**Demographic characteristics**

1. *Age*: How old are you? \_\_\_\_\_\_\_\_\_\_\_
2. *Sex*: What sex are you?
   * M
   * F
   * I don't answer
3. *Nationality*: Are you Italian?
   * Yes
   * No
   * I don't answer
     + If no, where are you from? \_\_\_\_\_\_\_\_\_\_\_
4. Are your parents Italian?
   * Yes, both
   * Only father
   * Only mother
   * No
   * I don't answer
     + If not, where are they from? \_\_\_\_\_\_\_\_\_\_\_\_\_
5. *Living condition*: Who do you live with?
   * Alone
   * Parents / Family
   * Friends
   * Partner
   * Other\_\_\_\_\_\_\_\_\_\_\_
   * I do not answer
6. Is the house for rent or owned?
   * Rent
   * Home ownership
   * Guest
   * Other \_\_\_\_\_\_\_\_\_\_\_
   * I do not answer
7. *Education*: What is your highest school degree?
   * Primary school
   * Lower/Middle School
   * Higher secondary school
   * Bachelor’s degree
   * Master’s degree
   * Postgraduate degree
   * I do not answer
8. *Work*: What job do you do?
   * Unemployed
   * Employee
   * Independent Worker
   * Student
   * Other
   * I do not answer
9. What is your average monthly income (salary, loan from parents, scholarship, other ...)?
   * <500 euros
   * 501–1200 euros
   * 1201 - 2300 euros
   * 2301 - 4500 euros
   * 4501 - 6250 euros
   * > 6250 euros
   * I don't answer
10. Which is the zip code of your city? \_\_\_\_\_\_\_\_\_\_\_

**Life Habits**

1. *Smoking:* referring to the last 6 months, are you a smoker?
   * Yes
   * No
   * I don't answer
2. What do you smoke?
   * Cigarettes
   * Pipa
   * Cigars
   * Tobacco
3. What amount (daily)? \_\_\_\_\_\_\_\_\_\_\_
4. *Alcohol:* referring to the last 6 months, do you drink alcohol?
   * Yes
   * No
   * I don't answer
5. What do you usually drink? (multiple choice possible)
   * Wine
   * Beer
   * Spirits
   * other: \_\_\_\_\_\_\_\_\_
6. What amount? (Indicate the number of glasses / drinks) \_\_\_\_\_\_\_\_\_\_\_
7. How often? (times / week) \_\_\_\_\_\_\_\_\_\_\_
8. Have you ever drunk so much that you did not remember part of the evening, loss consciousness or need help from a health professional (first aid, emergency department)?
   * Yes
   * No
   * I don't answer
     + If yes, how many times has it happened in your life? \_\_\_\_\_\_\_\_\_\_\_\_\_\_
     + If yes, how many times it has happened in the last 3 years? \_\_\_\_\_\_\_\_\_\_\_
9. *Coffee*: referring to the last 6 months, do you drink coffee (not barley coffee)?
   * Yes
   * No
     + if yes, in what quantity per week? \_\_\_\_\_\_\_\_\_\_\_
10. *Tea*: referring to the last 6 months, do you drink tea?
    * Yes
    * No
      + if yes, in what quantity per week? \_\_\_\_\_\_\_\_\_\_\_
11. *Energy drink:* do you drink energy drinks (eg Redbull, Monster, Burn ...)?
    * Yes
    * No
      + if yes, in what quantity per week? \_\_\_\_\_\_\_\_\_\_\_
12. *Sleep*: What time do you usually fall asleep at? \_\_\_\_\_\_\_\_\_\_\_\_
13. What time do you wake up? \_\_\_\_\_\_\_\_\_\_
14. How many hours do you sleep in total? \_\_\_\_\_\_\_\_\_\_
15. How do you consider the quality of your sleep? [1 to 4, with 1 "Worst" and 4 "Best"]
    * 1
    * 2
    * 3
    * 4

**Mental Health History**

1. Have you ever had contact with psychiatrists, psychologists, speech therapists or other services?
   * Psychiatrist
   * Psychologist
   * Speech therapist
   * No
   * Other\_\_\_\_\_\_\_\_\_
   * I do not answer
2. Have any of your family members ever had contact with mental health services?
   * Yes
   * No
   * I don't answer
3. Have you ever taken anxiolytics / benzodiazepines (eg Xanax, EN, Minias)?
   * Yes, now
   * Yes, in the past
   * No
   * I don't answer
4. Have you ever taken psychiatric drugs (antidepressants, antipsychotics, mood stabilizers)?
   * Yes, now
   * Yes, in the past
   * No
   * I don't answer
5. Have you ever taken natural / homeopathic substances with antidepressant, anxiolytic (eg hypericum, Bach flowers) properties?
   * Yes, now
   * Yes, in the past
   * No
   * I don't answer

**Knowledge**

1. Which of these substances you know (possible multiple answer):
   * THC
   * MDMA / Ecstasy
   * Cocaine
   * Heroin
   * Amphetamine / Speed
   * LSD
   * Popper
   * Ketamina / K / SpecialK / Kitkat / SuperK
   * Mephedrone / Meow-meow / Mafalda / Top cat (cathinones)
   * Alfa-PVP / Flakka (cathinones)
   * GHB
   * JWH-018 / Spice (synthetic cannabinoids)
   * JWH-250 (cannabinoid-synthetic)
   * BZP / Jax / A2 / Legal X / Flying Angel (piperazine)
   * PCP / Angeldust / (phencyclidine)
   * 2C-B (phenethylamines)
   * 25i-NBOMe (phenethylamines)
   * 5-HO-DMT / DMT (tryptamines)
   * 4-HO-MET (tryptamines)
   * Salvia divinorum / Maria Pastora / Magic Mint / Erba Pastora
   * Khat
   * Kratom / Ketum / Kakuan / Thom
   * Ritalin
   * Relevin \*\*\*
   * I do not answer
2. Where did you hear about these substances or where did you look for information about them? (multiple choice possible)
   * friends
   * Family
   * Television
   * Social Network
   * specialized blogs
   * Internet Search
   * specialized shops
   * Sellers of illegal substances
   * I do not answer
3. According to your experience, where do you buy these substances? (multiple choice possible)
   * Route / park
   * In the disco / meeting places
   * Friends
   * family members
   * the Internet
   * Specialized stores
   * Other\_\_\_\_\_\_\_\_\_\_\_\_
   * I do not answer

**Use**

1. Which of these substances did you use? (multiple choice possible)
   * Substances listed above
   * I don't answer
     + For each Yes, sub-question: Currently or in the past? How often?
2. Have you ever had one of these symptoms concomitantly with substance use?
   * Nausea
   * Headache
   * Vertigo
   * Tachycardia
   * Tremors
   * Involuntary muscle spasms / movements
   * Anxiety
   * Insomnia
   * Loss of memory, amnesia
   * Paranoia
   * feeling of being "out of your body"
   * Disturbed vision
   * Muscular or bone pain
   * Breathing difficulties
   * Flushing sensation
   * I don't answer
     + For every effect: with what substance? How many times: once, sometimes, every time I take the substance.
3. Have you ever taken a substance without knowing what it was?
   * Yes
   * No
   * I don't answer
     + If yes, how many times has it happened? \_\_\_\_\_\_\_
4. Have you ever needed medical assistance (Emergency medical service) following the use of some substance of abuse (alcohol excluded)?
   * Yes
   * No
   * I don't answer
     + If yes, how many times?