• Please do not write your name on this paper.

• The information you give is private and will only be seen by the researchers.

• 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:   \( \checkmark \) YES

Please cross ONE Box only unless otherwise indicated

If you make a mistake simply scribble it out and mark the correct answer with a cross like this:  \( / \) No \( \checkmark \) 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)
1. (a) What suburb or town do you live in? __________________________________

(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 year were you born? __ __ __ __

6. During a normal week, how much money do you have available to spend on yourself (eg from pocket money, part-time job)?
   - None
   - Less than $10
   - $11 – $20
   - $21 – $40
   - $41 – $60
   - $61 – $80
   - $81 – $100
   - $101 – $120
   - $121 – $130
   - $131 – $140
   - $141 – $150
   - Over $150

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 only
    2 ☐ Another language only *(specify which language)* ______________________
    3 ☐ English and another language
       *(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 next to *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 TO 20 ARE FOR ANYONE WHO HAS HAD AN ALCOHOLIC DRINK.
IF YOU HAVE NEVER HAD AN ALCOHOLIC DRINK, GO TO QUESTION 21.

16. What alcoholic drink do you usually have?

Cross the box next to 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 (Goon)

04 ☐ Wine Cooler (eg West Coast Coolers)

05 ☐ Champagne or sparkling wine (eg Spumante, Passion Pop)

06 ☐ Alcoholic Cider (eg Apple, Pear, Strongbow, Magners, Woodchuk)

07 ☐ Alcoholic Sodas (eg Elevate Alcoholic Soda/Cola)

08 ☐ Premixed spirits (eg Bacardi Breezer, Lemon Ruski, Vodka Mudshake, Jim Beam and Cola, Wild Turkey and Cola, Bundaberg Rum and Cola, etc)

09 ☐ Spirits (eg rum, brandy, whisky, gin, vodka)

10 ☐ Liqueurs including premixed liqueurs (eg Tia Maria, Kahlua, Midori, Glide, Illusion etc)

** ☐ Other (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.*

<table>
<thead>
<tr>
<th>I didn't buy it ...</th>
<th>OR</th>
<th>I bought it ...</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 My parent(s) gave it to me</td>
<td>51 At a hotel, pub, bar, tavern, RSL Club</td>
<td></td>
</tr>
<tr>
<td>02 My brother or sister gave it to me</td>
<td>52 At a licensed liquor store or supermarket</td>
<td></td>
</tr>
<tr>
<td>03 I took it from home without my parent(s) permission</td>
<td>53 At a walk-in bottle-shop at a pub or hotel</td>
<td></td>
</tr>
<tr>
<td>04 Friends gave it to me</td>
<td>54 At a drive-in bottle-shop</td>
<td></td>
</tr>
<tr>
<td>05 I got someone to buy it for me</td>
<td>55 At a restaurant</td>
<td></td>
</tr>
<tr>
<td><strong>Other (specify)</strong></td>
<td>56 At a dance venue/dance party</td>
<td></td>
</tr>
<tr>
<td>01 At a hotel, pub, bar, tavern, RSL Club</td>
<td>57 At a nightclub</td>
<td></td>
</tr>
<tr>
<td>02 At a licensed liquor store or supermarket</td>
<td>58 At a sporting event</td>
<td></td>
</tr>
<tr>
<td>03 At a walk-in bottle-shop at a pub or hotel</td>
<td>59 At a sports club (e.g., Leagues, surfing, football)</td>
<td></td>
</tr>
<tr>
<td>04 At a drive-in bottle-shop</td>
<td>60 Through the Internet</td>
<td></td>
</tr>
<tr>
<td>05 At a restaurant</td>
<td>61 By phone, fax, mail order</td>
<td></td>
</tr>
<tr>
<td><strong>Other (specify)</strong></td>
<td><strong>Other (specify)</strong></td>
<td></td>
</tr>
</tbody>
</table>

*You should have crossed only one box.*

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

<table>
<thead>
<tr>
<th>1 Friend who is 18 or over</th>
<th>4 Brother/sister or other relative who is not yet 18</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Brother/sister or other relative who is 18 or over</td>
<td>5 Stranger who was able to buy alcohol</td>
</tr>
<tr>
<td>3 Friend who is not yet aged 18</td>
<td>6 Other (please specify)</td>
</tr>
</tbody>
</table>

_________________________________________
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 ☐ At a beach, park or recreation area
- 02 ☐ At a hotel, pub, bar, tavern or RSL club
- 03 ☐ At a dance venue/dance party
- 04 ☐ At a nightclub
- 05 ☐ At a party
- 06 ☐ At a restaurant
- 07 ☐ At a sporting event
- 08 ☐ At a sports club (eg Leagues, surfing, football)
- 09 ☐ At my school
- 10 ☐ At my home
- 11 ☐ At my friend's home
- 12 ☐ In a car
- 13 ☐ Other (specify)

---

_You should have crossed only one box._

13. Was an adult supervising you and/or your friends when you had this drink?

- 1 ☐ Yes
- 2 ☐ No

19. How often on an occasion that you drink alcohol, do you intend to get drunk?

- 1 ☐ Never
- 2 ☐ A few times
- 3 ☐ Sometimes
- 4 ☐ Most times
- 5 ☐ Every time
- 6 ☐ Don’t know
20. In the past 12 months, after drinking alcohol have you?

- Created a public disturbance or nuisance
- Had to go to a Hospital Emergency department
- Stolen something
- Been admitted to hospital overnight
- Caused damage to property
- Been taken home by police
- Driven a motor vehicle
- Missed school
- Verbally abused someone
- Been sick (vomited)
- Physically threatened someone
- Tried any drugs
- Hit someone or had a fight
- Been in trouble with the police
- Attended work or school
- None of the above

You should have crossed all that apply.

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

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

- A heavy smoker?
- A light smoker?
- An occasional smoker?
- An ex-smoker?
- A non-smoker?

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

- No
- Yes, just a few puffs
- Yes, I have smoked fewer than 10 cigarettes in my life
- Yes, I have smoked more than 10 but fewer than 100 cigarettes in my life
- Yes, I have smoked more than 100 cigarettes in my life
23. Have you smoked cigarettes in the last **twelve months**?
   1 ☐ Yes
   2 ☐ No

24. Have you smoked cigarettes in the last **four weeks**?
   1 ☐ Yes
   2 ☐ No

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

   *Put a cross next to 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.*
26. 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

27. 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></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>(i) for you to buy cigarettes?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>(ii) for you to get someone else to buy cigarettes for you?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

QUESTIONS 28, 29 AND 30 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 31.

28. (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.*

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

*You should have crossed only one box.*
(b) Do the cigarettes you usually smoke come from packets of...

1. 20s?  
2. 25s?  
3. 30s?  
4. 35s?  
5. 40s?  
6. 50s?  

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

29. (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.*

<table>
<thead>
<tr>
<th>I didn’t buy it ...</th>
<th>OR</th>
<th>I bought it ...</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 My parent(s) gave it to me</td>
<td>51 At a hotel, pub, bar, tavern, RSL Club</td>
<td></td>
</tr>
<tr>
<td>02 My brother or sister gave it to me</td>
<td>52 At a supermarket</td>
<td></td>
</tr>
<tr>
<td>03 I took it from home without my parent(s) permission</td>
<td>53 At a newsagency</td>
<td></td>
</tr>
<tr>
<td>04 Friends gave it to me</td>
<td>54 At a milk bar or delicatessen</td>
<td></td>
</tr>
<tr>
<td>05 I got someone to buy it for me → <strong>Go to Question 27(b)</strong></td>
<td>55 At a convenience store (eg Food Plus or 7 eleven)</td>
<td></td>
</tr>
<tr>
<td><strong>Other (specify)</strong></td>
<td>56 At a tobacconist/tobacco shop</td>
<td></td>
</tr>
<tr>
<td><strong>Other (specify)</strong></td>
<td>57 At a take-away food shop</td>
<td></td>
</tr>
<tr>
<td><strong>Other (specify)</strong></td>
<td>58 At a petrol station</td>
<td></td>
</tr>
<tr>
<td><strong>Other (specify)</strong></td>
<td>59 Through the Internet</td>
<td></td>
</tr>
</tbody>
</table>

*You should have crossed only one box.*

(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)  

30. 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)?
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.

31. (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>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>In the last week?</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>(ii)</td>
<td>In the last four weeks?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>(iii)</td>
<td>In the last year?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>(iv)</td>
<td>In your lifetime?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

If you have NEVER used or taken painkiller/analgesics, go to QUESTION 32.

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

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>My parent(s) gave it to me</td>
</tr>
<tr>
<td>2</td>
<td>My brother or sister gave it to me?</td>
</tr>
<tr>
<td>3</td>
<td>I took it from home without my parent(s) permission</td>
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<tr>
<td>4</td>
<td>Friends gave it to me</td>
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<td>5</td>
<td>A member of staff at my school gave it to me</td>
</tr>
<tr>
<td>6</td>
<td>A member of staff at my sporting club gave it to me</td>
</tr>
<tr>
<td>7</td>
<td>I bought it</td>
</tr>
<tr>
<td>8</td>
<td>Other (please specify) __________________________________________________</td>
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</tbody>
</table>

32.(a) How many times, if ever, have you used or taken sleeping tablets, tranquillisers or sedatives, such as Valium, Mogadon, Diazepam, Temazepam (Vallies, Moggies, Jellies), Serepax or Rohypnol (rohies, barbs)? other than for medical reasons:

(i) In the last week?

<table>
<thead>
<tr>
<th>Option</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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</table>

(ii) In the last four weeks?

<table>
<thead>
<tr>
<th>Option</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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(iii) In the last year?

<table>
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<tr>
<th>Option</th>
<th>None</th>
<th>Once or twice</th>
<th>3–5 times</th>
<th>6–9 times</th>
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(iv) In your lifetime?

<table>
<thead>
<tr>
<th>Option</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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<td>6</td>
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<tr>
<td>7</td>
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</tr>
</tbody>
</table>

If you have NEVER used or taken benzodiazepines sleeping tablets/sedatives, go to QUESTION 33.
(b) In the last year, did you use any other substance or substances on the same occasion that you used benzodiazepines sleeping tablets, tranquillisers or sedatives, such as Valium, Mogadon, Diazepam, Temazepam (Vallies, Moggies, Jellies), Serepax or Rohypnol (rohies, barbs)?

Cross all that apply.

1 ☐ I did not use any other substance on the same occasion
2 ☐ Ecstasy (XTC, E, MDMA, ecci, X, bickies)
3 ☐ Hallucinogens (eg LSD, acid, trips, magic mushrooms)
4 ☐ Painkillers/analgesics
5 ☐ Tobacco
6 ☐ Alcohol
7 ☐ Amphetamines (eg speed, uppers, goey, crystal methamphetamine, base, dex, dexies, dexamphetamines, ox blood, methamphetamine, ice)
8 ☐ Marijuana/cannabis
9 ☐ Other (what substance?)

You should have crossed all that apply.

(c) Where, or from whom, do you usually get sedatives/tranquillisers from?

Fill in the space beside other if you can’t find your answer

Cross only one box.

1 ☐ My parent(s) gave it to me
2 ☐ I am prescribed sedatives/tranquillisers by my doctor/paediatrician, or psychiatrist
3 ☐ My brother or sister gave it to me
4 ☐ I took it from home without parent(s) permission
5 ☐ I buy them from someone
6 ☐ I am given them by someone
7 ☐ I trade or swap something for them with someone
8 ☐ Other (please specify)__________________________________________
33. (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>Frequency</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></td>
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<tr>
<td>(ii) In the last four weeks?</td>
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<tr>
<td>(iii) In the last year?</td>
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<tr>
<td>(iv) In your lifetime?</td>
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</tr>
</tbody>
</table>

If you have NOT used marijuana/cannabis in the last year, go to QUESTION 34.

(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 (eg LSD, acid, trips, magic mushrooms)
6. Amphetamines (eg speed, uppers, goey, crystal methamphetamine, base, dex, dexies, dexamphetamines, ox blood, methamphetamine, ice)
7. Ecstasy (XTC, E, MDMA, ecci, X, bickies)
8. Other (what substance?) ________________________________________

You should have crossed all that apply.

(c) When you use cannabis (marijuana) 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 (specify) ________________________________________

You should have crossed only one box.
(d) Do you usually use cannabis (marijuana) by yourself or with others?
   1 ☐ By myself
   2 ☐ With others
   3 ☐ By myself and with others about equally often

(e) Where did you last use 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, rave
   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 ☐ At my school
   ** ☐ Other (specify) ________________________________

   You should have crossed only one box.

34. 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>
<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></td>
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</tr>
<tr>
<td>(ii) In the last four weeks?</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>(iii) In the last year?</td>
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<td></td>
</tr>
<tr>
<td>(iv) In your lifetime?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
35. 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>
<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>[ ]</td>
<td>[ ]</td>
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<tr>
<td>(ii) In the last four weeks?</td>
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<tr>
<td>(iii) In the last year?</td>
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<td>[ ]</td>
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<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

36. (a) How many times, if ever, have you used or taken amphetamines (eg 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>
<th>20–39 times</th>
<th>40 or more times</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) In the last week?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>(ii) In the last four weeks?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
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<td>[ ]</td>
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</tr>
<tr>
<td>(iii) In the last year?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>(iv) 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 amphetamines in the last year, go to QUESTION 37 (a).*
(b) In the **last year**, did you use any other substance or substances **on the same occasion** that you used amphetamines (eg speed, uppers, goey, crystal methamphetamine, base, dex, daxies, dexamphetamines, ox blood, methamphetamine, ice)?

*Cross all that apply.*

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

8. [ ] I did not use any other substance on the same occasion

*You should have crossed all that apply.*

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

<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 <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>
<td>6 [ ]</td>
<td>7 [ ]</td>
</tr>
<tr>
<td>(iii) In the <strong>last year</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>(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>

*If you have NOT used ecstasy in the last year, go to QUESTION 38.*
(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 ☐ Tobacco
2 ☐ Alcohol
3 ☐ Painkillers/analgesics
4 ☐ Sedatives/tranquillisers/sleeping tablets
5 ☐ Hallucinogens (eg LSD, acid, trips, magic mushrooms)
6 ☐ Amphetamines (eg speed, uppers, goey, crystal methamphetamine, base, dex, dexies, dexamphetamines, ox blood, methamphetamine, ice)
7 ☐ Marijuana/cannabis
**2 ☐ Other (what substance?) _____________________________
8 ☐ I did not use any other substance on the same occasion

You should have crossed all that apply.

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

<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>
<td>7 ☐</td>
</tr>
<tr>
<td>(iv) In your lifetime?</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>

39. 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:

<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>
<td>7 ☐</td>
</tr>
<tr>
<td>(iv) In your lifetime?</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>
40. (a) How many times, if ever, have you used or taken hallucinogens (eg 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>(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>
<td>7</td>
</tr>
<tr>
<td>(iv) In your lifetime?</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>

*If you have NOT used hallucinogens in the last year, go to QUESTION 41.*

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

Cross all that apply.

1. Tobacco
2. Alcohol
3. Painkillers/analgesics
4. Sedatives/tranquillisers/sleeping tablets
5. Marijuana/cannabis
6. Amphetamines (eg speed, uppers, goey, crystal methamphetamine, base, dex, dexies, dexamphetamines, ox blood, methamphetamine, ice)
7. Ecstasy (XTC, E, MDMA, ecci, X, bickies)
8. Other (what substance?) ________________________________

You should have crossed all that apply.

**THESE QUESTIONS ARE FOR EVERYONE.**

41. During 2010 (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
42. **During 2010** (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

43. **During 2010** (last year), did you have any lessons or parts of lessons at school that were about **illicit drugs** such as marijuana, ecstasy, heroin, amphetamines (speed, uppers, goey, crystal methamphetamine, base, dex, daxies, dexamphetamines, ox blood, methamphetamine, ice), 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 2010.*
These questions are for everyone and are additional questions about SMOKING

44. 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

45. Do you think you will smoke cigarettes sometime in the next 6 months?
   1 2 3 4
   Definitely no  Probably no  Probably yes  Definitely yes

46. Would you like to quit smoking?
   1 2 3 4
   Yes  No  I am not sure  I don’t smoke

47. Have you tried to quit smoking in the last 12 months?
   1 2
   Yes have tried to give up  I smoke but have not tried
times  to quit in the last 12 months

48. Have you seen any cigarette advertising in the last 6 months?
   (You may cross more than one box)
   1 2 3 4 5 6 7 8
   No  Yes, in magazines or newspapers  Yes, on billboards
   Yes, on the Internet  Yes, at a sports event
   Yes, in shops or tobacconists  Yes, while watching TV coverage
   of a sports event  Yes, at a festival or other event
49. In the past month, how often have you seen people smoking cigarettes:

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>Rarely</th>
<th>Sometime</th>
<th>Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>In movies (includes cinema or DVD or on TV)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>In TV shows</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>In video games</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>On the Internet</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

50. Out of every 100 people your age, how many do you think do the following regularly (*that is at least once a week*)?

*Please write your answer in the space provided for each item.*

(i) Smoke cigarettes __________ out of 100
(ii) Drink alcohol __________ out of 100
(iii) Use marijuana/cannabis __________ out of 100
(iv) Use amphetamines __________ out of 100
(v) Use ecstasy __________ out of 100

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

1 ☐ No                              2 ☐ Yes  

Go to QUESTION 53  

Go to QUESTION 52

52. The last time you tried to buy cigarettes, did the shopkeeper refuse you service?

1 ☐ No                              2 ☐ Yes

53. 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
54. 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

These questions are for everyone and are additional questions about ALCOHOL

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

1. ☐ No
2. ☐ Yes

Go to QUESTION 60

Go to QUESTION 56

56. 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>Service Location</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>

57. 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>Service Location</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>
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<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>
58. 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. No
2. Yes, Once or twice
3. Yes, Frequently

Go to QUESTION 60
Go to QUESTION 59
Go to QUESTION 59

59. 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 genuine learner’s or driver’s licence that has been altered (eg date of birth)
5. A stolen proof of age card
6. A stolen learner’s or driver’s licence
7. Other document (please specify)_____________________

Go to QUESTION 59

60. 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

Go to QUESTION 60

61. In the last 12 months, have you been in a car when the driver appeared to be under the influence of alcohol?

1. Yes
2. No
These questions are for everyone and are questions about SUN PROTECTION

62. Please read the following statements and indicate your agreement on the scale.

<table>
<thead>
<tr>
<th>Statements</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is little chance that I will get skin cancers</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Skin cancer can be easily treated because it can be cut out</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>You only get skin cancer if you get sun burnt often</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>A suntan protects you against skin cancers</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

63. 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

64. How many times have you used a solarium (sun bed) in the past 12 months?

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

65. 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

66. Over the last summer, did you try to get a suntan?

1. Yes, just once
2. Yes, 2 or 3 times
3. Yes, 4 or more times
4. No, not at all
67. 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:

<table>
<thead>
<tr>
<th>Item</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wear a hat</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Wear clothes covering most of your body (including arms and legs)</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Deliberately wear less or briefer clothing so as to get some sun on your skin</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Wear maximum protection sunscreen (SPF 30+)</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Wear sunglasses</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Stay mainly in the shade</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Spend most of the time inside</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

68. Suppose your skin was exposed to strong sunshine at the beginning of summer with no protection at all. If you stayed in the sun for 30 minutes, would your skin:

1. □ Just burn and not tan afterwards
2. □ Burn first and then tan afterwards
3. □ Not burn at all
4. □ Don’t know

These questions are for everyone and are questions about NUTRITION

69. 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
2. □ 2 serves
3. □ 3 serves
4. □ 4 serves
5. □ 5 serves
6. □ 6 serves or more
7. □ I do not eat vegetables

70. 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
2. □ 2 serves
3. □ 3 serves
4. □ 4 serves
5. □ 5 serves
6. □ 6 serves or more
7. □ I do not eat fruit
71. 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)

1. □ 1 serve or less  
2. □ 2 serves  
3. □ 3 serves  
4. □ 4 serves  
5. □ 5 serves  
6. □ 6 serves  
7. □ 7 serves  
8. □ 8 serves  
9. □ 9 serves  
10. □ 10 serves or more  
11. □ I do not eat bread and/or cereal

72. 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. □ One  
2. □ Twice  
3. □ 3 times  
4. □ 4 times  
5. □ 5 times  
6. □ 6 times  
7. □ 7 or more times  
8. □ None

73. 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. □ One  
2. □ Twice  
3. □ 3 times  
4. □ 4 times  
5. □ 5 times  
6. □ 6 times  
7. □ 7 or more times  
8. □ None

74. How many times in the last week did you drink a can 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. □ One  
2. □ Twice  
3. □ 3 times  
4. □ 4 times  
5. □ 5 times  
6. □ 6 times  
7. □ 7 or more times  
8. □ None
75. 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

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

1. Number of cups per day [ ] cups
2. I don’t drink water
3. I don’t know

77. What is your normal source of drinking water? (Cross one box only)

1. Public water supply
2. Bottled water
3. Rainwater
4. Private bore, spring or well
5. Other private supply (eg. creek or farm dam)
6. Combination of different water sources
7. Other [SPECIFY]

78. How tall are you without shoes:

[ ] Centimetres or [ ] Feet or [ ] Inches
1. I don’t know

79. How much do you weight without clothes or shoes?

[ ] Kilograms or [ ] Stones or [ ] Lbs
1. I don’t know

80. 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)
81. Which of the following are you trying to do about your weight?

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

These questions are for everyone and are questions about PHYSICAL ACTIVITY

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

<table>
<thead>
<tr>
<th>None</th>
<th>Once</th>
<th>Twice</th>
<th>3 times</th>
<th>4 times</th>
<th>5 times</th>
<th>6 or more times</th>
</tr>
</thead>
</table>

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)

1 2 3 4 5 6 7

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

1 2 3 4 5 6 7

83. 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. 1 day
2. 2 days
3. 3 days
4. 4 days
5. 5 days
6. 6 days
7. 7 days
8. No days in the last week
84. 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></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>Homework</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Watch TV/videos/DVDs</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Use the Internet/playing computer games? (Don’t include computer use for homework)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></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>a) On Monday to Friday</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>(Cross only one box)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) On Saturday and Sunday</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>(Cross only one box)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

86. 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)?

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>1 hour or less</th>
<th>2 hours</th>
<th>3 hours</th>
<th>4 hours</th>
<th>5 hours or more a day</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) On Monday to Friday</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>(Cross only one box)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) On Saturday and Sunday</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>(Cross only one box)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
87. 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)

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

b) **On Saturday and Sunday**  
(Cross only one box)

- □ Not at all
- □ 1 hour or less a day
- □ 2 hours a day
- □ 3 hours a day
- □ 4 hours a day
- □ 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.**

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

- □ No → **Please go to QUESTION 92**
- □ Yes, at home and at school
- □ Yes, but only at home
- □ Yes, but only at school

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

- □ Almost more than I could take
- □ Quite bad
- □ About usual
- □ Worse than usual

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

- □ No one → **Please go to QUESTION 92**
- □ My family
- □ My friend/s
- □ Teachers or school counsellors
- □ Doctors or other health professionals
- □ Religious advisors or groups
- □ Helpline/ Internet etc
- □ Other person or group (please describe) ___________________________________________
91. If you talked to someone about feeling unhappy, sad or depressed, how helpful were they? *(Cross one box only)*

1 □ Not at all helpful  
2 □ Somewhat helpful
3 □ Quite helpful  
4 □ Very helpful

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

1 □ No → Please go to QUESTION 96  
2 □ Yes, at home and at school
3 □ Yes, but only at home  
4 □ Yes, but only at school

93. When you were feeling nervous, stressed, or under pressure, how bad was it for you? *(Cross one box only)*

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

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

1 □ No one → Please go to QUESTION 96  
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) __________________________

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

1 □ Not at all helpful  
2 □ Somewhat helpful  
3 □ Quite helpful  
4 □ Very helpful
96. During the last six months, was there a time when you were in trouble because of your behaviour? (*Cross one box only*)

1. ☐ No [Please go to QUESTION 100] 3. ☐ Yes, but only at home
2. ☐ Yes, at home and at school 4. ☐ Yes, but only at school

97. When you were in trouble because of your behaviour, how bad was it for you? (*Cross one box only*)

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

98. 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 100] 5. ☐ Doctors or other health professionals
2. ☐ My family 6. ☐ Religious advisors or groups
3. ☐ My friend/s 7. ☐ Helpline/Internet etc
4. ☐ Teachers or school counsellors 8. ☐ Other person or group (please describe)

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

1. ☐ Not at all helpful 2. ☐ Somewhat helpful
2. ☐ Quite helpful 4. ☐ Very helpful

These questions are for everyone and are questions about problems that may have impact on school performance.

100. 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? (*Cross one box only*)

1. ☐ No [Please go to QUESTION 104] 3. ☐ Yes, but only at home
2. ☐ Yes, at home and at school 4. ☐ Yes, but only at school
101. When you were having those study problems, how bad was it for you? (*Cross one box only*)

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

102. When you were having those study problems, who did you talk to about it? (*You may cross more than one box*)

1. No one — Please go to QUESTION 104
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)

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

104. 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 106
2. Yes — Go to QUESTION 105
105. 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

106. Which of the following dental injuries have you ever had? (You may cross more than one box)

1. None
2. A tooth was completely knocked out
3. A tooth was loosened but not completely knocked out
4. A fractured tooth
5. Other (specify)

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