

Appendix 1 Questionnaire overview (in Danish)

Hvad er din alder? <i>* Svar SKAL angives</i> <input type="radio"/> 13-14 år <input type="radio"/> 14-16 år <input type="radio"/> 16-18 år <input type="radio"/> 18-20 år <input type="radio"/> 20-22 år <input type="radio"/> 22-24 år <input type="radio"/> 24-26 år nulstil	Kender du til benzodiazepiner? F.eks.: benzo'er, xanax, rohypnol, stesolid / steso'er, tabs, BZD, krydser, F2 <i>* Svar SKAL angives</i> <input type="radio"/> Ja <input type="radio"/> Nej nulstil	Har du oplevet nogen få en overdosis? <i>* Svar SKAL angives</i> <input type="radio"/> Ja <input type="radio"/> Nej nulstil
Hvad er dit postnummer? <i>* Svar SKAL angives</i> <input type="text"/> nulstil	Kender du til opioider? F.eks.: oxy'er, dolol, morfin, fentanyl, metadon, tramadol, dope, heroin <i>* Svar SKAL angives</i> <input type="radio"/> Ja <input type="radio"/> Nej nulstil	Har du selv prøvet at tage benzo'er? <i>* Svar SKAL angives</i> <input type="radio"/> Ja <input type="radio"/> Nej nulstil
Er du under uddannelse? <i>* Svar SKAL angives</i> <input type="radio"/> Ja <input type="radio"/> Nej nulstil	Kender du nogen, der har prøvet at tage opioider? <i>* Svar SKAL angives</i> <input type="radio"/> Ja <input type="radio"/> Nej nulstil	Har du selv prøvet at tage opioider? <i>* Svar SKAL angives</i> <input type="radio"/> Ja <input type="radio"/> Nej nulstil
Jeg definerer mig selv som... <i>* Svar SKAL angives</i> <input type="radio"/> Pige / kvinde <input type="radio"/> Dreng / mand <input type="radio"/> Andet <input type="radio"/> Ønsker ikke at oplyse nulstil	Kender du nogen, der har prøvet at tage benzo'er? <i>* Svar SKAL angives</i> <input type="radio"/> Ja <input type="radio"/> Nej nulstil	Kender du til Antidote - næsesprayen der stopper overdoser? <i>* Svar SKAL angives</i> <input type="radio"/> Ja <input type="radio"/> Nej nulstil

The four additional questions administered if “yes” was answered to the question on prior use of opioids (Danish)

Hvor gammel var du, da du prøvede opioider for første gang?

* Svar SKAL angives

- ☐ 10-12 år
- ☐ 12-14 år
- ☐ 14-16 år
- ☐ 16-18 år
- ☐ 18-20 år
- ☐ 20-22 år
- ☐ 22-24 år
- ☐ 24-26 år

nulstil

Hvor mange gange har du taget opioider?

* Svar SKAL angives

- ☐ Én gang
- ☐ Et par gange
- ☐ Ca. én gang om måneden
- ☐ Oftere
- ☐ Dagligt

nulstil

Hvor får du opioiderne fra?

* Svar SKAL angives

- ☐ Kiosker
- ☐ Venner
- ☐ Stjæler det
- ☐ Familie
- ☐ Sociale medier / internettet
- ☐ I byen
- ☐ En fast dealer
- ☐ På gaden
- ☐ Skolen
- ☐ Lægen
- ☐ Andet

Hvilken effekt giver opioiderne dig?

* Svar SKAL angives

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Appendix 2 Questionnaire overview (in English)

<div><div>What is your age?</div><div><div>* Answer MUST be specified</div><div><div><div><input type="radio"/> 13-14 years</div><div><input type="radio"/> 14-16 years</div><div><input type="radio"/> 16-18 years</div><div><input type="radio"/> 18-20 years</div><div><input type="radio"/> 20-22 years</div><div><input type="radio"/> 22-24 years</div><div><input type="radio"/> 24-26 years</div></div><div>reset</div></div></div></div>	<div><div>Do you know about benzodiazepines? Eg: benzos, xanax, rohypnol, stesolid / steso's, tabs, BZD, cross, F2</div><div><div>* Answer MUST be specified</div><div><div><div><input type="radio"/> Yes</div><div><input type="radio"/> No</div></div><div>reset</div></div></div><div><div>Do you know about opioids? Eg: oxys, dolol, morphine, fentanyl, methadone, tramadol, dope, heroin</div><div><div>* Answer MUST be specified</div><div><div><div><input type="radio"/> Yes</div><div><input type="radio"/> No</div></div><div>reset</div></div></div><div><div>Do you know someone who has tried taking opioids?</div><div><div>* Answer MUST be specified</div><div><div><div><input type="radio"/> Yes</div><div><input type="radio"/> No</div></div><div>reset</div></div></div><div><div>Do you know anyone who has tried taking benzos?</div><div><div>* Answer MUST be specified</div><div><div><div><input type="radio"/> Yes</div><div><input type="radio"/> No</div></div><div>reset</div></div></div></div></div></div></div>	<div><div>Have you experienced someone overdose?</div><div><div>* Answer MUST be specified</div><div><div><div><input type="radio"/> Yes</div><div><input type="radio"/> No</div></div><div>reset</div></div></div><div><div>Have you tried taking benzos yourself?</div><div><div>* Answer MUST be specified</div><div><div><div><input type="radio"/> Yes</div><div><input type="radio"/> No</div></div><div>reset</div></div></div><div><div>Have you tried taking opioids yourself?</div><div><div>* Answer MUST be specified</div><div><div><div><input type="radio"/> Yes</div><div><input type="radio"/> No</div></div><div>reset</div></div></div><div><div>Do you know about Antidote - the nasal spray that stops overdoses?</div><div><div>* Answer MUST be specified</div><div><div><div><input type="radio"/> Yes</div><div><input type="radio"/> No</div></div><div>reset</div></div></div></div></div></div></div>
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The four additional questions administered if “yes” was answered to the question on prior use of opioids:

<p>How old were you when you first tried opioids?</p> <p>* Answer MUST be specified</p> <p><input type="radio"/> 10-12 years</p> <p><input type="radio"/> 12-14 years</p> <p><input type="radio"/> 14-16 years</p> <p><input type="radio"/> 16-18 years</p> <p><input type="radio"/> 18-20 years</p> <p><input type="radio"/> 20-22 years</p> <p><input type="radio"/> 22-24 years</p> <p><input type="radio"/> 24-26 years</p> <p>reset</p>	<p>Where do you get the opioids from?</p> <p>* Answer MUST be specified</p> <p><input type="checkbox"/> Kiosk</p> <p><input type="checkbox"/> Friends</p> <p><input type="checkbox"/> Stealing it</p> <p><input type="checkbox"/> Family</p> <p><input type="checkbox"/> Social media / the internet</p> <p><input type="checkbox"/> In the city</p> <p><input type="checkbox"/> A regular dealer</p> <p><input type="checkbox"/> On the street</p> <p><input type="checkbox"/> The school</p> <p><input type="checkbox"/> The doctor</p> <p><input type="checkbox"/> Other</p>
<p>How many times have you taken opioids?</p> <p>* Answer MUST be specified</p> <p><input type="radio"/> One time</p> <p><input type="radio"/> A few times</p> <p><input type="radio"/> Aprox. once a month</p> <p><input type="radio"/> More often</p> <p><input type="radio"/> Daily</p> <p>reset</p>	<p>What effect does opioids give you?</p> <p>* Answer MUST be specified</p> <div><div></div><div>⬆</div></div>