

Survey

- **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 the 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 indicated.

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

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

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

OFFICE USE ONLY					
STATE	SCHOOL	ID	POSTCODE	LEVEL	CAMPUS
<input type="text" value="2"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
PATTERN	SCHSEX	STRATA	TEACH	DAY	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
ORDER	INITIALS		DATE	MONTH	YEAR
<input type="text" value="1"/>	<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="4"/>

—



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

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

2. What year level are you in?

1 Year 7

3 Year 9

5 Year 11

2 Year 8

4 Year 10

6 Year 12

3. How old are you now?

10 10

14 14

18 18

11 11

15 15

19 19 and over

12 12

16 16

13 13

17 17

4. What sex are you?

1 Male

2 Female

5. What year were you born?

Year

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

1 None

4 \$21 – \$40

7 \$81 – \$100

10 \$131 – \$140

2 \$10 or less

5 \$41 – \$60

8 \$101 – \$120

11 \$141 – \$150

3 \$11 – \$20

6 \$61 – \$80

9 \$121 – \$130

12 Over \$150

7. At school work, do you consider yourself:

1 A lot above average?

2 Above average?

3 Average?

4 Below average?

5 A lot below average?

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

1 Yes

2 No

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

1 No

2 Yes – Aboriginal descent

3 Yes – Torres Strait Islander descent

4 Yes – both Aboriginal and Torres Strait Islander descent

10. What is the main language spoken at home?

Cross only one box.

1 English only

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, SPIRITS, PREMIXED SPIRIT DRINKS, LIQUEURS, ALCOHOLIC CIDER, ALCOHOLIC ENERGY DRINKS, 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.

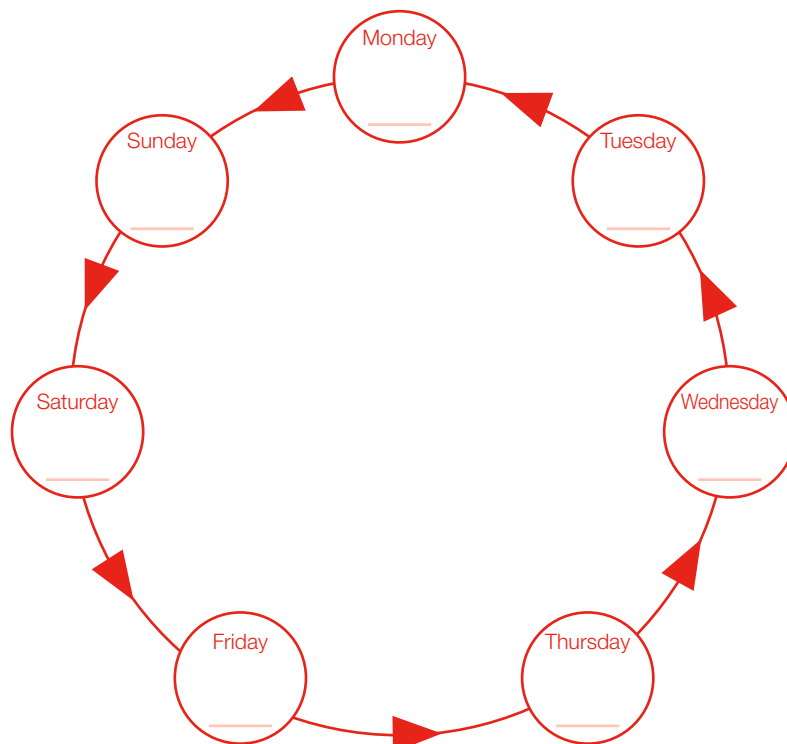
Put a cross next to **yesterday**. Then in the space provided, write the number of alcoholic drinks you had yesterday. If you didn't have any alcoholic drinks, put in '0'.

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, 17, 18, 19, 20 AND 21 ARE FOR ANYONE WHO HAS HAD AN ALCOHOLIC DRINK. IF YOU HAVE NEVER HAD AN ALCOHOLIC DRINK, GO TO QUESTION 22.

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 (Bottle or Cask (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, Woodchuck, Rekorderlig)
- 07 Premixed spirits (eg Bacardi Breezer, Vodka Cruiser, Smirnoff Ice, Jim Beam and Cola, Wild Turkey and Cola, Bundaberg Rum and Cola, UDL, etc)
- 08 Spirits (eg rum, brandy, whisky, gin, vodka)
- 09 Liqueurs including premixed liqueurs (eg Tia Maria, Kahlua, Midori, Baileys, Jagermeister, etc)
- 10 Alcoholic energy drinks premixed (eg Elevate Bomb, Smirnoff Ice Double Black & Guarana, Hi NRG)
- .. 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)/legal guardian(s) gave it to me
- 2 My brother or sister gave it to me
- 3 I took it from home without my parent(s)/legal guardian(s) permission
- 4 Friends gave it to me
- 5 I got someone to buy it for me
↳ GO TO QUESTION 17(b)
- 6 Other (please specify)

OR

I bought it...

- 51 At a hotel, pub, bar or tavern
- 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 café
- 57 At a dance venue/dance party/music festival
- 58 At a nightclub
- 59 At a sporting event
- 60 At a sports club (eg Leagues, surfing, football)
- 61 Through the Internet
- 62 By phone, mail order
- .. Other (please specify)

You should have crossed only one box.

17. (b) If someone else bought alcohol 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 alcohol
- 6 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.

I drank it...

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

You should have crossed only one box.

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

- 1 Yes 2 No

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

- | | | | |
|----------------------------|-------------|----------------------------|------------|
| 1 <input type="checkbox"/> | Never | 4 <input type="checkbox"/> | Most times |
| 2 <input type="checkbox"/> | A few times | 5 <input type="checkbox"/> | Every time |
| 3 <input type="checkbox"/> | Sometimes | 6 <input type="checkbox"/> | Don't know |

20. How many times, if ever, have you had 5 or more alcoholic drinks on any one occasion when you have been drinking:

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

21. In the past 12 months, as a result of drinking alcohol have you?

Cross all that apply.

- | | | | |
|-----------------------------|--|-----------------------------|--|
| 01 <input type="checkbox"/> | Created a public disturbance or nuisance | 13 <input type="checkbox"/> | Missed school |
| 02 <input type="checkbox"/> | Stolen something | 14 <input type="checkbox"/> | Been sick (vomited) |
| 03 <input type="checkbox"/> | Driven a motor vehicle | 15 <input type="checkbox"/> | Tried any drugs |
| 04 <input type="checkbox"/> | Verbally abused someone | 16 <input type="checkbox"/> | Had a cigarette or tried smoking |
| 05 <input type="checkbox"/> | Physically threatened someone | 17 <input type="checkbox"/> | Been in trouble with the police |
| 06 <input type="checkbox"/> | Hit someone or had a fight | 18 <input type="checkbox"/> | Had to go to a Hospital Emergency Department |
| 07 <input type="checkbox"/> | Attended work or school | | |
| 08 <input type="checkbox"/> | Had an injury that needed to be seen by a Doctor | | |
| 09 <input type="checkbox"/> | Caused damage to property | | |
| 10 <input type="checkbox"/> | Had an argument | | |
| 11 <input type="checkbox"/> | Been admitted to hospital overnight | | |
| 12 <input type="checkbox"/> | Been taken home by police | | |
- OR**
- 19 Other (please specify)
-
- OR**
- 20 None of the above

You should have crossed all that apply.

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

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

23. 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

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

- 1 Yes
- 2 No

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

- 1 Yes
- 2 No

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

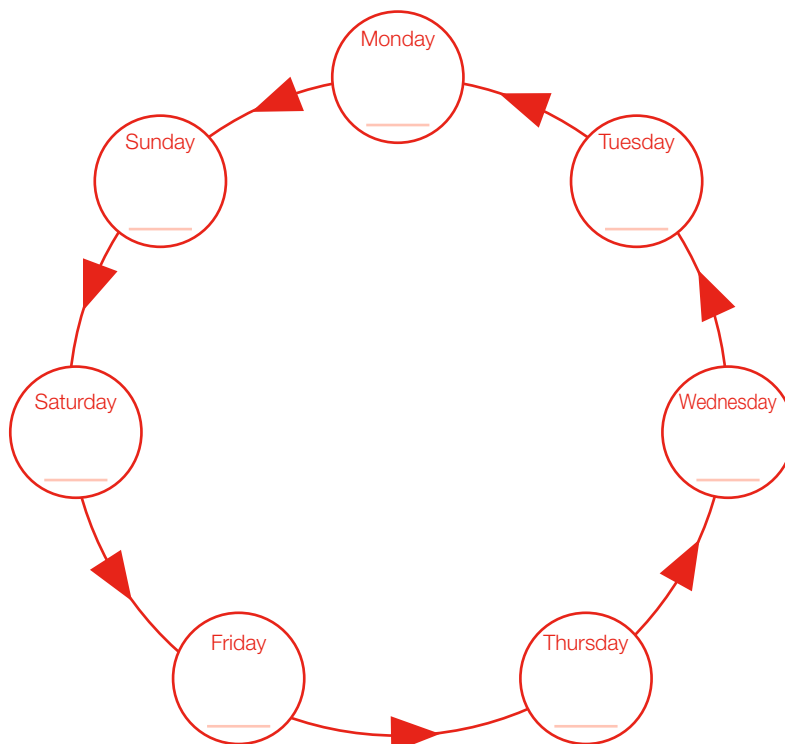
Put a cross next to **yesterday**. Then in the space provided, write the number of cigarettes you had yesterday. If you didn't smoke any cigarettes, put in '0'.

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.



27. 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

28. At most shops in the areas where you live and go to school, how easy or difficult would it be:

Cross only one box for each question.

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

QUESTIONS 29, 30 AND 31 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 32.

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

Cross the box next to 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 <input type="checkbox"/> Alpine | 13 <input type="checkbox"/> Longbeach |
| 02 <input type="checkbox"/> Benson & Hedges | 14 <input type="checkbox"/> Marlboro |
| 03 <input type="checkbox"/> Bond St | 15 <input type="checkbox"/> Peter Jackson |
| 04 <input type="checkbox"/> Deal | 16 <input type="checkbox"/> Peter Stuyvesant |
| 05 <input type="checkbox"/> Dunhill | 17 <input type="checkbox"/> Sterling |
| 06 <input type="checkbox"/> Escort | 18 <input type="checkbox"/> Stradbroke |
| 07 <input type="checkbox"/> Fortune | 19 <input type="checkbox"/> Vogue |
| 08 <input type="checkbox"/> Freedom | 20 <input type="checkbox"/> Wills |
| 09 <input type="checkbox"/> Holiday | 21 <input type="checkbox"/> Winfield |
| 10 <input type="checkbox"/> Horizon | .. <input type="checkbox"/> Other (please specify) |
| 11 <input type="checkbox"/> Just Smokes | |
| 12 <input type="checkbox"/> JPS | |

You should have crossed only one box.

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

- | | |
|--------------------------------|--|
| 1 <input type="checkbox"/> 20s | 4 <input type="checkbox"/> 35s |
| 2 <input type="checkbox"/> 25s | 5 <input type="checkbox"/> 40s |
| 3 <input type="checkbox"/> 30s | 6 <input type="checkbox"/> 50s |
| | 7 <input type="checkbox"/> Another pack size? (please specify) |

Remember: you should have crossed only one box.

30. (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...

- 01 My parent(s)/legal guardian(s) gave it to me
02 My brother or sister gave it to me
03 I took it from home without my parent(s)/legal guardian(s) permission
04 Friends gave it to me
05 I got someone to buy it for me
↳ GO TO QUESTION 30(b)
06 Other (please specify)

OR

I bought it...

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

You should have crossed only one box.

30. (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)

31. 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

THESE QUESTIONS ARE FOR EVERYONE.

32. Have you ever smoked a cigarette that lets you crush or squeeze the filter to make the taste of the cigarette change (eg hybrid or dual flavoured cigarettes)?

- 1 No, never
2 Yes, once
3 Yes, 2 – 3 times
4 Yes, 4 – 5 times
5 Yes, 6 or more times

33. How many times, if ever, have you smoked or used:

	None	Once or twice	3-5 times	6-9 times	10-19 times	20-39 times	40 or more times
(i) Roll-your-own tobacco?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(ii) Shisha tobacco or hookah or waterpipe?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iii) Cigars/Cigarillos?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

34. (a) Have you ever used battery operated electronic cigarettes (e-cigarettes)?

- 1 No → GO TO QUESTION 35
2 Yes

34. (b) If yes, how recently have you used battery operated electronic cigarettes?

- 1 Last 4 weeks
2 Last 12 months
3 Longer than 12 months ago

34. (c) Did the last battery operated electronic cigarette that you used contain nicotine?

- 1 Yes
2 No
3 Don't know/not sure



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.

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

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

If you have NEVER used or taken painkillers/analgesics, go to QUESTION 36.

35. (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 Menstrual/period pain
- 6 Had other types of pain (*please specify*)
- 7 Wanted to - there was no medical reason for using it
- 8 Other (*please specify*)

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

- 1 My parent(s)/legal guardian(s) gave it to me
- 2 My brother or sister gave it to me
- 3 I took it from home without my parent(s)/legal guardian(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*)

36. (a) How many times, if ever, have you used or taken sleeping tablets, tranquillisers, sedatives or benzodiazepines, such as Valium, Mogadon, Diazepam, Temazepam (Mazzies, Vallies, Moggies, Jellies), Serepax (Serries) or Rohypnol (Rohies, Barbs) other than for medical reasons:

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

If you have NEVER used or taken sleeping tablets, tranquillisers, sedatives or benzodiazepines, go to QUESTION 37.

36. (b) In the last year, did you use any other substance or substances on the same occasion that you used sleeping tablets, tranquillisers, sedatives or benzodiazepines, such as Valium, Mogadon, Diazepam, Temazepam (Mazzies, Vallies, Moggies, Jellies), Serepax (Serries) or Rohypnol (Rohies, Barbs)?
Cross all that apply.

- | | |
|---|--|
| 1 <input type="checkbox"/> Tobacco/cigarettes | 5 <input type="checkbox"/> Marijuana/cannabis (grass, hash, dope, weed, mull, yardi, ganga, pot, a bong, a joint) |
| 2 <input type="checkbox"/> Alcohol | 6 <input type="checkbox"/> Painkillers/analgesics |
| 3 <input type="checkbox"/> Ecstasy (XTC, E, MDMA, eccy, X, bickies) | 7 <input type="checkbox"/> Amphetamines (eg speed, uppers, goey, crystal meth, base, dex, dexies, dexamphetamines, ox blood, methamphetamine, ice) |
| 4 <input type="checkbox"/> Hallucinogens (eg LSD, acid, trips, magic mushrooms) | 8 <input type="checkbox"/> Other (<i>what substance?</i>) |
| | <input style="width: 100%; height: 20px;" type="text"/> |
| | 9 <input type="checkbox"/> I did not use any other substance on the same occasion |

You should have crossed all that apply.

36. (c) Where, or from whom, did you get your last sleeping tablet, tranquiliser, sedative or benzodiazepine from?
Fill in the space beside 'Other' if you can't find your answer.
Cross only one box.

- | |
|---|
| 1 <input type="checkbox"/> My parent(s)/legal guardian(s) gave it to me |
| 2 <input type="checkbox"/> I am prescribed sedatives/tranquillisers by my doctor/paediatrician, or psychiatrist |
| 3 <input type="checkbox"/> My brother or sister gave it to me |
| 4 <input type="checkbox"/> I took it from home without parent(s)/legal guardian(s) permission |
| 5 <input type="checkbox"/> I bought it from someone |
| 6 <input type="checkbox"/> I was given it by someone |
| 7 <input type="checkbox"/> I traded or swapped something for it with someone |
| 8 <input type="checkbox"/> Other (<i>please specify</i>) |

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

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

If you have NOT used marijuana/cannabis in the last year, go to QUESTION 38.

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

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

You should have crossed all that apply.

37. (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.

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

- 1 By myself
- 2 With others
- 3 By myself and with others about equally often

37. (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 club
- 02 At a dance venue/dance party/music festival
- 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 (please specify)

You should have crossed only one box.

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

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

39. How many times, if ever, have you deliberately sniffed (inhaled) from spray cans or deliberately sniffed things like glue, paint, petrol or thinners in order to get high or for the way it makes you feel:

This does not include sniffing white-out, liquid paper, textas, markers or pens.

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

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

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

If you have NOT used amphetamines in the last year, go to QUESTION 41(a).

40. (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 meth, base, dex, dexies, dexamphetamines, ox blood, methamphetamine, ice)?

Cross all that apply.

- | | |
|---|---|
| 1 <input type="checkbox"/> Tobacco/cigarettes | 6 <input type="checkbox"/> Marijuana/cannabis (grass, hash, dope, weed, mull, yardi, ganga, pot, a bong, a joint) |
| 2 <input type="checkbox"/> Alcohol | 7 <input type="checkbox"/> Ecstasy (XTC, E, MDMA, eccy, X, bickies) |
| 3 <input type="checkbox"/> Painkillers/analgesics | 8 <input type="checkbox"/> Other (<i>what substance?</i>) |
| 4 <input type="checkbox"/> Sedatives/tranquilisers/sleeping tablets/benzodiazepines | <input style="width: 100%; height: 15px;" type="text"/> |
| 5 <input type="checkbox"/> Hallucinogens (eg LSD, acid, trips, magic mushrooms) | 9 <input type="checkbox"/> I did not use any other substance on the same occasion |

You should have crossed all that apply.

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

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

If you have NOT used ecstasy in the last year, go to QUESTION 42.

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

Cross all that apply.

- | | |
|--|---|
| 1 <input type="checkbox"/> Tobacco/cigarettes | 7 <input type="checkbox"/> Marijuana/cannabis (grass, hash, dope, weed, mull, yardi, ganga, pot, a bong, a joint) |
| 2 <input type="checkbox"/> Alcohol | 8 <input type="checkbox"/> Other (<i>what substance?</i>) |
| 3 <input type="checkbox"/> Painkillers/analgesics | <input style="width: 100%; height: 15px;" type="text"/> |
| 4 <input type="checkbox"/> Sedatives/tranquilisers/sleeping tablets/benzodiazepines | 9 <input type="checkbox"/> I did not use any other substance on the same occasion |
| 5 <input type="checkbox"/> Hallucinogens (eg LSD, acid, trips, magic mushrooms) | |
| 6 <input type="checkbox"/> Amphetamines (eg speed, uppers, goey, crystal meth, base, dex, dexies, dexamphetamines, ox blood, methamphetamine, ice) | |

You should have crossed all that apply.

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

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

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

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

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

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

If you have NOT used hallucinogens in the last year, go to QUESTION 45.

44. (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/cigarettes
- 2 Alcohol
- 3 Painkillers/analgesics
- 4 Sedatives/tranquillisers/sleeping tablets/benzodiazepines
- 5 Marijuana/cannabis (grass, hash, dope, weed, mull, yardi, ganga, pot, a bong, a joint)
- 6 Amphetamines (eg speed, uppers, goey, crystal meth, base, dex, dexies, dexamphetamines, ox blood, methamphetamine, ice)
- 7 Ecstasy (XTC, E, MDMA, eccy, 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.

45. In the last twelve months, have you used or taken any ethno-botanicals (eg Salvia, Kraton, Khat, Kava)?

- 1 Yes
- 2 No

46. In the last twelve months, have you used or taken any of the following synthetic drugs?

Cross all that apply.

- 1 Synthetic cannabis (K2, Spice, Kronic, Northern Lights)
- 2 Emerging synthetic hallucinogens (2C-B/2C-I/2C-E (Trypstasy, Bromo, TWOs) or N-Methoxybenzyl (NBOMe, NBomb, Smiles))
- 3 MDPV (Ivory Wave, Bath Salts)
- 4 Mephedrone (Meow meow, M-kat)
- 5 Other Synthetic Substance (Foxy, Benzo Fury, MXE, DOI, etc; *please specify*)
- 6 I did not use synthetic cannabis or any new synthetic drugs

You should have crossed all that apply.

47. (a) We are interested in how young people get the different substances they use.

From the list below please indicate the last substance you used, if any, in the past year.

Cross only one box.

- 1 Marijuana/cannabis (grass, hash, dope, weed, mull, yardi, ganga, pot, a bong, a joint)
- 2 Performance or image enhancing drugs (without a prescription) (steroids, muscle, roids, or gear)
- 3 Amphetamines (speed, uppers, goey, crystal meth, base, dex, dexies, dexamphetamines, ox blood, methamphetamine, ice)
- 4 Ecstasy (XTC, E, MDMA, eccy, X, bickies)
- 5 Opiates including heroin (smack, horse, skag, hammer, H, methadone, morphine, oxycodone or pethidine)
- 6 Hallucinogens (LSD, acid, trips, magic mushrooms, datura, angel's trumpet)
- 7 Synthetic cannabis or other new synthetic drugs

OR

- 8 I have not used any of these substances in the last year → **GO TO QUESTION 48**

47. (b) Where, or from whom, did you get this substance? Fill in the space beside 'Other' if you can't find your answer.

Cross only one box.

- 1 My parent(s)/legal guardian(s) gave it to me
- 2 My brother or sister gave it to me
- 3 Other relative gave it to me
- 4 I bought it from someone (stranger, not known to me)
- 5 I bought it from a friend
- 6 I was given it by someone (stranger, not known to me)
- 7 A friend gave it to me
- 8 I traded or swapped something for it with someone
- 9 Internet purchase
- 10 I took it without permission
- 11 Other (*please specify*)

THESE QUESTIONS ARE FOR EVERYONE.

48. During 2013 (last year), did you have any lessons or parts of lessons at school that were about smoking tobacco?

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

49. During 2013 (last year), did you have any lessons or parts of lessons at school that were about drinking alcohol?

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

50. During 2013 (last year), did you have any lessons or parts of lessons at school that were about illicit drugs such as marijuana/cannabis, ecstasy, heroin, amphetamines (speed, uppers, goey, crystal meth, dexies, dexamphetamines, methamphetamine, ice), hallucinogens, cocaine?

1 No, not even part of a lesson

3 Yes, one lesson

2 Yes, part of a lesson

4 Yes, more than one lesson

Remember: last year was 2013.

THE NEXT QUESTIONS RELATE TO USE OF SERVICES AND DIFFERENT TYPES OF HELP THAT YOU MAY HAVE RECEIVED FOR ALCOHOL USE, DRUG USE, EMOTIONAL PROBLEMS OR BEHAVIOURAL PROBLEMS IN THE LAST YEAR.

51. (a) Have you ever been diagnosed or told by a doctor or nurse that you have a mental health condition?

1 Yes

2 No

3 Don't know/not sure

51. (b) In the past 12 months, have you seen a health professional because of any alcohol use, drug use, emotional or behavioural problems?

1 No, I have not seen a health professional for these reasons → GO TO QUESTION 52

2 Yes, I have seen a health professional for alcohol and/or drug related problems

3 Yes, I have seen a health professional for emotional and/or behavioural problems

4 Yes, I have seen a health professional for alcohol and/or drug related problems **and** also emotional and/or behavioural problems.

51. (c) In the past 12 months, what health professionals have you seen because of any alcohol use, drug use, emotional problems or behavioural problems?

Cross all that apply.

1 General Practitioner/GP

2 Paediatrician

3 Psychiatrist

4 Psychologist

5 School Nurse/School Counsellor

6 Social Worker

7 Counsellor or Family Therapist

8 Other Health Professional

9 Unsure of their profession

You should have crossed all that apply.

51. (d) Thinking about the health professional you saw most often, where did you see this person? If you have seen them at more than one place, please indicate the place where you saw them most often?

1 At school

2 Doctor's rooms or other private practice

3 Hospital emergency or other outpatient department

4 Child and Adolescent Mental Health Service (CAMHS) or Child and Youth Mental Health Service (CYMHS)

5 Other public mental health service

6 Headspace centre

7 Other community or youth health service

8 Other Counselling or support service

9 Unsure of where you saw them most often

10 Other (please specify)

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

52. Do you think you will smoke cigarettes sometime in the next 6 months?

- 01 Definitely no
- 02 Probably no
- 03 Probably yes
- 04 Definitely yes

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

- 01 Yes have tried to give up times
- 02 I smoke but have not tried to quit in the last 12 months
- 03 I do not smoke

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

- 01 No
- 02 Yes

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

You may cross more than one box.

- 01 No
- 02 Yes, in magazines or newspapers
- 03 Yes, on the Internet
- 04 Yes, in shops or tobacconists
- 05 Yes, on billboards
- 06 Yes, at a sports event
- 07 Yes, on TV
- 08 Unsure

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

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

- 01 No
- 02 Yes

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

- 01 Yes
- 02 No

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

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

	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree	Don't know
(i) There is little chance that I will get skin cancers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(ii) Skin cancer can be easily treated because it can be cut out	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(iii) You only get skin cancer if you get sun burnt often	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(iv) A suntan protects you against skin cancers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

59. 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

60. 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

61. 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

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

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

63. How would you describe your skin colour when you don't have a tan?

- 1 Very fair
- 2 Fair
- 3 Medium
- 4 Olive
- 5 Dark
- 6 Very Dark
- 7 Black
- 8 Don't know

64. 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

65. 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

66. How many serves of fruit do you usually eat each day?
(A serve is equal to 1 medium piece, 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

67. 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

68. 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

69. 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

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

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



71. What type of milk do you usually have?

Cross one box only.

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

72. 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

73. What is your normal source of drinking water?

Cross one box only.

- | | |
|--|---|
| 1 <input type="checkbox"/> Public water supply | 4 <input type="checkbox"/> Private bore, spring or well |
| 2 <input type="checkbox"/> Bottled water | 5 <input type="checkbox"/> Other private supply (eg. creek or farm dam) |
| 3 <input type="checkbox"/> Rainwater | 6 <input type="checkbox"/> Combination of different water sources |
| | 7 <input type="checkbox"/> Other (<i>please specify</i>) |

74. How tall are you without shoes?

- Centimetres **OR** Feet Inches **OR** 1 I don't know

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

- Kilograms **OR** Stones Lbs **OR** 1 I don't know

76. 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)

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

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

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

78. 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

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

79. During the last six months, was there a time when you felt unhappy, sad or depressed?

Cross one box only.

- 1 No → **GO TO QUESTION 83**
2 Yes, at home and at school
3 Yes, but only at home
4 Yes, but only at school

80. When you were feeling unhappy, sad or depressed, 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

81. 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 → **GO TO QUESTION 83**
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*)

82. 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

83. During the last six months, was there a time when you felt nervous, stressed, or under pressure?

Cross one box only.

- 1 No → **GO TO QUESTION 87**
2 Yes, at home and at school
3 Yes, but only at home
4 Yes, but only at school

84. 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

85. When you were feeling nervous, stressed, or under pressure, who did you talk to about it?

You may cross more than one box.

- | | |
|--|---|
| 1 <input type="checkbox"/> No one → GO TO QUESTION 87 | 5 <input type="checkbox"/> Doctors or other health professionals |
| 2 <input type="checkbox"/> My family | 6 <input type="checkbox"/> Religious advisors or groups |
| 3 <input type="checkbox"/> My friend/s | 7 <input type="checkbox"/> Helpline / Internet etc |
| 4 <input type="checkbox"/> Teachers or school counsellors | 8 <input type="checkbox"/> Other person or group (<i>please describe</i>) |

86. 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

87. During the last six months, was there a time when you were in trouble because of your behaviour?

Cross one box only.

- 1 No → **GO TO QUESTION 91**
2 Yes, at home and at school
3 Yes, but only at home
4 Yes, but only at school

88. 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
2 Quite bad
3 Worse than usual
4 About usual

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

You may cross more than one box.

- | | |
|--|---|
| 1 <input type="checkbox"/> No one → GO TO QUESTION 91 | 5 <input type="checkbox"/> Doctors or other health professionals |
| 2 <input type="checkbox"/> My family | 6 <input type="checkbox"/> Religious advisors or groups |
| 3 <input type="checkbox"/> My friend/s | 7 <input type="checkbox"/> Helpline / Internet etc |
| 4 <input type="checkbox"/> Teachers or school counsellors | 8 <input type="checkbox"/> Other person or group (<i>please describe</i>) |

90. 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
3 Quite helpful
4 Very helpful

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

91. 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 → **GO TO QUESTION 95**
- 2 Yes, at home and at school
- 3 Yes, but only at home
- 4 Yes, but only at school

92. 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

93. When you were having those study problems, who did you talk to about it?

You may cross more than one box.

- 1 No one → **GO TO QUESTION 95**
- 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*)

94. 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.

95. 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
- 2 Yes

96. 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 (*please specify*)

**THANK YOU VERY MUCH FOR YOUR HELP
YOU HAVE COMPLETED THE SURVEY!**

