

DESKcohort_3a onada

Completeu el següent qüestionari si us plau.

Gràcies!

I have been informed and agree to answer this
questionary

- Yes
 No

First two letters of your name

First two letters of your first surname

First two letters of your second surname (if you don't
have a second surname, write XX)

Sociodemographic data

- 1 Which day were you born?
- 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10
 - 11
 - 12
 - 13
 - 14
 - 15
 - 16
 - 17
 - 18
 - 19
 - 20
 - 21
 - 22
 - 23
 - 24
 - 25
 - 26
 - 27
 - 28
 - 29
 - 30
 - 31

-
- 1.1 What month were you born?
- January
 - February
 - March
 - April
 - May
 - June
 - July
 - August
 - September
 - October
 - November
 - December

-
- 1.2 What year were you born?
- 2004
 - 2005
 - 2006
 - 2007
 - 2008
 - 2009
 - 2010
 - 2011
 - 2012
 - Others

-
- 1.3 What year were you born?

(Write with numerical values (2002, 2003...))

2 Which is your biological sex? Male
 Female

3 Which gender do you identify with? Boy
 Girl
 Non-binary
 Others

3.1 Which gender do you identify with?

4 What country do you live in? Anoia
 Bages
 Berguedà
 Solsonès
 Moianès
 Osona
 Others

5 What town/city do you live in?

5 What town/city do you live in? Aguilar de Segarra
 Artés
 Avinyó
 Balsareny
 Callús
 Cardona
 Castellbell i el Vilar
 Castellfollit del Boix
 Castellgalí
 Castellnou de Bages
 Fonollosa
 Gaià
 Manresa
 Marganell
 Monistrol de Montserrat
 Mura
 Navarcles
 Navàs
 Rajadell
 El Pont de Vilomara i Rocafort
 Sallent
 Sant Feliu Sasserra
 Sant Fruitós de Bages
 Sant Joan de Vilatorrada
 Sant Mateu de Bages
 Santpedor
 Sant Salvador de Guardiola
 Sant Vicenç de Castellet
 Súria
 Talamanca

5.1 And specifically, in which neighborhood do you live?

- Mion, Puigberenguer i Poal
- La Parada
- Les Bases
- La Balconada
- Viladordis
- Barri Antic
- Cal Gravat - Bufalvent
- Les Escodines
- Carretera Santpedor
- La Font dels Capellans
- El Guix, la Pujada Roja i les Cots
- Farreras, Suanya i Pirelli
- Plaça de Catalunya i Barriada Saldes
- Poble Nou
- Sagrada Família
- Sant Pau
- Valldaura
- Pere Ignasi Puig i el Xup
- Passeig i rodalies
- Carretera Vic-Remei
- La Guia, Santa Caterina i l'Oller
- Els Comptals
- Miralpeix

5 What town/city do you live in?

- Calders
- Castellcir
- Castellterçol
- Collsuspina
- L'Estany
- Granera
- Moià
- Monistrol de Calders
- Santa Maria d'Oló
- Sant Quirze Safaja

5 What town/city do you live in?

- Avià
- Bagà
- Berga
- Borredà
- Capolat
- Casserres
- Castell de l'Areny
- Castellar de N'Hug
- Castellar del Riu
- Cercs
- L'Espunyola
- Fígols
- Gironella
- Gisclareny
- Gòsol
- Guardiola de Berguedà
- Montclar
- Montmajor
- La Nou de Berguedà
- Olvan
- La Pobla de l'Illet
- Puig-reig
- La Quar
- Sagàs
- Saldes
- Sant Jaume de Frontanyà
- Sant Julià de Cerdanyola
- Santa Maria de Merlès
- Vallcebre
- Vilada
- Viver i Serrateix

5 What town/city do you live in?

- Argençola
- Bellprat
- El Bruc
- Cabrera d'Anoia
- Calaf
- Calonge de Segarra
- Capellades
- Carme
- Castellfollit de Riubregós
- Castellolí
- Copons
- Hostalets de Pierola
- Igualada
- Jorba
- La Llacuna
- Masquefa
- Montmaneu
- Òdena
- Orpí
- Piera
- La Pobla de Claramunt
- Els Prats de Rei
- Pujalt
- Rubió
- Sant Martí de Tous
- Sant Martí de Sesgueioles
- Sant Pere Sallavinera
- Santa Margarida de Montbuí
- Santa Maria de Miralles
- La Torre de Claramunt
- Vallbona d'Anoia
- Veciana
- Vilanova del Camí

5 What town/city do you live in?

- Castellar de la Ribera
- Clariana de Cardener
- La Coma i La Pedra
- Guixers
- Lladurs
- Llobera
- La Molsosa
- Navès
- Odèn
- Olius
- Pinell de Solsonès
- Pinós
- Riner
- Sant Llorenç de Morunys
- Solsona

5.1 And specifically, in which neighborhood do you live?

- Els Set Camins
- Poble Sec
- Les Comes Residencial
- Fàtima
- El Pla de la Massa
- Sant Agustí
- Santa Caterina
- Sant Crist
- El Rec
- La Masuca
- Montserrat
- Les Flors
- Ses Oliveres
- Molí Nou
- Centre Ponent
- Nucli Antic
- Centre - Llevant
- Les Comes Industrial

6 What town/city do you live in?

- Alpens
- Balenyà
- El Brull
- Calldetenes
- Centelles
- Espinelves
- L'Esquirol
- Folgueroles
- Gurb
- Lluçà
- Malla
- Manlleu
- Les Masies de Roda
- Les Masies de Voltregà
- Montesquiu
- Muntanyola
- Olost
- Orís
- Oristà
- Perafita
- Prats de Lluçanès
- Roda de Ter
- Rupit i Pruit
- Sant Agustí de Lluçanès
- Sant Bartomeu del Grau
- Sant Boi de Lluçanès
- Sant Hipòlit de Voltregà
- Sant Julià de Vilatorrada
- Sant Martí d'Albars
- Sant Martí de Centelles
- Sant Pere de Torelló
- Sant Quirze de Besora
- Sant Sadurní d'Osona
- Sant Vicenç de Torelló
- Santa Cecília de Voltregà
- Santa Eugènia de Berga
- Santa Eulàlia de Riuprimer
- Santa Maria de Besora
- Seva
- Sobremunt
- Sora
- Taradell
- Tavèrnoles
- Tavertet
- Tona
- Torelló
- Vic
- Vidrà
- Viladrau
- Vilanova de Sau

5.1 And specifically, in which neighborhood do you live?

- Sentfores - La Guixa
- El Sucre
- El Nord
- Els Caputxins
- Centre Històric
- Cerrer Sant Pere
- Sant Llàtzer
- Quatre estacions
- La Calla
- Horta Vermella
- Remei
- Estadi
- Santa Anna
- Osona
- Serra-de-Senferm

6 What school/high school do you go to?

- La Salle Manresa
- INS Guillem Catà
- INS Pius Font i Quer
- INS Lacetània
- FEDAC-Manresa
- Joviat / IE Manresa
- INS Cal Gravat
- INS Lluís de Peguera
- INS Manresa Sis
- L'Ave Maria
- Oms i de Prat
- Vedruna Artés
- Vedruna Cardona
- INS Sant Ramon
- Institut Bages Sud
- Institut de Navarcles
- Diocesana
- IE Sant Jordi
- INS Llobregat
- Paidos
- INS Gebert d'Aurillac
- INS Quercus
- Institut Cardener
- FEDAC - Sant Vicenç de Castellet
- INS Castellet
- INS d'Auro
- Llissach
- INS Mig-Món
- INS de Sant Llorenç de Morunys
- Arrels II
- INS Francesc Ribalta
- INS L'Alt Berguedà
- Vedruna Secundària Berga
- Escola FEDAC-Xarxa
- INS Guillem de Berguedà
- Institut Serra de Noet
- INS Pere Fontdevila
- INS de Puig-reig
- INS Alexandre de Riquer
- Mare del Diví Pastor
- Anoia
- Escola Pia d'Igualada
- Maristes Igualada
- INS Badia i Margarit
- INS Pere Vives i Vich
- INS Milà i Fontanals
- INS de Masquefa
- Apiària
- INS Montbuí
- INS de Vallbona d'Anoia
- IE Castellterçol
- Institut Les Margues
- Sagrats Cors de Centelles
- INS Pere Barnils
- Institut Gurb
- Mare de Déu de la Gleva
- INS de Voltreganès
- Casals-Gràcia
- La Salle Manlleu
- Institut del Ter
- INS Antoni Pous i Argila
- INS Castell de Quer
- INS Miquel Martí i Pol
- El Roser
- Institut Bisaura
- Vedruna Tona
- INS de Tona
- Rocaprevera
- Sagrats Cors de Torreló

- Cirviànum de Torelló
- INS ESC Marta Mata
- Vedruna Escorial Vic
- FEDAC Vic
- Sagrat Cor de Jesús
- Sant Miquel dels Sants
- INS de Vic
- INS Jaume Callís
- INS La Plana
- ESAD de Vic
- IE Barnola
- Escola Castell d'Òdena
- Institut Escola Renaixença
- IE Carles Capdevila
- IE Mossèn Cinto
- IE Josep Maria Xandri
- Acadèmia Igualada
- IE El Cabrerès

7 Which academy year are you in?

- 2nd ESO
- 4th ESO
- 2nd BAT
- CFGM

8 Where were you born?

- Catalunya
- Rest of Spain
- Outside of Spain
- I don't know

8.1 What country were you born in?

9 Where were your parents born?

	Catalonia	Rest of Spain	Outside of Spain	I don't know	I do not have this parent
Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9.1 What country was your father born in?

9.2 What country was your mother born in?

10 What is the highest level of education completed by your parents?

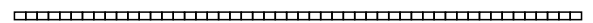
10 What is the highest level of education completed by your legal guardians with whom you live?

No studies or with unfinished primary studies	Primary, school certificate (up to 8th EGB, FP1)	Secondary (BUP, COU, Baccalaureate, FP2, training cycles)	University studies	I don't know
---	--	---	--------------------	--------------

Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal guardians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 11 "Think of this bar representing all the people who are positioned in society. At the top there is people who have the best: they have more money, the best education, and the most respected jobs. At the bottom there are the people who are worse off - they don't have much money, or a good education, they don't have a job or a job that no one wants/not respected. Now think about your family. Mark the level/value that best represents the place of your family in this bar. (FROM 1 TO 10)

1 10



(Place a mark on the scale above)

- 12 Now assume that the bar is your school. At the top there is the people who are more respected, who get the best grades and who have the best reputation. At the bottom there ist the people that nobody respects, that nobody wants to go with and that have the worst grades. Where would you place yourself on this bar? (FROM 1 TO 10)

1 10



(Place a mark on the scale above)

- 13 Currently, how much money do you usually have available per week for your personal expenses? We mean that money that you can use, without the supervision of your parents.

- 0€
 Entre 0 i 10€ a la setmana
 Entre 10,01 i 30 € a la setmana
 Més de 30€ a la setmana

- 14 Is your house cold during winter season?

- Yes, always
 Yes, often
 Yes, sometimes
 No

- 14.1 Are any of your activities limited at home by the cold? YOU CAN MARK MORE THAN ONE OPTION

- Yes, to invite friends home
 Yes, to study or to do homework
 Yes, to use all the rooms in the house (example: not being able to be in my room because it's too cold)
 Yes, to sleep well
 Yes, others
 No, none

- 15 Is your house hot during summer season?

- Yes, always
 Yes, often
 Yes, sometimes
 No

- 15.1 Are some of your activities limited by the heat? YOU CAN MARK MORE THAN ONE OPTION.

- Yes, to invite friends home
 Yes, to study or do homework
 Yes, to use all the rooms in the house (example: not being able to be in my room because it's too cold)
 Yes, to sleep well
 Yes, others
 No, none

-
- 16 In relation to the other classmates in your class, what do you think your academic level is?
- I am one of the people with high grades in my class
 I am one of the people with average grades in the class
 I am one of the people with low grades in the class
-
- 17 Have you been diagnosed with any learning difficulty or associated disorder?
- Yes
 No
-
- 17.1 With what diagnosis? YOU CAN MARK MORE THAN ONE OPTION.
- Dyslexia
 Dyscalculia
 Non-verbal learning disorder (NALD)
 Dysgraphia
 Dysorthography
 Specific Language Disorder (SLT)
 Attention Deficit Hyperactivity Disorder (ADHD)
 Autism Spectrum Disorder (ASD)
 Others
-
- 17.2 Currently, do you receive any support in relation to the difficulty or disorder diagnosed? YOU CAN MARK MORE THAN ONE OPTION
- Yes, psychopedagogy
 Yes, psychology
 Yes, speech therapy
 Yes, other professionals
 No, none

Health, rest and mood

- 18 How do you think your health is in general?
- Excellent
 Very good
 Good
 Regular
 Bad
-
- 19 Have you had any of these disorders or conditions in the ? Mark all the answers that correspond.
- Diabetes
 Asthma
 Bronchitis or other respiratory problems other than asthma
 Episodes of stress, anxiety or depression
 Digestive and gastrointestinal problems
 Back pain (cervical, dorsal, lumbar)
 Migraine or frequent headaches
 Eye problems or vision problems (also includes wearing glasses or contact lenses)
 Voice problems or dysphonia
 Hearing problems
 I have not suffered any
 Others
-
- 19.1 What kind of back pain? YOU CAN MARK MORE THAN ONE OPTION
- Cervical (upper back and neck)
 Dorsal (part of the middle of the back)
 Lumbar (lower back)
-
- 19.1. Have you had LUMBAR or CERVICAL pain in the last 4 weeks?
- No
 Yes
-
- 19.1. When did you feel this pain (lumbar or cervical) for the first time?
- Less than 3 months ago
 Between 3 and 6 months ago
 Between 6 months and 1 year ago
 Between 1 and 5 years ago
 More than 5 years ago
-
- 19.1. How often have you felt this pain (lumbar or cervical) considering the last 6 months?
- Every day or almost every day in the last 6 months
 At least half of the days in the last 6 months
 Less than half of the days in the last 6 months
-
- 19.2 What do you usually do when you suffer from back pain?
- Rest
 Stretching, physical exercise (going for a walk, bike, run, etc.) or strength exercise (exercises such as sit-ups, weights, push-ups, etc.)
 Application of heat (mat, hot water...)
 I go to the physiotherapist
 I take some medicine (ibuprofen, paracetamol, etc.)
 I take natural remedies (infusions, etc.)
 Others
-
- 19.2. What do you usually do when you suffer from back pain?
-

19.3 Do you think your back pain is related to any of the following activities?

- To be sitting
 To use the mobile phone or tablet.
 Being on the computer
 Making efforts with the back (lifting weights, moving objects...)
 To be upright
 To carry backpacks or bags on your back
 To do physical activity (sport, gym, toning exercises...)
 Others
 I do not relate it to any specific activity

19.3. What activity do you associate back pain with?

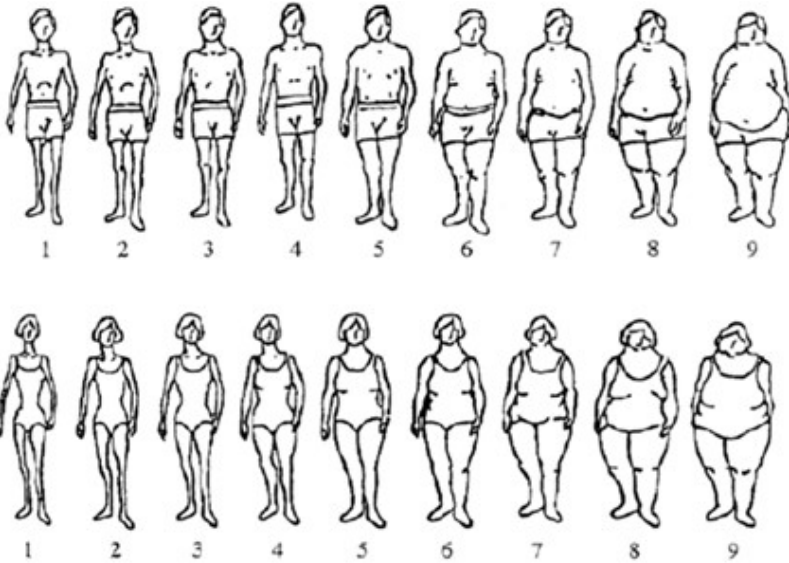
20 Approximately which is your weight (kg) without clothes?

_____ (Kg)

21 Approximately which is your height (in cm) without shoes?

_____ (centimeters. WRITE WITHOUT PERIODS OR COMMAS.)

22 Look at the following figure:



22.1 Mark the figure that you think is more like you:

- 1 2 3 4 5 6 7 8 9

22.2 Mark the figure you would like to resemble:

1 2 3 4 5 6 7 8 9

23 Over the past month, how would you rate the quality of your sleep in general?

Very good
 Fairly good
 Pretty bad
 Bad

24 How often have you felt...?

	Never	Rarely	Sometimes	Often	Always
Too tired to do things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
With problems to sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Displaced, sad or depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hopeless about the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nervous or tense	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bored of things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25 In the past two weeks, how often...

	Never	Very rarely	Some times	Often	Always
Did you feel optimistic about the future?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you feel useful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you feel relaxed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you felt interest in others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you have energy to spare?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you cope well with the problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were you able to think clearly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you feel good about yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you felt close to other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you feel safe or secure (with confidence)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you been able to make your own decisions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you feel loved?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you interested in new things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you feel cheerful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

-
- 26 During the past 2 weeks, how often have you been concerned about issues related to climate change and other global environmental conditions (eg, global warming, ecological degradation, resource depletion, species extinction , the ozone hole, ocean pollution, deforestation, etc.)?
- Never
 - Some days
 - More than half of the days
 - Almost every day
 - Every day

Food

27 How many times have you had the following meals (consumption of any food or drink except water) during the past 7 days (the past week)? TICK ONE ANSWER FOR EACH LINE.

	Never	1-3 times a week	4-6 times a week	Every day
Breakfast (maximum 2-3 hours after getting up and before starting classes or the day's activity)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breakfast at mid-morning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Afternoon snack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28 How often do you usually eat the following foods? TICK ONE ANSWER FOR EACH LINE.

	More than once a day	1 time a day	Between 4 and 6 times a week	Between 2 and 3 times a week	1 time a week	Between 1 and 3 times a month	Never or less than once a month
Bread	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rice or pasta (spaghetti, macaroni, couscous, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Potatoes (boiled, baked, fried (NOT chips))	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cereals (Kellogg's, Krispies, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legumes (lentils, chickpeas, beans, hummus, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eggs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cold meat (ham, sausage, salami, mortadella, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooked or raw vegetables (lettuce, green beans, cabbage, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	More than once a day	1 time a day	Between 4 and 6 times a week	Between 2 and 3 times a week	1 time a week	Between 1 and 3 times a month	Never or less than once a month
Piece of fruit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nuts (almonds, hazelnuts, walnuts, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dairy products (milk, yogurt, cheeses, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Soft drinks (Coca-cola, Pepsi, Fanta, Seven up, Sunny, Nestea, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Energy drinks (Red Bull, Monster, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sweets (candy, gum, gummies, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pastries (croissants, ensaimadas, muffins, donuts, Bollycao, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Snacks (potato chips, pipes, kikos, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fast food (hamburgers, kebabs, pizzas, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coffee	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29 Are you currently following a special diet or regimen? (e.g. vegetarian diet, gluten-free diet, low-calorie diet, high-protein diet, etc.) Yes No

29.1 What diet do you follow? Vegetarian or vegan diet Low calorie diet Diet rich in proteins Low carb diet Gluten-free diet Others

29.1. What diet do you follow? _____

29.2 What is the main reason you follow this diet or regimen? To lose weight To maintain the current weight To gain weight or increase muscle mass To live healthier For a disease or health problem (including allergies or intolerances) Because I follow the guidelines of a treatment for an eating disorder (ED) For sustainability and care for the environment/for ethical reasons Because the people I live with do it For another reason

29.2. What reason? _____

30 In the last three months... (check one option for each row)

	Never or almost never	Sometimes	Often (twice a week)	Quite a lot (more than twice a week)
--	-----------------------	-----------	----------------------	--------------------------------------

I have been worried about getting fat or gaining weight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sometimes, I ate too much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have lost control of what I eat (I feel like I can't stop eating).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have thrown up after eating to try to lose weight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have done fasts (stopping eating for 12 hours or more) to try to lose weight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have gone on diets to lose weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have been exercising to lose weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have used "pills" to try to lose weight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have taken diuretics (substance to lose water) to lose weight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have taken laxatives (substance to facilitate evacuation) to try to lose weight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31 During a usual week (7 days), how often do you eat these meals accompanied by someone close to you (a significant person for you such as family or friends)?

	0 times	1 time	2 times	3 times	4 times	5 times	6 times	7 times
Breakfast (before classes start, whether you eat breakfast at home or at school)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lunch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have a snack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dinner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32 During any of your meals, do you watch television or are you in front of a screen? (For example: Computer, Mobile, Tablet, Nintendo, Playstation, Xbox, GameBoy, NintendoDS, etc.)

	Almost never or never	Sometimes	Almost always or always
Breakfast (before classes start, whether you eat breakfast at home or at school)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lunch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have a snack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dinner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33 In the last 12 months, were you and your family worried that you would run out of food before you had money to buy more?

Never
 Sometimes
 Often

Physical activity and free time

- 34 During the last 7 days, how many days did you do any intense or moderate physical activity for AT LEAST 10 minutes in a row, both inside and outside of school?

Intense physical activity is one that requires great physical effort and makes you breathe much harder than normal, such as playing basketball, hockey, running, cycling fast, practicing martial arts, jumping rope or playing games that involve running and chasing.

Moderate physical activity is one that requires moderate physical effort that makes you breathe a little harder than normal, such as pedaling at a regular speed on a bicycle, brisk walking, hiking, or skateboarding.

- No day
 1 day
 2 days
 3 days
 4 days
 5 days
 6 days
 7 days

- 34.1 How many minutes of physical activity (moderate or intense) have you done in a day?

_____ (minutes/day. Write in numbers, not in letters.)

- 35 In general, do you do 1 hour of intense or moderate physical activity every day?

- No
 Yes

- 36 If you think about the last week, in a day how many hours have you been sitting on average? It includes time spent sitting in class, in after-school activities, at home, studying, reading, going on transport, in leisure time, watching TV, etc.

_____ (hours/day. Write in numbers, not in letters.)

- 36.1 Of these hours that you are sitting, how many are looking at a screen? (being on the mobile phone, watching TV, playing with the video console or using the computer, the iPad or the tablet). Disregard study time.

- 36.2 Hours you are sitting/looking at a screen?

_____ (hours/day. Write in numbers, not in letters.)

- 37a How often do you usually do the following after school activities?

	I never do this activity	2-3 times a month or rarely	1 time a week approximately	2 times a week or more
Sports activities (football, gymnastics, dance, karate, circus, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Artistic activities (theatre, music, drawing, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intellectual activities (English or language classes, reading club, programming course, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Activities of associations (such as cache, recreation, political or religious activities, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

37a. What other extracurricular activities do you do?

37b. Indicate how often you usually do the following activities in your free time.

	I never do this activity	2-3 times a month or rarely	Once a week approximately	2 times a week or more
To go to bars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To go to discos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Use of screens and digital entertainment

38 Do you have a limit in your home on how long you can use your cell phone daily?

Yes
 No
 I don't use a phone

39 In your home, is there a limit on how long you can watch TV, play video games, or use your computer, iPad, or tablet daily?

Yes
 No
 I don't use any of these devices

40 Read the following statements about the frequency of using internet (for example, using social networks and video games). Check one box per line.

	Never	Rarely	Ever	Often	Very frequently
Did you find it difficult to leave the internet when you were online?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you continued connected to the internet despite wanting to stop?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are your parents or friends telling you that you should spend less time using the internet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you prefer to spend time on the internet instead of spending time with others (parents, friends...)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you sleep less because you are connected to the internet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you find yourself thinking about connecting to the internet, even when you're not using it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you wish to be connected to the internet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you think you should use less internet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never	Rarely	Ever	Often	Very frequently
Have you tried to spend less time online and failed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you trying to finish work in a hurry and rush to connect to the internet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you stop doing your obligations (homework, being with the family...) because you prefer to be on the internet?

Do you go online when you're down?

Do you go online to forget sorrows or negative feelings?

Do you feel anxious, frustrated or irritated if you can't use the internet?

Have you felt bullied, threatened or do you think you have been bullied online?

Tobacco consumption

- 41 Have you ever smoked? (We don't mean a single "hit" but smoking at least a few "hits" in a row) Yes
 No
-
- 41.1 At what age did you smoke tobacco for the first time?
(By asking if you've smoked, we don't mean a single "drag" but smoking at least a few "drags" in a row.) _____
(years old. Write in numbers, not in letters.)
-
- 41.2 How often do you usually smoke tobacco? I don't smoke
 Less than once a week
 Once or twice a week
 Three or more times a week
 Every day
-
- 42 Do any of the people you live with smoke? YOU CAN MARK MORE THAN ONE OPTION. Yes, inside the house (without taking into account balconies or terraces)
 Yes, in open spaces (including balconies and terraces)
 Yes, in the car
 No one I live with smokes
-
- 43a Have you ever used an electronic cigarette or vaper? Yes, currently, every day
 Yes, currently, occasionally
 Not now, but before (more than two months) every day
 Not now, but before (more than two months) occasionally (not every day)
 I just tried it
 I have never tried it
 I don't know what it is
-
- 43b Have you ever smoked hookah in your life? No, never
 Yes, sometime in life
 Yes, in the last 12 months
 Yes, in the last 6 months
 Yes, in the last 30 days

Alcohol consumption

- 44 Have you ever drunk at least half a glass of any alcoholic beverage in your life?
- No, never
 Yes, sometime in life
 Yes, in the last 12 months
 Yes, in the last 6 months
 Yes, in the last 30 days
-
- 44.1 How old were you when you first drank at least HALF CUP of any alcoholic beverage?
- _____
- (years old)
-
- 44.2 How many days have you been drunk in the last 30 days?
- No day
 1 day
 2 days
 3 days
 4-5 days
 6-9 days
 10-19 days
 20-30 days
-
- 44.3 In the last 12 months, how often do you usually drink an alcoholic beverage?
- Never
 Once a month
 2 to 4 times a month
 2 or 3 times a week
 4 or more times a week
-
- 44.4 In the last 12 months, how many alcoholic beverages do you usually drink in a drinking day?
- 1 o 2
 3 o 4
 5 o 6
 7 a 9
 10 or more
-
- 44.5 In the past 12 months, how often have you had six or more alcoholic drinks on a single drinking occasion (meaning "occasion" is drinking consecutively or within an approximate interval of 2-4 hours)?
- Never
 Less than once a month
 Monthly
 Weekly
 Every day or almost every day
-
- 44.6 In the past 12 months, how often do you not remember what happened the night before because you had been drinking?
- Never
 Less than once a month
 Monthly
 Weekly
 Every day or almost every day
-
- 44.7 In what context do you usually consume alcohol? YOU CAN MARK MORE THAN ONE OPTION.
- At home with friends
 At home alone
 At home with parents
 In the bars
 Party
 At the discotheque
 On the street (bottlellón, parking, etc.)
 Others

-
- 44.8 In which of the following situations do you tend to drink at least half a glass of some type of alcoholic beverage? YOU CAN MARK MORE THAN ONE ANSWER.
- Class days (every day)
 - During the weekends
 - On family holidays, such as birthdays, Christmas or other holidays
 - In clubs, bars and parties with friends
 - Premises rented with friends
 - In none of these situations
-
- 44.9 During the last year, how often have you driven a motor vehicle (car or motorcycle) under the influence of alcohol or other drugs?
- I don't drive
 - Never
 - Rarely
 - Sometimes
 - Often
-
- 45 During the last year, how often have you gotten into a vehicle (car or motorcycle) in which the driver was under the influence of alcohol or other drugs?
- Never
 - Rarely
 - Sometimes
 - Often
-
- 46 In the last 30 days, how many times have you stopped eating to compensate for the calories you would later take in by drinking alcohol?
- Never
 - Once
 - 2-3 times a month
 - Once a week
 - More than once a week
-
- 46.1 Aside from stopping to eat, have you engaged in any other behavior to compensate for the calories consumed with alcohol? If yes, select them:
- Skip meals or make up for food intake BEFORE consuming alcohol.
 - Skipping meals or restricting food intake AFTER consuming alcohol.
 - Do intense physical activity BEFORE consuming alcohol.
 - Do intense physical activity AFTER consuming alcohol.
 - Purging/vomiting to eliminate ingested calories.
 - Take diuretics, laxatives or slimming pills after drinking alcohol.

Consumption of Cannabis

- 50 Have you ever used cannabis (hash, marijuana, leeks) in your life?
- Never
 Yes, sometime in life
 Yes, in the last 12 months
 Yes in the last 6 months
 Yes, in the last 30 days

50.1 How old were you when you first smoked cannabis?

(years old. Write in numbers, not in letters.)

50.2 In the last 12 months, how often have any of the situations described below happened to you?

	Never	Rarely	Sometimes	Often	Very often
Have you consumed hashish or marijuana before noon?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you consumed hashish or marijuana when you were alone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you had memory problems while using hashish or marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have your friends or family members told you that you should cut back on hashish or marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you tried to reduce or stop using hashish or marijuana without success?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you had problems due to your consumption of hashish or marijuana (argument, fight, accident, bad school results, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

50.2. What problems?

- 51 How difficult do you think it would be for you to get hashish or marijuana to use if you wanted to?
- Practically impossible
 Difficult
 Relatively easy
 Very easy
 I don't know

52 Are there cannabis associations in your town/city?

- Yes, and I attend
 Yes, but I don't attend
 There is none
 I don't know/ I don't know what it is

Other drugs

- 53 Have you ever used any drug other than tobacco, alcohol or cannabis? No
 Yes

- 53.1 For each of the following substances, indicate whether you have ever taken them and how often. TICK ONE OPTION PER LINE.

	Sometime in life	In the last 12 months	In the last 30 days	I have never consumed it
TRANQUILIZERS OR SLEEPING PILLS without a doctor's prescription	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COCAÍNA (perico, farlopa, base, base cocaine, crack)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SPEED, AMPHETAMINES (methamphetamine, amphetamines, ice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ECSTASY (MDMA, cakes, lollipops, crystal, MD, rolls)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HALLUCINOGENS: LSD (trippy, acid), hallucinogenic mushrooms, ketamine, cough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
INHALANTS (popper)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Relationships with others

54 In relation to your colleagues, have you found yourself in any of these situations in the last 12 months?

	Never	Once	Twice	3 times	4 or more times
You have been laughed at or insulted at school/high school or on the way to school/high school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You have been beaten, attacked and/or threatened at school/high school or on your way to school/high school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You have been marginalized, or refused to be part of the group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

55 During the last 12 months, have you participated with other colleagues or with your group in any of these situations (situations that you do not consider a joke or a game)?

	Never	Once	Twice	3 times	4 times or more
Laughing or insulting other classmates at school/high school or on the way to school/high school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hitting, attacking or threatening other classmates at school/high school or on the way to school/high school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reject or marginalize other colleagues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

56 Do you feel that you have friends with whom you can share both your happy moments and your problems and worries?

- Yes, always.
 In general, yes.
 Neither yes nor no.
 In general, no.
 No, never.

57 How are relationships with your family usually? (We mean the people you live with)

- Very good
 Pretty good
 Regulars
 Pretty bad
 Very bad

58 Have you ever had a partner in your life? YOU CAN MARK MORE THAN ONE OPTION

- Yes, guys
 Yes, girls
 Yes, non-binary people
 No

58.1 Have you ever received any of the following abuse from your partners or ex-partners? You can mark more than one answer.

- Emotional abuse (making you feel afraid, spreading your intimate details, insults, blackmail, destroying objects during discussions, controlling your mobile phone or your contacts, humiliation in front of other people, threats, etc.).
- Physical abuse (being hit, punched or slapped, pushed, held very tightly, etc.).
- Sexual abuse (insisting on having sex when you didn't want to, doing sexual practices you don't like, sending or forcing you to send intimate photos you didn't want, etc.).
- I have not experienced any of these situations.

Sexuality and sexual health.

- 59 Which of the following options do you feel most identified with?
- Heterosexual (you are usually attracted to people of a different sex than your own)
- Homosexual (you are usually attracted to people of the same sex)
- Bisexual (you are attracted to people of the same sex and of a different sex than you)
- Asexual (I am not attracted to other people)
- I'm wondering / I don't know
- I prefer not to answer
- Others
-
- 59.1 What other sexual orientation?
- _____
-
- 60 Do people around you (friends, family, etc.) know your sexual orientation?
- Yes, everyone
- Most people do
- Most people don't
- No, no one
-
- 61 Have you ever had sexual relationships (including any type of sexual practice that involves physical contact with another person, such as oral sex, mutual masturbation, or penetration)?
- Yes
- No
-
- 61.1 How old were you when you had your first sexual relationship?
- _____ (years old. Write in numbers, not in letters.)
-
- 61.2 Who have you had sex with? Including any type of sexual practice that involves physical contact with another person, such as oral sex, mutual masturbation or penetration). YOU CAN MARK MORE THAN ONE OPTION.
- With boys
- With girls
- With non-binary people.
-
- 61.3 In the last 12 months, how many people have you had sex with?
- _____ (sexual partners)
-
- 61.4 In the last 12 months, have you had sex with vaginal penetration?
- Yes
- No
-
- 61.4. In the last 12 months have you and your sexual partner used any of the following methods to prevent pregnancy? YOU CAN MARK MORE THAN ONE OPTION.
- Condom
- Oral contraceptives
- Go back
- Having intercourse during the period, the days before or the days after
- SAYS
- Other non-oral hormonal methods (contraceptive patch, vaginal ring, etc.)
- None of the above
-
- 61.4. In the past 12 months, how many times have you or your sexual partner used the morning-after pill?
- Chap
- One
- More than one
- I don't know / I don't answer

61.4. Have you ever gotten pregnant or gotten your sexual partner pregnant?

Yes
 No
 I don't know / I don't answer

61.4. Have you ever had a voluntary termination of pregnancy?

Yes
 No
 I don't know / I don't answer

61.5 In the past 12 months, how often have you used condoms or latex bands, with the following sexual practices? CHECK ONE OPTION PER ROW.

	I have not done this practice	I always use it	I often use it	Sometimes I use some	I never use it
Vaginal penetration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anal penetration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral-anal sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rubbing between genitals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

61.6 Have you ever been diagnosed with a sexually transmitted infection (STI) or STD? For example, chlamydia, syphilis, mycoplasma, gonorrhea, HIV, Hepatitis B, Hepatitis C, Papilloma, etc.

No
 Yes, in the last 12 months
 Yes, more than 12 months ago

61.7 During the past 12 months, have you used alcohol or other drugs before or during sex?

No
 Yes, alcohol
 Yes, other drugs
 Yes, alcohol and other drugs
 I don't know / I don't answer

62 In the last 12 months, do you consider yourself to have been satisfied with your sex life? You can answer this question even if you haven't had sex with other people.

A lot
 Pretty much
 Little
 Not at all
 I don't know / I don't answer

63 Have you ever seen pornography in your life?

Yes
 No

63.1 How old were you when you first saw pornography?

(years old. Write in numbers, not in letters.)

63.2 In the past 3 months, how often have you viewed pornography?

Never
 Once a month
 2 or 3 times a month
 Once a week
 Between 2 and 6 times a week
 Once a day
 Many times a day

- 63.3 Why do you watch pornography? YOU CAN MARK MORE THAN ONE OPTION.
- Because it makes masturbation easier for me
 - To learn new things
 - Because I am not happy with my sex life
 - Because it provides me with an experience that would be impossible in real life
 - To pass the time when I'm bored
 - Because it makes me forget the problems
 - Because it calms me
 - Because I can discover what excites me
 - Others

63.3. For what other reasons do you watch pornography?

- 64 Have you ever had a gynecological examination? YOU CAN MARK MORE THAN ONE OPTION.
Gynecological examinations are medical visits to assess the female reproductive system (uterus, vagina and ovaries).
- Yes, for the periodic review
 - Yes, for some sexually transmitted infection (STI)
 - Yes, for urinary infections
 - Yes, for issues related to the rule
 - Yes, for issues related to pregnancy
 - Yes, for other issues.
 - I have never been there

- 65 Do you have your period (or menstruation)?
- Yes
 No

65.1 When you get your period, do you have abdominal pain or cramps for the first few hours or days? Mark the intensity of the pain from 0 to 10 (mark 0 if you have no pain and 10 if you have excruciating pain).

0 10



(Place a mark on the scale above)

- 65.2 At what age did you get your first period?
- Less than 12
 - 12
 - 13
 - 14
 - 15
 - 16
 - More than 16

- 65.3 Due to your period, have you felt limited or has the period prevented you from doing any activity or task in your day-to-day life?
- No
 Yes

65.4 In the past 3 months, have you experienced any of the following premenstrual symptoms, which start during the week before your period and stop a few days after your period starts? TICK ONE OPTION PER LINE.

	Not at all	Slight	Moderate	Severe
Low mood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety or tension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Less interest in social, domestic or work activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Difficulty concentrating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fatigue/lack of energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling overwhelmed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have these symptoms made you less efficient or productive at work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

66 Indicate if YOU PERSONALLY SUFFERED any of the following forms of violence EVER IN YOUR LIFE. YOU CAN MARK MORE THAN ONE OPTION.

- No physical contact (sexist jokes with sexual content, sexualized and unwanted continued stares, exhibitionism, etc.)
- With physical contact (continuous invasion of living space, unwanted touching, cornering for sexual purposes, etc.)
- With the introduction of objects or any part of their body into your body, whether orally, anal or vaginal (rape with or without force, etc.)
- I have not suffered from any
- I prefer not to answer

Mobility and road safety

- 66 How many hours a day do you ride an electric scooter?
- I don't use this
 - Less than 1 hour
 - Between 1 and 3 hours
 - More than 3 hours
-

66.1 Have you stopped going to places on foot to go there with an electric scooter?

- Yes
- No

Games and gambling

67 In the last 30 days, how often have you seen gambling ads on the following channels?

	Never	Occasionally	Often	Very often
Television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Radio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Street advertising	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sports events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

68 In the last 12 months, how often did YOU BET MONEY OR PAY TO PLAY? Check one box for each row.

	I have never bet money	I have not bet money in the last 12 months	Once a month or less	2-4 days a month	2-3 days a week	4-5 days a week	6 or more days a week
At internet (online)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Out of internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

68.1 Have you ever felt the need to bet more and more money?

- Yes
 No

68.2 Have you ever had to lie to people important to you about how much you play?

- Yes
 No

Information about health and vaccines

69 When you have health-related questions, what is your main source of information? YOU CAN MARK MORE THAN ONE ANSWER

- I don't usually have doubts related to health
- I don't usually look for health information
- Father, mother, guardian
- Brother/s or sister/s
- Friendships
- Teaching staff
- Health professional
- Internet or social networks
- Television or radio
- Books or magazines
- Others

69.1 What other sources of information do you use?

70 How often do you look for information on different aspects related to health on the internet or social networks?

- Never
- Less than once a month
- Monthly
- Weekly
- Daily

70.1 When you look for information about different aspects related to health on the internet or social networks, what topics do you look for? YOU CAN MARK MORE THAN ONE OPTION.

- Health in general
- Food
- Fitness and physical activity
- Mental health
- Sexuality and reproductive health
- Consumption of alcohol, tobacco and other drugs
- Others

70.1. What other topics do you look for?

70.2 When you look for health information on the internet or social networks, which sites do you look for? YOU CAN MARK MORE THAN ONE ANSWER

- Instagram
- TikTok
- Twitch
- ChatGPT
- Telegram
- Youtube
- Twitter
- SnapChat
- Websites
- Others

70.2. What other internet sites or social networks do you use to find health information?

71 Do you think vaccines are necessary?

- Yes
- No
- I don't know

72 Do you think vaccines are safe? Yes
 No
 I don't know

73 Have you been vaccinated with all the vaccines that are appropriate for your age? Yes
 No
 I don't know

74 Have you been vaccinated against COVID-19? Yes, 1 dose
 Yes, 2 doses
 Yes, 3 doses
 I have not been vaccinated
 I don't know

75 Did you feel comfortable answering this quiz? Yes
 No

Why?

If you want to continue participating in this study, enter your email and mobile number and we will contact you in the future.

Phone

E-mail
