

Supplementary B

SECTION A

The following questions are about nutrition

1. How many days per week do you usually have something to eat for breakfast?
Tick 1 box only.
 - 1 Rarely or never
 - 2 1–2 days
 - 3 3–4 days
 - 4 5 or more days
 - 9 I don't know

2. What type of milk do you usually have?
Tick 1 box only.
 - 1 Whole milk (including flavoured milk and full-cream soy milk)
 - 2 Reduced fat milk (for example, 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
 - 9 I don't know

3. In the past week, how many times have you eaten meals that were bought from fast food outlets like McDonalds, Hungry Jacks, Pizza Hut, Kentucky Fried Chicken (KFC), Red Rooster, Burger King, hamburger shops and fish and chip shops?
Tick 1 box only.
 - 1 None
 - 2 Once
 - 3 2–3 times
 - 4 4–5 times
 - 5 6 times or more
 - 9 I don't know

4. 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)

5. Which of the following are you trying to do about your weight?
Tick 1 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.

6. 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 on the list over the page.

For example: The total amount of time you spend doing this activity in a normal week.

0x Basketball _____ hours _____ minutes

0x Walking for transport _____ hours _____ minutes

The total amount of time you spend doing this activity in a normal week.

01 Aerobics _____ hours _____ minutes

02 Athletics _____ hours _____ minutes

03 Australian Rules Football _____ hours _____ minutes

04 Baseball _____ hours _____ minutes

05 Basketball _____ hours _____ minutes

06 Boxing _____ hours _____ minutes

07 Bushwalking _____ hours _____ minutes

08 Cricket _____ hours _____ minutes

09 Cycling _____ hours _____ minutes

10 Dancing _____ hours _____ minutes

11 Golf _____ hours _____ minutes

12 Gymnastics _____ hours _____ minutes

13 Gym-weights workout _____ hours _____ minutes

14 Handball _____ hours _____ minutes

15 Hockey _____ hours _____ minutes

16 Horseriding _____ hours _____ minutes

17 Iceskating _____ hours _____ minutes

18 Jogging _____ hours _____ minutes

19 Martial Arts (Judo etc.) _____ hours _____ minutes

20 Mountain biking _____ hours _____ minutes

21 Netball _____ hours _____ minutes

22 Rollerblading _____ hours _____ minutes

23 Rowing _____ hours _____ minutes

24 Rugby League _____ hours _____ minutes

25 Rugby Union _____ hours _____ minutes

26 Sailing (board-dinghy) _____ hours _____ minutes

27 Skateboarding _____ hours _____ minutes

28 Snow skiing _____ hours _____ minutes

29 Snowboarding _____ hours _____ minutes

30 Soccer _____ hours _____ minutes

31 Softball _____ hours _____ minutes

32 Squash _____ hours _____ minutes

33 Surfing _____ hours _____ minutes

34 Swimming _____ hours _____ minutes

35 Tennis _____ hours _____ minutes

36 Touch football _____ hours _____ minutes

37 Triathlon _____ hours _____ minutes

38 Volleyball _____ hours _____ minutes

39 Walking for transport _____ hours _____ minutes

40 Walking for pleasure _____ hours _____ minutes

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

41 Any other sport _____ hours _____ minutes

..... _____ hours _____ minutes

42 Any other sport _____ hours _____ minutes

..... _____ hours _____ minutes

43 Any other sport _____ hours _____ minutes

..... _____ hours _____ minutes

44 I do not spend any time on sports, games or physical activities.

7. During the school term, how many hours a day on average do you usually watch TV, videos or DVDs?
- a) On Monday to Friday
- Tick 1 box only.*
- 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 1 box only.*
- 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
8. During the school term, how many hours a day on average do you usually use computers for entertainment or to play video games (for example. surfing the net, Playstations, Nintendos)?
- a) On Monday to Friday
- Tick 1 box only.*
- 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 1 box only.*
- 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
9. During the school term, how many hours a day on average do you usually use computers for study or school work?
- a) On Monday to Friday
- Tick 1 box only.*
- 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 1 box only.*
- 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

10. 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
Go to Question 13
 - 2. Yes
Go to Question 11
11. 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
 - 8 Any other type of place (please specify) _____
12. What were you doing when the most recent injury requiring you to seek attention from a health professional occurred?
- You may tick more than 1 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
13. 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
 - 02 Aerobics
 - 03 Athletics
 - 04 Australian Rules Football
 - 05 Baseball
 - 06 Basketball
 - 07 Boxing
 - 08 Bushwalking
 - 09 Cricket
 - 10 Cycling
 - 11 Dancing
 - 12 Golf
 - 13 Gymnastics
 - 14 Gym-weights workout
 - 15 Handball
 - 16 Hockey
 - 17 Horseriding
 - 18 Iceskating
 - 19 Jogging
 - 20 Martial arts
 - 21 Mountain biking
 - 22 Netball

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- 23 Rollerblading
- 24 Rowing
- 25 Rugby League
- 26 Rugby Union
- 27 Sailing
- 28 Skateboarding
- 29 Snow Skiing
- 30 Snowboarding
- 31 Soccer
- 32 Softball
- 33 Squash
- 34 Surfing
- 35 Swimming
- 36 Tennis
- 37 Touch football
- 38 Triathlon
- 39 Volleyball
- 40 Walking for transport
- 41 Walking for pleasure
- 98 Any other activity (Please specify) _____

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

Tick all those you experienced.

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

15. What is the risk to you in the following activities?

For each activity, tick the box which shows the level of risk involved. Please tick 1 box in each line.

	No risk	A little risk	A high level of risk	Don't know
a. Riding a bicycle without a helmet	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <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"/>	9 <input type="checkbox"/>
c. Swimming at an unpatrolled beach	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <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"/>	9 <input type="checkbox"/>
e. Playing a contact sport without protective equipment (for example, mouthguards, shin pads)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
f. Riding a skateboard on a roadway	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <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"/>	9 <input type="checkbox"/>

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