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).
What year level are you in?

Year 7

– PAGE 2 –

What is the postcode of your address?

– PAGE 2 –

At school work, do you consider yourself:

A lot above average?

Above average?

Average?

Below average?

A lot below average?

How old are you now?

10

11

12

13

14

15

16

17

18

19 and over

What sex are you?

Male

Female

What year were you born?

Year YYYY

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

Are you of Aboriginal or Torres Strait Islander descent?

Yes

No

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):

– PAGE 2 –
1. What is the postcode of your address?

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

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

4. What sex are you?
   - Male
   - Female

5. What year were you born?

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

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

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

9. 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

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

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’.

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, 21 AND 22 ARE FOR ANYONE WHO HAS HAD AN ALCOHOLIC DRINK. IF YOU HAVE NEVER HAD AN ALCOHOLIC DRINK, GO TO QUESTION 23.

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
- Friend who is over 18 gave it to me
- Friend who is under 18 gave it to me
- I got someone to buy it for me
- ОТВЕТ 17(b) [Skip to 18]
- Other (please specify)

OR

I bought it...

- At a hotel, pub, bar or tavern
- At a licensed liquor store
- At a supermarket
- At a walk-in bottle-shop at a pub or hotel
- At a drive-in bottle-shop
- At a restaurant/café
- At a dance venue/dance party/music festival/concert
- At a nightclub
- At a sporting event
- At a sports club (eg Leagues, surfing, football)
- 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
- Parent/legal guardian
- Other (please specify)
27. 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.

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

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. (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
- At a park or recreation area
- At a hotel, pub, bar or tavern
- At a dance venue/dance party/music festival/concert
- At a nightclub
- At a party
- At a restaurant/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 or other vehicle
- Other (please specify)

You should have crossed only one box.

(b) Was an adult supervising you and/or your friends when you had this drink?
Yes
No

18. 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 any, 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?
(ii) In the last four weeks?
(iii) In the last year?
(iv) In your lifetime?

21. In the past 12 months, after drinking alcohol have you?

Done something you later regretted
Missed school or work
Been attacked or assaulted
Been sick (vomited)
Lost some money or other items
Tried any drugs
Created a public disturbance or nuisance
Had a cigarette or tried smoking
Stole something
Been in trouble with the police
Driven a motor vehicle
Verbally abused someone
Been in trouble with the police
Hit someone or had a fight
Physically threatened someone
Hit someone or had a fight
Drained or damaged something
Had an injury that needed to be seen by a Doctor
Had an argument
Been admitted to hospital overnight
Missed school or work
Been sick (vomited)

You should have crossed all that apply.

22. Think back to the last time someone who was not your parent or legal guardian gave you alcohol to drink. Did that person have your parent(s)/legal guardian(s) permission to give you the alcohol?

No
Yes, they definitely had permission
I think so
Yes, they definitely had permission
I have never been given alcohol by anyone other than my parents
None of the above

OR
Other (please specify)

OR
None of the above
23. At the present time, do you consider yourself:
   - A heavy smoker?
   - A light smoker?
   - An occasional smoker?
   - An ex-smoker?
   - A non-smoker?

24. 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

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

26. Have you smoked cigarettes in the last four weeks?
   - Yes
   - No

27. 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, write ‘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.
28. 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

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 or tobacco (roll-your-own) do you usually smoke? In the space next to the brand name, write as much as you can remember of the name on the packet (e.g., Superkings, Slims, Hybrid, Optimum Crush, Menthol, Rich, Ultimate, Blue, Gold, Red etc.) including whether cigarettes or tobacco.

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:
- Champion:
- Choice:
- Deal:
- Dunhill:
- Escort:
- Holiday:
- Horizon:
- Just Smokes:
- JPS:
- Longbeach:
- Marlboro:
- Pall Mall:
- Peter Jackson:
- Peter Stuyvesant:
- Port Royal:
- Rothmans:
- Vogue:
- White Ox:
- Winfield:
- Other (please specify)

You should have crossed only one box.

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

- 20s
- 22s
- 23s
- 25s
- 26s
- 30s
- 35s
- 40s
- 50s
- Roll your own: grams (g)
- 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.*

<table>
<thead>
<tr>
<th>I didn’t buy it...</th>
<th>OR</th>
<th>I bought it...</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ My parent(s)/legal guardian(s) gave it to me</td>
<td>□ At a hotel, pub, bar or tavern</td>
<td></td>
</tr>
<tr>
<td>□ My brother or sister gave it to me</td>
<td>□ At a supermarket</td>
<td></td>
</tr>
<tr>
<td>□ I took it from home without my parent(s)/legal guardian(s) permission</td>
<td>□ At a newsagency</td>
<td></td>
</tr>
<tr>
<td>□ Friend who is over 18 gave it to me</td>
<td>□ At a milk bar or corner shop</td>
<td></td>
</tr>
<tr>
<td>□ Friend who is under 18 gave it to me</td>
<td>□ At a convenience store (eg 7-Eleven)</td>
<td></td>
</tr>
<tr>
<td>□ I got someone to buy it for me</td>
<td>□ At a tobacconist/tobacco shop</td>
<td></td>
</tr>
<tr>
<td>□ Other (please specify)</td>
<td>□ At a take-away food shop</td>
<td></td>
</tr>
</tbody>
</table>

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 | □ Stranger who was able to buy cigarettes |
| □ Brother/sister or other relative who is 18 or over | □ Parent/legal guardian |
| □ Friend who is not yet aged 18 | □ Other (please specify) |
| □ Brother/sister or other relative who is not yet 18 | |

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)?

| □ No | |
| □ Yes, from a friend | |
| □ Yes, from someone else (please specify) | |
| □ Yes, from a shop | |

**These questions are for everyone.**

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

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

33. Have you ever smoked or used shisha tobacco or hookah or waterpipe?

| □ No ➔ GO TO QUESTION 35 |
| □ Yes, just a few puffs |
| □ Yes, I have smoked shisha on fewer than 10 occasions in my life |
| □ Yes, I have smoked shisha on more than 10 but fewer than 100 occasions in my life |
| □ Yes, I have smoked shisha more than 100 times in my life |

34. Do you usually smoke or use shisha tobacco or hookah or waterpipe by yourself or with others?

| □ By myself | □ With friends |
| □ With family | □ Other (please specify) |
35. Have you ever used battery operated electronic cigarettes (e-cigarettes)?

- No → GO TO QUESTION 39
- Yes, just a few puffs/vapes
- Yes, I have used/vaped on fewer than 10 occasions in my life
- Yes, I have used/vaped on more than 10 but fewer than 100 occasions in my life
- Yes, I have used/vaped more than 100 times in my life

36. During the past 30 days, on how many days did you use e-cigarettes?

- 0 days
- 1 or 2 days
- 3 to 5 days

37. Thinking about the last time you used an e-cigarette, where or from whom, did you get it?

**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
- Other (please specify)

OR

I bought it...

- At a tobacconist/tobacco shop
- At a petrol station
- At a convenience store (eg 7-Eleven)
- Through the Internet
- Other (please specify)

38. Before you first tried e-cigarettes, how many tobacco cigarettes had you smoked in your lifetime?

- None
- Just a few puffs
- Less than 10 tobacco cigarettes
- Ten or more tobacco cigarettes

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.

39. (a) How many times, if ever, have you used or taken painkillers/analgesics such as paracetamol (eg Panadol), ibuprofen (eg Nurofen), or aspirin/dispirin, for any reason:

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

If you have NEVER used or taken painkillers/analgesics, go to QUESTION 40.
39. (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) __________

39. (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) __________

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

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

*If you have NEVER used or taken sleeping tablets, tranquillisers, sedatives or benzodiazepines, go to QUESTION 41.*

40. (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, Alprazolam (Xanax), Mogadon, Diazepam, Temazepam (Mazzies, Vallies, Moggies, Jellies), Serepax (Serries) or Rohypnol (Rohies, Barbs)? Cross all that apply.

- ☐ Tobacco/cigarettes
- ☐ Alcohol
- ☐ Ecstasy (E, MDMA, pingers, pills, bickies)
- ☐ Hallucinogens (eg LSD, acid, trips, magic mushrooms)
- ☐ Marijuana/cannabis (eg grass, hash, dope, weed, mull, yarndi, gunja, pot, a bong, a joint)
- ☐ Painkillers/analgesics
- ☐ Amphetamines (eg speed, dexamphetamines, meth, ice)
- ☐ Other (what substance?) __________
- ☐ I did not use any other substance on the same occasion

*You should have crossed all that apply.*
40. (c) Where, or from whom, did you get your last sleeping tablet, tranquiliser, sedative or benzodiazepine from, other than for medical reasons: 

*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)

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

<table>
<thead>
<tr>
<th>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>
</thead>
<tbody>
<tr>
<td>(i)</td>
<td></td>
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<td></td>
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<tr>
<td>(ii)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>(iii)</td>
<td></td>
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</tr>
<tr>
<td>(iv)</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you have **NOT** used marijuana/cannabis 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 smoked or used marijuana/cannabis?

**Cross all that apply.**

- Tobacco/cigarettes
- Alcohol
- Painkillers/analgesics
- Sedatives/tranquilisers/sleeping tablets/
  benzodiazepines
- Hallucinogens (eg LSD, acid, trips, magic mushrooms)
- Other (please specify)

- Ecstasy (eg E, MDMA, pingers, pills, bickies)
- Other (what substance?)
- I did not use any other substance on the same occasion

You should have crossed **all** that apply.

41. (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.**

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

- By myself
- With others
- By myself and with others about equally often
41. (e) Where did you last smoke or use marijuana/cannabis?

Fill in the space beside ‘Other’ if you can’t find your answer.

I used it...

☐ At a hotel, pub, bar or tavern
☐ At a dance venue/dance party or music festival/concert
☐ 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 or other vehicle
☐ At my school
☐ Other (please specify)

You should have crossed only one box.

42. 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></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>
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<td>(ii) In the last four weeks?</td>
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<tr>
<td>(iii) In the last year?</td>
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<tr>
<td>(iv) In your lifetime?</td>
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</tbody>
</table>

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

This does not include snifing white-out, liquid paper, textas, pens, nasal sprays or puffers used for asthma.

<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>
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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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<tr>
<td>(iv) In your lifetime?</td>
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</tbody>
</table>

44. (a) How many times, if ever, have you used or taken dexamphetamines (eg dex, dexies) other than for medical reasons:

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

44. (b) How many times, if ever, have you used or taken meth/amphetamines (eg speed, meth, ice):

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

If you have NOT used dexamphetamines or meth/amphetamines in the last year, go to QUESTION 45(a).
44. (c) In the last year, did you use any other substance or substances on the same occasion that you used dexamphetamines or meth/amphetamines (eg speed, dex, daxies, meth, ice)?

Cross all that apply.

- Tobacco/cigarettes
- Alcohol
- Painkillers/analgesics
- Sedatives/tranquilisers/sleeping tablets/benzodiazepines
- Hallucinogens (eg LSD, acid, trips, magic mushrooms)
- Marijuana/cannabis (eg grass, hash, dope, weed, mull, yarndi, gunja, pot, a bong, a joint)
- Ecstasy (eg E, MDMA, pingers, pills, bickies)
- Other (what substance?)
- I did not use any other substance on the same occasion

You should have crossed all that apply.

45. (a) How many times, if ever, have you used or taken ecstasy (E, MDMA, pingers, pills, bickies):

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

If you have NOT used ecstasy in the last year, go to QUESTION 46.

45. (b) In the last year, did you use any other substance or substances on the same occasion that you used ecstasy (E, MDMA, pingers, pills, 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, dexamphetamines, meth, ice)
- Marijuana/cannabis (eg grass, hash, dope, weed, mull, yarndi, gunja, pot, a bong, a joint)
- Other (what substance?)
- I did not use any other substance on the same occasion

You should have crossed all that apply.

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

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

47. (a) How many times, if ever, have you used or taken heroin (smack, horse, skag, hammer, H):

<table>
<thead>
<tr>
<th>Times</th>
<th>None</th>
<th>Once or twice</th>
<th>3-5 times</th>
<th>6-9 times</th>
<th>10-19 times</th>
<th>20-39 times</th>
<th>40 or more times</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) In the last week?</td>
<td></td>
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<tr>
<td>(ii) In the last four weeks?</td>
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<tr>
<td>(iii) In the last year?</td>
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<td></td>
</tr>
<tr>
<td>(iv) In your lifetime?</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
47. **(b) How many times, if ever, have you used or taken opiates (narcotics) such as methadone, morphine, oxycodone, codeine or pethidine other than for medical reasons:**

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

**If you have NOT used hallucinogens in the last year, go to QUESTION 49.**

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

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

**You should have crossed all that apply.**

49. **In the last twelve months, have you used or taken any ethno-botanicals (e.g. Salvia, Kratom, Khat, Kava or Betel)?**

- Yes  
- No

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

- Synthetic cannabis (K2, Spice, Kronic, Northern Lights)
- Synthetic hallucinogens (2C-B/2C-I/2C-E, DOI, Foxy-methoxy, Bromo-DragonFLY, Trypstacy, NBOMe, NBomb, Smiles)
- MDPV (Ivory Wave, Bath Salts)
- Mephedrone (Meow meow, M-kat)
- Other Synthetic Substance (Benzo-fury, MXE, Etizolam)(please specify)
- I did not use any synthetic cannabis or new synthetic drugs / I did not use any of the above

**You should have crossed all that apply.**
### 51. During 2016 (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

### 52. During 2016 (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

### 53. During 2016 (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, dexies, meth, ice), hallucinogens, cocaine, synthetic substances?

- [ ] No, not even part of a lesson
- [ ] Yes, part of a lesson
- [ ] Yes, one lesson
- [ ] Yes, more than one lesson

Remember: last year was 2016.

### THE NEXT QUESTIONS RELATE TO SERVICES THAT MIGHT BE USED FOR ALCOHOL OR DRUG USE, EMOTIONAL OR BEHAVIOURAL PROBLEMS.

### 54. (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

### 54. (b) In the past 12 months, have you seen a health professional (eg General Practitioner/GP, Psychologist, School Counsellor) because of any alcohol use, drug use, emotional problems or behavioural problems?

*Cross all that apply.*

- [ ] No, I have not seen a health professional for these reasons
- [ ] 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

You should have crossed all that apply.

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

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

- [ ] Definitely no
- [ ] Probably no
- [ ] Probably yes
- [ ] Definitely yes

### 56. Do you think you will try an e-cigarette sometime in the next 6 months?

- [ ] Definitely no
- [ ] Probably no
- [ ] Probably yes
- [ ] Definitely yes

### 57. 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
58. (a) Have you ever tried to buy cigarettes from a shop?
   - No → GO TO QUESTION 59
   - Yes

58. (b) If yes: were you successful?
   - No
   - Yes

59. 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 social media
   - Yes, on other online/platforms
   - Yes, in shops or tobacconists
   - Yes, on billboards
   - Yes, at a sports event
   - Yes, on TV
   - Other (please specify): [enter response]

   Unsure

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

60. (a) Are you aware of the Australian Guidelines to Reduce Health Risks from Drinking Alcohol?
   - No → GO TO QUESTION 61
   - Yes

   Unsure

60. (b) According to the Guidelines, what is considered a safe amount of alcohol for people under 18 years of age to consume in a day?
   - None
   - 1 standard drink per day
   - Up to 2 standard drinks per day
   - More than 2 standard drinks per day
   - Unsure

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

61. 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>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(ii) Skin cancer can be easily treated because it can be cut out</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>(iii) You only get skin cancer if you get sun burnt often</td>
<td></td>
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</tr>
<tr>
<td>(iv) A suntan protects you against skin cancers</td>
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</tr>
</tbody>
</table>

62. 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
### 63. 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

### 64. 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

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

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

### 66. 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

### 67. 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

---

### THESE ARE QUESTIONS FOR EVERYONE AND ARE QUESTIONS ABOUT NUTRITION.

### 68. 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
69. **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
- [x] I do not eat fruit

---

70. **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
- [x] I do not eat bread and/or cereal

---

71. **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
- [x] None

---

72. **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
- [x] None

---

73. **How many times in the last week did you drink soft drink (like Coke or Pepsi), energy drink (like Redbull or Mother), sports drink (like Powerade or Gatorade), fruit juice or cordial?**

This does not include diet or sugar free drinks.

- [ ] Once
- [ ] Twice
- [ ] 3 times
- [ ] 4 times
- [ ] 5 times
- [ ] 6 times
- [ ] 7 or more times
- [x] None

---

74. **What type of milk do you usually have?**

_Cross one box only._

- [ ] Whole milk (including flavoured milk and full-cream soy milk)
- [ ] Skim milk (including Shape)
- [ ] Reduced fat milk (eg. Lite White, Farmer’s Best, Hi-Lite, So Good Lite, Oak and reduced fat flavoured milk)
- [ ] Evaporated or sweetened condensed milk
- [ ] None of the above
- [ ] I don’t know
- [x] Other (please specify):
75. 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)
- Number of cups per day: [ ]
- I don’t drink water [ ]
- I don’t know [ ]

76. 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) [ ]

77. How tall are you without shoes?
- Centimetres [ ]
- Feet [ ]
- Inches [ ]
- I don’t know [ ]

78. How much do you weigh without clothes or shoes?
- Kilograms [ ]
- Stones [ ]
- Lbs [ ]
- I don’t know [ ]

79. 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) [ ]

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

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

<table>
<thead>
<tr>
<th>Activity</th>
<th>None</th>
<th>1 hour or less</th>
<th>2 hours</th>
<th>3 hours</th>
<th>4 hours</th>
<th>5 or more hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) Homework</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>(ii) Watch TV / videos / DVDs</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>(iii) Use the Internet / play computer games?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>(Don’t include computer use for homework)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(iv) Use a mobile phone and/or tablet for</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>entertainment purposes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

81. 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 day [ ]
- 2 days [ ]
- 3 days [ ]
- 4 days [ ]
- 5 days [ ]
- 6 days [ ]
- 7 days [ ]
- No days in the last week [ ]
82. During the last six months, was there a time when you felt unhappy, sad or depressed?  
Cross one box only.
- No → GO TO QUESTION 86
- Yes, at home and at school
- Yes, but only at home
- Yes, but only at school

83. When you were feeling unhappy, sad or depressed, how bad was it for you?  
Cross one box only.
- Almost more than I could take
- Quite bad
- Worse than usual
- About usual

84. When you were feeling unhappy, sad or depressed, who did you talk to about it?  
You may cross more than one box.
- No one → GO TO QUESTION 86
- 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)

85. If you talked to someone about feeling unhappy, sad or depressed, how helpful were they?  
Cross one box only.
- Not at all helpful
- Somewhat helpful
- Quite helpful
- Very helpful

86. During the last six months, was there a time when you felt nervous, stressed, or under pressure?  
Cross one box only.
- No → GO TO QUESTION 90
- Yes, at home and at school
- Yes, but only at home
- Yes, but only at school

87. When you were feeling nervous, stressed, or under pressure, how bad was it for you?  
Cross one box only.
- Almost more than I could take
- Quite bad
- Worse than usual
- About usual
88. 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 90
- 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)

89. 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

90. 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 94
- Yes, at home and at school
- Yes, but only at home
- Yes, but only at school

91. 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

92. 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 94
- 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)

93. 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
94. During the last six months, was there a time when you had problems studying at home or school that affected your performance in school tests and other work?

Cross one box only.
- [ ] No → Thank you very much for your help. You have finished the survey.
- [ ] Yes, at home and at school
- [ ] Yes, but only at home
- [ ] Yes, but only at school

95. 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

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

You may cross more than one box.
- [ ] No one → Thank you very much for your help. You have finished the survey.
- [ ] 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)

97. 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

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