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: ☒ 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).

<table>
<thead>
<tr>
<th>Office use only</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STATE</strong> 2</td>
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<tr>
<td><strong>PATTERN</strong></td>
</tr>
<tr>
<td><strong>ORDER</strong> 1</td>
</tr>
<tr>
<td><strong>SCHOOL</strong></td>
</tr>
<tr>
<td><strong>ID</strong></td>
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<td><strong>POSTCODE</strong></td>
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<td><strong>LEVEL</strong></td>
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<td><strong>CAMPUS</strong></td>
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<td><strong>STRATA</strong></td>
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<td><strong>TEACH</strong></td>
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<tr>
<td><strong>DAY</strong></td>
</tr>
<tr>
<td><strong>DATE</strong></td>
</tr>
<tr>
<td><strong>MONTH</strong></td>
</tr>
<tr>
<td><strong>YEAR</strong> 2008</td>
</tr>
</tbody>
</table>
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?
   - Year 7
   - Year 8
   - Year 9
   - Year 10
   - Year 11
   - Year 12

3. How old are you now?
   - 10
   - 11
   - 12
   - 13
   - 14
   - 15
   - 16
   - 17
   - 18
   - 19
   - 19 and over

4. What sex are you?
   - Male
   - Female

5. What is your date of birth?
   - Day
   - Month
   - 19
   - Year

6. During a normal week, how much money do you have available to spend on yourself (eg from pocket money, part-time job)?
   - None
   - $0 or less
   - $1 – $20
   - $21 – $40
   - $41 – $60
   - $61 – $80
   - Over $80

7. At school work, do you consider yourself:
   - A lot above average?
   - Above average?
   - Average?
   - Below average?
   - 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.....

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

OR    I bought it.....

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?

- [ ] Friend who is 18 or over
- [ ] Brother / sister or other relative who is 18 or over
- [ ] Friend who is not yet aged 18
- [ ] Brother / sister or other relative who is not yet 18
- [ ] Stranger who was able to buy alcohol
- [ ] Other (please specify)

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.

- [ ] At a beach, park or recreation area
- [ ] At a hotel, pub, bar, tavern or RSL club
- [ ] At a dance venue / dance party
- [ ] At a nightclub
- [ ] At a party
- [ ] At a restaurant
- [ ] At a sporting event
- [ ] At a sports club (eg Leagues, surfing, football)
- [ ] At school grounds during school hours
- [ ] At school grounds after hours
- [ ] At my home
- [ ] At my friend’s home
- [ ] In a car
- [ ] Other (please specify)

You should have crossed only one box.

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

- [ ] Yes
- [ ] No

The next questions are for everyone and are about smoking cigarettes.

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

- [ ] A heavy smoker?
- [ ] A light smoker?
- [ ] An occasional smoker?
- [ ] An ex-smoker?
- [ ] 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.

Monday
Sunday
Saturday
Friday
Thursday
Wednesday
Tuesday
24. Do you think you will be smoking cigarettes this time next year?

1. Certain not to be smoking
2. Very unlikely to be smoking
3. Unlikely 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)

<table>
<thead>
<tr>
<th>(i) for you to buy cigarettes?</th>
<th>Very easy</th>
<th>Easy</th>
<th>Neither easy nor difficult</th>
<th>Difficult</th>
<th>Very difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(ii) for you to get someone else to buy cigarettes for you?</th>
<th>Very easy</th>
<th>Easy</th>
<th>Neither easy nor difficult</th>
<th>Difficult</th>
<th>Very difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

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)

1  □  At a hotel, pub, bar, tavern, RSL Club
2  □  At a supermarket
3  □  At a newsagency
4  □  At a milk bar or delicatessen
5  □  At a convenience store (eg Food Plus, 7/11)
6  □  At a tobacconist / tobacco shop
7  □  At a take-away food shop
8  □  At a petrol station
9  □  Through the Internet
10 □  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:

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>Once or twice</th>
<th>3–5 times</th>
<th>6–9 times</th>
<th>10–19 times</th>
<th>20–39 times</th>
<th>40 or more times</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) In the last week?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>(ii) In the last four weeks?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>(iii) In the last year?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<tr>
<td>(iv) In your lifetime?</td>
<td>1</td>
<td>2</td>
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</table>

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:

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>Once or twice</th>
<th>3–5 times</th>
<th>6–9 times</th>
<th>10–19 times</th>
<th>20–39 times</th>
<th>40 or more times</th>
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</thead>
<tbody>
<tr>
<td>(i) In the <strong>last week?</strong></td>
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<td>(ii) In the <strong>last four weeks?</strong></td>
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<td>(iii) In the <strong>last year?</strong></td>
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<tr>
<td>(iv) In your <strong>lifetime?</strong></td>
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</table>

### 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):

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>Once or twice</th>
<th>3–5 times</th>
<th>6–9 times</th>
<th>10–19 times</th>
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<tr>
<td>(ii) In the <strong>last four weeks?</strong></td>
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<tr>
<td>(iii) In the <strong>last year?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(iv) In your <strong>lifetime?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

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. Tobacco
2. Alcohol
3. Painkillers / analgesics
4. Sedatives / tranquillisers / sleeping tablets
5. Hallucinogens (LSD, acid, trips, magic mushrooms)
6. Amphetamines (speed, uppers, goey, crystal methamphetamine, base, dex, daxies, dexamphetamines, ox blood, methamphetamine, ice)
7. Ecstasy (XTC, E, MDMA, ecci, X, bickies)
8. Other (what substance?)
9. 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:

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>Once or twice</th>
<th>3–5 times</th>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

### 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.*

<table>
<thead>
<tr>
<th></th>
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<th>Once or twice</th>
<th>3–5 times</th>
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<tr>
<td>(iii) In the <strong>last year?</strong></td>
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<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>(iv) In your <strong>lifetime?</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

### 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:

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>Once or twice</th>
<th>3–5 times</th>
<th>6–9 times</th>
<th>10–19 times</th>
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</thead>
<tbody>
<tr>
<td>(i) In the <strong>last week?</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>(ii) In the <strong>last four weeks?</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</tr>
<tr>
<td>(iii) In the <strong>last year?</strong></td>
<td>1</td>
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<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

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. [ ] Tobacco
2. [ ] Alcohol
3. [ ] Painkillers / analgesics
4. [ ] Sedatives / tranquillisers / sleeping tablets
5. [ ] Hallucinogens (LSD, acid, trips, magic mushrooms)
6. [ ] Marijuana / cannabis
7. [ ] Ecstasy (XTC, E, MDMA, ecci, X, bickies)
8. [ ] Other (what substance?)
9. [ ] 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):

- In the last week?
- In the last four weeks?
- In the last year?
- In your lifetime?

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>Once or twice</th>
<th>3–5 times</th>
<th>6–9 times</th>
<th>10–19 times</th>
<th>20–39 times</th>
<th>40 or more times</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<td>4</td>
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<tr>
<td>(iv)</td>
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<td>3</td>
<td>4</td>
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<td>7</td>
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</tbody>
</table>

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.

- Tobacco
- Alcohol
- Painkillers / analgesics
- Sedatives / tranquillisers / sleeping tablets
- Hallucinogens (LSD, acid, trips, magic mushrooms)
- Amphetamines (speed, uppers, goey, crystal methamphetamine, base, dex, dexies, dexamphetamines, ox blood, methamphetamine, ice)
- Marijuana / cannabis
- Other (what substance?)
- I did not use any other substance on the same occasion

You should have crossed all that apply

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

- In the last week?
- In the last four weeks?
- In the last year?
- In your lifetime?

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>Once or twice</th>
<th>3–5 times</th>
<th>6–9 times</th>
<th>10–19 times</th>
<th>20–39 times</th>
<th>40 or more times</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i)</td>
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<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
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<tr>
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<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>(iv)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

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:

- In the last week?
- In the last four weeks?
- In the last year?
- In your lifetime?

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>Once or twice</th>
<th>3–5 times</th>
<th>6–9 times</th>
<th>10–19 times</th>
<th>20–39 times</th>
<th>40 or more times</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<td>(ii)</td>
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<td>3</td>
<td>4</td>
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<tr>
<td>(iii)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>(iv)</td>
<td>1</td>
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<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>
38. **(a)** How many times, if ever, have you used or taken hallucinogens (LSD, acid, trips, magic mushrooms, datura, angel's trumpet):

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>Once or twice</th>
<th>3–5 times</th>
<th>6–9 times</th>
<th>10–19 times</th>
<th>20–39 times</th>
<th>40 or more times</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(i)</strong> In the last week?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td><strong>(ii)</strong> In the last four weeks?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td><strong>(iii)</strong> In the last year?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td><strong>(iv)</strong> In your lifetime?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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. ☐ Tobacco
2. ☐ Alcohol
3. ☐ Painkillers / analgesics
4. ☐ Sedatives / tranquilisers / sleeping tablets
5. ☐ Marijuana / cannabis
6. ☐ Amphetamines (speed, uppers, goey, crystal methamphetamine, base, dex,
   daxies, dexamphetamines, ox blood,
   methamphetamine, ice)
7. ☐ Ecstasy (XTC, E, MDMA, ecci, X, bickies)
8. ☐ Other (what substance?)
9. ☐ I did not use any other substance on the same occasion

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. ☐ No, not even part of a lesson
2. ☐ Yes, part of a lesson
3. ☐ Yes, one lesson
4. ☐ 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. ☐ No, not even part of a lesson
2. ☐ Yes, part of a lesson
3. ☐ Yes, one lesson
4. ☐ 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. ☐ No, not even part of a lesson
2. ☐ Yes, part of a lesson
3. ☐ Yes, one lesson
4. ☐ 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)  
<table>
<thead>
<tr>
<th>Impossible</th>
<th>Very hard</th>
<th>Fairly hard</th>
<th>Not too hard</th>
<th>Easy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

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  
\_\_\_ times  
2 □ I smoke but have not tried to quit in the last 12 months

45. Have you seen any cigarette advertising in the last 6 months?  
(You may cross more than one box)  
1 □ No  
2 □ Yes, in magazines or newspapers  
3 □ Yes, on the Internet  
4 □ Yes, in shops or tobacconists  
5 □ Yes, on billboards  
6 □ Yes, at a sports event  
7 □ Yes, while watching TV coverage of a sports event

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
    2. Yes, in magazines or newspapers
    3. Yes, on the Internet
    4. Yes, in shops or tobacconists
    5. Yes, on billboards
    6. Yes, at a sports event
    7. Yes, on TV
    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)

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>1–4 times</th>
<th>5 or more times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hotel, pub or club</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Restaurant</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Nightclub or dance venue</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Bottle shop</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>1–4 times</th>
<th>5 or more times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hotel, pub or club</td>
<td>1</td>
<td>2</td>
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<td>Restaurant</td>
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<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Bottle shop</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

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. Someone else’s proof of age card or driver’s licence
2. A fake proof of age card
3. A fake learner’s or driver’s licence
4. A stolen proof of age card
5. A stolen learner’s or driver’s licence
6. Other document (please specify)

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

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
2. Yes, 2 or 3 times
3. Yes, 4 or more times
4. No, not at all

61. Do you like to get a suntan?

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

(i) Wear a hat?  
Never  Rarely  Sometimes  Usually  Always

(ii) Wear clothes covering most of your body (including arms and legs)?  
Never  Rarely  Sometimes  Usually  Always

(iii) Deliberately wear less or briefer clothing so as to get some sun on your skin?  
Never  Rarely  Sometimes  Usually  Always

(iv) Wear maximum protection sunscreen (SPF 30+)?  
Never  Rarely  Sometimes  Usually  Always

(v) Wear sunglasses?  
Never  Rarely  Sometimes  Usually  Always

(vi) Stay mainly in the shade?  
Never  Rarely  Sometimes  Usually  Always

(vii) Spend most of the time inside?  
Never  Rarely  Sometimes  Usually  Always

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

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
04  4 serves  08  8 serves

THESE QUESTIONS ARE FOR EVERYONE AND ARE QUESTIONS ABOUT NUTRITION.
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. Once  
2. Twice  
3. 3 times  
4. 4 times  
5. 5 times  
6. 6 times
7. 7 or more times  
8. None

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. Once  
2. Twice  
3. 3 times  
4. 4 times  
5. 5 times  
6. 6 times
7. 7 or more times  
8. None

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. This does not include diet or low joule drinks.

1. Once  
2. Twice  
3. 3 times  
4. 4 times  
5. 5 times  
6. 6 times
7. 7 or more times  
8. None

70. What type of milk do you usually have?
(Cross 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

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. Number of cups per day: [ ] cups  
2. I don’t drink water  
3. I don’t know
72. How tall are you without shoes?

[ ] centimetres [ ] feet [ ] inches

1 [ ] I don’t know

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

[ ] kilograms [ ] 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

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: [ ]

(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 [ ]

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

<table>
<thead>
<tr>
<th></th>
<th>1 day</th>
<th>2 days</th>
<th>3 days</th>
<th>4 days</th>
<th>5 days</th>
<th>6 days</th>
<th>7 days</th>
<th>No days in the last week</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>✔️</td>
<td></td>
<td></td>
<td>✔️</td>
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<td></td>
<td></td>
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<tr>
<td>2</td>
<td></td>
<td>✔️</td>
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<td>✔️</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>(i) homework</th>
<th>None</th>
<th>1 hour or less</th>
<th>2 hours</th>
<th>3 hours</th>
<th>4 hours</th>
<th>5 or more hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>❌</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(ii) watch TV / Videos / DVDs</th>
<th>None</th>
<th>1 hour or less</th>
<th>2 hours</th>
<th>3 hours</th>
<th>4 hours</th>
<th>5 or more hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>❌</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(iii) use the Internet / play computer games?</th>
<th>None</th>
<th>1 hour or less</th>
<th>2 hours</th>
<th>3 hours</th>
<th>4 hours</th>
<th>5 or more hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Don’t include computer use for homework)</td>
<td>❌</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
</tbody>
</table>

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

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**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)*

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ASSA08 NSW Alcohol first-V2 19-05-08
85. If you talked to someone about feeling unhappy, sad or depressed, how helpful were they? (Please cross one box only)

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<tr>
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<th>3</th>
<th>4</th>
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<tbody>
<tr>
<td></td>
<td>Not at all helpful</td>
<td>Somewhat helpful</td>
<td>Quite helpful</td>
<td>Very helpful</td>
</tr>
</tbody>
</table>

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

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<th>3</th>
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<tbody>
<tr>
<td></td>
<td>No</td>
<td>Yes, at home and at school</td>
<td>Yes, but only at home</td>
<td>Yes, but only at school</td>
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</table>

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

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<tbody>
<tr>
<td></td>
<td>Almost more than I could take</td>
<td>Quite bad</td>
<td>Worse than usual</td>
<td>About usual</td>
</tr>
</tbody>
</table>

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

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<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No one</td>
<td>My family</td>
<td>My friend/s</td>
<td>Teachers or school counsellors</td>
<td>Doctors or other health professionals</td>
<td>Religious advisors or groups</td>
<td>Helpline/Internet etc</td>
<td>Other person or group (please describe)</td>
</tr>
</tbody>
</table>

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

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<th>4</th>
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<tbody>
<tr>
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<td>Not at all helpful</td>
<td>Somewhat helpful</td>
<td>Quite helpful</td>
<td>Very helpful</td>
</tr>
</tbody>
</table>

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

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<th>3</th>
<th>4</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>Yes, at home and at school</td>
<td>Yes, but only at home</td>
<td>Yes, but only at school</td>
</tr>
</tbody>
</table>
91. When you were in trouble because of your behaviour, 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

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. □ No one → Please go to QUESTION 94
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)

93. If you talked to someone about being in trouble because of your behaviour, how helpful were they?
(Please cross one box only)
1. □ Not at all helpful
2. □ Somewhat helpful
3. □ Quite helpful
4. □ 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. □ No → Please go to QUESTION 98
2. □ Yes, at home and at school
3. □ Yes, but only at home
4. □ 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. □ Almost more than I could take
2. □ Quite bad
3. □ Worse than usual
4. □ 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 □ No one  ▶ Please go to QUESTION 98
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)

97. If you talked to someone about having those study problems, how helpful were they?  
(Please cross one box only)

1 □ Not at all helpful
2 □ Somewhat helpful
3 □ Quite helpful
4 □ 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 □ No  ◀ Completed – no further questions  
2 □ 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 □ 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 work
7 □ Any other type of place (please specify)

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 □ School activity (including school sport)
2 □ Sport (playing or training; excludes school sport)
3 □ Leisure or play
4 □ Working for money
5 □ Travelling in a vehicle
6 □ Travelling on foot or on wheels
7 □ Doing any other activity (please specify)
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!