

# Survey

- **Please do not write your name on this paper.**
- The information you give is private and will only be seen by the researchers.
- Answer **every** question you can.
- If you can't answer a question or if you do not want to answer a question, leave it out and go on to the next one.
- You may withdraw from the survey at any time.

## How to answer the questions:

For most questions there is a choice of answers.

Pick the one that's true for you and cross the box next to it like this:  YES

Please cross **ONE** box only unless otherwise indicated.

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

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

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

OFFICE USE ONLY					
STATE	SCHOOL	ID	POSTCODE	LEVEL	CAMPUS
<input type="text" value="2"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
PATTERN	SCHSEX	STRATA	TEACH	DAY	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
ORDER	INITIALS		DATE	MONTH	YEAR
<input type="text" value="1"/>	<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="7"/>



1. What is the postcode of your address?

2. What year level are you in?

- 1  Year 7      3  Year 9      5  Year 11  
2  Year 8      4  Year 10      6  Year 12

3. How old are you now?

- 10  10      14  14      18  18  
11  11      15  15      19  19 and over  
12  12      16  16  
13  13      17  17

4. What sex are you?

- 1  Male      2  Female

5. What year were you born?

  
Year

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

- 1  None      4  \$21 – \$40      7  \$81 – \$100      10  \$131 – \$140  
2  \$10 or less      5  \$41 – \$60      8  \$101 – \$120      11  \$141 – \$150  
3  \$11 – \$20      6  \$61 – \$80      9  \$121 – \$130      12  Over \$150

7. At school work, do you consider yourself:

- 1  A lot above average?  
2  Above average?  
3  Average?  
4  Below average?  
5  A lot below average?

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

- 1  Yes      2  No

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

- 1  No  
2  Yes – Aboriginal descent  
3  Yes – Torres Strait Islander descent  
4  Yes – both Aboriginal and Torres Strait Islander descent

10. What is the main language spoken at home?

**Cross only one box.**

- 1  English only  
2  Another language only (please specify which language):   
3  English and another language (please specify the other language):

**THE NEXT FEW QUESTIONS ARE ABOUT DRINKING ALCOHOL – BEER, WINE, WINE COOLERS, ALCOHOLIC ENERGY DRINKS, SPIRITS, PREMIXED SPIRIT DRINKS, LIQUEURS OR ALCOHOLIC CIDER.**

**11. At the present time, do you consider yourself:**

- 1  A non-drinker?
- 2  An occasional drinker?
- 3  A light drinker?
- 4  A party drinker?
- 5  A heavy drinker?

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

- 1  No
- 2  Yes, just a few sips
- 3  Yes, I have had fewer than 10 alcoholic drinks in my life
- 4  Yes, I have had more than 10 alcoholic drinks in my life

**13. Have you had an alcoholic drink in the last twelve months?**

- 1  Yes
- 2  No

**14. Have you had an alcoholic drink in the last four weeks?**

- 1  Yes
- 2  No

**15. This question is about the number of alcoholic drinks you had during the last seven days, including yesterday.**

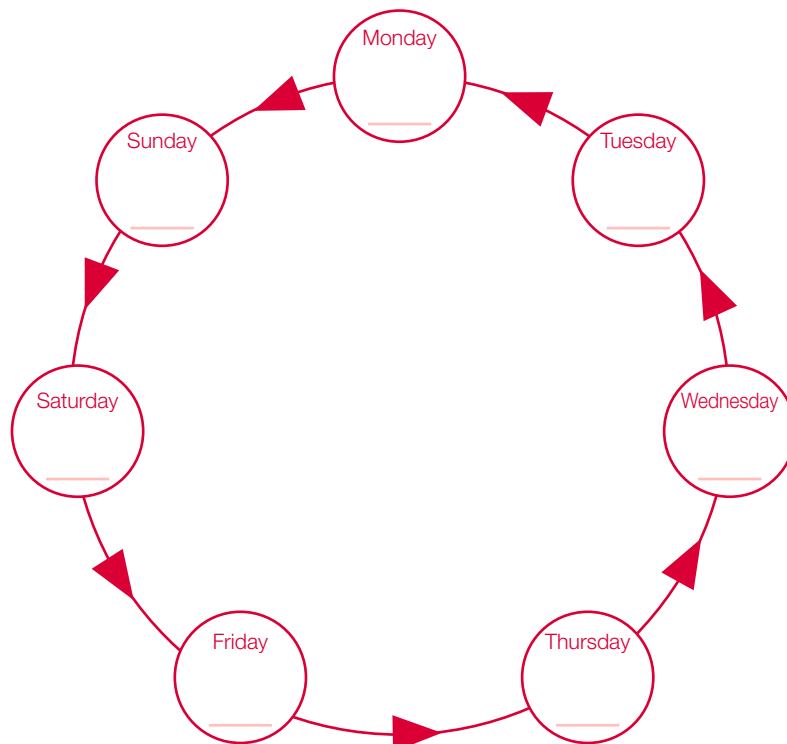
Put a cross next to **yesterday**. Then in the space provided, write the number of alcoholic drinks you had yesterday. If you didn't have any alcoholic drinks, put in '0'.

Start filling in the spaces beginning with yesterday, and follow the arrows.

**Answer for every day of the week.**

Write the number of alcoholic drinks you had each day in the circle.

Put '0' for each day you didn't drink any alcoholic drinks.



**QUESTIONS 16, 17, 18, 19, 20, 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.**

- 01 Ordinary beer
- 02 Low alcohol beer
- 03 Wine (Bottle or Cask (Goon))
- 04 Wine Cooler (eg West Coast Coolers)
- 05 Champagne or sparkling wine (eg Spumante, Passion Pop)
- 06 Alcoholic Cider (eg Apple, Pear, Strongbow, Magners, Woodchuck, Rekorderlig)
- 07 Premixed spirits (eg Bacardi Breezer, Vodka Cruiser, Smirnoff Ice, Jim Beam and Cola, Wild Turkey and Cola, Bundaberg Rum and Cola, UDL, etc)
- 08 Spirits (eg rum, brandy, whisky, gin, vodka)
- 09 Liqueurs including premixed liqueurs (eg Tia Maria, Kahlua, Midori, Baileys, Jagermeister, etc)
- 10 Alcoholic energy drinks premixed (eg Elevate Bomb, Smirnoff Ice Double Black & Guarana, Hi NRG)
- .. Other (please specify)

**You should have crossed only one box.**

**17. (a) Where, or from whom, did you get your last alcoholic drink?**

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

**Cross only one box.**

**I didn't buy it...**

- 1 My parent(s)/legal guardian(s) gave it to me
- 2 My brother or sister gave it to me
- 3 I took it from home without my parent(s)/legal guardian(s) permission
- 4 Friend who is over 18 gave it to me
- 5 Friend who is under 18 gave it to me
- 6 I got someone to buy it for me
- .. Other (please specify)

↳ GO TO QUESTION 17(b)

**OR**

**I bought it...**

- 51 At a hotel, pub, bar or tavern
- 52 At a licensed liquor store
- 53 At a supermarket
- 54 At a walk-in bottle-shop at a pub or hotel
- 55 At a drive-in bottle-shop
- 56 At a restaurant/café
- 57 At a dance venue/dance party/music festival/concert
- 58 At a nightclub
- 59 At a sporting event
- 60 At a sports club (eg Leagues, surfing, football)
- 61 Through the Internet
- 62 By phone, mail order
- .. Other (please specify)

**You should have crossed only one box.**

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

- 1 Friend who is 18 or over
- 2 Brother/sister or other relative who is 18 or over
- 3 Friend who is not yet aged 18
- 4 Brother/sister or other relative who is not yet 18
- 5 Stranger who was able to buy alcohol
- 6 Parent/legal guardian
- 7 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...

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

You should have crossed only one box.

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

- 1 Yes                       2 No

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

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> 1 Never       | <input type="checkbox"/> 4 Most times |
| <input type="checkbox"/> 2 A few times | <input type="checkbox"/> 5 Every time |
| <input type="checkbox"/> 3 Sometimes   | <input type="checkbox"/> 6 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?	<input type="checkbox"/> 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
(ii) In the last four weeks?	<input type="checkbox"/> 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
(iii) In the last year?	<input type="checkbox"/> 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
(iv) In your lifetime?	<input type="checkbox"/> 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

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

Cross all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> 01 Done something you later regretted               | <input type="checkbox"/> 15 Missed school or work                        |
| <input type="checkbox"/> 02 Been attacked or assaulted                       | <input type="checkbox"/> 16 Been sick (vomited)                          |
| <input type="checkbox"/> 03 Lost some money or other items                   | <input type="checkbox"/> 17 Tried any drugs                              |
| <input type="checkbox"/> 04 Created a public disturbance or nuisance         | <input type="checkbox"/> 18 Had a cigarette or tried smoking             |
| <input type="checkbox"/> 05 Stole something                                  | <input type="checkbox"/> 19 Been in trouble with the police              |
| <input type="checkbox"/> 06 Driven a motor vehicle                           | <input type="checkbox"/> 20 Had to go to a Hospital Emergency Department |
| <input type="checkbox"/> 07 Verbally abused someone                          | <b>OR</b>  |
| <input type="checkbox"/> 08 Physically threatened someone                    | <input type="checkbox"/> 21 Other (please specify)                       |
| <input type="checkbox"/> 09 Hit someone or had a fight                       |  |
| <input type="checkbox"/> 10 Had an injury that needed to be seen by a Doctor |  |
| <input type="checkbox"/> 11 Caused damage to property                        |  |
| <input type="checkbox"/> 12 Had an argument                                  | <b>OR</b>  |
| <input type="checkbox"/> 13 Been admitted to hospital overnight              | <input type="checkbox"/> 22 None of the above                            |
| <input type="checkbox"/> 14 Been taken home by police                        |  |

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?

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> 1 No         | <input type="checkbox"/> 3 Yes, they definitely had permission                             |
| <input type="checkbox"/> 2 I think so | <input type="checkbox"/> 4 I have never been given alcohol by anyone other than my parents |

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

**23. 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?

**24. 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

**25. Have you smoked cigarettes in the last twelve months?**

- 1  Yes
- 2  No

**26. Have you smoked cigarettes in the last four weeks?**

- 1  Yes
- 2  No

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

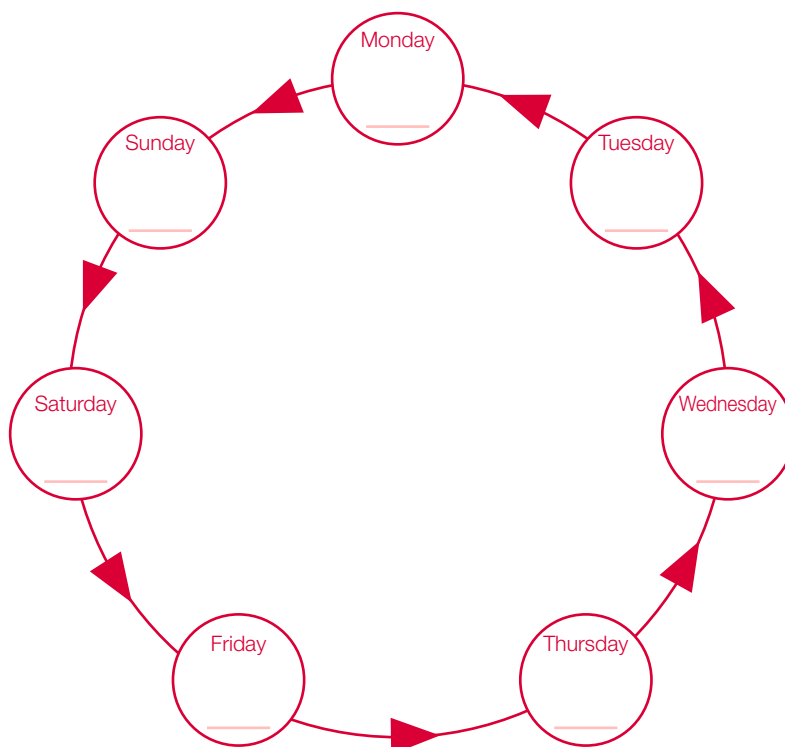
Put a cross next to **yesterday**. Then in the space provided, write the number of cigarettes you had yesterday. If you didn't smoke any cigarettes, put in '0'.

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.



**28. 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

**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 (eg 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.**

<input type="checkbox"/> 01 Alpine:	<input type="text"/>	<input type="checkbox"/> 13 Longbeach:	<input type="text"/>
<input type="checkbox"/> 02 Benson & Hedges:	<input type="text"/>	<input type="checkbox"/> 14 Marlboro:	<input type="text"/>
<input type="checkbox"/> 03 Bond St:	<input type="text"/>	<input type="checkbox"/> 15 Pall Mall:	<input type="text"/>
<input type="checkbox"/> 04 Champion:	<input type="text"/>	<input type="checkbox"/> 16 Peter Jackson:	<input type="text"/>
<input type="checkbox"/> 05 Choice:	<input type="text"/>	<input type="checkbox"/> 17 Peter Stuyvesant:	<input type="text"/>
<input type="checkbox"/> 06 Deal:	<input type="text"/>	<input type="checkbox"/> 18 Port Royal:	<input type="text"/>
<input type="checkbox"/> 07 Dunhill:	<input type="text"/>	<input type="checkbox"/> 19 Rothmans:	<input type="text"/>
<input type="checkbox"/> 08 Escort:	<input type="text"/>	<input type="checkbox"/> 20 Vogue:	<input type="text"/>
<input type="checkbox"/> 09 Holiday:	<input type="text"/>	<input type="checkbox"/> 21 White Ox:	<input type="text"/>
<input type="checkbox"/> 10 Horizon:	<input type="text"/>	<input type="checkbox"/> 22 Winfield:	<input type="text"/>
<input type="checkbox"/> 11 Just Smokes:	<input type="text"/>	<input type="checkbox"/> .. Other (please specify)	<input type="text"/>
<input type="checkbox"/> 12 JPS:	<input type="text"/>		<input type="text"/>

**You should have crossed only one box.**

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

<input type="checkbox"/> 01 20s	<input type="checkbox"/> 05 26s	<input type="checkbox"/> 09 50s
<input type="checkbox"/> 02 22s	<input type="checkbox"/> 06 30s	<input type="checkbox"/> 10 Roll your own: <input type="text"/> grams (g)
<input type="checkbox"/> 03 23s	<input type="checkbox"/> 07 35s	<input type="checkbox"/> 11 Another pack size? (please specify) <input type="text"/>
<input type="checkbox"/> 04 25s	<input type="checkbox"/> 08 40s	

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



**30. (a) Where, or from whom, did you get the last cigarette that you smoked?**

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

Cross only one box.

I didn't buy it...

- 01  My parent(s)/legal guardian(s) gave it to me
- 02  My brother or sister gave it to me
- 03  I took it from home without my parent(s)/legal guardian(s) permission
- 04  Friend who is over 18 gave it to me
- 05  Friend who is under 18 gave it to me
- 06  I got someone to buy it for me
- ↳ GO TO QUESTION 30(b)
- ..  Other (please specify)

OR

I bought it...

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

You should have crossed only one box.

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

- 1  Friend who is 18 or over
- 2  Brother/sister or other relative who is 18 or over
- 3  Friend who is not yet aged 18
- 4  Brother/sister or other relative who is not yet 18
- 5  Stranger who was able to buy cigarettes
- 6  Parent/legal guardian
- 7  Other (please specify)

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

- 1  No
- 2  Yes, from a friend
- 3  Yes, from someone else (please specify)
- 4  Yes, from a shop

**THESE QUESTIONS ARE FOR EVERYONE.**

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

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

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

- 1  No → GO TO QUESTION 35
- 2  Yes, just a few puffs
- 3  Yes, I have smoked shisha on fewer than 10 occasions in my life
- 4  Yes, I have smoked shisha on more than 10 but fewer than 100 occasions in my life
- 5  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?**

- 1  By myself
- 2  With family
- 3  With friends
- 4  Other (please specify)

**35. Have you ever used battery operated electronic cigarettes (e-cigarettes)?**

- 1  No → **GO TO QUESTION 39**
- 2  Yes, just a few puffs/vapes
- 3  Yes, I have used/vaped on fewer than 10 occasions in my life
- 4  Yes, I have used/vaped on more than 10 but fewer than 100 occasions in my life
- 5  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?**

- 1  0 days
- 2  1 or 2 days
- 3  3 to 5 days
- 4  6 to 9 days
- 5  10 to 19 days
- 6  20 to 30 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...**

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

**OR**

**I bought it...**

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

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

- 1  None
- 2  Just a few puffs
- 3  Less than 10 tobacco cigarettes
- 4  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:**

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

**If you have NEVER used or taken painkillers/analgesics, go to QUESTION 40.**

**39. (b) Last time you used a painkiller/analgesic, did you use it because you ... ?**

**Cross only one box.**

- 1  Had a headache or migraine
- 2  Had a cold or 'flu
- 3  Had a toothache or pains associated with dental procedure
- 4  Had pains associated with playing sport (eg, injury, strain)
- 5  Menstrual/period pain
- 6  Had other types of pain (*please specify*)
- 7  Wanted to - there was no medical reason for using it
- 8  Other (*please specify*)

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

- 1  My parent(s)/legal guardian(s) gave it to me
- 2  My brother or sister gave it to me
- 3  I took it from home without my parent(s)/legal guardian(s) permission
- 4  Friends gave it to me
- 5  A member of staff at my school gave it to me
- 6  A member of staff at my sporting club gave it to me
- 7  I bought it
- 8  Other (*please specify*)

**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:**

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

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

- 1  Tobacco/cigarettes
- 2  Alcohol
- 3  Ecstasy (E, MDMA, pingies, pills, bickies)
- 4  Hallucinogens (eg LSD, acid, trips, magic mushrooms)
- 5  Marijuana/cannabis (eg grass, hash, dope, weed, mull, yarndi, gunja, pot, a bong, a joint)
- 6  Painkillers/analgesics
- 7  Amphetamines (eg speed, dexamphetamines, meth, ice)
- 8  Other (*what substance?*)

- 9  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.**

- 1  My parent(s)/legal guardian(s) gave it to me
- 2  I am prescribed sedatives/tranquillisers by my doctor/paediatrician, or psychiatrist
- 3  My brother or sister gave it to me
- 4  I took it from home without parent(s)/legal guardian(s) permission
- 5  I bought it from someone
- 6  I was given it by someone
- 7  I traded or swapped something for it with someone
- 8  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):**

	None	Once or twice	3-5 times	6-9 times	10-19 times	20-39 times	40 or more times
(i) In the <b>last week</b> ?	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 <b>last four weeks</b> ?	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 <b>last year</b> ?	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 <b>lifetime</b> ?	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 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.**

- 1  Tobacco/cigarettes
- 2  Alcohol
- 3  Painkillers/analgesics
- 4  Sedatives/tranquillisers/sleeping tablets/benzodiazepines
- 5  Hallucinogens (eg LSD, acid, trips, magic mushrooms)
- 6  Amphetamines (eg speed, dexamphetamines, meth, ice)
- 7  Ecstasy (eg E, MDMA, pingies, pills, bickies)
- 8  Other (*what substance?*)
- 9  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.**

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

**You should have crossed only one box.**

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

- 1  By myself
- 2  With others
- 3  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...

- |  |  |
|--|--|
| <input type="checkbox"/> 01 At a hotel, pub, bar or tavern                         | <input type="checkbox"/> 07 At a sports club (eg Leagues, surfing, football) |
| <input type="checkbox"/> 02 At a dance venue/dance party or music festival/concert | <input type="checkbox"/> 08 At the beach                                     |
| <input type="checkbox"/> 03 At a nightclub   | <input type="checkbox"/> 09 In a park  |
| <input type="checkbox"/> 04 At a party   | <input type="checkbox"/> 10 In a car or other vehicle                        |
| <input type="checkbox"/> 05 At my home   | <input type="checkbox"/> 11 At my school                                     |
| <input type="checkbox"/> 06 At my friend's home                                    | <input type="checkbox"/> ** 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:**

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

**43. How many times, if ever, have you deliberately sniffed (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 sniffing white-out, liquid paper, textas, pens, nasal sprays or puffers used for asthma.**

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

**44. (a) How many times, if ever, have you used or taken dexamphetamines (eg dex, dexies) 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 <b>last week?</b>	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 <b>last four weeks?</b>	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 <b>last year?</b>	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 <b>lifetime?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

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

	None	Once or twice	3-5 times	6-9 times	10-19 times	20-39 times	40 or more times
(i) In the <b>last week?</b>	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 <b>last four weeks?</b>	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 <b>last year?</b>	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 <b>lifetime?</b>	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 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, dexies, meth, ice)?**

**Cross all that apply.**

- |   |   |
|---|---|
| 1 <input type="checkbox"/> Tobacco/cigarettes   | 6 <input type="checkbox"/> Marijuana/cannabis (eg grass, hash, dope, weed, mull, yarndi, gunja, pot, a bong, a joint) |
| 2 <input type="checkbox"/> Alcohol  | 7 <input type="checkbox"/> Ecstasy (eg E, MDMA, pingers, pills, bickies)  |
| 3 <input type="checkbox"/> Painkillers/analgesics                                       | 8 <input type="checkbox"/> Other ( <i>what substance?</i> )   |
| 4 <input type="checkbox"/> Sedatives/tranquilisers/sleeping tablets/<br>benzodiazepines | <div style="border: 1px solid black; height: 20px; width: 100%;"></div>   |
| 5 <input type="checkbox"/> Hallucinogens (eg LSD, acid, trips, magic mushrooms)         | 9 <input type="checkbox"/> I did not use any other substance on the same occasion                                     |

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

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

	None	Once or twice	3-5 times	6-9 times	10-19 times	20-39 times	40 or more times
(i) In the <b>last week?</b>	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 <b>last four weeks?</b>	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 <b>last year?</b>	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 <b>lifetime?</b>	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 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.**

- |   |   |
|---|---|
| 1 <input type="checkbox"/> Tobacco/cigarettes   | 7 <input type="checkbox"/> Marijuana/cannabis (eg grass, hash, dope, weed, mull, yarndi, gunja, pot, a bong, a joint) |
| 2 <input type="checkbox"/> Alcohol  | 8 <input type="checkbox"/> Other ( <i>what substance?</i> )   |
| 3 <input type="checkbox"/> Painkillers/analgesics                                       | <div style="border: 1px solid black; height: 20px; width: 100%;"></div>   |
| 4 <input type="checkbox"/> Sedatives/tranquilisers/sleeping tablets/<br>benzodiazepines | 9 <input type="checkbox"/> I did not use any other substance on the same occasion                                     |
| 5 <input type="checkbox"/> Hallucinogens (eg LSD, acid, trips, magic mushrooms)         |   |
| 6 <input type="checkbox"/> Amphetamines (eg speed, dexamphetamines, meth, ice)          |   |

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

**46. 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 <b>last week?</b>	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 <b>last four weeks?</b>	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 <b>last year?</b>	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 <b>lifetime?</b>	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"/>

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

	None	Once or twice	3-5 times	6-9 times	10-19 times	20-39 times	40 or more times
(i) In the <b>last week?</b>	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 <b>last four weeks?</b>	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 <b>last year?</b>	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 <b>lifetime?</b>	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"/>

**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:**

	None	Once or twice	3-5 times	6-9 times	10-19 times	20-39 times	40 or more times
(i) In the <b>last week</b> ?	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 <b>last four weeks</b> ?	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 <b>last year</b> ?	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 <b>lifetime</b> ?	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"/>

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

	None	Once or twice	3-5 times	6-9 times	10-19 times	20-39 times	40 or more times
(i) In the <b>last week</b> ?	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 <b>last four weeks</b> ?	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 <b>last year</b> ?	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 <b>lifetime</b> ?	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 49.**

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

**Cross all that apply.**

- 1  Tobacco/cigarettes
- 2  Alcohol
- 3  Painkillers/analgesics
- 4  Sedatives/tranquillisers/sleeping tablets/benzodiazepines
- 5  Marijuana/cannabis (eg grass, hash, dope, weed, mull, yarndi, gunja, pot, a bong, a joint)
- 6  Amphetamines (eg speed, dexamphetamines, meth, ice)
- 7  Ecstasy (eg E, MDMA, pingers, pills, bickies)
- 8  Other (what substance?)
- 9  I did not use any other substance on the same occasion

**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)?**

- 1  Yes
- 2  No

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

**Cross all that apply.**

- 1  Synthetic cannabis (K2, Spice, Kronic, Northern Lights)
- 2  Synthetic hallucinogens (2C-B/2C-I/2C-E, DOI, Foxy-methoxy, Bromo-DragonFLY, Trypstasy, NBOMe, NBomb, Smiles)
- 3  MDPV (Ivory Wave, Bath Salts)
- 4  Mephedrone (Meow meow, M-kat)
- 5  Other Synthetic Substance (Benzo-fury, MXE, Etizolam)(please specify)
- 6  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.**

**THESE QUESTIONS ARE FOR EVERYONE.**

**51. During 2016 (last year), did you have any lessons or parts of lessons at school that were about smoking tobacco?**

- 1  No, not even part of a lesson  
2  Yes, part of a lesson  
3  Yes, one lesson  
4  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?**

- 1  No, not even part of a lesson  
2  Yes, part of a lesson  
3  Yes, one lesson  
4  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?**

- 1  No, not even part of a lesson  
2  Yes, part of a lesson  
3  Yes, one lesson  
4  Yes, more than one lesson

*Remember: last year was 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?**

- 1  Yes  
2  No  
3  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.**

- 1  No, I have not seen a health professional for these reasons  
2  Yes, I have seen a health professional for alcohol and/or drug related problems  
3  Yes, I have seen a health professional for emotional and/or behavioural problems

*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?**

- 1  Definitely no  
2  Probably no  
3  Probably yes  
4  Definitely yes

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

- 1  Definitely no  
2  Probably no  
3  Probably yes  
4  Definitely yes

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

- 1  Yes have tried to give up  times  
2  I smoke but have not tried to quit in the last 12 months  
3  I do not smoke



58. (a) Have you ever tried to buy cigarettes from a shop?

- 1  No → GO TO QUESTION 59  
2  Yes

58. (b) If yes: were you successful?

- 1  No  
2  Yes

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

You may cross more than one box.

- 1  No  
2  Yes, in magazines or newspapers  
3  Yes, on social media  
4  Yes, on other online/platforms  
5  Yes, in shops or tobacconists  
6  Yes, on billboards  
7  Yes, at a sports event  
8  Yes, on TV  
9  Other (please specify):   
10  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?

- 1  No → GO TO QUESTION 61  
2  Yes

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?

- 1  None  
2  1 standard drink per day  
3  Up to 2 standard drinks per day  
4  More than 2 standard drinks per day  
5  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.

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

62. 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

**63. 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

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

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

**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:**

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

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

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

**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:**

- 1  Just burn and not tan afterwards
- 2  Burn first and then tan afterwards
- 3  Not burn at all
- 4  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  1 serve or less
- 2  2 serves
- 3  3 serves
- 4  4 serves
- 5  5 serves
- 6  6 serves or more
- 7  I do not eat vegetables

**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  1 serve or less
- 2  2 serves
- 3  3 serves
- 4  4 serves
- 5  5 serves
- 6  6 serves or more
- 7  I do not eat fruit

**70. 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 serves
- 3  3 serves
- 4  4 serves
- 5  5 serves
- 6  6 serves
- 7  7 serves
- 8  8 serves
- 9  9 serves
- 10  10 serves or more
- 11  I do not eat bread and/or cereal

**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?**

- 1  Once
- 2  Twice
- 3  3 times
- 4  4 times
- 5  5 times
- 6  6 times
- 7  7 or more times
- 8  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?**

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

**73. How many times in the last week did you 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.

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

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

- 1  Whole milk (including flavoured milk and full-cream soy milk)
- 2  Reduced fat milk (eg. Lite White, Farmer's Best, Hi-Lite, So Good Lite, Oak and reduced fat flavoured milk)
- 3  Skim milk (including Shape)
- 4  Evaporated or sweetened condensed milk
- 5  None of the above
- 6  I don't know
- 7  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)

- 1  Number of cups per day:       2  I don't drink water      3  I don't know

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

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

**77. How tall are you without shoes?**

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

**78. How much do you weigh without clothes or shoes?**

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

**79. Do you think of yourself as being too thin, about the right weight, or too fat?**

- 1  Too thin (underweight)  
 2  About the right weight  
 3  Too fat (overweight)

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

**80. 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) Watch TV / videos / DVDs	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) Use the Internet / play computer games? (Don't include computer use for homework)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
(iv) Use a mobile phone and/or tablet for entertainment purposes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

**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  1 day      4  4 days      7  7 days  
 2  2 days      5  5 days      8  No days in the last week  
 3  3 days      6  6 days

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

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

**Cross one box only.**

- 1  No → **GO TO QUESTION 86**
- 2  Yes, at home and at school
- 3  Yes, but only at home
- 4  Yes, but only at school

**83. When you were feeling unhappy, sad or depressed, how bad was it for you?**

**Cross one box only.**

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

**84. When you were feeling unhappy, sad or depressed, who did you talk to about it?**

**You may cross more than one box.**

- 1  No one → **GO TO QUESTION 86**
- 2  My family
- 3  My friend/s
- 4  Teachers or school counsellors
- 5  Doctors or other health professionals
- 6  Religious advisors or groups
- 7  Helpline / Internet etc
- 8  Other person or group (*please describe*)

**85. If you talked to someone about feeling unhappy, sad or depressed, how helpful were they?**

**Cross one box only.**

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

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

**Cross one box only.**

- 1  No → **GO TO QUESTION 90**
- 2  Yes, at home and at school
- 3  Yes, but only at home
- 4  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.**

- 1  Almost more than I could take
- 2  Quite bad
- 3  Worse than usual
- 4  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.**

- |  |   |
|--|---|
| 1 <input type="checkbox"/> No one → <b>GO TO QUESTION 90</b> | 5 <input type="checkbox"/> Doctors or other health professionals            |
| 2 <input type="checkbox"/> My family                         | 6 <input type="checkbox"/> Religious advisors or groups                     |
| 3 <input type="checkbox"/> My friend/s                       | 7 <input type="checkbox"/> Helpline / Internet etc                          |
| 4 <input type="checkbox"/> Teachers or school counsellors    | 8 <input type="checkbox"/> Other person or group ( <i>please describe</i> ) |

**89. If you talked to someone about feeling nervous, stressed, or under pressure, how helpful were they?**

**Cross one box only.**

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

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

**Cross one box only.**

- 1  No → **GO TO QUESTION 94**  
2  Yes, at home and at school  
3  Yes, but only at home  
4  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.**

- 1  Almost more than I could take  
2  Quite bad  
3  Worse than usual  
4  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.**

- |  |   |
|--|---|
| 1 <input type="checkbox"/> No one → <b>GO TO QUESTION 94</b> | 5 <input type="checkbox"/> Doctors or other health professionals            |
| 2 <input type="checkbox"/> My family                         | 6 <input type="checkbox"/> Religious advisors or groups                     |
| 3 <input type="checkbox"/> My friend/s                       | 7 <input type="checkbox"/> Helpline / Internet etc                          |
| 4 <input type="checkbox"/> Teachers or school counsellors    | 8 <input type="checkbox"/> Other person or group ( <i>please describe</i> ) |

**93. If you talked to someone about being in trouble because of your behaviour, how helpful were they?**

**Cross one box only.**

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

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

**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.**

- 1  No → **Thank you very much for your help. You have finished the survey.**
- 2  Yes, at home and at school
- 3  Yes, but only at home
- 4  Yes, but only at school

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

**Cross one box only.**

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

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

**You may cross more than one box.**

- 1  No one → **Thank you very much for your help. You have finished the survey.**
  - 2  My family
  - 3  My friend/s
  - 4  Teachers or school counsellors
  - 5  Doctors or other health professionals
  - 6  Religious advisors or groups
  - 7  Helpline / Internet etc
  - 8  Other person or group (*please describe*)
- 

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

**Cross one box only.**

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

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

