

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="6"/>	<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="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" 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 is your date of birth?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y
Day	Month	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 QUESTIONS ARE FOR EVERYONE AND ARE ABOUT SMOKING TOBACCO CIGARETTES.

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 twelve months?

- 1 Yes
- 2 No

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

- 1 Yes
- 2 No

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

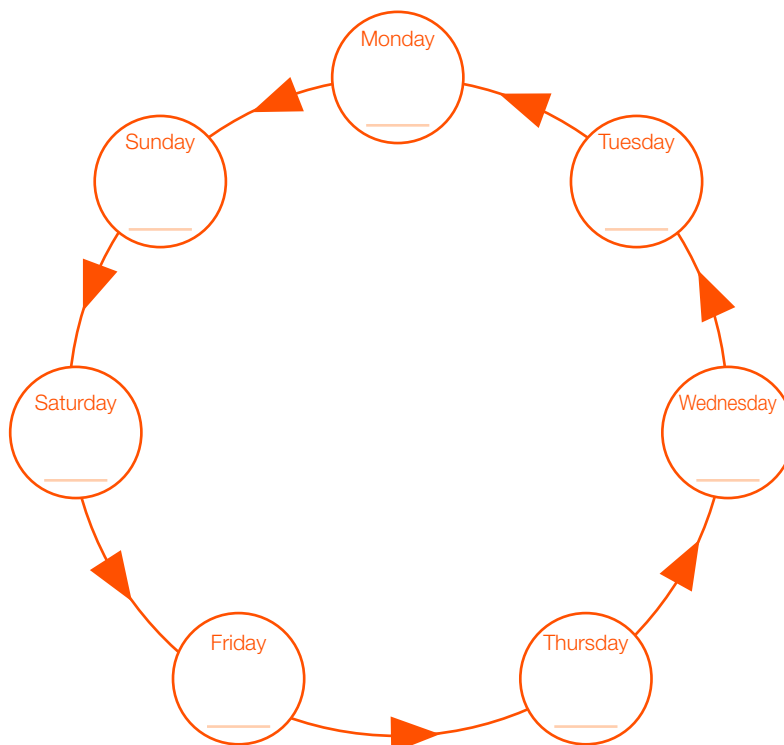
Put a cross next to **yesterday**. Then in the space provided, write the number of cigarettes you had yesterday. If you didn't smoke any cigarettes, put in '0'.

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.



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

QUESTIONS 17, 18 AND 19 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 20.

17. (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.

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

You should have crossed only one box.

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

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

Remember: you should have crossed only one box.

18. (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 18(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.

18. (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)

19. 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.

20. 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"/>

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

- 1 No → GO TO QUESTION 23
- 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

22. 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)

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

- 1 No → **GO TO QUESTION 27**
- 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

24. 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
- 1 6 to 9 days
- 2 10 to 19 days
- 3 20 to 30 days

25. 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
- .. 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
- .. Other (*please specify*)

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

27. 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?

28. 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

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

- 1 Yes
- 2 No

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

Yes

No

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

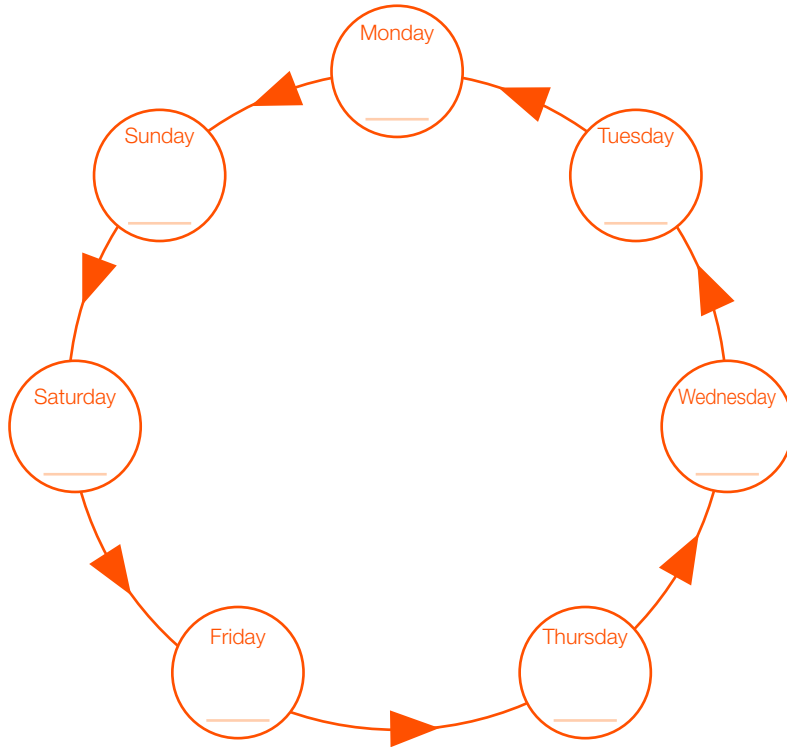
Put a cross next to **yesterday**. Then in the space provided, write the number of alcoholic drinks you had yesterday. If you didn't have any alcoholic drinks, put in '0'.

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 32, 33, 34, 35, 36, 37 AND 38 ARE FOR ANYONE WHO HAS HAD AN ALCOHOLIC DRINK. IF YOU HAVE NEVER HAD AN ALCOHOLIC DRINK, GO TO QUESTION 39.

32. 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.

33. (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
- 7 Other (please specify)

↳ GO TO QUESTION 33(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
- 63 Other (please specify)

You should have crossed only one box.

33. (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)

34. (a) Where did you drink your last alcoholic drink?

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

Cross only one box.

I drank it...

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

You should have crossed only one box.

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

- 1 Yes
- 2 No

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

- 1 Never
- 2 A few times
- 3 Sometimes
- 4 Most times
- 5 Every time
- 6 Don't know

36. 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 ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(ii) In the last four weeks ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iii) In the last year ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iv) In your lifetime ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

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

Cross all that apply.

- | | |
|--|--|
| 01 <input type="checkbox"/> Had to go to a Hospital Emergency Department | 15 <input type="checkbox"/> Driven a motor vehicle |
| 02 <input type="checkbox"/> Been in trouble with the police | 16 <input type="checkbox"/> Stole something |
| 03 <input type="checkbox"/> Had a cigarette or tried smoking | 17 <input type="checkbox"/> Created a public disturbance or nuisance |
| 04 <input type="checkbox"/> Tried any drugs | 18 <input type="checkbox"/> Lost some money or other items |
| 05 <input type="checkbox"/> Been sick (vomited) | 19 <input type="checkbox"/> Been attacked or assaulted |
| 06 <input type="checkbox"/> Missed school or work | 20 <input type="checkbox"/> Done something you later regretted |
| 07 <input type="checkbox"/> Been taken home by police | |
| 08 <input type="checkbox"/> Been admitted to hospital overnight | OR |
| 09 <input type="checkbox"/> Had an argument | 21 <input type="checkbox"/> Other (please specify) |
| 10 <input type="checkbox"/> Caused damage to property | <input style="width: 300px; height: 20px;" type="text"/> |
| 11 <input type="checkbox"/> Had an injury that needed to be seen by a Doctor | |
| 12 <input type="checkbox"/> Hit someone or had a fight | OR |
| 13 <input type="checkbox"/> Physically threatened someone | 22 <input type="checkbox"/> None of the above |
| 14 <input type="checkbox"/> Verbally abused someone | |

You should have crossed all that apply.

38. 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?

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

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 last week ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(ii) In the last four weeks ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iii) In the last year ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iv) In your lifetime ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

If you have NEVER used or taken painkillers/analgesics, go to QUESTION 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 last week?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(ii) In the last four weeks?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iii) In the last year?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iv) In your lifetime?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

If you have NEVER used or taken sleeping tablets, tranquillisers, sedatives or benzodiazepines, go to QUESTION 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 I did not use any other substance on the same occasion
- 2 Amphetamines (eg speed, dexamphetamines, meth, ice)
- 3 Painkillers/analgesics
- 4 Marijuana/cannabis (eg grass, hash, dope, weed, mull, yarndi, gunja, pot, a bong, a joint)
- 5 Hallucinogens (eg LSD, acid, trips, magic mushrooms)
- 6 Ecstasy (eg E, MDMA, pingers, pills, bickies)
- 7 Alcohol
- 8 Tobacco/cigarettes
- 9 Other (*what substance?*)

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? 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 last week?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(ii) In the last four weeks?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iii) In the last year?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iv) In your lifetime?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

If you have NOT used marijuana/cannabis in the last year, go to QUESTION 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 I did not use any other substance on the same occasion
- 2 Ecstasy (eg E, MDMA, pingers, pills bickies)
- 3 Amphetamines (eg speed, dexamphetamines, meth, ice)
- 4 Hallucinogens (eg LSD, acid, trips, magic mushrooms)
- 5 Painkillers/analgesics
- 6 Sedatives/tranquillisers/sleeping tablets/benzodiazepines
- 7 Alcohol
- 8 Tobacco/cigarettes
- 9 Other (*what substance?*)

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...

- | | | | |
|-----------------------------|--|-----------------------------|--|
| 01 <input type="checkbox"/> | At a hotel, pub, bar or tavern | 07 <input type="checkbox"/> | At a sports club (eg Leagues, surfing, football) |
| 02 <input type="checkbox"/> | At a dance venue/dance party or music festival/concert | 08 <input type="checkbox"/> | At the beach |
| 03 <input type="checkbox"/> | At a nightclub | 09 <input type="checkbox"/> | In a park |
| 04 <input type="checkbox"/> | At a party | 10 <input type="checkbox"/> | In a car or other vehicle |
| 05 <input type="checkbox"/> | At my home | 11 <input type="checkbox"/> | At my school |
| 06 <input type="checkbox"/> | 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 last week?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(ii) In the last four weeks?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iii) In the last year?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iv) In your lifetime?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

43. How many times, if ever, have you 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 last week?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(ii) In the last four weeks?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iii) In the last year?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iv) In your lifetime?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

44. (a) How many times, if ever, have you used or taken 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 last week?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(ii) In the last four weeks?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iii) In the last year?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iv) In your lifetime?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

44. (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 last week?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(ii) In the last four weeks?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iii) In the last year?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iv) In your lifetime?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

If you have NOT used 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"/> I did not use any other substance on the same occasion | 5 <input type="checkbox"/> Painkillers/analgesics |
| 2 <input type="checkbox"/> Ecstasy (eg E, MDMA, pingers, pills, bickies) | 6 <input type="checkbox"/> Sedatives/tranquillisers/sleeping tablets/benzodiazepines |
| 3 <input type="checkbox"/> Marijuana/cannabis (eg grass, hash, dope, weed, mull, yarndi, gunja, pot, a bong, a joint) | 7 <input type="checkbox"/> Alcohol |
| 4 <input type="checkbox"/> Hallucinogens (eg LSD, acid, trips, magic mushrooms) | 8 <input type="checkbox"/> Tobacco/cigarettes |
| | 9 <input type="checkbox"/> Other (<i>what substance?</i>) |
-

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 last week?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(ii) In the last four weeks?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iii) In the last year?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iv) In your lifetime?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

If you have NOT used ecstasy in the last year, go to QUESTION 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"/> I did not use any other substance on the same occasion | 5 <input type="checkbox"/> Painkillers/analgesics |
| 2 <input type="checkbox"/> Marijuana/cannabis (eg grass, hash, dope, weed, mull, yarndi, gunja, pot, a bong, a joint) | 6 <input type="checkbox"/> Sedatives/tranquillisers/sleeping tablets/benzodiazepines |
| 3 <input type="checkbox"/> Amphetamines (eg speed, de amphetamines, meth, ice) | 7 <input type="checkbox"/> Alcohol |
| 4 <input type="checkbox"/> Hallucinogens (eg LSD, acid, trips, magic mushrooms) | 8 <input type="checkbox"/> Tobacco/cigarettes |
| | 9 <input type="checkbox"/> Other (<i>what substance?</i>) |
-

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 last week?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(ii) In the last four weeks?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iii) In the last year?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iv) In your lifetime?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

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 last week?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(ii) In the last four weeks?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iii) In the last year?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iv) In your lifetime?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

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 last week?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(ii) In the last four weeks?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iii) In the last year?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iv) In your lifetime?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

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 last week?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(ii) In the last four weeks?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iii) In the last year?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
(iv) In your lifetime?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

If you have NOT used hallucinogens in the last year, go to QUESTION 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 <input type="checkbox"/> I did not use any other substance on the same occasion | 5 <input type="checkbox"/> Painkillers/analgesics |
| 2 <input type="checkbox"/> Ecstasy (eg E, MDMA, pingers, pills, bickies) | 6 <input type="checkbox"/> Sedatives/tranquillisers/sleeping tablets/benzodiazepines |
| 3 <input type="checkbox"/> Amphetamines (eg speed, dexamphetamines, meth, ice) | 7 <input type="checkbox"/> Alcohol |
| 4 <input type="checkbox"/> Marijuana/cannabis (eg grass, hash, dope, weed, mull, yarndi, gunja, pot, a bong, a joint) | 8 <input type="checkbox"/> Tobacco/cigarettes |
| | 9 <input type="checkbox"/> Other (<i>what substance?</i>) |
-

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, Trypstacy, 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.

THE NEXT FEW QUESTIONS ARE ABOUT SUN PROTECTION.

55. You only get skin cancer if you get burnt often.

- True
 False

56. Most skin cancer is caused by over-exposure to ultraviolet radiation (UVR) from the sun.

- True
 False

57. During 2016 (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?

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

58. Over the last summer, did you get sunburn that was sore or tender the next day?

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

59. (a) Have you ever had severe sunburn, which has blistered?

- Yes → **GO TO QUESTION 59(b)**
 No → **GO TO QUESTION 60**

59. (b) If YES: How long ago was the last time you were severely sunburnt?

- Last summer
 1 to 2 years ago
 More than 2 years ago

60. Do you like to get a suntan?

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

61. 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ii) Wear clothes covering most of your body (including arms and legs)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iii) Deliberately wear less or briefer clothing so as to get some sun on your skin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iv) Wear maximum protection sunscreen (SPF 30+)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(v) Wear sunglasses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(vi) Stay mainly in the shade?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

62. What type of hat do you most often wear on a sunny day in summer?

- Wide brimmed hat
 Sun-visor
 Bucket style hat
 Other (what kind?)
 Legionnaire hat
 Baseball style cap
 None

If you never, rarely or sometimes wear a hat in summer, please answer Question 63. Alternatively, if you answered that you usually or always wear a hat on summer days when outside, please go to Question 64.

63. Why don't you wear a hat in summer?

Cross all that apply.

- 1 It messes up my hair
- 2 None of my friends wear one
- 3 It is not cool
- 4 It is not compulsory to wear one at my school
- 5 My parents don't make me
- 6 My head gets too hot when I wear a hat
- 7 No-one else wears them
- 8 I don't like wearing a hat when spending time outdoors
- 9 Other reason (please specify)

THE NEXT FEW QUESTIONS ARE ABOUT FOOD YOU MIGHT HAVE EATEN.

64. 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 serves
- 3 3 serves
- 4 4 serves
- 5 5 serves
- 6 6 serves or more
- 7 I do not eat vegetables

65. 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 serves
- 3 3 serves
- 4 4 serves
- 5 5 serves
- 6 6 serves or more
- 7 I do not eat fruit

THE NEXT FEW QUESTIONS ASK ABOUT WHAT YOU DID IN THE LAST WEEK.

66. How many times in the last week did you eat a fast food meal like McDonalds, Hungry Jacks, KFC, 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

67. 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, icecream, 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

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

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

THE NEXT FEW QUESTIONS ARE ABOUT SOME ACTIVITIES YOU MIGHT HAVE DONE IN THE LAST WEEK, OR OVER THE PAST 12 MONTHS.

69. How many times in the last week did you:

(i) Do any **vigorous** physical activity for **at least 30 minutes** that made you **huff and puff or sweat?** (e.g. basketball, netball, soccer, football, running, fast bike riding, aerobics)

(ii) Do any **moderate** physical activity for **at least 30 minutes** that **did not** make you **huff and puff or sweat?** (e.g. slow bike riding, brisk walking, skateboarding)

	None	Once	Twice	3 times	4 times	5 times	6 or more times
(i)	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)	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"/>

70. How many days in the past week have you done any **vigorous or **moderate** physical activity for a total of at least one hour? (This could be made up of different activities during the day like cycling or walking to and from school, playing sport at lunchtime or after school, doing an exercise class, doing housework etc.)**

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

71. 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ii) Watch TV/videos/DVDs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iii) Use the Internet/play computer games/Use social networking sites? <i>(Don't include computer use for homework)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

72. On an average weekend 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ii) Watch TV/videos/DVDs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iii) Use the Internet/play computer games/Use social networking sites? <i>(Don't include computer use for homework)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

73. In a typical school week you would make 5 trips to school and 5 trips home from schools which means you make a total of 10 trips to and from school each week.

In a typical school week during the current school term how many trips to and from school would you usually make by ...

(answer for each form of transport listed. If you don't use that form of transport please write 0 in the box)

If you use more than one form of transport on your way to or from school, please think about the form of transport that takes you the furthest distance and only report on that transport for the trip.

- car (record number between 0 – 10)
 walking (record number between 0 – 10)
 bus or public transport (record number between 0 – 10)
 cycling (record number between 0 – 10)
 scooter or skateboard (record number between 0-10)
 some other way (record number between 0 – 10)
(please specify)

74. How tall are you without shoes?

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

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

Kilograms **OR** Stones Pounds **OR** I don't know

76. Do you think that you are...

- 1 Underweight 2 Slightly Underweight 3 About the right weight 4 Slightly overweight 5 Overweight

77. How happy are you with your weight?

- 1 Extremely happy 2 Fairly happy 3 In between 4 Fairly unhappy 5 Extremely unhappy

78. In the last 12 months have you tried any of the following to control your weight?

Cross one box for each statement.

	Yes	No
(a) Have been on a diet	1 <input type="checkbox"/>	2 <input type="checkbox"/>
(b) Have increased my physical activity	1 <input type="checkbox"/>	2 <input type="checkbox"/>
(c) Have seen a doctor	1 <input type="checkbox"/>	2 <input type="checkbox"/>
(d) Have taken medication	1 <input type="checkbox"/>	2 <input type="checkbox"/>
(e) Have done nothing in particular	1 <input type="checkbox"/>	2 <input type="checkbox"/>
(f) Other (please specify) <input type="text"/>		

To what extent do you agree with the following statements about your school?

79. My school encourages students to be physically active through:

	Strongly agree	Agree	Neither	Disagree	Strongly disagree
(i) Teaching about the benefits of physical activity in the classroom	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(ii) Providing opportunities to be active at break times e.g. lunchtime soccer, running clubs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(iii) Providing spaces and equipment for being active e.g. courts, oval, footballs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(iv) Encouraging participation in school sports activities and events e.g. swimming carnival	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

80. My school encourages students to make healthy food choices through:

	Strongly agree	Agree	Neither	Disagree	Strongly disagree
(i) Teaching about nutrition in the classroom	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(ii) Teaching how to prepare and cook healthy meals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(iii) Offering healthy items at the school canteen (answer if your school has a canteen)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(iv) Providing spaces to sit and eat	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(v) Providing healthy options at school activities and events	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(vi) Providing information about healthy eating to students and families	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

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

