

Additional file 2: Questionnaire

1. **Are you?** A man a woman
2. **How old are you?** years
3. **How many children do you have?** child(ren)
4. **Are you expecting a baby?** Yes No
5. **How many brothers and sisters do you have?**
6. **What is the postal code of your home place?**
7. **Where do you live the most often?**
 - At your own home or in co-renting
 - At your parent's home
 - At relatives' home
 - At friend's home
 - At your boy/girl friend's home
 - At your boy/girl friend parent's home
 - Other, précised:
 - At university housing
 - At accommodation place (boarding school, hostel for young workers)
 - At reception family's home
 - Not at a home
 - Homeless
8. **What is your current occupational status (several answers)?**
 - School/Secondary school
 - Specialized school
 - Student at university
 - Student out of university
 - Training school
 - Block release training school
 - Trainee in education
 - In integrating into the work place
 - Job seeking
 - Specific employment contract
 - Temporary job
 - Permanent job
 - Interim
 - No activity

9. What is your parents' current occupational status?

- Worker
- Unemployed or job seeker
- Training course
- Retired
- Housewife, off work after pregnancy
- Invalid or long stop for disease
- Social allowance
- Deceased
- Do not know

10. Do you have social follow up in local centre? Yes No

11. Are you the beneficiary of contract for social integration (Contrat d'insertion dans la vie sociale, CIVIS)? Yes No

12. Do you receive the solidarity income allocation (Revenu de solidarité active, RSA)? Yes No

13. Are you recognized as a handicapped person? Yes No

14. What is your current level of education?

- Without diploma
- First year of training school
- School diploma
- Secondary school diploma
- Secondary school diploma + 2 years
- University diploma
- PHD

15. Do you have appointed a general practitioner as your gate keeper to the health insurance for salaried workers? Yes No Do not know

16. Are you the beneficiary of universal health insurance (Couverture médicale universelle CMU)? Yes No Do not know

17. Do you sometimes meet with a social worker (welfare worker, educator)? Yes No

18. Do you have complementary health insurance (mutual insurance)? Yes No

19. Do you live as a couple? Yes No

20. Are you a homeowner or will you be one in the near future? Yes No

21. Are there periods in the month when you have real financial difficulties in facing you need (food, rent, electricity, etc.)? Yes No

22. Have you participated in any sports activities in the last 12 months? Yes No
23. Have you gone to any shows (cinema, theatre) in the last 12 months? Yes No
24. Have you gone on holiday during the past 12 months? Yes No
25. Have you seen any family members in the past six months (other than your parents or children)? Yes No
26. Did you have difficulties (financial, family or health), is there anyone around you who could take you in for a few days? Yes No
27. Did you have difficulties (financial, family or health), is there anyone around you who could help you financially (material aid such as lending you money)? Yes No
28. During the last 30 days, do you have relation with yours parents? Yes No
29. Did you live these family events?
1. Break-up or divorce Yes No
 2. Disease, injured, depression, alcoholism, serious accident of your father or mother Yes No
 3. Break-up with your parents Yes No
30. Did you have an accident or a serious illness? Yes No
31. Did you be involved in an educative or judicial intervention? Yes No
32. What can tell about the childhood and adolescence you have lived (one answer)?
33. What is your current tobacco consumption?
34. Your alcohol consumption?
1. During the past 30 days, how many times did you drink alcohol?
None 1-2 times 3-5 times 6-9 times 10-19 times 20-29 ≥ 30 times
 2. During the past 12 months how many times did you were drunk?
None 1-2 times 3-5 times 6-9 times 10-19 times 20-29 ≥ 30 times
35. During the past 30 days, did you use marijuana? Yes No
- If yes, have you ever felt you needed to smoke marijuana to feel health since the morning?
 Yes No

36. Considering your age, please give a note between 0 and 10 to quote your self-perceived health

The worse health

The best health

0 1 2 3 4 5 6 7 8 9 10

37. What weight are you? kg

38. How tall are you? ,m

39. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks...

1. Have you been very nervous?

All of the time Most of the time Some of the time A little of the time None of the time

2. Have you felt so down in the dumps that nothing could cheer you up?

All of the time Most of the time Some of the time A little of the time None of the time

3. Have you felt calm and peaceful?

All of the time Most of the time Some of the time A little of the time None of the time

4. Have you felt downhearted and depressed?

All of the time Most of the time Some of the time A little of the time None of the time

5. Have you been happy?

All of the time Most of the time Some of the time A little of the time None of the time

40. You see above sentences collected from adolescents, please read each of them and stick "true" if it expresses something you are living or "false" if not.

1. I have no energy for work/school True False

2. I have trouble thinking True False

3. I feel overwhelmed by sadness and listlessness True False

4. Nothing really interests or entertains me True False

5. What I do is useless True False

6. When I feel this way I wish I were dead True False

- 7. Everything annoys me True False
- 8. I feel downhearted and discouraged True False
- 9. I sleep badly True False
- 10. School/work doesn't interest me just now, I can't cope True False

- 41. Have you ever thought about suicide even if it's not really seriously? Yes No
- 42. Have you ever thought about suicide seriously? Yes No
- 43. During the course of your life, did you commit suicide? Never once several time

If yes, did you go to hospital because of your suicide attempt? Yes No

- 44. During the course of your life, did you be victim of violence?
 - 1. Psychological Never Once Twice 3-4 times 5 times or more
 - 2. Physical Never Once Twice 3-4 times 5 times or more
 - 3. Sexual Never Once Twice 3-4 times 5 times or more

- 45. Have you ever be the perpetrator of a violent behaviour?

None of the time A little of the time Some of the time Most of the time Very most of the time All of the time

- 46. Do you feel you are sometimes risked to violence? Yes No

If yes, in which place?

At home At work At school In the street In public transport In leisure centres

Other: précised:

- 47. Do you think you are victim of discrimination to accede to

- 1. Employment? Yes No
- 2. Accommodation? Yes No
- 3. Leisure? Yes No
- 4. Education? Yes No
- 5. Transports? Yes No

If yes, it was the consequence of your:

Origin, name Sex

Age

Sexuality

Physical aspect

Religion

Health state, handicapped

Location of your accommodation

Other, précised:

48. During the past 12 months, because of nervous, psychological or of behaviour, did you met:

1. A general practitioner Yes No

2. A psychiatrist, psychologist, psychotherapist Yes No

3. A nurse Yes No

4. An other health care professional Yes No

5. A social worker Yes No

6. A friend or a member of your family Yes No

7. Other, Yes No

précised:

49. How are you expected the future?

Be hopeful and confident Sometimes hopeful and sometimes worried Very worried

Prefer to don't think about future

50. If you filled in this questionnaire in a health examination centre, did you be send to the health examination centre by the social centre? Yes No

51. Do you want to add something that is important for you?