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

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

3. What year level are you in?
- Year 7
- Year 8
- Year 9
- Year 10
- Year 11
- Year 12

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

5. What sex are you?
- Male
- Female

6. What year were you born?

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

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

9. Were you at school on the last school day?
- Yes
- No

10. Are you of Aboriginal or Torres Strait Islander descent?
- No
- Yes – Aboriginal descent
- Yes – Torres Strait Islander descent
- Yes – both Aboriginal and Torres Strait Islander descent

11. What is the main language spoken at home?
*Cross only one box.*
- English only
- Another language only (please specify which language):
- 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:
   - ☐ A non-drinker?
   - ☐ An occasional drinker?
   - ☐ A light drinker?
   - ☐ A party drinker?
   - ☐ A heavy drinker?

12. Have you ever had even part of an alcoholic drink?
   - ☐ No
   - ☐ Yes, just a few sips
   - ☐ Yes, I have had fewer than 10 alcoholic drinks in my life
   - ☐ Yes, I have had more than 10 alcoholic drinks in my life

13. Have you had an alcoholic drink in the last twelve months?
   - ☐ Yes
   - ☐ No

14. Have you had an alcoholic drink in the last four weeks?
   - ☐ Yes
   - ☐ 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.

   - [ ] Ordinary beer
   - [ ] Low alcohol beer
   - [ ] Wine (Bottle or Cask (Goon))
   - [ ] Wine Cooler (eg West Coast Coolers)
   - [ ] Champagne or sparkling wine (eg Spumante, Passion Pop)
   - [ ] Alcoholic Cider (eg Apple, Pear, Strongbow, Magners, Woodchuck, Rekorderlig)
   - [ ] Premixed spirits (eg Bacardi Breezer, Vodka Cruiser, Smirnoff Ice, Jim Beam and Cola, Wild Turkey and Cola, Bundaberg Rum and Cola, UDL, etc)
   - [ ] Spirits (eg rum, brandy, whisky, gin, vodka)
   - [ ] Liqueurs including premixed liqueurs (eg Tia Maria, Kahlua, Midori, Baileys, Jagermeister, etc)
   - [ ] 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...

   - [ ] My parent(s)/legal guardian(s) gave it to me
   - [ ] My brother or sister gave it to me
   - [ ] I took it from home without my parent(s)/legal guardian(s) permission
   - [ ] Friends gave it to me
   - [ ] I got someone to buy it for me

   OR

   I bought it...

   - [ ] At a hotel, pub, bar or tavern
   - [ ] At a licensed liquor store or supermarket
   - [ ] At a drive-in bottle-shop
   - [ ] At a restaurant
   - [ ] At a café
   - [ ] At a walk-in bottle-shop at a pub or hotel
   - [ ] At a drive-in bottle-shop
   - [ ] At a nightclub
   - [ ] At a dance venue/dance party/music festival
   - [ ] Through the Internet
   - [ ] 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?**

   - [ ] Friend who is 18 or over
   - [ ] Brother/sister or other relative who is 18 or over
   - [ ] Friend who is not yet aged 18
   - [ ] Brother/sister or other relative who is not yet 18
   - [ ] Stranger who was able to buy alcohol
   - [ ] Other (please specify)
18. (a) Where did you drink your last alcoholic drink?
*Fill in the space beside ‘Other’ if you can't find your answer.*
*Cross only one box.*

I drank it...

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

*You should have crossed only one box.*

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

- [ ] Yes
- [ ] No

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

- [ ] Never
- [ ] A few times
- [ ] Sometimes
- [ ] Most times
- [ ] Every time
- [ ] 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:

   (i) In the last two weeks?

   - None
   - Once or twice
   - 3-5 times
   - 6-9 times
   - 10-19 times
   - 20-39 times
   - 40 or more times

   (ii) In the last four weeks?

   (iii) In the last year?

   (iv) In your lifetime?

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

*Cross all that apply.*

- [ ] Created a public disturbance or nuisance
- [ ] Stolen something
- [ ] Driven a motor vehicle
- [ ] Verbally abused someone
- [ ] Physically threatened someone
- [ ] Hit someone or had a fight
- [ ] Attended work or school
- [ ] Had an injury that needed to be seen by a Doctor
- [ ] Caused damage to property
- [ ] Had an argument
- [ ] Been admitted to hospital overnight
- [ ] Been taken home by police
- [ ] Missed school
- [ ] Been sick (vomited)
- [ ] Tried any drugs
- [ ] Had a cigarette or tried smoking
- [ ] Been in trouble with the police
- [ ] Had to go to a Hospital Emergency Department

*OR*

- [ ] Other (please specify)

*OR*

- [ ] None of the above

*You should have crossed all that apply.*
22. At the present time, do you consider yourself:
   - A heavy smoker?
   - A light smoker?
   - An occasional smoker?
   - An ex-smoker?
   - A non-smoker?

23. 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

24. Have you smoked cigarettes in the last twelve months?
   - Yes
   - No

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

- Certain **not** to be smoking
- Very **unlikely** to be smoking
- **Unlikely** to be smoking
- Can’t decide how likely
- Likely to be smoking
- Very likely to be smoking
- 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.*

(i) for you to buy cigarettes?  
(ii) for you to get someone else to buy cigarettes for you?

<table>
<thead>
<tr>
<th>Very easy</th>
<th>Easy</th>
<th>Neither easy nor difficult</th>
<th>Difficult</th>
<th>Very difficult</th>
</tr>
</thead>
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**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.*

- [ ] Alpine
- [ ] Benson & Hedges
- [ ] Bond St
- [ ] Deal
- [ ] Dunhill
- [ ] Escort
- [ ] Fortune
- [ ] Freedom
- [ ] Holiday
- [ ] Horizon
- [ ] Just Smokes
- [ ] JPS
- [ ] Longbeach
- [ ] Marlboro
- [ ] Peter Jackson
- [ ] Peter Stuyvesant
- [ ] Sterling
- [ ] Stradbroke
- [ ] Vogue
- [ ] Wills
- [ ] Winfield
- Other (please specify)  

You should have crossed only one box.

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

<table>
<thead>
<tr>
<th>20s</th>
<th>25s</th>
<th>30s</th>
<th>35s</th>
<th>40s</th>
<th>50s</th>
<th>Another pack size? (please specify)</th>
</tr>
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</tbody>
</table>

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...  
☐ My parent(s)/legal guardian(s) gave it to me  
☐ My brother or sister gave it to me  
☐ I took it from home without my parent(s)/legal guardian(s) permission  
☐ Friends gave it to me  
☐ I got someone to buy it for me  
☐ GO TO QUESTION 30(b)  
☐ Other (please specify)  

OR  

I bought it...  
☐ At a hotel, pub, bar, tavern or club  
☐ At a supermarket  
☐ At a newsagency  
☐ At a milk bar or delicatessen  
☐ At a convenience store (eg 7-Eleven)  
☐ At a tobacconist/tobacco shop  
☐ At a take-away food shop  
☐ At a petrol station  
☐ Through the Internet  
☐ Other (please specify)  

You should have crossed only one box.

30. (b) If someone else bought cigarettes for you, who was this person?  
☐ Friend who is 18 or over  
☐ Brother/sister or other relative who is 18 or over  
☐ Friend who is not yet aged 18  
☐ Brother/sister or other relative who is not yet 18  
☐ Stranger who was able to buy cigarettes  
☐ 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)?  
☐ Yes  
☐ 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)?  
☐ No, never  
☐ Yes, once  
☐ Yes, 2 – 3 times  
☐ Yes, 4 – 5 times  
☐ Yes, 6 or more times

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

<table>
<thead>
<tr>
<th>(i) Roll-your-own tobacco?</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>(ii) Shisha tobacco or hookah or waterpipe?</td>
<td>None</td>
<td>Once or twice</td>
<td>3-5 times</td>
<td>6-9 times</td>
<td>10-19 times</td>
<td>20-39 times</td>
<td>40 or more times</td>
</tr>
<tr>
<td>(iii) Cigars/Cigarillos?</td>
<td>None</td>
<td>Once or twice</td>
<td>3-5 times</td>
<td>6-9 times</td>
<td>10-19 times</td>
<td>20-39 times</td>
<td>40 or more times</td>
</tr>
</tbody>
</table>

34. (a) Have you ever used battery operated electronic cigarettes (e-cigarettes)?  
☐ No → GO TO QUESTION 35  
☐ Yes

34. (b) If yes, how recently have you used battery operated electronic cigarettes?  
☐ Last 4 weeks  
☐ Last 12 months  
☐ Longer than 12 months ago

34. (c) Did the last battery operated electronic cigarette that you used contain nicotine?  
☐ Yes  
☐ No  
☐ Don’t know/not sure
### 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

<table>
<thead>
<tr>
<th>(i) In the last week?</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>
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<td>(ii) In the last four weeks?</td>
<td>☐</td>
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<tr>
<td>(iii) In the last year?</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>(iv) In your lifetime?</td>
<td>☐</td>
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</table>

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.

- Had a headache or migraine
- Had a cold or ‘flu
- Had a toothache or pains associated with dental procedure
- Had pains associated with playing sport (eg, injury, strain)
- Menstrual/period pain
- Had other types of pain (please specify)
- Wanted to - there was no medical reason for using it
- Other (please specify)

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

- My parent(s)/legal guardian(s) gave it to me
- My brother or sister gave it to me
- I took it from home without my parent(s)/legal guardian(s) permission
- Friends gave it to me
- A member of staff at my school gave it to me
- A member of staff at my sporting club gave it to me
- I bought it
- 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

<table>
<thead>
<tr>
<th>(i) In the last week?</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>
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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>
<td>☐</td>
<td>☐</td>
<td>☒</td>
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</tr>
<tr>
<td>(iv) In your lifetime?</td>
<td>☐</td>
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<td>☒</td>
<td>☐</td>
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</tbody>
</table>

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, tranquilisers, sedatives or benzodiazepines, such as Valium, Mogadon, Diazepam, Temazepam (Mazzies, Vallies, Moggies, Jellies), Serepax (Serries) or Rohypnol (Rohies, Barbs)?

Cross all that apply.

☐ Tobacco/cigarettes
☐ Alcohol
☐ Ecstasy (XTC, E, MDMA, eccy, X, bickies)
☐ Hallucinogens (eg LSD, acid, trips, magic mushrooms)
☐ Marijuana/cannabis (grass, hash, dope, weed, mull, yardi, ganga, pot, a bong, a joint)
☐ Painkillers/analgesics
☐ Amphetamines (eg speed, uppers, goey, crystal meth, base, dex, dexies, dexamphetamines, ox blood, methamphetamine, ice)
☐ Other (what substance?)

☐ 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.

☐ My parent(s)/legal guardian(s) gave it to me
☐ I am prescribed sedatives/tranquilisers by my doctor/paediatrician, or psychiatrist
☐ My brother or sister gave it to me
☐ I took it from home without parent(s)/legal guardian(s) permission
☐ I bought it from someone
☐ I was given it by someone
☐ I traded or swapped something for it with someone
☐ Other (please specify)

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):

<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>
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<td>☐</td>
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<tr>
<td>(ii) In the last four weeks?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<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>
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<tr>
<td>(iv) In your lifetime?</td>
<td>☐</td>
<td>☐</td>
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</table>

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.

☐ Tobacco/cigarettes
☐ Alcohol
☐ Painkillers/analgesics
☐ Sedatives/tranquilisers/sleeping tablets/benzodiazepines
☐ Hallucinogens (eg LSD, acid, trips, magic mushrooms)
☐ Amphetamines (eg speed, uppers, goey, crystal meth, base, dex, dexies, dexamphetamines, ox blood, methamphetamine, ice)
☐ Ecstasy (XTC, E, MDMA, eccy, X, bickies)
☐ Other (what substance?)

☐ 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.

- Smoke it as a joint (reefer, spliff)?
- Smoke it from a bong or a pipe?
- Eat it (eg in hash cookies)?
- Other (please specify)

You should have crossed only one box.

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

- By myself
- With others
- 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...

- At a hotel, pub, bar, tavern or club
- At a dance venue/dance party/music festival
- At a nightclub
- At a party
- At my home
- At my friend’s home
- At a sports club (eg Leagues, surfing, football)
- At the beach
- In a park
- In a car
- 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:

<table>
<thead>
<tr>
<th>(i) In the last week?</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>
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<tr>
<td>(ii) In the last four weeks?</td>
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<td>(iii) In the last year?</td>
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<td>(iv) In your lifetime?</td>
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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.

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

<table>
<thead>
<tr>
<th>(i) In the last week?</th>
<th>None</th>
<th>Once or twice</th>
<th>3-5 times</th>
<th>6-9 times</th>
<th>10-19 times</th>
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<tr>
<th>(ii) In the last four weeks?</th>
<th>None</th>
<th>Once or twice</th>
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<th>(iii) In the last year?</th>
<th>None</th>
<th>Once or twice</th>
<th>3-5 times</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>(iv) In your lifetime?</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>
</table>

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.

- Tobacco/cigarettes
- Alcohol
- Painkillers/analgesics
- Sedatives/tranquilisers/sleeping tablets/benzodiazepines
- Hallucinogens (eg LSD, acid, trips, magic mushrooms)
- Marijuana/cannabis (grass, hash, dope, weed, mull, yardi, ganga, pot, a bong, a joint)
- Ecstasy (XTC, E, MDMA, eccy, X, bickies)
- Other (what substance?)
- 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):

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

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.

- Tobacco/cigarettes
- Alcohol
- Painkillers/analgesics
- Sedatives/tranquilisers/sleeping tablets/benzodiazepines
- Hallucinogens (eg LSD, acid, trips, magic mushrooms)
- Amphetamines (eg speed, uppers, goey, crystal meth, base, dex, dexies, dexamphetamines, ox blood, methamphetamine, ice)
- Marijuana/cannabis (grass, hash, dope, weed, mull, yardi, ganga, pot, a bong, a joint)
- Ecstasy (XTC, E, MDMA, eccy, X, bickies)
- Other (what substance?)
- I did not use any other substance on the same occasion

You should have crossed all that apply.
42. How many times, if ever, have you used or taken cocaine:

(i) In the last week?
(ii) In the last four weeks?
(iii) In the last year?
(iv) In your lifetime?

<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>
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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:

(i) In the last week?
(ii) In the last four weeks?
(iii) In the last year?
(iv) In your lifetime?

<table>
<thead>
<tr>
<th>None</th>
<th>Once or twice</th>
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44. (a) How many times, if ever, have you used or taken hallucinogens (eg LSD, acid, trips, magic mushrooms, datura, angel's trumpet):

(i) In the last week?
(ii) In the last four weeks?
(iii) In the last year?
(iv) In your lifetime?

<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>
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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.

- Tobacco/cigarettes
- Alcohol
- Painkillers/analgesics
- Sedatives/tranquillisers/sleeping tablets/benzodiazepines
- Marijuana/cannabis (grass, hash, dope, weed, mull, yardi, ganga, pot, a bong, a joint)
- Amphetamines (eg speed, uppers, goey, crystal meth, base, dex, dexies, dexamphetamines, ox blood, methamphetamine, ice)
- Ecstasy (XTC, E, MDMA, eccy, X, bickies)
- Other (what substance?)
- 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)?

- Yes
- No
46. In the last twelve months, have you used or taken any of the following synthetic drugs? Cross all that apply.

- Synthetic cannabis (K2, Spice, Kronic, Northern Lights)
- Emerging synthetic hallucinogens (2C-B/2C-I/2C-E (Tryptacyl, Bromo, TWOs) or N-Methoxybenzyl (NBOMe, NBomb, Smiles))
- MDPV (Ivy Wave, Bath Salts)
- Mephedrone (Meow meow, M-kat)
- Other Synthetic Substance (Foxy, Benzo Fury, MXE, DOI, etc; please specify)
- 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.

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

OR
- 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.

- My parent(s)/legal guardian(s) gave it to me
- My brother or sister gave it to me
- Other relative gave it to me
- I bought it from someone (stranger, not known to me)
- I bought it from a friend
- I was given it by someone (stranger, not known to me)
- A friend gave it to me
- I traded or swapped something for it with someone
- Internet purchase
- I took it without permission
- 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?

- No, not even part of a lesson
- Yes, part of a lesson
- Yes, one lesson
- 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?

- No, not even part of a lesson
- Yes, part of a lesson
- Yes, one lesson
- 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?

[ ] No, not even part of a lesson
[ ] Yes, part of a lesson
[ ] Yes, one lesson
[ ] 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?

[ ] Yes
[ ] No
[ ] 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?

[ ] No, I have not seen a health professional for these reasons → GO TO QUESTION 52
[ ] Yes, I have seen a health professional for alcohol and/or drug related problems
[ ] Yes, I have seen a health professional for emotional and/or behavioural problems
[ ] 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.**

[ ] General Practitioner/GP
[ ] Paediatrician
[ ] Psychiatrist
[ ] Psychologist
[ ] School Nurse/School Counsellor
[ ] Social Worker
[ ] Counsellor or Family Therapist
[ ] Other Health Professional
[ ] 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?

[ ] At school
[ ] Doctor’s rooms or other private practice
[ ] Hospital emergency or other outpatient department
[ ] Child and Adolescent Mental Health Service (CAMHS) or Child and Youth Mental Health Service (CYMHS)
[ ] Other public mental health service
[ ] Headspace centre
[ ] Other community or youth health service
[ ] Other Counselling or support service
[ ] Unsure of where you saw them most often
[ ] Other (please specify)
52. Do you think you will smoke cigarettes sometime in the next 6 months?
- [ ] Definitely no
- [ ] Probably no
- [ ] Probably yes
- [ ] Definitely yes

53. Have you tried to quit smoking in the last 12 months?
- [ ] Yes have tried to give up [ ] times
- [ ] I smoke but have not tried to quit in the last 12 months
- [ ] I do not smoke

54. Have you ever tried to buy cigarettes from a shop?
- [ ] No
- [ ] Yes

55. Have you seen any advertisements about quitting smoking in the last 6 months?
You may cross more than one box.
- [ ] No
- [ ] Yes, in magazines or newspapers
- [ ] Yes, on the Internet
- [ ] Yes, in shops or tobacconists
- [ ] Yes, on billboards
- [ ] Yes, at a sports event
- [ ] Yes, on TV
- [ ] Unsure

56. Have you ever tried to buy alcohol at a hotel, pub, club, restaurant, nightclub or bottle shop?
- [ ] No
- [ ] Yes

57. In the last 12 months, have you been in a car when the driver appeared to be under the influence of alcohol?
- [ ] Yes
- [ ] No

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

<table>
<thead>
<tr>
<th>Statement</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>(i) There is little chance that I will get skin cancers</td>
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<td>(ii) Skin cancer can be easily treated because it can be cut out</td>
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<tr>
<td>(iii) You only get skin cancer if you get sun burnt often</td>
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<tr>
<td>(iv) A suntan protects you against skin cancers</td>
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</tbody>
</table>

These are questions for everyone and are additional questions about smoking.

These are questions for everyone and are additional questions about alcohol.

These questions are for everyone and are questions about sun protection.
59. Over the last summer, did you get sunburn that was sore or tender the next day?

- Yes, just once
- Yes, 2 or 3 times
- Yes, 4 or more times
- No, not at all

60. Do you like to get a suntan?

- No
- Yes, a light tan
- Yes, a moderate tan
- Yes, a dark tan
- Yes, a very dark tan

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

- Yes, just once
- Yes, 2 or 3 times
- Yes, 4 or more times
- 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:

(i) Wear a hat?

(ii) Wear clothes covering most of your body (including arms and legs)?

(iii) Deliberately wear less or briefer clothing so as to get some sun on your skin?

(iv) Wear maximum protection sunscreen (SPF 30+)?

(v) Wear sunglasses?

(vi) Stay mainly in the shade?

(vii) Spend most of the time inside?

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

- Very fair
- Fair
- Medium
- Olive
- Dark
- Very Dark
- Black
- 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:

- Just burn and not tan afterwards
- Burn first and then tan afterwards
- Not burn at all
- 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 serve or less
   - 2 serves
   - 3 serves
   - 4 serves
   - 5 serves
   - 6 serves or more
   - 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 serve or less
   - 2 serves
   - 3 serves
   - 4 serves
   - 5 serves
   - 6 serves or more
   - 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 serve or less
   - 2 serves
   - 3 serves
   - 4 serves
   - 5 serves
   - 6 serves or more
   - 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?
   - Once
   - Twice
   - 3 times
   - 4 times
   - 5 times
   - 6 times
   - 7 or more times
   - 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?
   - Once
   - Twice
   - 3 times
   - 4 times
   - 5 times
   - 6 times
   - 7 or more times
   - 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.
   - Once
   - Twice
   - 3 times
   - 4 times
   - 5 times
   - 6 times
   - 7 or more times
   - None
Whole milk (including flavoured milk and full-cream soy milk)
Reduced fat milk (eg. Lite White, Farmer’s Best, Hi-Lite, So Good Lite, Oak and reduced fat flavoured milk)

Skim milk (including Shape)
Evaporated or sweetened condensed milk
None of the above
I don’t know

Number of cups per day: cups
I don’t drink water
I don’t know

What is your normal source of drinking water? Cross one box only.
Public water supply
Bottled water
Rainwater
Private bore, spring or well
Other private supply (eg. creek or farm dam)
Combination of different water sources
Other (please specify)

How tall are you without shoes?
Feet
Inches
I don’t know

How much do you weigh without clothes or shoes?
Kilograms
Stones
Lbs
I don’t know

Do you think of yourself as being too thin, about the right weight, or too fat?
Too thin (underweight)
About the right weight
Too fat (overweight)

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

(i) Homework
(ii) Watch TV / videos / DVDs
(iii) Use the Internet / play computer games?
(Don’t include computer use for homework)
Whole milk (including flavoured milk and full-cream soy milk)
Reduced fat milk (eg. Lite White, Farmer’s Best, Hi-Lite, So Good Lite, Oak and reduced fat flavoured milk)
Skim milk (including Shape)
Evaporated or sweetened condensed milk
None of the above
I don’t know

What type of milk do you usually have?
Cross one box only.

How tall are you without shoes?

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

How much do you weigh without clothes or shoes?

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)

During the last six months, was there a time when you felt unhappy, sad or depressed?
Cross one box only.

When you were feeling unhappy, sad or depressed, how bad was it for you?
Cross one box only.

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

If you talked to someone about feeling unhappy, sad or depressed, how helpful were they?
Cross one box only.

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

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

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

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)

How many days in the past week have you done any vigorous or moderate physical activity for a total of at least 60 minutes?

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

Homework

Watch TV / videos / DVDs

Use the Internet / play computer games?

(Don’t include computer use for homework)

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

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

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

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

When you were feeling nervous, stressed, or under pressure, how bad was it for you?
Cross one box only.
85. When you were feeling nervous, stressed, or under pressure, who did you talk to about it?
You may cross more than one box.
- No one ➔ GO TO QUESTION 87
- 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)

86. If you talked to someone about feeling nervous, stressed, or under pressure, how helpful were they?
Cross one box only.
- Not at all helpful
- Somewhat helpful
- Quite helpful
- 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.
- No ➔ GO TO QUESTION 91
- Yes, at home and at school
- Yes, but only at home
- 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.
- Almost more than I could take
- Quite bad
- Worse than usual
- 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.
- No one ➔ GO TO QUESTION 91
- 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)

90. If you talked to someone about being in trouble because of your behaviour, how helpful were they?
Cross one box only.
- Not at all helpful
- Somewhat helpful
- Quite helpful
- Very helpful

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.
- No ➔ GO TO QUESTION 95
- Yes, at home and at school
- Yes, but only at home
- Yes, but only at school

92. When you were having those study problems, how bad was it for you?
Cross one box only.
- Almost more than I could take
- Quite bad
- Worse than usual
- About usual

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

94. If you talked to someone about having those study problems, how helpful were they?
Cross one box only.
- Not at all helpful
- Somewhat helpful
- Quite helpful
- Very helpful

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?
Cross one box only.
- No one ➔ GO TO QUESTION 91
- 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)

96. Which of the following dental injuries have you ever had?
You may cross more than one box.
- None
- A tooth was completely knocked out
- A tooth was loosened but not completely knocked out
- A fractured tooth
- Other (please specify)
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.
- No → GO TO QUESTION 95
- Yes, at home and at school
- Yes, but only at home
- Yes, but only at school

92. When you were having those study problems, how bad was it for you?

Cross one box only.
- Almost more than I could take
- Quite bad
- Worse than usual
- About usual

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

You may cross more than one box.
- No one → GO TO QUESTION 95
- 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)

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

Cross one box only.
- Not at all helpful
- Somewhat helpful
- Quite helpful
- Very helpful

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?

- No
- Yes

96. Which of the following dental injuries have you ever had?

You may cross more than one box.
- None
- A tooth was completely knocked out
- A tooth was loosened but not completely knocked out
- A fractured tooth
- Other (please specify)

THANK YOU VERY MUCH FOR YOUR HELP WHOEVER YOU HAVE COMPLETED THE SURVEY!
Thinking about term one at school this year, what did you most often do during your lunch break?

- Disagree
- Strongly Agree
- Agree
- Agree nor Disagree
- Disagree
- Strongly Disagree

Over the summer (December 2013 to February 2014), did you try to get a tan?

- Yes, a very dark tan
- Yes, a dark tan
- Just tan
- Yes, a moderate tan
- Yes, a light tan
- No
- Burn or go red first, then tan afterwards
- Just burn or go red

Do you like to get a suntan?

- Yes
- No

Thinking about term one again, how much shade is available in the areas where you most often spent lunch break?

- Mostly or completely shaded
- Some shade
- No shade

Over the past 7 days, on how many days were you physically active for a total of 60 minutes or more per day?

- 7 days
- 6 days
- 5 days
- 4 days
- 3 days
- 2 days
- 1 day
- 0 days

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

Here are some things that people have said about sun protection and skin cancer.

(i) You only get skin cancer if you get burnt often
(ii) There is little chance that I will get skin cancer
(iii) Skin cancer can be easily treated because it can be cut out
(iv) A suntan protects you against skin cancers
(v) It takes too much effort to protect myself from the sun
(vi) The benefits of having a suntan are more important than the risks

Do you agree or disagree with these statements?

- Agree
- Strongly Agree
- Agree
- Agree nor Disagree
- Disagree
- Strongly Disagree