in individual variables, but will be combined in scales to measure some relevant attribute of the respondent.
Although several drug prevalence surveys of the past include sets of questions, which a priori or a posteriori allow the construction of scales, research on the items is still rather limited and often scales have not yet been validated.
The discussions about the issue have also been complicated by the initial approach of the project, which focussed on model questions rather than 'model' concepts. Obviously, the wording of this type of questions in a manner that can be read and understood in the same way in different languages and countries can be quite problematic. In particular because in a survey context we have to use colloquial language and cannot allow ourselves intricate academic formulations.

Nevertheless the expert group reached a consensus on the questions listed below, though it should be remarked that we do not conclude that the discussions are closed. In fact we explored the topic in more detail in the Joint Analysis, but within the planning of our project the results could not be used by the expert group for a reconsideration of the present recommendations.
At this stage we cannot recommend on *core variables* with regard to the item. Even if a single question might result in a meaningful attribute of the population, at present we have no evidence about this. Moreover, it is likely that only particular sets of questions combined in a scale will yield such core variables. This should still be a subject for further research.

Most of the model questions have been selected from the European School Survey questionnaire (ESPAD), which already represents a European standard. It must be acknowledged however, that the questions concerned belong to more cohesive sets of questions and that the selection by the expert group was based on a face-value consensus, not on an analysis of the most relevant ones.
The model questions relate to three different sub-items:
- opinions about drug addicts
- opinions about drug policies
- opinions about other people's behaviour
- perceptions about the risks of some behaviours

The questions are grouped below accordingly. Mode implications are mentioned. The questions do not require specific data manipulations.

It should also be noticed that the phrasing of all questions is very mode dependent. This aspect has not been thoroughly discussed in the expert group meetings. In particular the original ESPAD phrasing caused problems in the pre-tests. The classroom self-completion format of the ESPAD questionnaire proved not always to be suitable in other survey modes.

OPINIONS ABOUT DRUG ADDICTS

Q1 ***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**
9999	**else**

MODE IMPLICATIONS Q1 requires mode dependent instructions

Self-completion	Q1: respondents should be instructed to choose the pre-coded answer that represents their opinion
Face-to-face Interviews	Q1: interviewers should present a show card with the answer categories, so the respondent can choose between the alternatives

CATI	Q1: the interviewer should be instructed to read the acceptable answer categories. One should realise however that many interviewers will not always do this, but instead score the respondent's answer according to what the interviewer believes the respondent means to say. This may result in an overestimate of "don't know's..as respondents might not always be spontaneously clear whether they actually hold the opinions 3 or 4

OPINIONS ABOUT DRUG POLICIES

Q2 ***To what extent do you agree or disagree with the following statement, "People should be permitted to take hashish or marihuana"?***

1 **fully agree**
2 **largely agree**
3 **neither agree nor disagree**
4 **largely disagree**
5 **fully disagree**
9999 **else**

Q2 ***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**
9999 **else**

MODE IMPLICATIONS Q2, Q3 require mode dependent instructions

Self-completion	Q2, Q3: respondents should be instructed to choose the pre-coded answer that represents their opinion
Face-to-face Interviews	Q2, Q3: interviewers should present a show card with the answer categories, so the respondent can choose between the alternatives
CATI	Q2, Q3: the interviewer should be instructed to read the acceptable answer categories. One should realise however that many interviewers will not always do this, but instead score the respondent's answer according to what the interviewer believes the respondent means to say. This may result in an overestimate of "don't know's... as respondents might not always be spontaneously clear whether they actually hold the opinions 3 or 4

OPINIONS ABOUT BEHAVIOUR

INTRO: *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?

Q4 ***Trying ecstasy once or twice?***

1 **do not disapprove**
2 **disapprove**
3 **strongly disapprove**

4 **don't know**
9999 **else**

Q5 ***Trying heroin once or twice?***

1 **do not disapprove**
2 **disapprove**
3 **strongly disapprove**
4 **don't know**
9999 **else**

Q6 ***Smoking 10 or more cigarettes a day?***

1 **do not disapprove**
2 **disapprove**
3 **strongly disapprove**
4 **don't know**
9999 **else**

Q7 ***Having one or two drinks several times a week?***

1 **do not disapprove**
2 **disapprove**
3 **strongly disapprove**
4 **don't know**
9999 **else**

Q8 ***Smoking hashish or marihuana occasionally?***

1 **do not disapprove**
2 **disapprove**
3 **strongly disapprove**
4 **don't know**
9999 **else**

MODE IMPLICATIONS Q4-Q8 require mode dependent instructions

Self-completion	Q4-Q8: The intro should be adapted to the situation that the respondent reads this himself. Respondents should also be instructed to choose the pre-coded answer that represents their opinion
Face-to-face Interviews	Q4-Q8: Although the interviewer will read the mandatory intro, he should also present a show card with the answer categories, so the respondent can choose between the alternatives
CATI	Q4-Q8: Although the interviewer already mentions the acceptable answers in the intro, he should be instructed that he might have to repeat this for consecutive questions. One should realise however that many interviewers will not always do this, but instead score the respondent's answer according to what the interviewer believes the respondent means to say. This may result in imprecise answers as both respondents and interviewers can easily get confused about the difference between the double negative "do not disapprove...and "disapprove...

Although the expert group decided for the ESPAD categories of questions Q4-Q8, it should be acknowledged that these categories are not really suitable for CATI. In the pre-tests the phrasings caused a lot of confusion. When the respondent cannot read himself the intended option "do not disapprove..he might in reality interpret this as "approve..or misinterpret this as "disapprove...Hence we will get incorrect results.

PERCEPTIONS OF RISKS

INTRO: *Now I would like to know how much 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?

Q9 ***Smoke one or more packs of cigarettes per day?***

1 **no risk**
2 **slight risk**
3 **moderate risk**
4 **great risk**
9999 **else**

Q10 ***Having five or more drinks each weekend?***

1 **no risk**
2 **slight risk**
3 **moderate risk**
4 **great risk**
9999 **else**

Q11 ***Smoke hashish or marijuana regularly?***

1 **no risk**
2 **slight risk**
3 **moderate risk**
4 **great risk**
9999 **else**

Q12 ***Try ecstasy once or twice?***

1 **no risk**
2 **slight risk**
3 **moderate risk**
4 **great risk**
9999 **else**

Q13 ***Try cocaine or crack once or twice?***

1 **no risk**
2 **slight risk**
3 **moderate risk**
4 **great risk**
9999 **else**

MODE IMPLICATIONS Q9-Q13 require mode dependent instructions

Self-completion	Q9-Q13: The intro should be adapted to the situation that the respondent reads this himself. Respondents should also be instructed to choose the pre-coded answer that represents their opinion
Face-to-face Interviews	Q9-Q13: Although the interviewer will read the mandatory intro, he should also present a show card with the answer categories, so the respondent can choose between the alternatives
CATI	Q9-Q13: Although the interviewer already mentions the acceptable answers in the intro, he should be instructed that he might have to repeat this for consecutive questions.

Although we have to realise that many interviewers will not always do this, the pre-tests indicate that respondents have no problems in differentiating between no, slight, moderate and great risks.

ALTERNATIVES

At the present stage no alternatives for the questions about opinions will be presented.

7. RESPONDENT ATTRIBUTES

DISCUSSION

In the earlier stages of the project the expert group discussed many attributes that were considered to be relevant as background variables for prevalence patterns.
Existing national surveys often include a great variety of respondent characteristics. Some of these characteristics appear one way or the other in all surveys, many are restricted to only a few countries. A lot of these variables do not show up in the research reports based on these surveys which makes it difficult to assess the relevance in the context of drug prevalence surveys. One reason might be that the available detail about respondents usually only refers to the present situation and therefore can only be related to current or recent patterns of drug use. In most countries however the number of current (last year) or recent (last month) users of most drugs in a survey is too small to allow in depth analysis based on attributes.
At present question formats also differ considerably between countries. In the construction of the Eurofile for the Joint Analysis we often could not obtain perfect matches.

The expert group decided to include only those attributes into the standard model, which have found to be present in all or most national surveys that had been investigated in earlier stages of the project. Also we decided to specify only a few basic categories for these attributes.
This rather practical solution does not imply however that the selected attributes and categories are thought to be the most relevant compared to others to be included in comparable prevalence surveys among the general population.

Even this restriction to a sort of common divide of attributes will not be without complications. Apart from the obvious age and gender, basic attributes about household, employment, education and area of residence are difficult to standardise on a European level in terms of the questions needed to assess the categories of the attributes in an unambiguous manner. It should also be acknowledged that many countries already apply national standards for attributes like household composition, educational level or employment status. Demands for consistency with previous and other surveys will limit the possibilities to introduce new standards.

With regard to the model we therefore only present a minimum set of defined variables and categories. For sake of completeness we add some tentative questions related to them. The questions themselves however cannot be considered to be part of the model and therefore they are not included in the overview model questionnaire of chapter III.
In principle individual countries should make their own decisions on which questions in their circumstances would be needed to obtain the required information. In most cases this will involve country specific data manipulations.

In further developments of the model it seems advisable to take into account the results of efforts in other fields of research to harmonise cross-country question formats. In particular ongoing projects by Eurostat should be considered.

CORE VARIABLES

SEX

Label: Gender of the respondent

Categories:
1 male
2 female
9999 missing

AGE

Label: Age of the respondent

Categories:
nn (age)
9999 missing

HOUSHOLD

Label: Indication of the type of household to which the respondent belongs

Categories:
1 one person living alone
2 two partners without children at home
3 two partners with children at home
4 one adult with children at home
5 other situation
9999 missing

NOTE

Initially the expert group only decided on three categories, "living alone.,."living with some kind of family..and "other...In the Joint Analysis we found that the second category "living with some kind of family..cannot be reconstructed from the usual question formats applied by individual countries. The classification above however comes closest to the type of differentiation intended.
But even this differs from the traditional formats of most countries and might be difficult to reconstruct.
The definition of the variable might have to be reconsidered in the future, preferably based on research results that indicate the relevance of the variable in the context of drug prevalence studies.

ACTIVITY

Label: Indication of the main activity status of the respondent in terms of the categories listed below and according to country specific definitions of these categories

Categories:
1 employed or self-employed
2 full-time student
3 unemployed
4 other
9999 missing

NOTE

Each category should be defined according the common standards of the country concerned. This implies for instance that some countries will restrict "employed..to people who have a regular job of 12 and more hours a week, others might include any paid work. Some will define "unemployed..to those registered at job agencies, others will define them as those looking for a paid job of a minimum number of hours per week.
In cross-country comparisons we can therefore only compare along a status as perceived in the individual countries, not on the basis of a general concept.

EDUCAT

Label Level of highest education completed by the respondent

Categories
1 primary education or less
2 lower secondary education
3 higher secondary education
4 higher education
5 cannot be classified
9999 missing

NOTE We recommend to use the ISCED coding scheme to assess the categories. The correspondence will be:

primary or less	= ISCED 1
lower secondary	= ISCED 2
higher secondary	= ISCED 3
higher education	= ISCED 5,6,7

The ISCED coding has also been used in the Joint Analysis but it should be noted that no perfect match could be achieved for most countries. main reason is that the ISCED implies a more detailed specification of types education than most countries realistically can include in a general population survey.
The ISCED coding scheme is presented in the Annex 4 of this report.

URBANISATION

Label Level of urbanisation of the area of residence of the respondent

Categories
1 metropolitan
2 urban
3 rural
4 cannot be classified
9999 missing

NOTE The expert group did not define the categories of this variable. Countries may therefore use any national classification, which results in the three categories listed. For the time being a cross-country comparison can only compare on the basis of country perceptions of the concepts metropolitan, urban and rural.

MODEL QUESTIONS

Questions below should be taken only as examples

Q1 *Please indicate if you are a male or a female*

1 male
2 female
9999 else

Q2 *What is your age?*

nn (age)
9999 else

Q3 *Which of the following describes the composition of the household to which you belong?*

1 one person living alone
2 two partners without children at home
3 two partners with children at home
4 one adult with children at home
5 other situation

9999 else

Q4 *Which of the following applies best to you?*

1 you are employed or self-employed
2 you are a full-time student
3 you are unemployed
4 none of the above applies
9999 else

Q5 *What is the highest level of education that you have completed?*

nn (code corresponding to type of education)
9999 else

Q6 *What is the <identification code> of your home address?*

nn (address identification code)
9999 else

MODE IMPLICATIONS Formulation of questions Q1-Q5 is mode dependent

Self-completion	Q1, Q3-Q5: respondents should be instructed to choose the pre-coded answer that applies. As the list of pre-coded answers cannot be made too long, Q5 will need the option of a free-format answer. For Q6 the respondent should specify either part of an area (e.g. postal) code or the name of his municipality or community
Face-to-face	Q3,Q4: interviewers should be instructed to present a show card or read the answer categories one by one in following order and mark the first one that applies. For Q5 the interviewer should present a show card with categories to choose from but also allow a free format answer. Q6 should be codes by the interviewer from the address he visits or, in case of site interviews, ask the respondent to specify part of his area code or the name of his municipality.
CATI	Q3,Q4: interviewers should be instructed to read the answer categories one by one in following order and mark the first one that applies. For Q5 only an open format answer will be feasible. Q6: the programme should record an area code from the telephone number or the interviewer should ask the respondent to specify part of his area code or the name of his municipality.

DATA MANIPULATION Q4 and Q5 will need coding and further data manipulations after data entry to obtain the required variables.

ALTERNATIVES As the questions about attributes are not considered to be part of the model, we do not discuss alternatives.

III. MODEL QUESTIONNAIRE (ENGLISH)

Below we present an overview of the recommended questions of Chapter II. French, German, Dutch, Finnish, Swedish and Greek translations of this questionnaire are presented in Annex 1. Questions are listed in the recommended following order. Answer categories corresponding to "don't know.,. "don't want to answer.,. etc. are not indicated. Please note also that the questionnaire format below does not indicate the internal referral systems.

TOBACCO

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

1☐	yes
2☐	no

2. Have you ever smoked in the past?

1☐	yes
2☐	no

ALCOHOL

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

1☐	yes
2☐	no

4. 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

5. How often do you drink six glasses or more 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

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

1☐	yes
2☐	no

7. 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

PHARMACEUTICALS

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

1☐	yes
2☐	no

9. 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

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

1☐	yes
2☐	no

11. 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

12. 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

ILLICIT DRUGS

CANNABIS

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

1☐	yes
2☐	no

14. Have you ever taken hashish or marihuana yourself?

1☐	yes
2☐	no

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

.....

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

1☐	yes
2☐	no

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

1☐	yes
2☐	no

18. **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

ECSTASY

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

1☐	yes
2☐	no

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

1☐	yes
2☐	no

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

1☐	yes
2☐	no

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

1☐	yes
2☐	no

23. **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

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

1☐	yes
2☐	no

25. **Have you ever taken amphetamines yourself?**

1☐	yes
2☐	no

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

1☐	yes
2☐	no

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

1☐	yes
2☐	no

28. **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

29. **Do you personally know people who take cocaine?**

1☐	yes
2☐	no

30. **Have you ever taken cocaine yourself?**

1☐	yes
2☐	no

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

1☐	yes
2☐	no

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

1☐	yes
2☐	no

33. **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

34. **Do you personally know people who take heroin?**

1☐	yes
2☐	no

35. **Have you ever taken heroin yourself?**

1☐	yes
2☐	no

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

1☐	yes
2☐	no

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

1☐	yes
2☐	no

38. 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

39. Do you personally know people who take relevin?

1☐	yes
2☐	no

40. Have you ever taken relevin yourself?

1☐	yes
2☐	no

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

1☐	yes
2☐	no

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

1☐	yes
2☐	no

43. 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

44. Do you personally know people who take LSD?

1☐	yes
2☐	no

45. Have you ever taken LSD yourself?

1☐	yes
2☐	no

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

1☐	yes
2☐	no

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

1☐	yes
2☐	no

48. 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

OPINIONS

49. 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

50. 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

51. 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

Instruction: *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?*

52. Trying ecstasy once or twice

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

53. Trying heroin once or twice

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

54. Smoking 10 or more cigarettes a day

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

55. Having one or two drinks several times a week

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

56. Smoking marijuana or hashish occasionally

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

Instruction: *Now I would like to know how much do <u>you</u> 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.*

57. Smoke one or more packs of cigarettes per day

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

58. Have five or more drinks each weekend

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

59. Smoke marijuana or hashish regularly

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

60. Try ecstasy once or twice

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

61. Try cocaine or crack once or twice

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

IV. PRE-TESTS OF THE MODEL QUESTIONNAIRE

Introduction

This chapter deals with pre-tests of the model questionnaire. Although most questions of the model already have been applied in some way in previous surveys and the questions have been formulated after sometimes extensive debates in the expert group, pre-testing should be recommended as a key element of good practice. In fact, using model questions, makes pre-testing even more important. Models have either been developed in an abstract context, based on arguments and evaluations of a wide range of experiences, or, they stem from surveys carried out in different times, different countries, for different aims and by different organisations. All these factors can imply that questions, which seemed perfect at their time, context and setting, might not work the same way in another situation.
In particular when questions are copied from surveys carried out in another language or another mode, one has to be cautious. In the previous chapters we already indicated that mode can have effects on the phrasing and wording of questions. In most cases literal translations of questions might also not be feasible due to differences in grammar and semantics, in particular with regard to colloquial language.

In our case we have carried out pre-tests of the model questionnaire as a final check of our recommendations and as an example of what we would consider good practice with regard to pre-testing in general. We have deliberately chosen for a mixture of modes in order to get an impression of mode implications. This however does not imply that future surveyors can refrain from pre-testing their complete – and in many cases extended questionnaires – in their own situation. The expert group too used a more extended questionnaire for the pre-tests. One reason was that we did not expect to find many people with a drug history. By extending the questions about tobacco, alcohol and pharmaceuticals we hoped to test at least the repetitive nature of the drug questions. Besides we introduced a filter question with regard to drugs in order to ease the interview process. Finally, we added a question about the reliability of the response. Of course all model questions have been included as well. The English version of the pre-test questionnaire is presented as Annex 7.
It should be noticed that not all suggestions for change and adaptation resulting of the pre-tests have been incorporated in the final model questionnaire. On one hand because some suggestions apply to a particular mode in a specific country, on the other because some suggested changes actually imply a change in content of the question, which would need another round of consultation and discussion within the expert group.

The pre-tests have been carried out in England, the Netherlands, Germany, France and Greece. We have chosen for a variety of modes in order to be able to adjust for mode effects on question formulation if necessary. For each mode we aimed at a net response of 20. However, the available budget did not allow doing pre-tests in all countries in all modes. The pre-test have been carried out and reported according to a pre-defined format. Most companies followed the formats and have made a serious effort to carry out proper tests targeting to the objectives of the project. The original pre-test reports have been included in Annex 6.

A comparison of modes with regard to answer patterns was not intended, although the executing companies do give their views on the suitability of modes for this kind of survey. For this reason we also do not list the pre-test survey data results of the questions. Mode comparison itself is the main topic of the parallel project CT.97.EP.02.

As the project co-ordinator is a member of Intersearch, the companies involved in the pre-tests have been selected among the members of this European market research association to ensure commitment and acceptable costs. The pre-test reports have been commented upon by the

members of the expert group in the countries concerned. They did not always agree with the changes proposed by the companies. In some cases these changes would indeed imply the move to different meanings of questions. The next paragraphs summarise the main findings.

Questionnaire

The first and main conclusion is that most questions seem to work as intended. Some points for further consideration and discussion are listed below.
The tests confirm the need to keep questions as simple as possible. Every departure from this principle is asking for trouble. First, because many interviewers will inevitably divert from the prescribed phrasing, when a sentence contains more than say 10 words. Second, because many respondents don't really grasp the questions at first hearing, then ask for clarification and thus force the interviewer to some alternative wording. Often this might not be a problem as it not always will change the content of the question, but sometimes the explanations might be correct and hence the answers faulty. These problems are absent with self-completion, but in those modes do not really know to what extent respondents do understand the questions.
One should also be aware that professional interviewing these days is mass production and working against the clock, in particular in the case of CATI. This setting does not allow complicated questions and even more important, does not give the respondents much time to think. As a consequence hesitating respondents might generate unnecessary missing values.

Specific questions

Although most of the model questions comply with the principle of simplicity, some might still need adaptation, partly depending on the mode being used. We refer here to the question numbers in the pre-test questionnaire.

Q68-Q72
All pre-tests conclude that the double negative ("do not disapprove.).is confusing. Though this might be less so in the case of self-completion, the phrasing, which had been copied form the ESPAD questionnaire should be reconsidered. As a consequence, the answer categories might have to change as well.
We realise that there might have been good reasons for the present formulation. "Approving..is not the same as "not disapproving.,.but in the reality of colloquial language the distinctions disappears as an academic semantic dispute.

Q66-Q67
With regard to the questions about "being permitted to take either cannabis or heroin..the expert group had left it deliberately vague what in this context should be understood by "being permitted...But as the respondents in general are quite aware that we talk about something illegal, they react as if they assume that the question is not "complete...Hence they tend to return the question by asking if the interviewer means "permitted by the government.,.or by asking for an explanation like "does permitted means being legal?...
The chosen vague formulation implied willingly that we do not know how the question has been interpreted. We just wanted a spontaneous answer. But such point of view might not be valid if in retrospect we do not know how the question has been formulated, including extensions and explanations, after all.

Q14, Q21 and look-alikes
The expert group has chosen for general ordinal categories to assess frequencies of use during the last 30 days. In principle these categories will work, provided that the respondent knows what the options are. In the case of self-completion or when show cards can be presented, this should not be a problem. But when interviewers have to read the options it becomes confusing. Either the interviewer does not repeat the categories every time or the respondent makes his own variations, leaving it to the interviewer to categorise. In both cases we might get imprecise answers in the end.
The typical CATI solution to split the question along the answer possibilities not only increases interview time but also increases the repetitive character of the interview, which might after a while distract the respondent.
The initial rejection of asking for the number of days of use might be reconsidered. The recognition that any figure provided might not be correct, can be acknowledged by interpreting the results still as ordinal, instead of interval, values as we have done in the framework of the Joint Analysis.

Q11, Q12, Q61
As explained in the main report, the expert group has chosen the present formulation purposely to assess a general pattern of use of alcohol and pharmaceuticals. Even though the question is only asked when respondents have indicated a last year prevalence, the question itself is not linked to specific period of time. This too proves to be confusing for some respondents. The easiest alternative would be to (re-)establish the link in a similar way as when asking for a use pattern during the last 30 days.

Survey mode

The pre-tests have been carried out in different modes to find out specific implications of mode on question formulations. We did not aim to assess which modes would produce the most reliable results or to assess mode effects on answer patterns as such. Nevertheless, as different modes have been applied anyway, we did ask the fieldwork companies to give their impression about the feasibility of each mode for prevalence surveying. In general the companies address two aspects which need further consideration in the development of general population surveys.

Survey control

Control by the fieldwork company
Postal surveys, being it based on household drop-off or mail delivery, imply that we don't know who completes the questionnaire. The addressee might have passed it on to another member of the household who is thought to have more knowledge of the subject, or the completion might have been a collective effort of several members of the household, if only because others are consulted to explain some questions. The implicit assumption of self-completion might be an illusion.
Face-to-face surveys at home assume that we only have interviewers who are reliable and honest in all aspects. The main problem is not the possibility of fraud, as most companies will apply instruments to check this, however imperfect in many cases. More difficult is the control over the interview setting. The assumption that face-to-face at home implies an encounter of interviewer and respondent undisturbed by others can as well be an illusion.

Control by the researchers
An often neglected aspect is the control of the process by of the researchers, i.e. the organisation that has commissioned the survey. Some modes offer better opportunities than others, but the main factor is the type of arrangement that will be made between the researchers and the fieldwork company. In principle researchers should be present at the instructions and the (de)briefings of the interviewers, though they should leave the actual proceedings to the professionals of the fieldwork organisation. The researchers should also be consulted when necessary adaptations have to be made during the survey execution. Ideally all this should be put down in a contract or written agreement to avoid unwanted accomplished facts afterwards.
Besides researchers should demand a complete and detailed account of the survey process, the sampling procedures, the problems encountered and the response. Some organisations always include proper technical reports, but many don't and, again, this should be laid down in contracts and agreements.
Implementing these demands can be expensive relative to the costs of the actual fieldwork. But if we are really concerned about data quality, it might be advisable to accept, if needed for budget reasons, a lower net response in order to obtain proper accounts of the process.

Mode and sampling

Some pre-tests point out that the choice between modes should be more dictated by arguments of sampling than by arguments of interviewer-respondent interaction or assumed reliability of responses. CATI and site interviews will always be selective in some way. For practical reasons they almost inevitably end up as quota samples. The preference of the pre-testing companies for these modes can be considered biased. In social research, where proper assessment of population estimates is more essential than in most commercial surveys, the preference will in general be given to face-to-face surveys at home, which allow random sampling techniques. The costs might be a constraint however.

V. CONSTRUCTION OF A EUROPEAN PREVALENCE DATA FILE

Introduction

In this chapter we give an account of the construction of a joined data set of existing prevalence survey data of the Netherlands, France, England and Wales, Germany, Sweden, Finland and greater Athens. These surveys have been conducted in different years between 1993 and 1998. The surveys are different with regard to mode, sample size, response rate, context and questionnaire. An overview of the general characteristics is presented in the table below.

Country	*(main) context*	*mode*	*sampling*	*target population*
France	health	CATI	simple random private household connections; within households: next birthday method	18-75 yr.
England-and-Wales	crime (victims)	CAPI	stratified random postal addresses; within household simple random	16-59 yr. (for drug questions)
Germany	licit and illicit drugs	postal – delivered & collected by interviewer	stratified random postal addresses; within household next birthday	18-59 yr.
Netherlands	licit and illicit drugs	CAPI	stratified random population register	12+ yr.
Sweden	alcohol	pen-and-paper / CATI / postal	stratified random postal addresses; within household last birthday	15-75 yr.
Finland	illicit drugs	postal – delivered & collected by mail	simple random population register	18-74 yr.
Greece (Greater Athens)	health	pen-and-paper	simple random area selection; within area simple random selection	12-64 yr.

country	*over-sampled groups*	*weighted by*	*N*	*response rate **
France	none	age, gender, area, type of housing	1993	76 %
England-and-Wales	deprived areas, ethnic groups	age, gender, area, type of housing	12935	83 %
Germany	none	age, gender, marital status, household size	7833	65 %
Netherlands	12-18 yr.	age, gender, marital status, ethnicity	21959	
Sweden	none	?	3582	70%
Finland	none	not applicable	3009	71 %
Greece (Greater Athens)	12-24 yr.	age	2103	93 %

* Note: calculation of response rate differs per country

The original data of the country files have been selected and transformed into a common set of variables following procedures described below. Annex 5 to this report gives an overview of the variables in the integrated file (Eurofile).

As mentioned before we have tried to join data of seven different national surveys using different questionnaires. For the purpose of the Joint Analysis we disregard the effects of different sample sizes, interview modes and survey contexts, as well as effects of differently phrased questions on answer patterns.
The joining of the national data sets is based on the awareness that different questions still may result in comparable research variables, directly or by means of combination and manipulation of sets of questions.
Below we explain the general rules applied in the joining process. Where necessary or appropriate, remarks are made about the fitness of the match between the individual country files.

Selection of variables

The starting point for selecting variables of the national files into the Eurofile has been the model questionnaire, which had been presented in the final report of project CT.96.EP.08. Some other variables, corresponding to the later revision of this model have been added as well.
All questions of the model appear in some way in at least one of the national data sets. There are two exceptions however.
The introductory question to the different illicit substances, "Do you personally know someone who takes (a specific) drug.,.has not been used in any of the surveys. As an alternative we have chosen the introductory, "Have you ever heard of (substance).,.even though this one is only present in the England-and-Wales survey.
The other exception is the question about how people had acquired sedatives or tranquillisers the last time they took these. Some surveys do include this issue, partly by asking directly for non-prescribed use, partly by posing separate questions about non-prescribed use. In the latter case however we were unable to transform the resulting variables into a common one corresponding to the model questionnaire.

An overview of all variables included in the basic Joint Analysis Eurofile is presented in Part A of Annex 5. The overview also specifies the common categories for each variable and the variations with regard to these categories in the underlying data sets of individual countries.
Questions about opinions which have been used in the experimental Joint Analysis are listed separately in Part B of Annex 5.

Categories

The coding schemes of the national surveys are all very different. We did not even discover common standards in the labelling of categories (e.g. 1=yes, 2=no). The process of harmonisation therefore required extensive data manipulation, in particular with regard to raw data files from computer aided surveys. CATI and CAPI software programmes often construct dichotomous variables for each answer category of a question, which need to be combined into single variables.

Reduction to ordinal scales
In order to obtain comparable categories we reduced the information content in many cases to simple ordinal scales (e.g. low - medium - high). These scale categories might correspond to different cut-off points or combinations of categories in the data sets of individual countries.
It can be disputed however if, in the context of the construction of comparable data, this should always be interpreted as data reduction, in particular when categories represent quantities or frequencies.
In such cases many surveys will already have build in ordinal scales. These scales vary from 'few' to 'much' or from 'low' to 'high', with cut-off points based on national perceptions about which figures should correspond to the distinguished categories. For example, a certain absolute frequency of cannabis use might in one country be perceived as high or heavy use, whereas in another country the same frequency might be seen as moderate use.

Matching different absolute ranges of individual countries into common European categories is in our opinion not necessarily a reduction of information. Depending on research aims it can even be an improvement with regard to comparability.
It must be noted however that the argument has not been elaborated in the project. In the main report the project group opted in the end for uniform category labels with regard to the prevalence measures. In the construction of the Eurofile we tried to conform to this option as far as possible. Only with regard to the income variables, we attempted to a country context based ordinal scale (see below).

> *The argument is similar to the discussion among epidemiologists, e.g. in the Netherlands, about the need for gender-specific categories for binge drinking. Because of different metabolic effects, it is argued that heavy (binge) drinking should be measured for women by a lower number of glasses on one occasion than for men. The traditional "6 glasses on one occasion" might be appropriate for men, whereas women should already be identified as binge drinkers when they consume 5 glasses on one occasion.*

Missing values

In most cases we could not assess how the managers of the original survey data had handled categories corresponding to answers like 'don't know', 'no answer' or coding errors. In the files we used such differentiated categories, if they existed in the original file, might already have been replaced by uniform missing values. Unfortunately sometimes without discriminating between real item non-response (i.e. no answer, don't know, etc.) and forced item non-response, caused by preceding filter questions.
For practical reasons we therefore decided in the Eurofile on the following general coding scheme for all missing values: The use of the codes 8888, 9999 and –99 applies to all variables in the Eurofile and is not separately listed in the overview of Annex 5.

Code 8888
Assigned to "missing..values as consequence of one or more preceding filter questions. For most analysis code 8888 does not represent a missing value, but must be interpreted as being equal to the answer 'no' or 'not applicable'.
For instance, when LTP cannabis equals 'no', questions about LYP and LMP would have been skipped and result in a 'missing' answer. In a logical sense the answers should be 'no' however. The value 8888 is assigned instead to differentiate between real 'no'-answers.

Code 9999
Answers not corresponding to one of the identified valid categories and therefore to be interpreted as real item non-response. For lack of underlying data this item non-response is not further differentiated

Code -99
Assigned to all cases of a variable, which is not present in a national subset of the Eurofile. This does not represent item non-response, but only indicates that the variable could not be constructed for a particular country.

Consistency

Respondents are not always consistent in their answers to questions. Also, survey data will be manipulated by people, who can make errors. Both might result in inconsistent data.
Pen-and-paper modes will result in more inconsistent data than computer aided modes, where the computer programme can prevent inconsistencies by accepting only selected codes and guiding the interviewer or respondent through the questionnaire.
Most researchers will correct for inconsistencies prior to an analysis of the data. We do not know to what extent the files we have used had already been cleaned or corrected, but all files still included some inconsistencies.
In general there are three methods to correct for inconsistencies.

- If an inconsistency is considered as an indication that the respondent is not reliable in his or her answers, one might decide to drop from the file and exclude from analysis all records with any or a specific number of inconsistent answers.

- Inconsistent answers can also be seen as human errors or mistakes. If so, the real answer will be unknown and the researcher will recode the inconsistent answers into a missing value.
- One can also argue that not everybody reads or understands all instructions and that many people tend to skip questions, which at first sight do not seem to relate to them. Such errors will produce inconsistencies, which can be corrected by a logical reinterpretation of the answers on preceding or following questions.

Based on our fieldwork experience we see no reason to adopt the first rather drastic approach. Instead we have chosen for the last method with regard to all prevalence questions and the second method in other cases.
As far as possible we applied for the prevalence measures (LTP, LYP, LMP) a reinterpretation based on logical statements in following order below, where code 8888 indicates that LMP or LYP actually should have been skipped.

IF LMP = YES ⟶ LYP = YES
IF LYP = NO ⟶ LMP = 8888
IF LYP = YES ⟶ LTP = YES
IF LTP = NO ⟶ LYP = 8888

Although the total number of corrections by application of this rule is not very high, the effect on prevalence and continuation rates for individual drugs can still be substantial when we deal with very low figures in the general population.

A closer analysis of missing values patterns might be needed to better understand the meaning of missing values. Item non-response has always been a great concern for drug researchers, as it might indicate that people are unwilling to reveal their drug use. With regard to drug use we find in several cases high numbers of missing values relative to the number of valid answers. But this would not necessarily mean that the resulting prevalences are not reliable.

First, the number of missing values for a particular variable depends also on the build-in structure of the questionnaire and the way researchers treat the survey data, in particular when filter questions have been applied. A missing answer on a filter not always not always causes a skip of the following questions, but the result might be that missing is followed by missing and the missing values accumulate. For the Eurofile the available questionnaires and survey processing programmes did not justify a correction method as described above. As a consequence the number of missing values in the Eurofile might be artificially high.
Second, although we did not execute a real missing value analysis, some try-outs indicate that many missing values originate from selected groups of respondents. For example people over or individuals who have answered only a few survey questions. In both cases the resulting item non-response might relate more to the respondent's a lack of understanding the questionnaire (instructions) than an attempt to obscure their real answers on, for example, drug use. If so, the reliability of the outcomes we find for the survey population as whole, would not have been affected very much.

Weighting

As mentioned before our experimental Joint Analysis did not require weighting of the data for sample and non-response errors. Nevertheless, the weight factors to raise survey results to the national populations have been included in the Eurofile. Only the Finnish file did not include a weight factor. In the Eurofile, the factor for Finland is made equal to 1 for all cases.
In surveys with no booster samples, the effects of weighting on prevalence figures are quite limited. A major effect is also not very likely as it would imply that the survey process resulted in a selective response, which normally will have been observed and corrected in earlier stages of the fieldwork.
In the Joint Analysis the age range considered has been limited to 18-59 years. This choice already excludes effects from booster samples on young people, which applied to the data sets of the Netherlands and Greece.

Remarks on individual items and variables

Alcohol

The traditional prevalence measures are not present in all country files. Some countries measure prevalence for different types of alcohol separately. In such cases the prevalence of any alcohol has been assessed by counting the use of any of the separate drinks.

The construction of comparable variables and categories for frequency of alcohol drinking and binge drinking proved to be problematic. Countries differ in the way they count frequencies (as number of times or number of days), in their cut-off points between categories, as well in their reference period for counting. The first two differences will not be a problem for the Joint Analysis as high remains high and low remains low, but unequal reference periods might not justify the harmonisation attempt.

As we indicated frequency of drinking for France by the last week frequency, whereas this for other countries refers to the last month or a frequency in general, the data for France could be an underestimation in comparison to the other countries.

Finland and France measure frequency for different types of alcoholic drinks separately. In the Eurofile we have counted the maximum frequency of any of the listed drinks. This might result in an underestimation of the real frequency of alcohol use.

> *An indication of the differences between last month and last week frequencies could be found in the Greek data. Using last week or last month frequency produces very different distributions of high, medium and low drinkers, even if we recalculate last month frequency as four times last week frequency. Such difference between reference periods might not hold in the same way for other countries, but it is likely that last week frequencies are not a valid estimation of missing last month frequencies..*
>
> *In some cases (e.g. Finland, Germany) we can investigate the difference between counting the maximum frequency of any drink and the cumulative frequency of each specified type of drink. Even though the cumulative approach might not be very realistic, as it assumes that people drink different drinks on different days or occasions alternatively, the differences are considerable and the 'maximum of any drink' might imply an underestimation.*

With regard to binge drinking it should also be noticed that for some countries we could only indicate 'binging' by a frequency of drunkenness instead of the traditional six glasses at one occasion. Although getting drunk on an individual basis will mean that one has drunk too much, it does by itself not mean that one is a heavy drinker. The findings of the experimental Joint Analysis indeed do indicate that drunkenness might not be an appropriate indicator for binge drinking.

Illicit drugs

Not all country files include every illicit drug specified in the model questionnaire. Also, not all countries use each of the model prevalence measures. The model introductory question does not appear in any file. A dummy drug is only included in the England-and-Wales file (called Semeron instead of Relevin).

Nevertheless, apart from sometimes complicated data manipulations caused by differences in the file structure, the harmonisation of national data sets with regard to prevalence measures on illicit drugs caused less problems than the similar attempt with regard to alcohol, pharmaceuticals and respondent attributes.

Any drug

Although a question about the use of any drug is not part of the model, we did include the item in the Eurofile because in some countries the question acts as a primary filter.

Depending on the routing within the questionnaire and the explanations given to the concept of "any drug.,.the use of this filter can result in under-estimations or inconsistencies. We will have under-estimations of prevalences of specific drugs when questions might have been skipped incorrectly. Inconsistencies can occur when respondents answer 'no' to any drug and 'yes' to for instance cannabis. Inconsistent answers are corrected in the Eurofile by the rule stated above.

Amphetamines and ecstasy

In the French survey ecstasy is listed in the same group as amphetamines. In the Joint Analysis the researchers have therefore excluded France when dealing with either substance. The Greek survey, dating from 1993, did not yet include ecstasy.

Cocaine
With regard to the model questionnaire the expert group decided not to measure crack use as cocaine use. Some countries already measure prevalence of crack separately. However it is not clear how respondents will have interpreted the separate questions, in particular when questions about crack are placed after questions about cocaine. There will be no problems when we can keep the assumption that crack users also use cocaine in other modalities.

Heroin
Germany and the Netherlands also ask for other opiates. Due to the actual placement in the questionnaire we can assume however, that heroin will not have been understood as including other opiates as well. In Germany the respondent could read that heroin and other opiates have been listed separately, in the Netherlands separate questions have been asked for several types of opiates.

LSD
In France and Greece the questionnaire listed LSD and other hallucinogens together. As a consequence figures for these countries might therefore present an overestimation of LSD prevalence.
The Dutch survey included separate questions for different hallucinogens, among which LSD. In the file we used for the Joint Analysis all hallucinogens had already been combined into one group. Therefore also the Dutch data might present an overestimate of LSD prevalence.

Pharmaceuticals
Constructing common variables from questions about the use of pharmaceutical drugs caused a lot of complications. Partly because in the model we decided to combine sedatives and tranquillisers, whereas none of the country surveys made this combination in the questionnaire.
The Netherlands and England-and-Wales use the same format and structure as for illicit drugs. In other countries the questions are structured and formatted very differently, not really intending to measure prevalence. In Greece and England-and-Wales only non-prescribed use of tranquillisers is asked for. Finland, Germany and the Netherlands measure prevalence of sedatives and tranquillisers separately. If applicable, frequency of use is then measured in the Eurofile as the maximum of either substance, which might be an underestimation (see above).

> *We have to point out that the prevalence variables of pharmaceuticals also reveal a relatively high number of missing values. Even though most survey questionnaires include explanatory descriptions and/or common brand names of sedatives and tranquillisers, this suggests that the substances concerned or the terminology applied are not so much known among the general public as one might expect.*
> *Indeed, the England-and-Wales survey records more people who have not heard of tranquillisers than people who haven't heard of any of the illicit drugs.*

Respondent attributes
Basic attributes like age and gender are present and comparable in each country file. The originally intended differentiation with regard to household composition (living alone, living with some kind of family, other) could not be constructed. Instead we have chosen for a dichotomous household variable (one person, more than one person) and the inclusion of marital status. The latter also makes sense as in some countries marital status is included in the weighting procedure (due to underrepresentation of singles and divorced people in the response).
Other variables of the model could be constructed from each file with the required categories, but we cannot be sure that the categories actually cover the same content. Income variables, which are not included in the model questionnaire, have been put into the Eurofile as a demonstration of the process of creating uniform categories with country specific underlying figures.

Main activity
Main activity usually refers to a self-reported status. However, in England-and-Wales it relates to the respondent's situation in the week prior to the interview.
Although we seemingly obtained a good match between the country files, it should be noticed that the distinguished categories can have different meanings in each country. Also the data manipulations result in relatively high numbers to be assigned to the category 'other'.

Education
All countries measure education as the level of the highest completed education, but none of the countries used the standardised ISCED to pre-code educational levels. For this reason the categories in the Eurofile should only be interpreted as an approximation when comparing between countries.

Urbanisation
The project team did not conclude on any standard or common scale to measure differences in degree of urbanisation, though the relevance of having this variable was not disputed. For the Eurofile we decided to a simple classification into metropolitan, urban and rural. It has not been investigated what these concepts actually cover, but they seem to differentiate with regard to drug prevalence.

Income
As mentioned before, we included income, either personal or household income, in the Eurofile as an example to demonstrate the possibility of building a common scale based on different categories per country.
Income is measured in local currency. Transformation into a common basis, e.g. euros, would not result in comparability between countries however, due to differences in economy. With the same amount in euros, one can be rich in one country and poor in another. But income levels can be made comparable by assessing incomes relative to the national distribution, for instance differentiating between the top, middle and bottom 25 or 33 percent.

As the cut-off points of income categories in the country files do not seem to have been chosen from such a viewpoint, we could only obtain a rough differentiation between high, medium and low income levels. For details, see Annex 5.

Survey variables
The Eurofile includes a few survey variables. The weight factor in the Eurofile equals the country specific weight factor as discussed above.
For Germany we specify two country codes to distinguish between East and West Germany, which in many ways are still two different socio-cultural entities. The included weight factor nevertheless applies to Germany as a whole.
For Sweden we actually have data from three surveys based on different modes. The CATI and postal surveys have been executed in the framework of project CT.97.EP.02, which tackles the mode effects on prevalence rates.
The gender of the interviewer has been included to assess eventual interviewer biases.
We have tested this tentatively on the England-and-Wales data on cannabis prevalence by making combinations of interviewers and respondents by gender. The hypothesis that some combinations might result in different prevalence rates could not be confirmed however.

Opinions
The Eurofile has been extended with selected variables related to opinions and perceptions about drugs of the national data sets of Finland, Sweden, Germany and France. The Dutch and England-and-Wales survey did not include such questions. The Greek survey included only two.
As questions about opinions and perceptions differ considerably between national surveys, both in content and wording, no attempt has been made to transform these variables into a common format. In Annex 5 we list these variables with an approximate translation into English.

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

ANNEX 1

MODEL QUESTIONNAIRES

FRENCH
GERMAN
DUTCH
SWEDISH
FINNISH
GREEK

FRENCH

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. À 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 acheté sur ordonnance d'un médecin
2 ☐ Quelqu'un que je connais me les a procurés
3 ☐ Je les ai acheté 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

AMPHETAMINES

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

HEROIN

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 peau
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

ILLICIT 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

ILLICIT 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

HEROIN

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, hasjies) 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

ILLICIT DRUGS

CANNABIS

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

1 ☐ ja
2 ☐ nej

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

1 ☐ ja
2 ☐ nej

15. Vid vilken ålder prövade 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 ecstacy?

1 ☐ ja
2 ☐ nej

20. Har Du någon gång själv prövat ecstacy?

1 ☐ ja
2 ☐ nej

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

1 ☐ ja
2 ☐ nej

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

1 ☐ ja
2 ☐ nej

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

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 relevin?

1 ☐ ja
2 ☐ nej

40. Har Du någon gång själv prövat relevin?

1 ☐ ja
2 ☐ nej

41. Har Du under de senaste 12 månaderna använt relevin?

1 ☐ ja
2 ☐ nej

42. Har Du under de senaste 30 dagarna använt relevin?

1 ☐ ja
2 ☐ nej

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

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

FINNISH

TOBACCO

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

1 ☐ kyllä
2 ☐ en

2. Oletteko aikaisemmin tupakoinut?

1 ☐ kylla
2 ☐ en

ALCOHOL

3. Oletteko viimeksi kuluneiden 12 kuukauden aikana juonut alkoholia?

1 ☐ kylla
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 ☐ kylla
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 ☐ kylla
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 ☐ kylla
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 ☐ kylla
2 ☐ en

14. **Oletteko itse koskaan käyttänyt hasista tai marihuanaa?**

1 ☐ kylla
2 ☐ en

15. **Minkä ikäisenä käytitte ensimmäisen kerran hasista tai marihuanaa?**

.....

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

1 ☐ kylla
2 ☐ en

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

1 ☐ kylla
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. **Tunnetteko 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. **Tunnetteko 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 käyttänyt 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 heroiinia?**

1 ☐ kyllä
2 ☐ en

35. **Oletteko koskaan itse käyttänyt heroiinia?**

1 ☐ kyllä
2 ☐ en

36. **Oletteko viimeksi kuluneiden 12 kuukauden aikana käyttänyt heroiinia?**

1 ☐ kyllä
2 ☐ en

37. **Oletteko viimeksi kuluneiden 30 päivän aikana käyttänyt heroiinia?**

1 ☐ kyllä
2 ☐ en

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

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

RELEVIN

39. **Tunnetteko 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. **Tunnetteko 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 heroiinia."

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 heroiinia 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. Εχετε 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 καθησιά;

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

ILLICIT 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 ποιοβαθμό 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 <u>εσείς</u> 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 ☐ πολύ επικίνδυν

ANNEX 2

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 maintainment of consistency with other EMCDDA indicators and other International Organizations

COUNTRY	All adults			Young adults			Broad age groups														
DRUGS	LIFETIME PREVALENCE (%)																				
(important: see "drug definitions"	15-64			15-34			15-24			25-34			35-44			45-54			54-64		
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. benzodiacepines																					
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														
DRUGS	LAST 12 MONTHS PREVALENCE (%)																				
(important: see "drug definitions"	15-64			15-34			15-24			25-34			35-44			45-54			55-64		
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. benzodiacepines																					
15. other medic. (specify)																					
16. solvents																					
17. steroids																					
18. other (specify)																					

COUNTRY	All adults			Young adults			Broad age groups														
DRUGS	LAST 30 DAYS PREVALENCE (%)																				
(important: see "drug definitions"	15-64			15-34			15-24			25-34			35-44			45-54			55-64		
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. benzodiacepines																					
15. other medic. (specify)																					
16. solvents																					
17. steroids																					
18. other (specify)																					

COUNTRY																													
DRUGS	LIFETIME PREVALENCE (%)																												
(important: see "drug definitions"	15-19			20-24			25-29			30-34			35-39			40-44			45-49			50-54			55-59			60-64		
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	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)																													
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12. other hallucinogens (specify)																													
13. hypnotics and sedatives (total)																													
14. benzodiacepines																													
15. other medic. (specify)																													
16. solvents																													
17. steroids																													
18. other (specify)																													

COUNTRY																													
DRUGS (important: see "drug definitions" in the Methodology box)	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)																													
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10. hallucinogens (total)																													
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14. benzodiacepines																													
15. other medic. (specify)																													
16. solvents																													
17. steroids																													
18. other (specify)																													

COUNTRY																													
DRUGS	LAST 30 DAYS PREVALENCE (%)																												
(important: see "drug definitions"	15-19			20-24			25-29			30-34			35-39			40-44			45-49			50-54			55-59			60-64		
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	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)																													
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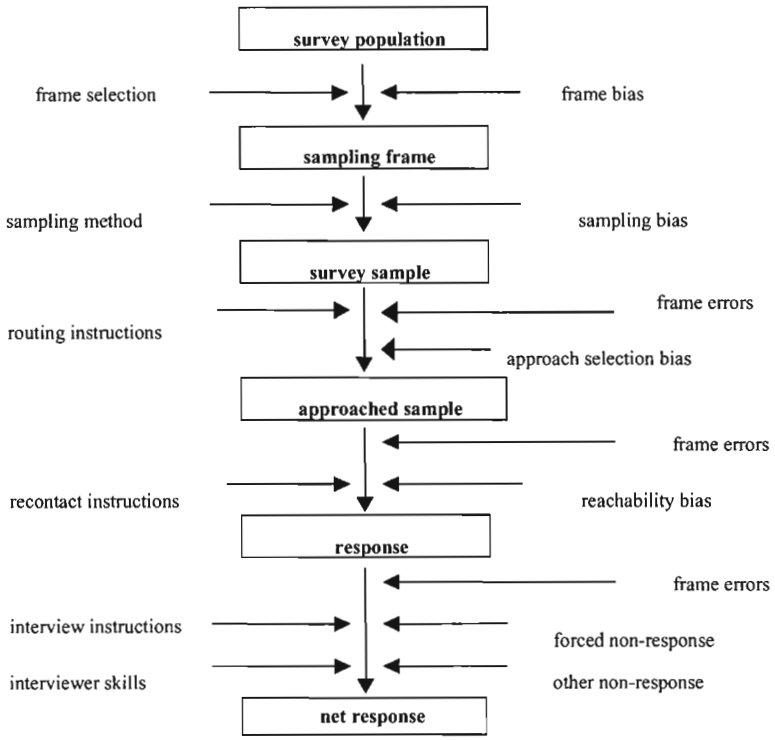
11. LSD																													
12. other hallucinogens (specify)																													
13. hypnotics and sedatives (total)																													
14. benzodiacepines																													
15. other medic. (specify)																													
16. solvents																													
17. steroids																													
18. other (specify)																													

ANNEX 3

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** (**Voksenuddanelse** (part-time))	**Individuelle uddannelser:** EGU, FUU **Erhvervsfaglige uddannelser:** Erhvervsududdannelser, social- og sundhedsuddannelser, landbrugs søfartsuddannelser, CCC **Gymnasiale uddannelser** (**Voksenuddanelse** (part-time)	**Korte videregående uddannelser** **Mellemlange videregående uddannelser** **Bacheloruddannelser,** **Kandidatuddannelser** (**Voksenuddanelse** (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** *year 1-6* (all: including year 1-2: Orientierungsstufe) **Sonderschulen**	**Berufsscholen (Duales System)** **Bedrufsaufbauschulen** **Fachgymnasien** **Fachoberschulen** **Berufsfachschulen** **Gesamtschulen** **Gymnasien** *year 7-9*	**Fachschulen** **Schulen des Gesundheitswesen** **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 universitary schools **Post-graduate studies**
SPAIN	**Colegios de educación general bàsica (EGB)** *year 1-5*	**Colegios de educación general bàsica (EGB)** *year 6-8*	**Institutos de formacion profesional (VTI):** Formacion profesional de primer grado Formacion profesional de secundo grado **Institutos de bachillerato unificado y polivalente (BUP)** **Curso de orientación universitaria (COU):** pruebas de acceso a la universidad	**Universidades:** Escuelas Universitarias Esculas Técnicas Superiores Facultades
FRANCE	**Écoles élémentaires**	**Colléges:** 3e générale, 3e d'insertion, 3e technologique, lycées professionels	**Écoles spécialisées** **Lycées:** BAC général, BAC technologique, BT **Lycées professionels:** BEP ou CAP, BAC professionel	**Grandes écoles** **Écoles spécialisées** **Universités:** UFR-Santé, UFR-Lettres-Arts-Sciences humaines-Sciences-droit-Sciences economiques **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 *all: year 1-3*	**Junior Cycle (Leaving certificate):** Vocational schools, Community & comprehensive schools,Voluntary secondary schools, Private schools *all: year 4-6* (including year 4: tranistion year) Special schools *year 4-5* **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	**Scuolo elememtari** **Educazione speciale**	**Scuolo medie** **Educazione speciale**	**Scuolo magistrali** **Instituti magistrali** **Licei artistici** **Instituti d'arte** **Instituti professionali** **Instituti techici** **Licei classici, scientifici, linguistici**	**Academie** **Università ed instituti universitari:** Corsi di laurea, corsi di diploma universitario, scuolo dirette a fini speciali
LUXEMBOURG	**Enseignement primaire**	(Lower secondary schools general:) **Lycée général** (Lower secondary vocational:) **Lycée tenchnique**	(Upper secondary schools general:) **Lycée général** (Upper secondary vocational:) **Régiem technique** **Régiem de technicien** **Régiem professionnel**	(Higher non-university:) **BTS** **IST/SERP/IEES** (Higher university:) **Supérieur universitaire:** including Continuation of studies abroad
NETHERLANDS	**Basisonderwijs:** *year 3-8* **Speciaal onderwijs:** *year 3-8*	**Voortgezet onderwijs:** VBO, MAVO, HAVO *year 1-3*, VWO *year 1-3 (all: year 1*: Gemeenschappelijk brugjaar) **VSO** *year 1-3*	**Voortgezet onderwijs:** LLW, MBO, HAVO *year 4-5*, VWO *year 4-6* **VSO** *year 4-6*	**Hoger onderwijs:** HBO, WO **Post-doctoraal:** Tweede fase, Post-doctoraal, AIO
AUSTRIA	**Volksschule** **Sonderschule** *year 1-4*	**Hauptschule Allgemeinbildende höhere Schulen Unterstufe** **Sonderschule** *year 5-9*	**Polytechnischer Lehrgang, Bedrufsschule 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 **Educ o especial**	**Compulsory basic school: general school: 3rd cycle** (Certificate of degree) year 7-9 **Educ o especial**	**Vocational school courses** **Secondary courses: general and technological courses** **Educ 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 opplilaitokset** (vocational and professional education), **Lukio** (upper secondary schools)	**Lower tertairy:** Ammattikorkeakoulut (AMK) (polytechnics) **Ylopistot** (universities): Alempi Korkeakoulututkinto (bachelor's), Ylempi Korkeakoulututkinto (master's), Lisensiaatti (licentiate), Tochtorin tutkinto (doctorate)
SWEDEN	**Grundskola** *year 1-6* **Utlands, Sär- och Specialskola** (Swedish schools aboad, 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
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			*OR beer OR wine OR strong liquors*						
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
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
ANY ILLICIT DRUG										
Criterion				*Any illicit drug*	*Narcotics*		*Any soft or hard drug*	*Any illegal drug or solvent*		
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
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
AMPHETAMINES										
Criterion							*Including ecstasy*			
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
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
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
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
LSD										
Criterion						*Including other hallucinogens*	*including other hallucinogens*		*Including other hallucinogens (combined by survey team)*	
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
RELEVIN (DUMMY DRUG)										
Criterion										*Dummy name = Semeron*
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
PHARMACEUTICALS										
Criterion				*Sedatives and / or tranquillisers (combined by EEDUS)*		*Non-prescribed tranquillisers*		*Sedatives and / or tranquillisers (combined by EEDUS)*	*Sedatives and / or tranquillisers (combined by EEDUS)*	*Non-prescribed tranquillisers*
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	
	Reference period					*Last month*		*Last month*	**Last month**	
	Criterion					.		*Max. frequency OR sedatives OR tranquill.*	*Max. frequency OR sedatives OR tranquill.*	

VARIABLE LABEL	VARIABLE NAME	Value	VALUE LABEL	FINLAND	SWEDEN	GREECE	FRANCE	GERMANY	NETHERLANDS	ENGLAND
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
RESPONDENT ATTRIBUTES (continued)										
Main activity	**EMPLOY**	**1**	**Employed**	Employed	Employed	Employed	Employed	Employed	Employed	Employed
		2	**Student**	Student	Student	Student	Student	Student	Student	Student
		3	**Unemployed**	Unemployed	Unemployed[3]	Unemployed	Unemployed	Unemployed	Unemployed	Unemployed
		4	**Other**	Other	Other	Other	Other	Other	Other	Other
	Criterion			*Self-reported status*	*Self-report status*	*Self-reported status*	*Self-reported status*	*Self-reported status*	*Self-reported status*	*Situation last week*
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 %	
	Criterion			*% based on unweighted file*	*% based on weighted file*				*% based on weighted file*	

[3] including conscripts

VARIABLE LABEL	VARIABLE NAME	Value	VALUE LABEL	FINLAND	SWEDEN	GREECE	FRANCE	GERMANY	NETHERLANDS	ENGLAND
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 advertisments 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	addicitivity of tranquillisers'
V458	addictivity of cannabis'
V459	addictivity of amphetamines'
V460	addicitivity of ecstasy'
V461	addictivity of LSD'
V462	addicitivity of heroin'
V463	addictivity of other opiates'
V464	addicitivity of methadon'
V465	addictivity of cocaine'
V466	addictivty 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 addicition 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 agressive 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'.

ANNEX 6

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 désaprouvez 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	☒ simple random from telephone list ☐ random digit dialling
	Area codes	75 / 69	
	Social grades covered by area	All	
Other modes	Area name	Paris	☒ street selection by recruiters ☐ 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 *(give also your back translation into English)*	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 tranquilisants .. (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, 'désaprouve' is a rather 'strong' word in itself. Meaning that there are few differences between 'désaprouve' and 'désaprouve absolument'. We feel we may say 'désaprouve un peu' or 'désaprouve plutôt' ('disapprove a bit' or 'rather disapprove') instead of 'désaprouve' (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
	Not really ←				→ Perfect
General applicability of questionnaire for this mode	1	2	3	4	5
	Only specialists ←				→ Suitable for all
Suitability of questionnaire for your interviewers	1	2	3	4	5
	Average ←				→ More than average
Instruction and supervision required	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
	Not really ←				→ Perfect
General applicability of questionnaire for this mode	1	2	3	4	5
	Average ←				→ More than average
Instruction and supervision required	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
	Not really ←				→ Perfect
General applicability of questionnaire for this mode	1	2	3	4	5
	Only specialists ←				→ Suitable for all
Suitability of questionnaire for your interviewers	1	2	3	4	5
	Average ←				→ More than average
Instruction and supervision required	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
	Not really ←				→ Perfect
General applicability of questionnaire for this mode	1	2	3	4	5
	Average ←				→ More than average
Instruction and supervision (of respondent) required	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 ad 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 collegues in the UK did not insert na/dk. The codes were kept consistent. However, we briefed the interviewers to seperate 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 ecstacy 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)	X simple random from telephone list ☐ 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

	Not really ←				→ Perfect
General applicability of questionnaire for this mode = CATI	1	2	3	4	5
	Only specialists ←				→ Suitable for all
Suitability of questionnaire for your interviewers	1	2	3	4	5
	Average ←				→ More than average
Instruction and supervision required	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 „Aufputschmittel" 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 exlcude 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	*Gender estimated by the interviewer*
		Women	18	
Interview completed			20	
Numbers not used			91	

*) 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		☐ simple random from telephone list
	Area codes		☐ random digit dialling
	Social grades covered by area		
Other modes	Area name	Utrecht	☒ street selection by recruiters
	Social grades covered by area	all social grades	☐ other selection procedure (specify)
	Description of site(s)	Hotel, next to shopping centre, railway station and open market	number of recruiters: 3

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

Question number	**Proposed alternative phrasing in your language** *(give also your back translation into English)*	**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
	Not really ←				→ Perfect
General applicability of questionnaire for this mode	1	2	3	4	5
	Average ←				→ More than average
Instruction and supervision (of respondent) required	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.)			*not recorded*
	Women, under 30 (approx.)			
	Men, above 30 (approx.)			
	Women, above 30 (approx.)			
Refusals	Based on Q2	No time		not recorded
		No interest in topic		
		Doesn't participate in any survey		
		Other reasons		
	No reason given		ca. 80%	
Attributes of refusers	Questions 78-83 completed			
	Questions 78-83 not completed	Men < 30 yrs		*Age and gender estimated by the recruiters*
		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: **STOHOS**

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 necassity 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	☑ simple random from telephone list ☐ random digit dialling
	Area codes	01	
	Social grades covered by area	B to D	
Other modes	Area name	Kallithea (Athens Suburb)	☑ street selection by recruiters ☐ 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

	Not really ←				→ Perfect
General applicability of questionnaire for this mode	1	2	3	4	5
	Only specialists ←				→ Suitable for all
Suitability of questionnaire for your interviewers	1	2	3	4	5
	Average ←				→ More than average
Instruction and supervision required	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	The phrasing of these questions is confusing overall. We propose the following changes : **Introduction** 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, „ . (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 „) **Individual Questions** Start 68-72 : Τους ανθρώπους που „ (people who „) and read out the answers for Q. 68, 69, 71 Q 68-69 Δοκιμάζουν XXX μια-δυο φορές στην ζωή τους (Try XXX once or twice in their lifetime) or just «δοκιμάζουν» (try) {try once or twice is confusing) Q 70 Respondents are not sure whether it means tobacco cigarettes or joints (the expression for joints is very similar to "cigarettes„ in Greek) We propose adding "κανονικά» regular before cigarettes.	✓	✓	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 seperately 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	*Gender estimated by the interviewer*
		Women	10	
Interview completed			20	
Numbers not used			170	

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	*Age and gender estimated by the recruiters*
		Women < 30 yrs	2	
		Men > 30 yrs	1	
		Women > 30 yrs	6	
Interview completed			20	

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 seing 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	*Age and gender estimated by the recruiters*
		Women < 30 yrs	1	
		Men > 30 yrs	4	
		Women > 30 yrs	6	
Interview completed			20	

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 absenses. 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 not 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, 04	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			
interviewer completion completed			26
self-completion completed			25

see below

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

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 .

	score
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 wil! 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 ubject-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 js 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 a 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.

ANNEX 7

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 68

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