

APPENDIX 1: THE NEW SOUTH WALES SECONDARY SCHOOLS STUDENTS HEALTH SURVEY 2002

1. (a) What suburb or town do you live in? _____
(b) What is the postcode of your address? _ _ _ _ _
2. What year level are you in?
 - 1 Year 7
 - 2 Year 8
 - 3 Year 9
 - 4 Year 10
 - 5 Year 11
 - 6 Year 12
3. How old are you now?
 - 10 10
 - 11 11
 - 12 12
 - 13 13
 - 14 14
 - 15 15
 - 16 16
 - 17 17
 - 18 18
 - 19 19 and over
4. What sex are you?
 - 1 Male
 - 2 Female
5. What is your date of birth?
_ _ / _ _ / 19 _ _
6. During a normal week, how much money do you have available to spend on yourself? (for example, from pocket money, part-time job).
 - 1 None
 - 2 Less than \$10
 - 3 \$11–\$20
 - 4 \$21–\$40
 - 5 \$41–\$60
 - 6 \$61–\$80
 - 7 Over \$80
7. At school work, do you consider yourself:
 - 1 A lot above average?
 - 2 Above average?
 - 3 Average?
 - 4 Below average?
 - 5 A lot below average?
8. (a) Were you at school on the last school day?
 - 1 Yes *Go to Question 9*
 - 2 No *Go to Question 8(b)*

- (b) If No: Why were you away?
- 1 You were ill or had some other health problem
 - 2 Study day or other school related activities
 - 3 Family reasons
 - 4 Other (specify)
9. Are you of Aboriginal or Torres Strait Islander descent?
- 1 No
 - 2 Yes, Aboriginal descent
 - 3 Yes, Torres Strait Islander descent
 - 4 Yes, both Aboriginal and Torres Strait Islander descent

10. What is the main language spoken at home?

Tick only 1 box.

- 1 English
 - 2 Another language only
Specify which language.
 - 3 English and another language
Specify the other language.
11. At the present time, do you consider yourself:
- 1 A heavy smoker?
 - 2 A light smoker?
 - 3 An occasional smoker?
 - 4 An ex-smoker?
 - 5 A non-smoker?

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

- 1 No
- 2 Yes, just a few puffs
- 3 Yes, I have smoked fewer than 10 cigarettes in my life
- 4 Yes, I have smoked more than 10 but fewer than 100 cigarettes in my life
- 5 Yes, I have smoked more than 100 cigarettes in my life

13. Have you smoked cigarettes in the last 12 months?

- 1 Yes
- 2 No

14. Have you smoked cigarettes in the last 4 weeks?

- 1 Yes
- 2 No

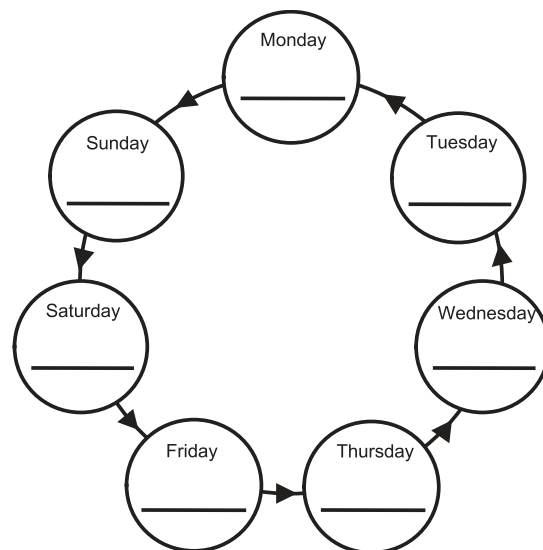
15. This question is about the number of cigarettes you had during the last 7 days, including yesterday.

Put a tick near yesterday. Then in the space provided, write the number of cigarettes you had yesterday. If you didn't smoke any cigarettes, put in '0'. Start filling in the spaces beginning with yesterday, and follow the arrows.

Answer for every day of the week.

Write in the circle the number of cigarettes you smoked each day.

Put '0' for each day you didn't drink smoke any cigarettes.



16. Do you think you will be smoking cigarettes this time next year?

- 1 Certain not to be smoking
- 2 Very unlikely to be smoking
- 3 Unlikely to be smoking
- 4 Can't decide how likely
- 5 Likely to be smoking
- 6 Very likely to be smoking
- 7 Certain to be smoking

17. Have you ever smoked even part of a cigar?

- 1 No
- 2 Yes, a few puffs but not as much as 1 cigar
- 3 Yes, I have smoked at least 1 cigar in my life

Questions 18, 19 and 20 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 21.

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

Tick the box near the brand you usually smoke. If that brand is not listed here, tick the box next to 'Other' and write the name of the brand in the space provided.

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

You should have ticked only 1 box.

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

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

19. (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.

Tick only 1 box.

I didn't buy it ...

OR I bought it ...

01 My parent(s) gave it to me

51 At a hotel, pub or club

02 My brother or sister gave it to me

52 At a supermarket

03 I took it from home without my parent(s) permission

53 At a newsagency

04 Friends gave it to me

54 At a milk bar or delicatessen

05 I got someone to buy it for me

55 At a convenience store (for example, Food Plus, 711, Night Owl, 727)

** Other (specify) _____

56 At a tobacconist–tobacco shop

57 At a take-away food shop

58 At a petrol station

59 Through the Internet

** Other (specify) _____

You should have ticked only 1 box.

- (b) If you bought your last cigarette, was it from a coin-operated (vending) machine?

1 Yes

2 No

You should have ticked only 1 box.

20. (a) Sometimes people break open a packet of cigarettes and sell single cigarettes. In the last 4 weeks, have you bought cigarettes that were not in a full packet (for example, buying one or more cigarette(s) at a time)?

1 Yes *Go to Question 20(b)*

2 No *Go to Question 21*

- (b) Thinking of the last time you bought cigarettes that were not in a full packet, who did you buy the cigarette(s) from?

1 I bought the cigarette(s) at a shop

2 I bought the cigarette(s) from a friend or relative

3 I bought the cigarette(s) from someone else

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

1 A non-drinker?

2 An occasional drinker?

3 A light drinker?

4 A party drinker?

5 A heavy drinker?

22. Have you ever had even part of an alcoholic drink?

1 No

2 Yes, just a few sips

3 Yes, I have had fewer than 10 alcoholic drinks in my life

4 Yes, I have had more than 10 alcoholic drinks in my life

23. Have you had an alcoholic drink in the last 12 months?

1 Yes

2 No

24. Have you had an alcoholic drink in the last 4 weeks?

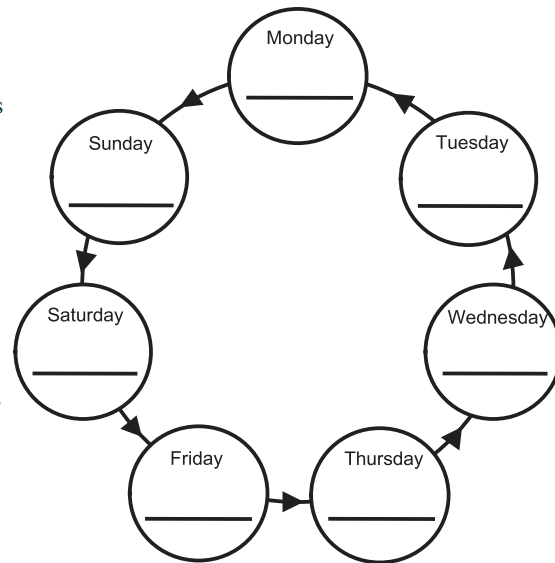
1 Yes

2 No

25. This question is about the number of alcoholic drinks you had during the last 7 days, including yesterday. Put a tick near yesterday. Then in the space provided, write the number of alcoholic drinks you had yesterday. If you didn't have any alcoholic drinks, put in '0'. Start filling in the spaces beginning with yesterday, and follow the arrows.

Answer for every day of the week. Write in the circle the number of alcoholic drinks you had each day. Put '0' for each day you didn't drink any alcoholic drinks.

Questions 26, 27, 28 and 29 are for anyone who has had an alcoholic drink. If you have never had an alcoholic drink, go to Question 30.



26. What alcoholic drink do you usually have?

Tick the box near the drink you usually have. If that drink is not listed here, tick the box next to 'Other' and write the name of the drink in the space provided.

- 01 Ordinary beer
- 02 Low alcohol beer
- 03 Wine
- 04 Wine Cooler (for example, West Coast Coolers)
- 05 Champagne or sparkling wine (for example, Spumante, Passion Pop)
- 06 Alcoholic Apple Cider (for example, Strongbow)
- 07 Alcoholic Sodas (for example, Two Dogs)
- 08 Premixed spirits (for example, Bacardi Breezer, Lemon Ruski, UDL Drinks, Sub Zero)
- 09 Spirits (for example, rum, brandy, whisky, gin, vodka)
- 10 Liqueurs (for example, Tia Maria, Kahlua, Midori, etc)
- ** Other

You should have ticked only one box.

27. Where, or from whom, did you get your last alcoholic drink?

Fill in the space beside 'Other' if you can't find your answer. Tick only 1 box

I didn't buy it

OR I bought it

- | | |
|---|---|
| 01 <input type="checkbox"/> My parent(s) gave it to me | 51 <input type="checkbox"/> At a hotel, pub, bar, tavern, RSL Club |
| 02 <input type="checkbox"/> My brother or sister gave it to me | 52 <input type="checkbox"/> At a licensed-liquor store or supermarket |
| 03 <input type="checkbox"/> I took it from home without my parent(s) permission | 53 <input type="checkbox"/> At a walk-in bottle-shop, pub or hotel |
| 04 <input type="checkbox"/> Friends gave it to me | 54 <input type="checkbox"/> At a drive-in bottle-shop |
| 05 <input type="checkbox"/> I got someone to buy it for me | 55 <input type="checkbox"/> At a restaurant |
| ** <input type="checkbox"/> Other (specify) _____ | 56 <input type="checkbox"/> At a dance venue-dance party |
| | 57 <input type="checkbox"/> At a nightclub |
| | 58 <input type="checkbox"/> At a sporting event |
| | 59 <input type="checkbox"/> At a sports club (for example, surfing, football) |
| | 60 <input type="checkbox"/> Through the Internet |
| | 61 <input type="checkbox"/> By phone, fax, mail order |
| | ** <input type="checkbox"/> Other (specify) _____ |

You should have ticked only 1 box.

28. Where did you drink your last alcoholic drink?

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

Tick only 1 box.

I drank it ...

- 01 At a beach, park or recreation area
- 02 At a hotel, pub, bar, tavern or RSL club
- 03 At a dance venue—dance party
- 04 At a nightclub
- 05 At a party
- 06 At a restaurant
- 07 At a sporting event
- 08 At a sports club (for example, Leagues, surfing, football)
- 09 On school grounds during school hours
- 10 On school grounds after hours
- 11 At my home
- 12 At my friend's home
- 13 In a car
- ** Other

You should have ticked only 1 box.

29. Think back over the last 2 weeks. How many times, if any, have you had the following number of alcoholic drinks on any one occasion when you have been drinking in the last 2 weeks?

	None	Once	Twice	3–6 times	7–9 times	10 or more times
(i) 11 or more drinks in a row	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(ii) 7 or more drinks in a row	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(iii) 5 or more drinks in a row	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

The next questions are for everyone and are about other things you might use. For each substance, tick the box which shows how many times you have used the substance during the specified time period. There should only be 1 tick for each line of boxes.

30. How many times, if ever, have you used or taken pain killers—analgesics such as 'Disprin', 'Panadol', 'Aspro', for any reason:

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

31. How many times, if ever, have you used or taken sleeping tablets, tranquillisers or sedatives, such as 'Rohies', 'Rohypnol', 'Barbs', 'Valium' or 'Serepax', other than for medical reasons:

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

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

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

If you have not used marijuana–cannabis in the last year, go to Question 33.

(b) In the last year, did you use any other substance or substances on the same occasion that you used marijuana–cannabis?

Tick all that apply.

- 01 I did not use any other substance on the same occasion
- 02 Ecstasy (XTC, E, MDMA, ecci, X)
- 03 Amphetamines (for example, speed, uppers, goey, MDA, Dex, Dexies, Dexamphetamines, ox blood)
- 04 Hallucinogens (for example, LSD, acid, trips, Magic Mushrooms)
- 05 Painkillers–analgesics
- 06 Sedatives–tranquillisers–sleeping tablets
- 07 Alcohol
- 08 Tobacco
- ** Other (what substance?) _____

You should have ticked all that apply.

(c) When you use cannabis (marijuana) do you usually:

Tick only 1 box

- 1 Smoke it as a joint (reefer, spliff)?
- 2 Smoke it from a ‘bong’ or a ‘pipe’?
- 3 Eat it (for example, in hash cookies)?
- 4 Other (*specify*) _____

You should have ticked only 1 box.

(d) Do you usually use cannabis (marijuana) by yourself or with others?

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

(e) Where did you last use cannabis?

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

I used it ...

- 01 At a hotel, bar, tavern, or RSL Club
- 02 At a dance venue, dance party, rave
- 03 At a nightclub
- 04 At a party
- 05 At my home
- 06 At my friend’s home
- 07 At a sporting club (for example, leagues, surfing, football)
- 08 At the beach
- 09 In a park
- 10 In a car
- 11 On school grounds during school time
- 12 On school grounds after hours
- ** Other _____

You should have ticked only 1 box.

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

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

34. How many times, if ever, have you deliberately sniffed (inhaled) from spray cans or 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 or pens.

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

35. (a) How many times, if ever, have you used or taken amphetamines (for example, speed, uppers, MDA, 'goey', 'Dex', 'Dexies', Dexamphetamine, 'ox blood') other than for medical reasons:

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

If you have not used amphetamines in the last year, go to Question 36(a).

(b) In the last year, did you use any other substance or substances on the same occasion that you used amphetamines (for example, speed, uppers, goey, MDA, Dex, Dexies, Dexamphetamine, ox blood etc)?

Tick all that apply.

- 01 I did not use any other substance on the same occasion 06 Sedatives/tranquillisers/sleeping tablets
- 02 Ecstasy (XTC, E, MDMA, ecci, X) 07 Alcohol
- 03 Marijuana-cannabis 08 Tobacco
- 04 Hallucinogens (for example, LSD, acid, ** Other (what substance?) _____
- 05 Painkillers-analgesics

You should have ticked all that apply

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

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

If you have not used ecstasy in the last year, go to Question 37.

- (b) In the last year, did you use any other substance or substances on the same occasion that you used ecstasy (E, XTC)?

Tick all that apply.

- 01 I did not use any other substance on the same occasion
 02 Marijuana–cannabis
 03 Amphetamines (for example, speed, uppers, goey, MDA, Dex, Dexies, Dexamphetamines, ox blood)
 04 Hallucinogens (for example, LSD, acid, trips, Magic Mushrooms)
 05 Painkillers–analgesics
 06 Sedatives–tranquillisers–sleeping tablets
 07 Alcohol
 08 Tobacco
 ** Other (*what substance?*)

You should have ticked all that apply.

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

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

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

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

39. (a) How many times, if ever, have you used or taken hallucinogens (for example, LSD, ‘acid’, ‘trips’, Magic Mushrooms, Datura, Angel’s Trumpet):

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

If you have not used hallucinogens in the last year, go to Question 40.

- (b) In the last year, what forms of hallucinogens did you use?

Tick all that apply.

- 1 Tabs
 2 Liquids
 3 Magic Mushrooms
 4 Datura–Angel’s Trumpet
 5 Other (please write in) _____

- (c) In the last year, did you use any other substance or substances on the same occasion that you used hallucinogens (for example, LSD, 'acid', Magic Mushrooms)?

Tick all that apply.

- 01 I did not use any other substance on the same occasion
02 Ecstasy (XTC, E, MDMA, ecci, X, bickies)
03 Amphetamines (for example, speed, uppers, goey, MDA, Dex, Dexies, Dexamphetamines, ox blood)
04 Marijuana–cannabis
05 Painkillers–analgesics
06 Sedatives–tranquillisers–sleeping tablets
07 Alcohol
08 Tobacco
09 Other (*what substance?*)

You should have ticked all that apply.

These questions are for everyone.

40. During 2001 (last year), did you have any lessons or parts of lessons at school that were about smoking?
1 No, not even part of a lesson
2 Yes, part of a lesson
3 Yes, 1 lesson
4 Yes, more than 1 lesson
41. During 2001 (last year), did you have any lessons or parts of lessons at school that were about drinking?
1 No, not even part of a lesson
2 Yes, part of a lesson
3 Yes, 1 lesson
4 Yes, more than 1 lesson
42. During 2001 (last year), did you have any lessons or parts of lessons at school that were about illicit drugs such as marijuana, ecstasy, heroin, amphetamines, hallucinogens, cocaine?
1 No, not even part of a lesson
2 Yes, part of a lesson
3 Yes, 1 lesson
4 Yes, more than 1 lesson
Remember, last year was 2001.

The next few questions are about some other topics.

43. You only get skin cancer if you get burnt often.
1 True
2 False
44. Most skin cancer is caused by ultraviolet radiation (UVR) from the sun.
1 True
2 False
45. During 2001 (that is last year), did you have any lessons or parts of lessons at school that were about skin cancer or protection from the sun?
1 No, not even part of a lesson
2 Yes, part of a lesson
3 Yes, 1 lesson
4 Yes, more than 1 lesson
46. Over the last summer, did you get sunburn that was sore or tender the next day?
1 Yes, just once
2 Yes, 2 or 3 times
3 Yes, 4 or more times
4 No, not at all

47. (a) Have you ever had severe sunburn, which has blistered?
 1 Yes Go to *Question 47(b)*
 2 No Go to *Question 48*
- (b) If yes, how long ago was the last time you were you severely sunburnt?
 1 Last summer
 2 1 to 2 years ago
 3 More than 2 years ago
48. What type of hat do you most often wear on a sunny day in summer?
 1 Wide brimmed hat
 2 Narrow brimmed hat
 3 Legionnaire hat
 4 Cap
 5 Sun-visor
 6 Other (what kind?)
 7 None
49. What is the SPF (Sun Protection Factor) of the sunscreen you usually use on a sunny day in summer?
 1 I don't use sunscreen
 2 SPF 12 or lower
 3 SPF 15
 4 SPF 30+
 5 Can't remember—don't know
50. Suppose your skin was exposed to strong sunshine at the beginning of summer with no protection at all. If you stayed in the sun for 30 minutes, would your skin:
 1 Just burn or go red
 2 Burn or go red first, then tan afterwards
 3 Just tan
 4 Nothing would happen because I was born with dark skin
51. Do you like to get a suntan?
 1 No
 2 Yes, a light tan
 3 Yes, a moderate tan
 4 Yes, a dark tan
 5 Yes, a very dark tan
52. Thinking about sunny days in summer, when you are outside for an hour or more between 11.00 a.m. and 3.00 p.m., how often would you:
- | | Never | Rarely | Sometimes | Usually | Always |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (i) Wear a hat? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (ii) Wear clothes covering most of your body (including arms and legs)? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (iii) Deliberately wear less or briefer clothing so as to get some sun on your skin? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (iv) Wear maximum protection sunscreen (SPF 30+)? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (v) Wear sunglasses? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (vi) Stay mainly in the shade? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Thinking about sunny days in summer between 11.00 a.m. and 3.00 p.m.: | | | | | |
| (vii) How often would you spend most of the time inside? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

The next few questions are about food you might have eaten.

53. How many serves of vegetables do you usually eat each day? (A serve is equal to 1/2 cup of cooked vegetables or 1 cup of salad vegetables)
- 1 1 serve or less
 - 2 2–3 serves
 - 3 4–5 serves
 - 4 6 serves or more
 - 5 I do not eat vegetables
54. How many serves of fruit do you usually eat each day? (A serve is equal to 1 medium piece or 2 small pieces of fruit or 1 cup of diced pieces of fruit)
- 1 1 serve or less
 - 2 2–3 serves
 - 3 4–5 serves
 - 4 6 serves or more
 - 5 I do not eat fruit
55. How many serves of bread and/or cereal do you usually eat each day?
(A serve is 1 slice of bread, 1/2 bread roll, 1/2 cup breakfast cereal, or 1/2 cup pasta, rice, or noodles)
- 1 1 serve or less
 - 2 2–3 serves
 - 3 4–5 serves
 - 4 6 serves or more
 - 5 I do not eat bread or cereals

The next few questions are about some activities you might have done in the last week.

56. How many times in the last week did you:
- | | None | Once | Twice | 3
times | 4
times | 5
times | 6 or more
times |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (i) do any vigorous physical activity for at least 30 minutes that made you sweat and breathe hard?
(for example basketball, netball, soccer, football, running, fast bike riding, fast dancing, aerobics) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> |
| (ii) do any moderate physical activity for at least 30 minutes that did not make you sweat or breathe hard?
(for example, slow bike riding, swimming, pushing a lawnmower, mopping floors, brisk walking) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> |
| (iii) participate in organised sports activities? (for example, playing on sports teams, after school training sessions) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> |
57. On an average school day, about how many hours a day do you do the following when you are not at school:
- | | None | 1 hour
or less | 2
hours | 3
hours | 4
hours | 5 or more
hours |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (i) homework | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| (ii) watching TV–videos | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| (iii) using Internet–playing computer games?
(Don't include computer use for homework) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |

Thank you very much for your help.