

**Institut
de la statistique**

Québec 

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Langue :

2

*Québec Survey on Smoking,
Alcohol, Drugs and Gambling
in High School Students, 2008*

**1200, AVENUE MCGILL COLLEGE, BUREAU 500
MONTREAL (QUEBEC) H3B 4J8**

Instructions

Across Québec, thousands of high school students will be participating in this important survey on smoking, alcohol consumption, drug usage and gambling. Your responses will help us gain a better understanding of what people your age think and what they actually do in terms of smoking, drinking, drugs and gambling. Your answers will help decision-makers design programs to help people your age.

THERE ARE NO RIGHT OR WRONG ANSWERS.

THIS IS NOT AN EXAM.

DO NOT WRITE YOUR NAME ON THIS QUESTIONNAIRE.

No one in your school will be able to see the answers you give.

The Québec Institute of Statistics guarantees that your answers will be kept confidential.

- ◆ Read each question carefully.
- ◆ Give only one answer to each question, unless indicated otherwise.
- ◆ To answer:

Darken ● **OR** put a check mark ✓ **OR** put an × in the little square □

OR write your answer in the appropriate space on the line.

Ex.: I was

1	3
---	---

 years old.

- ◆ Carefully follow the arrows when necessary. For some arrows, you will need to specify a response, while for others you will have to skip questions.

*Are you ready?
Let's begin!*

Please indicate the current time:

		:		
--	--	---	--	--

Exemple :

0	2	:	1	5
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General Information

1. **What grade are you in?**

- Secondary I
- Secondary II
- Secondary III
- Secondary IV
- Secondary V

2. **How old are you?**

- 11 years old or under
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old or older

3. **Are you...**

- A boy
- A girl

4. **What language do you speak MOST OFTEN at home?**

➤ **Mark one answer only**

French

English

Other. Please, specify :

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5. **IN THE LAST 30 DAYS, have you smoked cigarillos or little cigars (plain or flavoured), even just a few puffs?**

No, I haven't smoked cigarillos or little cigars

in the last 30 days → **Go to question 7**

Yes, every day

Yes, almost every day

Yes, a few times (a few days)

Yes, one or two days

6. **ON THE DAYS YOU SMOKED, how many cigarillos or little cigars did you usually smoke?**

Less than one a day (a few puffs a day)

1 to 2

3 to 5

6 to 10

11 to 20

More than 20

7. **IN THE LAST 30 DAYS, have you used a tobacco product other than cigarettes, cigarillos or little cigars?**

Yes

└─ Please, specify the product(s):

No

Smoking cigarettes and you

8. **Have you ever tried cigarette smoking, even just a few puffs?**

- Yes
- No → **Go to question 30**

9. **Have you ever smoked A WHOLE cigarette?**

- Yes
- No → **Go to question 12**

10. **How old were you when you smoked your first WHOLE cigarette?**

I was years old.

11. **Have you smoked 100 or more cigarettes IN YOUR LIFE?**
(100 cigarettes = 4 packs of 25 cigarettes)

- Yes
- No
- I don't know

ATTENTION!

**The next two questions (12 and 13) are about
cigarette smoking in THE LAST 30 DAYS.**

12. **IN THE LAST 30 DAYS, have you smoked cigarettes, even just a few puffs?**

- No, I haven't smoked in the last 30 days → **Go to question 24**
- Yes, every day
- Yes, almost every day
- Yes, a few times (a few days)

13. **ON THE DAYS YOU SMOKED, how many cigarettes did you usually smoke?**

- Less than one cigarette a day (a few puffs a day)
- 1 to 2 cigarettes a day
- 3 to 5 cigarettes a day
- 6 to 10 cigarettes a day
- 11 to 20 cigarettes a day
- More than 20 cigarettes a day

14. **How addicted to smoking cigarettes do you think you are?**

- Not addicted at all
- A little addicted
- Quite addicted
- Very addicted

15. **How soon after you wake up do you usually smoke your first cigarette on a weekday (Monday through Friday)?**

➤ **Mark one answer only**

- Less than 15 minutes
- 15 to 30 minutes
- More than 30 minutes, but less than 60 minutes
- 1 to 2 hours
- More than 2 hours but less than half a day
- More than half a day
- I do not smoke on weekdays

16. **How soon after you wake up do you usually smoke your first cigarette on a weekend (Saturday and Sunday)?**

➤ **Mark one answer only**

- Less than 15 minutes
- 15 to 30 minutes
- More than 30 minutes, but less than 60 minutes
- 1 to 2 hours
- More than 2 hours but less than half a day
- More than half a day
- I do not smoke on weekends

17. **How often do you smoke cigarettes at the following times?**

➤ **Mark all that apply**

		Never	Sometimes	Often	Always
a)	Before school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b)	During the school day (ex.: recess, lunchtime)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c)	After school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d)	On weekday evenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e)	On weekends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. **If you are sick with a bad cold or sore throat, do you smoke cigarettes?**

- No, I stop smoking when I am sick
- Yes, but I cut down on the amount I smoke
- Yes, I smoke the same amount as when I am not sick

19. **How true is this statement for you**

➤ **Answer each question**

		Not at all true	Not very true	Fairly true	Very true
a)	When I go without a smoke for a few hours, I experience cravings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b)	I sometimes have strong cravings for cigarettes where it feels like I am in the grip of a force that I cannot control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Access to cigarettes

20. **How do you USUALLY get your cigarettes?**

➤ **Mark one or more indicating the way(s) you get them the MOST OFTEN**

- a) I buy them myself in a store (convenience store – *dépanneur*, gas station, etc.)
- b) I buy them myself from a friend or someone else at school
- c) I buy them myself from a friend or someone else, but not at school
- d) I have someone buy them for me
- e) My father or mother gives them to me
- f) My brother or sister gives them to me
- g) A friend gives them to me
- h) Other. Please, specify: _____

21. **If you get someone else to buy your cigarettes, who buys them for you?**

➤ **Mark all that apply**

- a) I don't get someone else to buy cigarettes for me
- b) I ask a stranger to buy cigarettes for me
- c) My father or mother buys cigarettes for me
- d) My brother or sister buys cigarettes for me
- e) Someone else in my family (uncle, aunt, cousin, etc.) buys cigarettes for me

22. **IN THE LAST FOUR WEEKS, how often did you buy or try to buy cigarettes in a store (convenience store – *dépanneur*, gas station, etc.)?**

- I didn't buy or try to buy cigarettes
in a store in the last four weeks → **Go to question 24**
- Less than once a week
- About once a week
- 2 to 5 times a week
- Every day or almost every day

23. **IN THE LAST FOUR WEEKS, when you went to buy cigarettes in a store...**

➤ **Answer each question**

		Never	Less than half the time	About half the time	More than half the time	Always or almost always
a)	how often were you asked for your age?	<input type="checkbox"/>				
b)	how often did the clerk refuse to sell you cigarettes because of your age?	<input type="checkbox"/>				

Quitting smoking

24. **Have you tried to quit smoking IN THE LAST 12 MONTHS?**

- I have never smoked or
I haven't really smoked in the last 12 months → **Go to question 30**
- Yes → **Go to question 25**
- No → **Go to question 28**

25. **Have you started smoking cigarettes again since the last time you tried to quit?**

- Yes
- No

26. **How many times have you tried to quit smoking IN THE LAST 12 MONTHS?**

I t r i e d t i m e s .

27. **The last time you tried to quit, how long did you stay off cigarettes?**

- Less than 24 hours
- 1 to 2 days
- 3 to 7 days
- Between 1 week and 1 month
- Between 1 and 3 months
- More than 3 months

28. **Do you think you would be able to quit smoking cigarettes if you wanted to?**

- Definitely yes
- Probably yes
- Probably not
- Definitely not

29. **Among the following methods, which one(s) would you use to try and quit smoking?**

➤ **Answer each question**

Yes No

- | | | | |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | a) | Read up on ways of quitting smoking |
| <input type="checkbox"/> | <input type="checkbox"/> | b) | Participate in an online (Internet) forum on quitting smoking |
| <input type="checkbox"/> | <input type="checkbox"/> | c) | Make a deal with a friend to quit smoking |
| <input type="checkbox"/> | <input type="checkbox"/> | d) | Ask for help from a health professional (such as a doctor, dentist, psychologist, nurse, pharmacist, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | e) | Participate in a <u>contest</u> at school to quit smoking |
| <input type="checkbox"/> | <input type="checkbox"/> | f) | Participate in group program with other students at school |
| <input type="checkbox"/> | <input type="checkbox"/> | g) | Telephone a hotline that helps young people to quit smoking |
| <input type="checkbox"/> | <input type="checkbox"/> | h) | Use a nicotine patch or gum |
| <input type="checkbox"/> | <input type="checkbox"/> | i) | Quit by myself, without any help |
| <input type="checkbox"/> | <input type="checkbox"/> | j) | Visit websites on the Internet to quit smoking |
| <input type="checkbox"/> | <input type="checkbox"/> | k) | Other. Please, specify: _____ |

What is your opinion?

30. In your opinion, what is the risk of someone your age becoming addicted if he/she ...

➤ Answer each question

		No risk	Slight risk	Medium risk	High risk
a)	smokes cigarillos or little cigars every day or almost every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b)	smokes cigarillos or little cigars only once in a while, say at parties or with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. How often are you exposed to second-hand cigarette smoke...

➤ If you smoke, do not include the smoke from your own cigarettes. Refer only to smoke from others

➤ Answer each question

		Every day	Almost every day	About once a week	About once a month	Less than once a month	Never
a)	in your home?	<input type="checkbox"/>					
b)	in a car?	<input type="checkbox"/>					

32. In your opinion, should smoking not be permitted when you are in a car?

Yes

No

About you and your family

33. **Compared to other people in your class, are your marks in English...**

- better than average?
- average?
- below average?

34. **Who do you live with?**

➤ **Mark one answer only**

- With my father and mother
- Half the time with my father, the other half with my mother
- With my mother only
- With my mother and her spouse/boyfriend
- With my father only
- With my father and his spouse/girlfriend
- Other. Please, specify : _____

35. **Does your father smoke cigarettes?**

- I never see my father → **Go to question 37**
- No, he has never smoked
- No, he has stopped smoking
- Yes, he smokes cigarettes
- I don't know

36. **Does, or would, your father approve of you smoking cigarettes?**

- No, and he doesn't (or wouldn't) allow me to smoke
- No, but he does (or would) allow me to smoke
- Yes, he does (or would) approve
- I don't know

37. **Does your mother smoke cigarettes?**

- I never see my mother → **Go to question 39**
- No she has never smoked
- No she has stopped smoking
- Yes she smokes cigarettes
- I don't know

38. **Does, or would, your mother approve of you smoking cigarettes?**

- No, and she doesn't (or wouldn't) allow me to smoke
- No, but she does (or would) allow me to smoke
- Yes, she does (or would) approve
- I don't know

39. **Do any of your brothers or sisters smoke cigarettes?**

- I don't have any brothers or sisters
- Yes
- No
- I don't know

40. **Are you allowed to smoke cigarettes at home?**

- I am a non-smoker of cigarettes
- Yes
- No
- I don't know

41. **How many of your friends, both boys and girls, smoke cigarettes?**

- None
- A few
- Most
- All

42. **What are the rules about smoking in your home?**

- No one is allowed to smoke in my home
- Only special guests are allowed to smoke in my home
- People are allowed to smoke only in certain areas in my home
- People are allowed to smoke anywhere in my home

43. **Do you have a job (outside of the home) for which you get paid (for example: babysitter, delivering newspapers, working in a store, etc.)?**

- Yes
- No

44. **On average, how much money do you have a week for personal expenses?**

➤ **Include money from jobs, allowances or any other source**

- \$0
- \$1 to \$10
- \$11 to \$20
- \$21 to \$30
- \$31 to \$40
- \$41 to \$50
- \$51 to \$100
- More than \$100

Your experience with alcohol and drugs

For questions 45 to 51: 1 DRINK CORRESPONDS TO...



1 glass of wine
(120-150 ml or
4-5 oz)

=



1 small bottle of
beer
(341 ml or
10 oz)

=



1 small shot of
hard liquor
(30-40 ml or
1- 1½ oz)

=



1 shooter
(30-40 ml or
1- 1½ oz)

Do not consider beer with a 0.5% rating as an alcoholic beverage.

45. **IN YOUR LIFETIME, have you ever drunk alcohol that is, more than just a few sips?**

- Yes
- No → **Go to question 52**

46. **How old were you when you FIRST had more than a sip or two of beer, wine, etc.?**

I was years old.

47. **IN THE LAST 12 MONTHS, how often did you drink alcohol?**

- I didn't drink alcohol → **Go to question 50**
- Just once to try
- Less than once a month (occasionally)
- About once a month
- Weekends OR once or twice a week
- 3 times or more a week BUT not every day
- Every day

48. **IN THE LAST 12 MONTHS, how many times have you...**

➤ **Answer each question**

		None	Once	2 times	3 times	4 times	5 times or more
a)	had 5 drinks or more of alcohol on the same occasion?	<input type="checkbox"/>					
b)	had 8 drinks or more of alcohol on the same occasion?	<input type="checkbox"/>					

49. **IN THE LAST 30 DAYS, did you drink alcohol?**

Yes

No

50. **Have you ever consumed alcohol on a REGULAR basis, meaning AT LEAST ONCE A WEEK FOR AT LEAST ONE MONTH?**

Yes

No → **Go to question 52**

51. **How old were you when you first drank alcohol on a REGULAR basis, meaning AT LEAST ONCE A WEEK FOR AT LEAST ONE MONTH?**

I was years old.

52. **IN YOUR LIFETIME, have you ever used drugs?**

Yes

No → **Go to question 60**

53. How old were you when you FIRST used drugs?

I was years old.

54. DURING THE LAST 12 MONTHS, how often did you use each of the following drugs?

➤ Answer each question

	I didn't	Just once to try	Less than once a month OR occasionally	About once a month	Weekends OR once or twice a week	3 times or more a week BUT not every day	Every day
a) Cannabis (marijuana, pot, hashish, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Cocaine (coke, snow, crack, free base, powder, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Glue or solvent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Hallucinogen (LSD, PCP, MESS, magic mushrooms, acid, mescaline, Ecstasy, blotters, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Heroin (smack, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Amphetamines (speed, upper, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Other drugs or medication <u>without a prescription</u> (e.g. Valium, Librium, Dalmane, Halcion, Ativan, Ritalin, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



54 h) indicate the name of the drug or medication you have taken without a prescription: _____

55. IN THE LAST 30 DAYS, did you consume any of these above drugs?

- Yes
- No

56. **Have you ever used drugs on a REGULAR basis, meaning AT LEAST ONCE A WEEK FOR AT LEAST ONE MONTH?**

Yes

No → **Go to question 58**

57. **How old were you when you first used drugs on a REGULAR basis, meaning AT LEAST ONCE A WEEK FOR AT LEAST ONE MONTH?**

I was years old.

58. **Have you ever used any drug by injection or needles?**

Yes

No

59. **Pertaining to specific hallucinogens, DURING THE LAST 12 MONTHS, did you use...**

		Yes	No
a)	PCP?	<input type="checkbox"/>	<input type="checkbox"/>
b)	LSD (or acid)?	<input type="checkbox"/>	<input type="checkbox"/>
c)	ECSTASY?	<input type="checkbox"/>	<input type="checkbox"/>

60. **Why do you think people your age start to use amphetamines?**

➤ **Mark all that apply**

- a) Their friends use it (peer pressure)
- b) The popular kids use it
- c) Curiosity – just to try it
- d) Because it is not allowed
- e) They think it is cool
- f) To stay awake
- g) To increase alertness, to concentrate better
- h) To get high
- i) To forget their problems
- j) To control their weight
- k) I don't know
- l) Other. Please, specify: _____

61. **DURING THE LAST 12 MONTHS, have you ever been in any of the following situations?**

➤ **Answer each question**

		Yes	No
a)	My alcohol/drug use has had negative psychological effects on me	<input type="checkbox"/>	<input type="checkbox"/>
b)	My alcohol/drug use has had negative effects on my relationships with my family	<input type="checkbox"/>	<input type="checkbox"/>
c)	My alcohol/drug use has had negative effects with my friends or in my love life	<input type="checkbox"/>	<input type="checkbox"/>
d)	My alcohol/drug use has had negative effects on my studies	<input type="checkbox"/>	<input type="checkbox"/>
e)	I committed a delinquent act (even if I wasn't arrested by the police) while under the influence of alcohol/drugs	<input type="checkbox"/>	<input type="checkbox"/>
f)	I have had the feeling as though the same quantities of alcohol or drugs were having less effect on me than they once had	<input type="checkbox"/>	<input type="checkbox"/>
g)	I have spoken with a healthcare worker or counsellor concerning my alcohol/drug use	<input type="checkbox"/>	<input type="checkbox"/>
h)	My alcohol/drug use has had negative effects on my health	<input type="checkbox"/>	<input type="checkbox"/>
i)	I have spent too much money on or lost too much money because of my alcohol/drug use	<input type="checkbox"/>	<input type="checkbox"/>

62. **IN THE LAST 12 MONTHS**, did you visit one or more websites on the internet that deal with the prevention of alcohol and drug problems, such as www.tasjuste1vie.com, www.parlonsdrogue.com or www.dependances.gouv.qc.ca ?

Yes

No

Your experience with gambling



63. **IN YOUR LIFETIME**, have you ever gambled, played games for money (for example lotteries, scratch tickets, video poker, casino, cards, dices, bingo, betting on sports events, Internet gambling, etc.)?

Yes

No → Go to page 22 and tell us what time it is now.

64. **How old were you when you FIRST gambled, played games for money?**

I was years old.

65. **IN THE LAST 12 MONTHS, have you...**

➤ **Answer each question**

	Never	Just once to try	Less than once a month OR occasionally	About once a month	Weekends OR once or twice a week	3 times or more a week BUT not every day	Every day
a) bought lottery tickets (such as 6/49® or Banco™)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) played Mise-O-Jeu®?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) bought scratch tickets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) played bingo for money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) gambled online (Internet)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) played on video lottery terminals (VLT) BUT not in a casino?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) played card games for money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) bet money on sports events (other than with Mise-O-Jeu®)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) gambled in a casino?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) bet money on games of skill (such as when you were playing pool, basketball, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) played dice games for money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) bet money on games other than those mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) received lottery tickets (such as 6/49® or Banco™) or scratch tickets as gifts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



65 n) Who gave you these tickets (such as 6/49® or Banco™) or scratch tickets as gifts?

➤ **Mark all that apply**

- a) A relative (mother, father, uncle, etc.)
- b) A friend
- c) Other. Please, specify: _____

66. **DURING THE PAST 12 MONTHS, how often...**

➤ **Answer each question**

	Never	Once or twice	Sometimes	Often
a) did you find yourself thinking about gambling activities at odd times of the day and/or planning the next time you will play?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) did you find the need to spend more and more money on gambling activities to get the amount of excitement you want?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) did you become restless, tense, fed up, or bad-tempered when trying to cut down on or stop gambling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) did you gamble as a way of escaping problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) after spending money on gambling activities, did you play again another day to try and win your money back?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) did you lie to your family and friends to hide how much you gamble?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) did you spent your lunch money or money for bus or train fares on gambling activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) have you taken money from someone you live with, without their knowing, to gamble?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) have you stolen money from outside the family, or shoplifted, to gamble?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) have you fallen out with members of your family, or close friends, because of your gambling behaviour?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) have you missed school to participate in gambling activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) have you gone to someone for help with a serious money problem caused by your gambling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) have you borrowed money from a money lender or bookie (bookmaker)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

67. Concerning card games, IN THE PAST 12 MONTHS, how often did you bet money in poker games ...

➤ Answer each question

	Never	Just once to try	Less than once a month OR occasionally	About once a month	Weekends OR once or twice a week	3 times or more a week BUT not every day	Every day
a) on the Internet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) with friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) at events organized by a person other than a friend (private game rooms, underground poker)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) in a casino or a Ludoplex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

... continued on the next page

