SUPPLEMENTARY APPENDIX 1

QUESTIONNAIRE FOR THE FACTORS ASSOCIATED WITH SUBSTANCE USE AMONGST HIGH SCHOOL STUDENTS

SECTION A: SOCIO-DEMOGRAPHICS

1-Sex: Male ☐ Female ☐

2-Age: _____ years

3-Religion

- Muslim ☐
- Christian (Catholic / Protestant/ Baptist/ Pentecostal) ☐
- Others ☐

4-Quarter: _____

5-School: _____.

6-Class average during the first term: _____

SECTION B: SUBSTANCE USE

1-When did you first take the following substances without the consent of your parents

SUBSTANCE	NEVER	>16YRS	12-15YRS	10-11YRS	<10YRS
Alcohol					
Tobacco, cigars, cigarette					
Tramadol					
Vap ,shisha					
Marijuana,(mbanga)					
Inhalants					
Others (specify)					

2- When did you last use the following substances

SUBSTANCES	**NEVER**	**Last 30days**	**Last 3months**	**Last 6-12 months**	**>12months ago**
Alcohol					
Tobacco, cigars, cigarette					
Tramadol					
Vap, shisha					
Marijuana (mbanga)					
Inhalants					
Others (specify)					

3a-Please tick the box which corresponds best with how you feel about yourself

View	**false**	**Somewhat false**	**Not sure**	**Somewhat true**	**True**
I'm not sure of my self					
I really don't like myself much					
I sometimes feel so bad about myself that I wish I was somebody else					

3b-Please tick the box which corresponds best with how you feel about yourself

	Never	**Not so often**	**sometimes**	**often**	**Almost always**
I usually feel I'm the kind of person I want to be					
I feel as I can do things as well as others can					
I feel I am special or an important person					
I feel I am really good at the things I try to do					

4-Over the last two weeks, how often have you been bothered by the following

	Not at all	**Several days**	**More than half the days**	**Nearly every day**
Feeling nervous, anxious, or on edge				
Not being able to stop or control worrying				
Feeling down, depressed, or hopeless,				
Little interest in doing things				

5-Have you ever been involved in sexual activities YES NO

6-At what age did you have your first sexual intercourse ……. years

7-How involved are your parents in your life

	Agree a lot	**Agree a little**	**Disagree a little**	**Disagree a lot**
My parent watch television programs and movies with me				
My parent limit the amount of television programs I watch				
My parents know who my friends are				
My parents permit me to be with anyone I choose				
They are too busy to talk to me				
They listen to what I have to say				
They want to hear about my problems				
They make sure I tell them where am going to				
They ask me what I do with my friends				
They know where I am after school				
They tell me when I do a good job on things				

8-How wrong do your parents feel if would be if you take the following substances

Substances	**Very wrong**	**Wrong**	**A little bit wrong**	**Not wrong at all**
Alcohol				
Tobacco, cigars				
Tramadol				
Marijuana				

9-How are family disagreement handled?

	Often	**Sometimes**	**Seldom**	**Never**
How often have they been serious quarrelling or arguments in your household				
How often have they been physical fights in your household				

THANKS FOR YOUR COOPERATION.