

NSW SUPPLEMENTARY QUESTIONNAIRES 2005

Supplementary B

SURVEY

These questions are to find out what students, like yourself, feel and do about a range of health behaviours, including foods that you eat, and physical activity.

- Please do not write your name on this paper.
- The information you give is kept private and will only be seen by the people putting all the answers together.
- Answer **every** question you can.
- If you can't answer a question or if you would rather not answer a question, leave it out and go on to the next one.
- For most questions, there is a choice of answers. Pick the one that's true for you and tick the box next to it.
- If you make a mistake or wish to change your answer, cross out the mistake and tick the new response.
- Some questions ask you to write a short answer in the space provided.
- You may withdraw from the survey at any time

Office use only

STATE 2

SCHOOL

ID

SECTION A:

The following questions are about nutrition.

1. How many days per week do you **usually** have something to eat for breakfast?
(Write the number of days you had breakfast each week)

_____ days per week

1 I don't know

2. What type of milk do you usually have?

(Tick **one** box only)

1 Whole milk (including flavoured milk and full-cream soy milk)

2 Reduced fat milk (eg Lite White, Farmer's Best, Hi-Lite, So Good Lite, Oak and reduced fat flavoured milk)

3 Skim milk (including Shape)

4 Evaporated or sweetened condensed milk

5 None of the above

6 I don't know

3. How many cups of water do you usually drink?

(One cup = 250ml or a household teacup; 1 average bottle of water = 1.5 cups).

1 Number of cups per day _____ cups

2 I don't drink water

3 I don't know

4. How tall are you without shoes:

_____ centimetres or _____ feet _____ inches

1 I don't know

5. How much do you weigh without clothes or shoes?

_____ kilograms *or* _____stones _____lbs

1 I don't know

6. Do you think of yourself as being too thin, about the right weight, or too fat?

1 Too thin (underweight)

2 About the right weight

3 Too fat (overweight)

7. Which of the following are you trying to do about your weight?

*(Tick **one** box only)*

1 Lose weight

2 Gain weight

3 Stay the same weight

4 I am not trying to do anything about my weight

SECTION B:

The following questions are about physical activity.

THE NEXT QUESTION IS ABOUT THE TYPES OF ACTIVITIES THAT YOU DO.

8. Please think about a **normal week during this school term** (including Saturdays and Sundays). In the table below, please tick the sports, games or other physical activities you **USUALLY** do, and for each of the ticked items write in the total amount of time you spend doing them each week. **The time spent doing a sport or game includes the time you spend training.**

If you do not spend time on sports, games or other physical activities then please tick the last item at the end of this page.

For example

	Number of times per week you usually do this sport or game including training.	The <i>total</i> amount of time you spend doing this activity in a normal week.
0x <input checked="" type="checkbox"/> Basketball	3 times	1 hours 15 minutes
0x <input type="checkbox"/> Walking for transport	_____ times	_____ hours _____ minutes

	Number of times per week you usually do this sport or game, including training.	The <i>total</i> amount of time you spend doing this activity in a normal week.
01 <input type="checkbox"/> Athletics	_____ times	_____ hours _____ minutes
02 <input type="checkbox"/> Basketball	_____ times	_____ hours _____ minutes
03 <input type="checkbox"/> Cricket	_____ times	_____ hours _____ minutes
04 <input type="checkbox"/> Cycling	_____ times	_____ hours _____ minutes
05 <input type="checkbox"/> Dancing	_____ times	_____ hours _____ minutes
06 <input type="checkbox"/> Gym/weights workout	_____ times	_____ hours _____ minutes
07 <input type="checkbox"/> Jogging	_____ times	_____ hours _____ minutes
08 <input type="checkbox"/> Netball	_____ times	_____ hours _____ minutes
09 <input type="checkbox"/> Soccer	_____ times	_____ hours _____ minutes
10 <input type="checkbox"/> Swimming	_____ times	_____ hours _____ minutes
11 <input type="checkbox"/> Walking for transport	_____ times	_____ hours _____ minutes
12 <input type="checkbox"/> Walking for pleasure	_____ times	_____ hours _____ minutes

If you do other sports, games or physical activities please write them in the spaces below:

13 <input type="checkbox"/> <i>Any other physical activity?</i> _____	_____ times	_____ hours _____ minutes
14 <input type="checkbox"/> <i>Any other physical activity?</i> _____	_____ times	_____ hours _____ minutes
15 <input type="checkbox"/> <i>Any other physical activity?</i> _____	_____ times	_____ hours _____ minutes
16 <input type="checkbox"/> I do not spend any time on sports, games or physical activities.		

9. Outside school time, how many **hours a day** on average do you usually watch TV, videos or DVDs?

a) On Monday to Friday

(Tick only one box)

- 1 Not at all
- 2 1 hour or less a day
- 3 2 hours a day
- 4 3 hours a day
- 5 4 hours a day
- 6 5 hours or more a day

b) On Saturday and Sunday

(Tick only one box)

- 1 Not at all
- 2 1 hour or less a day
- 3 2 hours a day
- 4 3 hours a day
- 5 4 hours a day
- 6 5 hours or more a day

10. Outside school time, how many **hours a day** on average do you usually use computers for entertainment or to play video games (eg surfing the net, Playstations, Nintendos)?

a) On Monday to Friday

(Tick only one box)

- 1 Not at all
- 2 1 hour or less a day
- 3 2 hours a day
- 4 3 hours a day
- 5 4 hours a day
- 6 5 hours or more a day

b) On Saturday and Sunday

(Tick only one box)

- 1 Not at all
- 2 1 hour or less a day
- 3 2 hours a day
- 4 3 hours a day
- 5 4 hours a day
- 6 5 hours or more a day

11. Outside school time, how many **hours a day** on average do you usually use computers for study or school work?

a) On Monday to Friday

(Tick only one box)

- 1 Not at all
- 2 1 hour or less a day
- 3 2 hours a day
- 4 3 hours a day
- 5 4 hours a day
- 6 5 hours or more a day

b) On Saturday and Sunday

(Tick only one box)

- 1 Not at all
- 2 1 hour or less a day
- 3 2 hours a day
- 4 3 hours a day
- 5 4 hours a day
- 6 5 hours or more a day

SECTION C:

The following questions are about injury.

12. In the past **6 months** have you hurt yourself or had an injury for which you had to see a doctor, physiotherapist or another health professional?
- 1 No → *Please go to Question 15*
- 2 Yes → *Please go to Question 13*
-
13. Where were you when the **most recent injury** requiring medical attention happened?
- 1 At school
- 2 At home
- 3 At a sports facility
- 4 On a street or road
- 5 At a place for shopping or leisure
- 6 At a place of employment
- 7 Any other type of place (*please specify*) _____
-
14. What were you doing when the **most recent injury** requiring you to seek attention from a health professional occurred?
- (*You may tick more than one box*)
- 1 School activity (including school sport)
- 2 Sport (playing or training; excludes school sport)
- 3 Leisure or play
- 4 Working for money
- 5 Doing any other activity

15. In the last **12 months** have you been injured participating in any of the following sports, games or physical activities, either organised or non-organised?

(Put a tick against all the sports you were injured in)

- 01 No injuries → *Go to Question 17*
- 02 Athletics
- 03 Cricket
- 04 Cycling
- 05 Dancing
- 06 Jogging
- 07 Netball
- 08 Rugby League
- 09 Skateboarding
- 10 Soccer
- 11 Swimming
- 12 Any other sport or activity *(please specify)* _____

16. What types of injuries did you have when you were injured in those sports in the past 12 months?

(Tick all those you experienced)

- 1 Joint injury
- 2 Muscle strain
- 3 Bruise
- 4 Cut
- 5 Knocked out or head injury
- 6 Broken bone or tooth
- 7 Other *(please specify)* _____

17. How likely are you to do the following activities?

*(For each activity, tick the box which shows the level of activity you do.
Please tick **one** box in **each** line.)*

	Not at all	Occa- sionally	Some- times	Often	Always
a. Riding a bicycle without a helmet	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Playing a game of sport without warming up or stretching	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Swimming at an unpatrolled beach	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Being a passenger in a vehicle where the driver had been drinking alcohol	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Playing a contact sport without protective equipment (eg mouthguards, shin pads)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Riding a skateboard on a roadway	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Being a passenger in a vehicle where the driver had been taking drugs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

SECTION D:

The following question is about sun protection.

18. How many times have you used a solarium (sunbed) in the past 12 months?

- 1 None
- 2 Once
- 3 2 to 5 times
- 4 6 or more times

**Thank you very much for your help.
You have completed the survey.**