



Please write clearly within the boxes and shade the circle completely

A B C 1 2 3



Year K Questionnaire

Name: First Name Surname

Year: School:

PLEASE DO NOT WRITE IN THIS BOX

Unique Identifier

1

Postcode

Height (cm)

Weight (kg)

Waist (cm)

1 **Date of Birth**
 / /
Day Month Year

2 **Gender**
 Male
 Female

3 **What language do you speak most at home?**
 English
 Another language (please write it here)

Code

4 **Aboriginal or Torres Strait Islander?**
 Yes
 No

5 **Suburb of residence**