

Survey

- Please do not write your name on this paper.
- The information you give is 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 do not want to answer a question, leave it out and go on to the next one.
- You may withdraw from the survey at any time.
- **HOW TO ANSWER QUESTIONS:**

For most questions, there is a choice of answers.

Pick the one that's true for you and cross the box next to it like this: Yes

Please cross ONE box only unless otherwise requested.

If you make a mistake, simply scribble it out and mark the correct answer with a cross: like this: No Yes

Some questions ask you to write a short answer in the space provided.

Use a ballpoint blue or black pen (do **NOT** use a felt tipped pen).

Office use only

STATE <input type="text" value="2"/>	SCHOOL <input type="text"/> <input type="text"/> <input type="text"/>	ID <input type="text"/> <input type="text"/> <input type="text"/>	POSTCODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	LEVEL <input type="text"/>	CAMPUS <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
PATTERN <input type="text"/>	SCHSEX <input type="text"/>	STRATA <input type="text"/>	TEACH <input type="text"/>	DAY <input type="text"/>	
ORDER <input type="text" value="1"/>	INITIALS <input type="text"/> <input type="text"/> <input type="text"/>		DATE <input type="text"/> <input type="text"/>	MONTH <input type="text"/> <input type="text"/>	YEAR <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/>

1. (a) What suburb or town do you live in?

1. (b) What is the postcode of your address?

2. What year level are you in?

1 Year 7

3 Year 9

5 Year 11

2 Year 8

4 Year 10

6 Year 12

3. How old are you now?

10 10

14 14

18 18

11 11

15 15

19 19 and over

12 12

16 16

13 13

17 17

4. What sex are you?

1 Male

2 Female

5. What is your date of birth?

<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	19	<input type="text"/> <input type="text"/>
Day	Month		Year

6. During a normal week, how much money do you have available to spend on yourself (eg from pocket money, part-time job)?

1 None

4 \$21 – \$40

7 Over \$80

2 \$10 or less

5 \$41 – \$60

3 \$11 – \$20

6 \$61 – \$80

7. At school work, do you consider yourself:

1 A lot above average?

2 Above average?

3 Average?

4 Below average?

5 A lot below average?

8. Were you at school on the last school day?

1 Yes

2 No

9. Are you of Aboriginal or Torres Strait Islander descent?

1 No

2 Yes – Aboriginal descent

3 Yes – Torres Strait Islander descent

4 Yes – both Aboriginal and Torres Strait Islander descent

10. What is the main language spoken at home? *Cross only one box.*

1 English

2 Another language only (*please specify which language*)

3 English and another language (*please specify the other language*)

THE NEXT FEW QUESTIONS ARE ABOUT DRINKING ALCOHOL — BEER, WINE, WINE COOLERS, ALCOHOLIC SODAS, SPIRITS, PREMIXED SPIRIT DRINKS, LIQUEURS, ALCOHOLIC APPLE CIDER, SHERRY OR PORT.

11. At the present time, do you consider yourself:

1 A non-drinker?

2 An occasional drinker?

3 A light drinker?

4 A party drinker?

5 A heavy drinker?

12. Have you **ever had even part of an alcoholic drink?**

1 No

2 Yes, just a few sips

3 Yes, I have had fewer than 10 alcoholic drinks in my life

4 Yes, I have had more than 10 alcoholic drinks in my life

13. Have you had an alcoholic drink in the last twelve months?

1 Yes

2 No

14. Have you had an alcoholic drink in the last four weeks?

1 Yes

2 No

15. This question is about the number of alcoholic drinks you had during the last seven days, including yesterday.

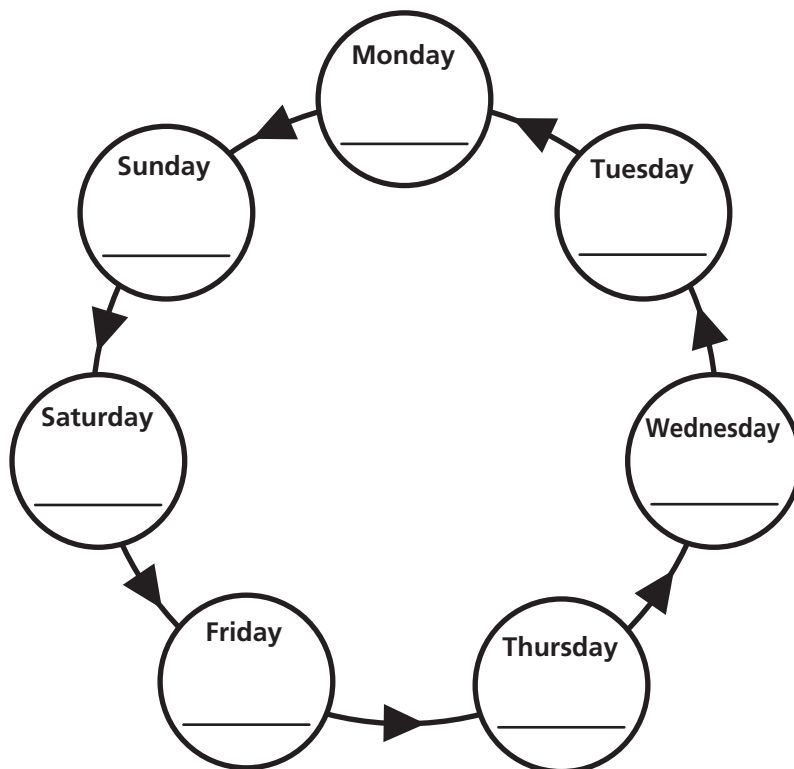
Put a cross near **yesterday**. Then in the space provided, write the number of alcoholic drinks you had yesterday. If you didn't have any alcoholic drinks, put in '0'.

Start filling in the spaces beginning with yesterday, and follow the arrows.

Answer for every day of the week.

Write the number of alcoholic drinks you had each day in the circle.

Put '0' for each day you didn't drink any alcoholic drinks.



QUESTIONS 16, 17 AND 18 ARE FOR ANYONE WHO HAS HAD AN ALCOHOLIC DRINK. IF YOU HAVE NEVER HAD AN ALCOHOLIC DRINK, GO TO QUESTION 19.

16. What alcoholic drink do you usually have?

Cross the box near the drink you **usually** have. If that drink is not listed here, cross the box next to 'Other' and write the name of the drink in the space provided.

- 01 Ordinary beer
- 02 Low alcohol beer
- 03 Wine
- 04 Wine Cooler (eg West Coast Coolers)
- 05 Champagne or sparkling wine (eg Spumante, Passion Pop)
- 06 Alcoholic Apple Cider (eg Strongbow)
- 07 Alcoholic sodas (eg Two Dogs)
- 08 Premixed spirits (eg Bacardi Breezer, Lemon Ruski, Vodka Mudshake, UDL Drinks, Sub Zero)
- 09 Spirits (eg rum, brandy, whisky, gin, vodka)
- 10 Liqueurs (eg Tia Maria, Kahlua, Midori, Glide, Archers, Illusion etc)
- 11 Other (*please specify*)

You should have crossed only **one box.**

17. (a) Where, or from whom, did you get your last alcoholic drink?

Fill in the space beside 'Other' if you can't find your answer.

Cross only **one** box.

I didn't buy it.....

OR

I bought it.....

- 1 My parent(s) gave it to me
- 2 My brother or sister gave it to me
- 3 I took it from home without my parent(s) permission
- 4 Friends gave it to me
- 5 I got someone to buy it for me
- 6 Other (*please specify*)

↳ **Go to QUESTION 17(b)**

- 51 At a hotel, pub, bar, tavern, RSL Club
- 52 At a licensed liquor store or supermarket
- 53 At a walk-in bottle-shop at a pub or hotel
- 54 At a drive-in bottle-shop
- 55 At a restaurant
- 56 At a dance venue / dance party
- 57 At a nightclub
- 58 At a sporting event
- 59 At a sports club (eg Leagues, surfing, football)
- 60 Through the Internet
- 61 By phone, fax, mail order
- 62 Other (*please specify*)

You should have crossed only **one box.**

17. (b) If someone else bought alcohol for you, who was this person?

- | | |
|---|---|
| 1 <input type="checkbox"/> Friend who is 18 or over | 4 <input type="checkbox"/> Brother / sister or other relative who is not yet 18 |
| 2 <input type="checkbox"/> Brother / sister or other relative who is 18 or over | 5 <input type="checkbox"/> Stranger who was able to buy alcohol |
| 3 <input type="checkbox"/> Friend who is not yet aged 18 | 6 <input type="checkbox"/> Other (<i>please specify</i>) |
-

18. (a) Where did you drink your last alcoholic drink?

Fill in the space beside 'Other' if you can't find your answer.

Cross only **one** box.

I drank it.....

- | | |
|--|--|
| 01 <input type="checkbox"/> At a beach, park or recreation area | 08 <input type="checkbox"/> At a sports club (eg Leagues, surfing, football) |
| 02 <input type="checkbox"/> At a hotel, pub, bar, tavern or RSL club | 09 <input type="checkbox"/> On school grounds during school hours |
| 03 <input type="checkbox"/> At a dance venue / dance party | 10 <input type="checkbox"/> On school grounds after hours |
| 04 <input type="checkbox"/> At a nightclub | 11 <input type="checkbox"/> At my home |
| 05 <input type="checkbox"/> At a party | 12 <input type="checkbox"/> At my friend's home |
| 06 <input type="checkbox"/> At a restaurant | 13 <input type="checkbox"/> In a car |
| 07 <input type="checkbox"/> At a sporting event | 14 <input type="checkbox"/> Other (<i>please specify</i>) |
-

You should have crossed only **one** box.

18. (b) Was an adult supervising you and/or your friends when you had this drink?

- 1 Yes 2 No

THE NEXT QUESTIONS ARE FOR EVERYONE AND ARE ABOUT SMOKING CIGARETTES.

19. At the present time, do you consider yourself:

- 1 A heavy smoker?
2 A light smoker?
3 An occasional smoker?
4 An ex-smoker?
5 A non-smoker?

20. Have you ever smoked even part of a cigarette?

- 1 No
- 2 Yes, just a few puffs
- 3 Yes, I have smoked fewer than 10 cigarettes in my life
- 4 Yes, I have smoked more than 10 but fewer than 100 cigarettes in my life
- 5 Yes, I have smoked more than 100 cigarettes in my life

21. Have you smoked cigarettes in the last twelve months?

- 1 Yes
- 2 No

22. Have you smoked cigarettes in the last four weeks?

- 1 Yes
- 2 No

23. This question is about the number of cigarettes you had during the last seven days, including yesterday.

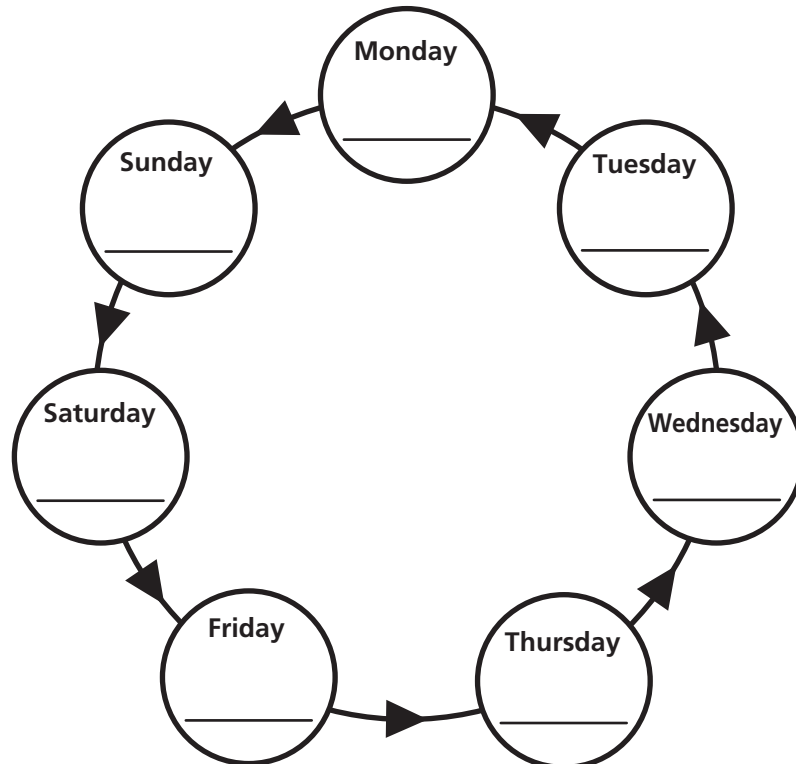
Put a cross near **yesterday**. Then in the space provided, write the number of cigarettes you had yesterday. If you didn't smoke any cigarettes, put in '0'.

Start filling in the spaces beginning with yesterday, and follow the arrows.

Answer for every day of the week.

Write the number of cigarettes you smoked each day in the circle.

Put '0' for each day you didn't smoke any cigarettes.



24. Do you think you will be smoking cigarettes this time next year?

- 1 Certain **not** to be smoking
- 2 Very **un**likely to be smoking
- 3 **Un**likely to be smoking
- 4 Can't decide how likely
- 5 Likely to be smoking
- 6 Very likely to be smoking
- 7 Certain to be smoking

**25. At most shops in the area where you live and go to school, how easy or difficult would it be:
(Cross only **one** box for **each** question)**

	Very easy	Easy	Neither easy nor difficult	Difficult	Very difficult
(i) for you to buy cigarettes?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(ii) for you to get someone else to buy cigarettes for you?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

QUESTIONS 26, 27 AND 28 ARE ONLY FOR THOSE WHO HAVE SMOKED A CIGARETTE IN THE PAST WEEK.

IF YOU HAVE NOT SMOKED A CIGARETTE IN THE PAST WEEK, GO TO QUESTION 29.

26. (a) What brand of cigarettes do you usually smoke?

Cross the box near the brand you **usually smoke. If that brand is not listed here, cross the box next to 'Other' and write the name of the brand in the space provided.**

- 01 Alpine
- 02 Benson & Hedges
- 03 Dunhill
- 04 Escort
- 05 Fortune
- 06 Holiday
- 07 Horizon
- 08 Longbeach
- 09 Marlboro
- 10 Peter Jackson
- 11 Sterling
- 12 Stradbroke
- 13 Vogue
- 14 Wills Super Mild
- 15 Winfield
- 16 Freedom
- 17 Other (*please specify*)

You should have crossed only **one box.**

26. (b) Do the cigarettes you usually smoke come from packets of ...?

- 1 20's
- 2 25's
- 3 30's

- 4 35's
- 5 40's
- 6 50's

Remember: you should have crossed only **one** box.

27. (a) Where, or from whom, did you get the last cigarette that you smoked?

Fill in the space beside 'Other' if you can't find your answer.

Cross only **one** box.

I didn't buy it.....

OR

I bought it.....

- 1 My parent(s) gave it to me
- 2 My brother or sister gave it to me
- 3 I took it from home without my parent(s) permission
- 4 Friends gave it to me
- 5 I got someone to buy it for me
- 6 Other (*please specify*)

↳ **Go to QUESTION 27(b)**

- 51 At a hotel, pub, bar, tavern, RSL Club
- 52 At a supermarket
- 53 At a newsagency
- 54 At a milk bar or delicatessen
- 55 At a convenience store (eg Food Plus, 7/11)
- 56 At a tobacconist / tobacco shop
- 57 At a take-away food shop
- 58 At a petrol station
- 59 Through the Internet
- 60 Other (*please specify*)

You should have crossed only **one** box.

27. (b) If someone else bought cigarettes for you, who was this person?

- 1 Friend who is 18 or over
- 2 Brother / sister or other relative who is 18 or over
- 3 Friend who is not yet aged 18

- 4 Brother / sister or other relative who is not yet 18
- 5 Stranger who was able to buy cigarettes
- 6 Other (*please specify*)

28. Sometimes people break open a packet of cigarettes and sell single cigarettes.

In the last **four weeks**, have you **bought** cigarettes that were **not in a full packet** (for example, buying one or more cigarette(s) at a time)?

- 1 Yes
- 2 No

THE NEXT QUESTIONS ARE FOR EVERYONE AND ARE ABOUT OTHER THINGS YOU MIGHT USE.

For each substance, cross the box which shows how many times you have used the substance during the specified time period. There should only be one cross for each line of boxes.

29. (a) How many times, if ever, have you used or taken painkillers/analgesics such as Disprin, Panadol or Aspro, for any reason:

	None	Once or twice	3-5 times	6-9 times	10-19 times	20-39 times	40 or more times
(i) In the last week?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(ii) In the last four weeks?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iii) In the last year?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iv) In your lifetime?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

If you have NEVER used or taken painkillers / analgesics, go to QUESTION 30

29. (b) Last time you used a painkiller/analgesic, did you use it because you...?

Cross only one box.

- 1 Had a headache or migraine
- 2 Had a cold or 'flu
- 3 Had a toothache or pains associated with dental procedure
- 4 Had pains associated with playing sport (eg, injury, strain)
- 5 Had other types of pain (*please specify*)

- 6 Wanted to – there was no medical reason for using it
- 7 Other (*please specify*)

29. (c) Where, or from whom, did you get your last painkiller / analgesic?

- 1 My parent(s) gave it to me
- 2 My brother or sister gave it to me
- 3 I took it from home without my parent(s) permission
- 4 Friends gave it to me
- 5 A member of staff at my school gave it to me
- 6 A member of staff at my sporting club gave it to me
- 7 I bought it
- 8 Other (*please specify*)

30. How many times, if ever, have you used or taken sleeping tablets, tranquillisers or sedatives, such as Valium, Serepax or Rohypnol (rohies, barbs) **other than for medical reasons:**

	None	Once or twice	3-5 times	6-9 times	10-19 times	20-39 times	40 or more times
(i) In the last week?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(ii) In the last four weeks?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iii) In the last year?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iv) In your lifetime?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

31. (a) How many times, if ever, have you smoked or used marijuana / cannabis (grass, hash, dope, weed, mull, yarndi, ganga, pot, a bong, a joint):

	None	Once or twice	3-5 times	6-9 times	10-19 times	20-39 times	40 or more times
(i) In the last week?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(ii) In the last four weeks?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iii) In the last year?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iv) In your lifetime?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

If you have **NOT** used marijuana/cannabis in the last year, go to **QUESTION 32**

31. (b) In the **last year**, did you use any other substance or substances **on the same occasion that you used** marijuana / cannabis?

Cross **all** that apply.

- | | |
|---|--|
| 1 <input type="checkbox"/> Tobacco | 6 <input type="checkbox"/> Amphetamines (speed, uppers, goey, crystal methamphetamine, base, dex, dexies, dexamphetamines, ox blood, methamphetamine, ice) |
| 2 <input type="checkbox"/> Alcohol | 7 <input type="checkbox"/> Ecstasy (XTC, E, MDMA, ecci, X, bickies) |
| 3 <input type="checkbox"/> Painkillers / analgesics | 8 <input type="checkbox"/> Other (<i>what substance?</i>) |
| 4 <input type="checkbox"/> Sedatives / tranquillisers / sleeping tablets | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| 5 <input type="checkbox"/> Hallucinogens
(LSD, acid, trips, magic mushrooms) | 9 <input type="checkbox"/> I did not use any other substance on the same occasion |

You should have crossed **all** that apply

31. (c) When you use marijuana / cannabis do you usually:

Cross only one box.

- 1 Smoke it as a joint (reefer, spliff)?
2 Smoke it from a bong or a pipe?
3 Eat it (eg in hash cookies)?

- 4 Other (*please specify*)

You should have crossed only one box

31. (d) Do you usually use marijuana / cannabis by yourself or with others?

- 1 By myself
2 With others

- 3 By myself and with others about equally often

31. (e) Where did you last use marijuana / cannabis?

Fill in the space beside 'Other' if you can't find your answer.

I used it.....

- 01 At a hotel, pub, bar, tavern or RSL club
02 At a dance venue / dance party
03 At a nightclub
04 At a party
05 At my home
06 At my friend's home
07 At a sports club (eg Leagues, surfing, football)

- 08 At the beach
09 In a park
10 In a car
11 On school grounds during school hours
12 On school grounds after hours
13 Other (*please specify*)

You should have crossed only one box

32. How many times, if ever, have you used or taken steroids (muscle, roids, or gear) **without a doctor's prescription** in an attempt to make you better at sport, to increase muscle size or to improve your general appearance:

	None	Once or twice	3-5 times	6-9 times	10-19 times	20-39 times	40 or more times
(i) In the last week?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(ii) In the last four weeks?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iii) In the last year?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iv) In your lifetime?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

33. How many times, if ever, have you deliberately sniffed (inhaled) from spray cans or deliberately sniffed things like glue, paint, petrol or thinners in order to get high or for the way it makes you feel: **This does not include sniffing white-out, liquid paper, textas, markers or pens.**

	None	Once or twice	3-5 times	6-9 times	10-19 times	20-39 times	40 or more times
(i) In the last week?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(ii) In the last four weeks?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iii) In the last year?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iv) In your lifetime?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

34. (a) How many times, if ever, have you used or taken amphetamines (speed, uppers, goey, crystal methamphetamine, base, dex, dexies, dexamphetamines, ox blood, methamphetamine, ice) **other than for medical reasons:**

	None	Once or twice	3-5 times	6-9 times	10-19 times	20-39 times	40 or more times
(i) In the last week?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(ii) In the last four weeks?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iii) In the last year?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iv) In your lifetime?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

If you have **NOT** used amphetamines in the last year, go to **QUESTION 35 (a)**

34. (b) In the **last year**, did you use any other substance or substances **on the same occasion that you used** amphetamines (speed, uppers, goey, crystal methamphetamine, base, dex, dexies, dexamphetamines, ox blood, methamphetamine, ice)?

Cross **all** that apply.

- | | |
|---|---|
| 1 <input type="checkbox"/> Tobacco | 6 <input type="checkbox"/> Marijuana / cannabis |
| 2 <input type="checkbox"/> Alcohol | 7 <input type="checkbox"/> Ecstasy (XTC, E, MDMA, ecci, X, bickies) |
| 3 <input type="checkbox"/> Painkillers / analgesics | 8 <input type="checkbox"/> Other (<i>what substance?</i>) |
| 4 <input type="checkbox"/> Sedatives / tranquillisers / sleeping tablets | <input style="width: 100%; height: 20px;" type="text"/> |
| 5 <input type="checkbox"/> Hallucinogens
(LSD, acid, trips, magic mushrooms) | 9 <input type="checkbox"/> I did not use any other substance on the same occasion |

You should have crossed **all** that apply

35. (a) How many times, if ever, have you used or taken ecstasy or XTC (E, MDMA, ecci, X, bickies):

	None	Once or twice	3-5 times	6-9 times	10-19 times	20-39 times	40 or more times
(i) In the last week?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(ii) In the last four weeks?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iii) In the last year?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iv) In your lifetime?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

If you have **NOT** used ecstasy in the last year, go to **QUESTION 36**

35. (b) In the last year, did you use any other substance or substances on the same occasion that you used ecstasy (XTC, E, MDMA, ecci, X, bickies)?

Cross all that apply.

- | | |
|--|---|
| 1 <input type="checkbox"/> Tobacco | 7 <input type="checkbox"/> Marijuana / cannabis |
| 2 <input type="checkbox"/> Alcohol | 8 <input type="checkbox"/> Other (<i>what substance?</i>) |
| 3 <input type="checkbox"/> Painkillers / analgesics | <input style="width: 300px; height: 20px;" type="text"/> |
| 4 <input type="checkbox"/> Sedatives / tranquillisers / sleeping tablets | 9 <input type="checkbox"/> I did not use any other substance on the same occasion |
| 5 <input type="checkbox"/> Hallucinogens
(LSD, acid, trips, magic mushrooms) | |
| 6 <input type="checkbox"/> Amphetamines (speed, uppers, goey, crystal methamphetamine, base, dex, dexies, dexamphetamines, ox blood, methamphetamine, ice) | |

You should have crossed **all** that apply

36. How many times, if ever, have you used or taken cocaine:

	None	Once or twice	3-5 times	6-9 times	10-19 times	20-39 times	40 or more times
(i) In the last week?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(ii) In the last four weeks?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iii) In the last year?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iv) In your lifetime?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

37. How many times, if ever, have you used or taken heroin (smack, horse, skag, hammer, H), or other opiates (narcotics) such as methadone, morphine or pethidine other than for medical reasons:

	None	Once or twice	3-5 times	6-9 times	10-19 times	20-39 times	40 or more times
(i) In the last week?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(ii) In the last four weeks?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iii) In the last year?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iv) In your lifetime?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

38. (a) How many times, if ever, have you used or taken hallucinogens (LSD, acid, trips, magic mushrooms, datura, angel's trumpet):

	None	Once or twice	3–5 times	6–9 times	10–19 times	20–39 times	40 or more times
(i) In the last week?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(ii) In the last four weeks?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iii) In the last year?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iv) In your lifetime?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

If you have **NOT** used hallucinogens in the last year, go to **QUESTION 39**

38. (b) In the **last year**, did you use any other substance or substances **on the same occasion that you used** hallucinogens (LSD, acid, trips, magic mushrooms, datura, angel's trumpet)?

Cross **all** that apply.

- | | |
|--|---|
| 1 <input type="checkbox"/> Tobacco | 7 <input type="checkbox"/> Ecstasy (XTC, E, MDMA, ecci, X, bickies) |
| 2 <input type="checkbox"/> Alcohol | 8 <input type="checkbox"/> Other (<i>what substance?</i>) |
| 3 <input type="checkbox"/> Painkillers / analgesics | <input style="width: 300px; height: 20px;" type="text"/> |
| 4 <input type="checkbox"/> Sedatives / tranquillisers / sleeping tablets | |
| 5 <input type="checkbox"/> Marijuana / cannabis | 9 <input type="checkbox"/> I did not use any other substance on the same occasion |
| 6 <input type="checkbox"/> Amphetamines (speed, uppers, goey, crystal methamphetamine, base, dex, dexies, dexamphetamines, ox blood, methamphetamine, ice) | |

You should have crossed **all** that apply

THESE QUESTIONS ARE FOR EVERYONE.

39. During 2007 (last year), did you have any lessons or parts of lessons at school that were about smoking cigarettes?

- | | |
|--|--|
| 1 <input type="checkbox"/> No, not even part of a lesson | 3 <input type="checkbox"/> Yes, one lesson |
| 2 <input type="checkbox"/> Yes, part of a lesson | 4 <input type="checkbox"/> Yes, more than one lesson |

40. During 2007 (last year), did you have any lessons or parts of lessons at school that were about drinking alcohol?

- | | |
|--|--|
| 1 <input type="checkbox"/> No, not even part of a lesson | 3 <input type="checkbox"/> Yes, one lesson |
| 2 <input type="checkbox"/> Yes, part of a lesson | 4 <input type="checkbox"/> Yes, more than one lesson |

41. During 2007 (last year), did you have any lessons or parts of lessons at school that were about illicit drugs such as cannabis/marijuana, ecstasy, heroin, amphetamines, crystal methamphetamine, hallucinogens, cocaine?

- | | |
|--|--|
| 1 <input type="checkbox"/> No, not even part of a lesson | 3 <input type="checkbox"/> Yes, one lesson |
| 2 <input type="checkbox"/> Yes, part of a lesson | 4 <input type="checkbox"/> Yes, more than one lesson |

Remember: **last** year was 2007

**THESE QUESTIONS ARE FOR EVERYONE AND ARE
ADDITIONAL QUESTIONS ABOUT SMOKING.**

42. How hard do you think it would be for someone to give up smoking?
(Cross one box only)

- Impossible Very hard Fairly hard Not too hard Easy
- 1 2 3 4 5

43. Would you like to quit smoking?

- 1 Yes 2 No 3 I am not sure 4 I don't smoke

↳ [Go to QUESTION 45](#)

44. Have you tried to quit smoking in the last 12 months?

- 1 Yes, have tried to give up 2 I smoke but have not tried to quit in the last 12 months
- times

45. Have you seen any cigarette advertising in the last 6 months?
(You may cross more than one box)

- 1 No 5 Yes, on billboards
- 2 Yes, in magazines or newspapers 6 Yes, at a sports event
- 3 Yes, on the Internet 7 Yes, while watching TV coverage of a sports event
- 4 Yes, in shops or tobacconists

46. Do you think smoking by celebrities (eg, movie stars, TV personalities, models, sports stars) encourages young people to take up smoking?

- 1 Yes 2 No 3 Not sure

47. What percentage of people do you think are smokers?

- Percentage % 999 Not sure

48. Have you ever tried to buy cigarettes from a shop?

1 No —————> **Go to QUESTION 50**

2 Yes —————> **Go to QUESTION 49**

49. Has a shopkeeper ever refused you service when you tried to buy cigarettes?

(Cross one box only)

1 No

2 Yes, once or twice

3 Yes, frequently

50. Have you ever bought cigarettes over the Internet or by phone/fax or mail order?

(You may cross more than one box)

1 No

2 Yes, over the Internet

3 Yes, by phone/fax or mail order

51. Have you seen any advertisements about quitting smoking in the last 6 months?

(You may cross more than one box)

1 No

3 Yes, on the Internet

6 Yes, at a sports event

2 Yes, in magazines or
newspapers

4 Yes, in shops or tobacconists

7 Yes, on TV

5 Yes, on billboards

8 Unsure

52. Do these Quit smoking advertisements encourage you: *(Cross one box only)*

1 Not to take up smoking

2 To quit smoking

3 Have no effect for me

**THESE QUESTIONS ARE FOR EVERYONE AND ARE
ADDITIONAL QUESTIONS ABOUT ALCOHOL.**

53. Have you ever tried to buy alcohol at a hotel, pub, club, restaurant, nightclub or bottle shop?

1 No → **Go to QUESTION 58**

2 Yes → **Go to QUESTION 54**

54. How often have you been refused service in a hotel, club, pub, restaurant, nightclub or bottle shop?
(Please cross **one** box in each line)

	Never	1–4 times	5 or more times
Hotel, pub or club	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Restaurant	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Nightclub or dance venue	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Bottle shop	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

55. How often have you been asked for proof of your age or identification (ID) when entering and/or asking for alcohol at a hotel, pub, club, restaurant, nightclub or bottle shop?
(Please cross **one** box in each line)

	Never	1–4 times	5 or more times
Hotel, pub or club	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Restaurant	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Nightclub or dance venue	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Bottle shop	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

56. How often have you used someone else's identification (ID) or fake identification (ID) to enter and/or ask for alcohol at a hotel, club, restaurant, nightclub or bottle shop?

1 Never
↳ **Go to QUESTION 58**

2 Yes, once or twice
↳ **Go to QUESTION 57**

3 Yes, frequently
↳ **Go to QUESTION 57**

57. If you have used someone else's identification (ID) or fake identification (ID), what type of document was it?

(You may cross more than one box)

- | | |
|---|---|
| 1 <input type="checkbox"/> Someone else's proof of age card or driver's licence | 4 <input type="checkbox"/> A stolen proof of age card |
| 2 <input type="checkbox"/> A fake proof of age card | 5 <input type="checkbox"/> A stolen learner's or driver's licence |
| 3 <input type="checkbox"/> A fake learner's or driver's licence | 6 <input type="checkbox"/> Other document <i>(please specify)</i> |
-

58. Have you ever bought alcohol over the Internet or by phone/fax or mail order?

(You may cross more than one box)

- 1 No 2 Yes, over the Internet 3 Yes, by phone/fax or mail order

THESE QUESTIONS ARE FOR EVERYONE AND ARE QUESTIONS ABOUT SUN PROTECTION.

59. You only get skin cancer if you get burnt often.

- 1 True 2 False

60. Over the **last summer, did you get sunburn that was sore or tender the next day?**

- 1 Yes, just once 3 Yes, 4 or more times
2 Yes, 2 or 3 times 4 No, not at all

61. Do you like to get a suntan?

- 1 No 4 Yes, a dark tan
2 Yes, a light tan 5 Yes, a very dark tan
3 Yes, a moderate tan

62. Thinking about sunny days in summer, when you are outside for an hour or more between 11 am and 3 pm, how often would you:

	Never	Rarely	Sometimes	Usually	Always
(i) Wear a hat?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(ii) Wear clothes covering most of your body (including arms and legs)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(iii) Deliberately wear less or briefer clothing so as to get some sun on your skin?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(iv) Wear maximum protection sunscreen (SPF 30+)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(v) Wear sunglasses?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(vi) Stay mainly in the shade?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(vii) Spend most of the time inside?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

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

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

THESE QUESTIONS ARE FOR EVERYONE AND ARE QUESTIONS ABOUT NUTRITION.

64. How many serves of vegetables do you usually eat each day?

(A serve is equal to ½ cup of cooked vegetables or 1 cup of salad vegetables)

- 1 1 serve or less 4 4 serves 7 I do not eat vegetables
 2 2 serves 5 5 serves
 3 3 serves 6 6 serves or more

65. How many serves of fruit do you usually eat each day?

(A serve is equal to 1 medium piece or 2 small pieces of fruit, or 1 cup of diced pieces of fruit)

- 1 1 serve or less 4 4 serves 7 I do not eat fruit
 2 2 serves 5 5 serves
 3 3 serves 6 6 serves or more

66. How many serves of bread and/or cereal do you usually eat each day? (A serve is 1 slice of bread, ½ bread roll, ½ cup breakfast cereal, or ½ cup pasta, rice, or noodles)

- 01 1 serve or less 05 5 serves 09 9 serves
 02 2 serves 06 6 serves 10 10 serves or more
 03 3 serves 07 7 serves 11 I do not eat bread and/or cereal
 04 4 serves 08 8 serves

67. How many times **in the last week** did you eat a **fast food meal** like *McDonalds, Hungry Jacks, pizzas, fish and chips, hamburgers, meat pies, pasties etc?*

- | | | |
|------------------------------------|------------------------------------|--|
| 1 <input type="checkbox"/> Once | 4 <input type="checkbox"/> 4 times | 7 <input type="checkbox"/> 7 or more times |
| 2 <input type="checkbox"/> Twice | 5 <input type="checkbox"/> 5 times | 8 <input type="checkbox"/> None |
| 3 <input type="checkbox"/> 3 times | 6 <input type="checkbox"/> 6 times | |

68. How many times **in the last week** did you eat **snacks** like a *chocolate bar, a piece of cake, a packet of chips/twisties/corn chips, ice cream, 3-4 sweet biscuits?*

- | | | |
|------------------------------------|------------------------------------|--|
| 1 <input type="checkbox"/> Once | 4 <input type="checkbox"/> 4 times | 7 <input type="checkbox"/> 7 or more times |
| 2 <input type="checkbox"/> Twice | 5 <input type="checkbox"/> 5 times | 8 <input type="checkbox"/> None |
| 3 <input type="checkbox"/> 3 times | 6 <input type="checkbox"/> 6 times | |

69. How many times **in the last week** did you drink a can of **soft drink** (*like coke, Pepsi lemonade, Fanta*), an **energy drink** (*like Redbull, V, Wild*), **fruit juice** or **have at least 2 glasses of cordial in a row?** This does not include diet or low joule drinks.

- | | | |
|------------------------------------|------------------------------------|--|
| 1 <input type="checkbox"/> Once | 4 <input type="checkbox"/> 4 times | 7 <input type="checkbox"/> 7 or more times |
| 2 <input type="checkbox"/> Twice | 5 <input type="checkbox"/> 5 times | 8 <input type="checkbox"/> None |
| 3 <input type="checkbox"/> 3 times | 6 <input type="checkbox"/> 6 times | |

70. What type of milk do you usually have?
(*Cross one box only*)

- | | |
|---|---|
| 1 <input type="checkbox"/> Whole milk (including flavoured milk and full-cream soy milk) | 3 <input type="checkbox"/> Skim milk (including Shape) |
| 2 <input type="checkbox"/> Reduced fat milk (eg Lite White, Farmer's Best, Hi-Lite, So Good Lite, Oak and reduced fat flavoured milk) | 4 <input type="checkbox"/> Evaporated or sweetened condensed milk |
| | 5 <input type="checkbox"/> None of the above |
| | 6 <input type="checkbox"/> I don't know |

71. How many cups of water do you usually drink per day?
(*One cup = 250ml or a household teacup; 1 average bottle of water = 1.5 cups*)

- | | | |
|--|--|---|
| 1 <input type="checkbox"/> Number of cups per day: <input type="text"/> cups | 2 <input type="checkbox"/> I don't drink water | 3 <input type="checkbox"/> I don't know |
|--|--|---|

72. How tall are you without shoes?

centimetres **or** feet inches 1 I don't know

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

kilograms **or** stones pounds 1 I don't know

74. 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)

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

(Cross one box only)

1 Lose weight 3 Stay the same weight
2 Gain weight 4 I am not trying to do anything about my weight

THESE QUESTIONS ARE FOR EVERYONE AND ARE QUESTIONS ABOUT PHYSICAL ACTIVITY.

76. How many times in the last week did you:

(i) do any **vigorous** physical activity for **at least 30 minutes** that made you **sweat and breathe hard?**
(eg basketball, netball, soccer, football, running, fast bike riding, aerobics)

None Once Twice 3 times 4 times 5 times 6 or more times

1 2 3 4 5 6 7

(ii) do any **moderate** physical activity for **at least 30 minutes** that did **not** make you **sweat and breathe hard?**
(eg slow bike riding, housework, brisk walking, pushing a lawnmower)

1 2 3 4 5 6 7

77. How many days **in the past week** have you done any **vigorous or moderate** physical activity for a **total of at least 60 minutes?** (This could be made up of different activities during the day like cycling or walking to and from school, playing sport at lunchtime or after school, doing an exercise class, doing housework etc.)

- | | | |
|-----------------------------------|-----------------------------------|---|
| 1 <input type="checkbox"/> 1 day | 4 <input type="checkbox"/> 4 days | 7 <input type="checkbox"/> 7 days |
| 2 <input type="checkbox"/> 2 days | 5 <input type="checkbox"/> 5 days | 8 <input type="checkbox"/> No days in the last week |
| 3 <input type="checkbox"/> 3 days | 6 <input type="checkbox"/> 6 days | |

78. On an average **school day**, about how many **hours a day** do you do the following when you are not at school:

	None	1 hour or less	2 hours	3 hours	4 hours	5 or more hours
(i) homework	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(ii) watch TV / Videos / DVDs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(iii) use the Internet / play computer games? (Don't include computer use for homework)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

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

(a) **On Monday to Friday**
(Cross 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**
(Cross 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

80. 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, Playstation, Nintendo*)?

(a) **On Monday to Friday**
(Cross 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**
(Cross 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

81. 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
(Cross 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
(Cross 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

THESE QUESTIONS ARE FOR EVERYONE AND ARE QUESTIONS ABOUT HOW YOU HAVE BEEN FEELING IN THE PAST 6 MONTHS.

82. During the last six months, was there a time when you felt unhappy, sad or depressed?
(Please cross one box only)

- 1 No —→ **Please go to QUESTION 86**
- 2 Yes, at home and at school
- 3 Yes, but only at home
- 4 Yes, but only at school

83. When you were feeling unhappy, sad or depressed, how bad was it for you?
(Please cross one box only)

- 1 Almost more than I could take
- 2 Quite bad
- 3 Worse than usual
- 4 About usual

84. When you were feeling unhappy, sad or depressed, who did you talk to about it?
(You may cross more than one box)

- 1 No one —→ **Please go to QUESTION 86**
- 2 My family
- 3 My friend/s
- 4 Teachers or school counsellors
- 5 Doctors or other health professionals
- 6 Religious advisors or groups
- 7 Helpline / Internet etc
- 8 Other person or group (*please describe*)

85. If you talked to someone about feeling unhappy, sad or depressed, how helpful were they?
(Please cross one box only)

- | | |
|---|--|
| 1 <input type="checkbox"/> Not at all helpful | 3 <input type="checkbox"/> Quite helpful |
| 2 <input type="checkbox"/> Somewhat helpful | 4 <input type="checkbox"/> Very helpful |

86. During the last six months, was there a time when you felt nervous, stressed, or under pressure?
(Please cross one box only)

- | | |
|---|--|
| 1 <input type="checkbox"/> No ———→ Please go to QUESTION 90 | 3 <input type="checkbox"/> Yes, but only at home |
| 2 <input type="checkbox"/> Yes, at home and at school | 4 <input type="checkbox"/> Yes, but only at school |

87. When you were feeling nervous, stressed, or under pressure, how bad was it for you?
(Please cross one box only)

- | | |
|--|---|
| 1 <input type="checkbox"/> Almost more than I could take | 3 <input type="checkbox"/> Worse than usual |
| 2 <input type="checkbox"/> Quite bad | 4 <input type="checkbox"/> About usual |

88. When you were feeling nervous, stressed, or under pressure, who did you talk to about it?
(You may cross more than one box)

- | | |
|---|--|
| 1 <input type="checkbox"/> No one ———→ Please go to QUESTION 90 | 5 <input type="checkbox"/> Doctors or other health professionals |
| 2 <input type="checkbox"/> My family | 6 <input type="checkbox"/> Religious advisors or groups |
| 3 <input type="checkbox"/> My friend/s | 7 <input type="checkbox"/> Helpline/Internet etc |
| 4 <input type="checkbox"/> Teachers or school counsellors | 8 <input type="checkbox"/> Other person or group (please describe) |

89. If you talked to someone about feeling nervous, stressed, or under pressure, how helpful were they? (Please cross one box only)

- | | |
|---|--|
| 1 <input type="checkbox"/> Not at all helpful | 3 <input type="checkbox"/> Quite helpful |
| 2 <input type="checkbox"/> Somewhat helpful | 4 <input type="checkbox"/> Very helpful |

90. During the last six months, was there a time when you were in trouble because of your behaviour?
(Please cross one box only)

- | | |
|---|--|
| 1 <input type="checkbox"/> No ———→ Please go to QUESTION 94 | 3 <input type="checkbox"/> Yes, but only at home |
| 2 <input type="checkbox"/> Yes, at home and at school | 4 <input type="checkbox"/> Yes, but only at school |

91. When you were in trouble because of your behaviour, how bad was it for you?

(Please cross one box only)

- | | |
|--|---|
| 1 <input type="checkbox"/> Almost more than I could take | 3 <input type="checkbox"/> Worse than usual |
| 2 <input type="checkbox"/> Quite bad | 4 <input type="checkbox"/> About usual |

92. When you were in trouble because of your behaviour, who did you talk to about it?

(You may cross more than one box)

- | | |
|--|---|
| 1 <input type="checkbox"/> No one —→ Please go to QUESTION 94 | 5 <input type="checkbox"/> Doctors or other health professionals |
| 2 <input type="checkbox"/> My family | 6 <input type="checkbox"/> Religious advisors or groups |
| 3 <input type="checkbox"/> My friend/s | 7 <input type="checkbox"/> Helpline/Internet etc |
| 4 <input type="checkbox"/> Teachers or school counsellors | 8 <input type="checkbox"/> Other person or group <i>(please describe)</i> |

93. If you talked to someone about being in trouble because of your behaviour, how helpful were they? *(Please cross one box only)*

- | | |
|---|--|
| 1 <input type="checkbox"/> Not at all helpful | 3 <input type="checkbox"/> Quite helpful |
| 2 <input type="checkbox"/> Somewhat helpful | 4 <input type="checkbox"/> Very helpful |

THESE QUESTIONS ARE FOR EVERYONE AND ARE QUESTIONS ABOUT PROBLEMS THAT MAY IMPACT ON SCHOOL PERFORMANCE.

94. During the last six months, was there a time when you had problems studying at home or school that affected your performance in school tests and other work? *(Please cross one box only)*

- | | |
|--|--|
| 1 <input type="checkbox"/> No —→ Please go to QUESTION 98 | 3 <input type="checkbox"/> Yes, but only at home |
| 2 <input type="checkbox"/> Yes, at home and at school | 4 <input type="checkbox"/> Yes, but only at school |

95. When you were having those study problems, how bad was it for you? *(Please cross one box only)*

- | | |
|--|---|
| 1 <input type="checkbox"/> Almost more than I could take | 3 <input type="checkbox"/> Worse than usual |
| 2 <input type="checkbox"/> Quite bad | 4 <input type="checkbox"/> About usual |

96. When you were having those study problems, whom did you talk to about it?

(You may cross more than one box)

- | | |
|--|---|
| 1 <input type="checkbox"/> No one —→ Please go to QUESTION 98 | 5 <input type="checkbox"/> Doctors or other health professionals |
| 2 <input type="checkbox"/> My family | 6 <input type="checkbox"/> Religious advisors or groups |
| 3 <input type="checkbox"/> My friend/s | 7 <input type="checkbox"/> Helpline/Internet etc |
| 4 <input type="checkbox"/> Teachers or school counsellors | 8 <input type="checkbox"/> Other person or group <i>(please describe)</i> |

97. If you talked to someone about having those study problems, how helpful were they?

(Please cross one box only)

- | | |
|---|--|
| 1 <input type="checkbox"/> Not at all helpful | 3 <input type="checkbox"/> Quite helpful |
| 2 <input type="checkbox"/> Somewhat helpful | 4 <input type="checkbox"/> Very helpful |

THESE QUESTIONS ARE FOR EVERYONE AND ARE QUESTIONS ABOUT INJURY.

98. In the past 6 months have you hurt yourself or had an injury which required medical attention from a doctor, physiotherapist or another health professional?

- | | |
|--|---|
| 1 <input type="checkbox"/> No —→ Completed – no further questions | 2 <input type="checkbox"/> Yes —→ Please go to QUESTION 99 |
|--|---|

99. Where were you the most recent time you were hurt or injured and required medical attention from a doctor, physiotherapist or another health professional?

- | | |
|---|--|
| 1 <input type="checkbox"/> At school | 5 <input type="checkbox"/> At a place for shopping or leisure |
| 2 <input type="checkbox"/> At home | 6 <input type="checkbox"/> At work |
| 3 <input type="checkbox"/> At a sports facility | 7 <input type="checkbox"/> Any other type of place <i>(please specify)</i> |
| 4 <input type="checkbox"/> On a street or road | |

100. What were you doing the most recent time you were hurt or injured and required medical attention from a doctor, physiotherapist or another health professional?

(You may cross more than one box)

- | | |
|---|---|
| 1 <input type="checkbox"/> School activity (including school sport) | 5 <input type="checkbox"/> Travelling in a vehicle |
| 2 <input type="checkbox"/> Sport (playing or training; excludes school sport) | 6 <input type="checkbox"/> Travelling on foot or on wheels |
| 3 <input type="checkbox"/> Leisure or play | 7 <input type="checkbox"/> Doing any other activity <i>(please specify)</i> |
| 4 <input type="checkbox"/> Working for money | |

101. Had you consumed alcohol in the **6 hours before** you were hurt or injured?

1 Yes

2 No

102. Had you taken any drugs other than alcohol in the **6 hours before** you were hurt or injured?

1 Yes

2 No

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