

# SURVEY

- Please do not write your name on this paper.
- The information you give is private and will only be seen by the people putting all the answers together.
- 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.
- For most questions, there is a choice of answers. Pick the one that's true for you and tick the box next to it.
- If you make a mistake or wish to change your answer, cross out the mistake and tick the new response.
- Some questions ask you to write a short answer in the space provided.

Office use only

|         |          |        |       |       |           |
|---------|----------|--------|-------|-------|-----------|
| STATE 1 | SCHOOL   | ID     | PCODE | LEVEL | CAMPUS    |
| PATTERN | SCHSEX   | STRATA | TEACH | DAY   |           |
| ORDER 2 | INITIALS |        | DATE  | MONTH | YEAR 2005 |

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

(b) What is the postcode of your address? \_ \_ \_ \_

2. What year level are you in?

1  Year 7

4  Year 10

2  Year 8

5  Year 11

3  Year 9

6  Year 12

3. How old are you **now**?

10  10

15  15

11  11

16  16

12  12

17  17

13  13

18  18

14  14

19  19 and over

4. What sex are you?

1  Male

2  Female

5. What is your date of birth? \_ \_ / \_ \_ / 19 \_ \_

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

1  None

2  Less than \$10

3  \$11 – \$20

4  \$21 – \$40

5  \$41 – \$60

6  \$61 – \$80

7  Over \$80

7. **At school work**, do you consider yourself:

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

8. (a) Were you at school on the last school day?

- 1  Yes **Go to QUESTION 9**
- 2  No **Go to QUESTION 8(b)**

(b) **If NO:** Why were you away?

- 1  You were ill or had some other health problem
- 2  Study day or other school-related activities
- 3  Family reasons
- 4  Other (*specify*) \_\_\_\_\_

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

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

10. What is the main language spoken at home? *Tick only one box.*

- 1  English
- 2  Another language only (*specify which language*) \_\_\_\_\_
- 3  English and another language  
(*specify the other language*) \_\_\_\_\_

**THE NEXT FEW QUESTIONS ARE ABOUT SMOKING 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.

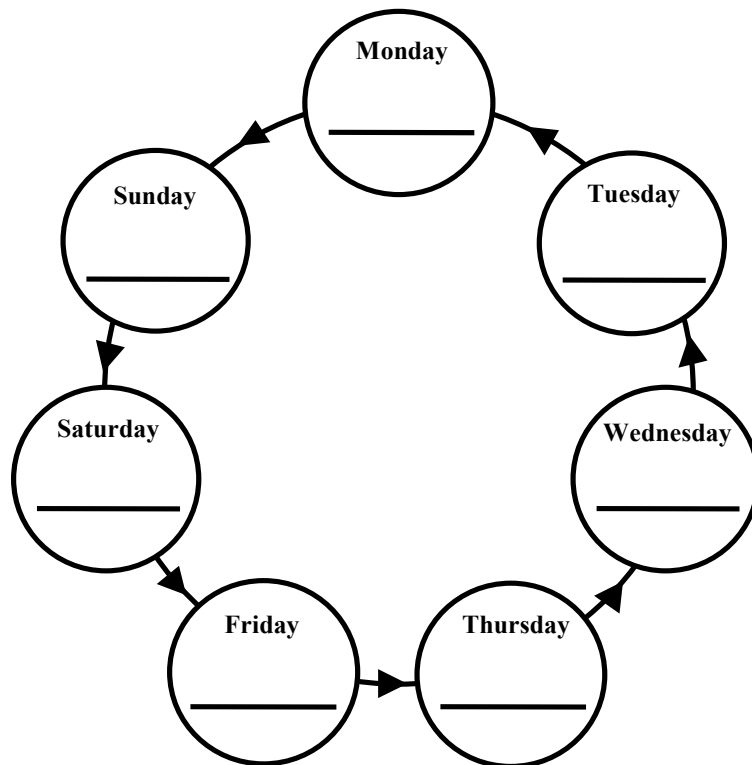
*Put a tick near **yesterday**. Then in the space provided, write the number of cigarettes you had yesterday. If you didn't smoke any cigarettes, put in '0'.*

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

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

*Write 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

17 At most shops in the area where you live and go to school, how easy or difficult would it be: (*Tick only **one** box for each question.*)

|   | Very easy                  | Easy                       | Neither easy nor difficult | Difficult                  | Very difficult             |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (i) for you to buy cigarettes?                              | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| (ii) for you to get someone else to buy cigarettes for you? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

**QUESTIONS 18, 19 AND 20 ARE ONLY FOR THOSE WHO HAVE SMOKED A CIGARETTE IN THE PAST WEEK. IF YOU HAVE NOT SMOKED A CIGARETTE IN THE PAST WEEK, GO TO QUESTION 21.**

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

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

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

*You should have ticked only **one** box*

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

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

*Remember you should have ticked only **one** box*

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

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

*Tick only **one** box.*

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

**OR**

**I bought it ...**

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

- 51  At a hotel, pub, bar, tavern, RSL Club
- 52  At a supermarket
- 53  At a newsagency
- 54  At a milk bar or delicatessen
- 55  At a convenience store (eg Food Plus)
- 56  At a tobacconist/tobacco shop
- 57  At a take-away food shop
- 58  At a petrol station
- 59  Through the Internet
- \*\*  Other (*specify*) \_\_\_\_\_

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

(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  Other (*please specify*) \_\_\_\_\_

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

1  Yes

2  No

20. (a) 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  Yes

*Go to QUESTION 20(b)*

2  No

*Go to QUESTION 21*

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

1  I bought the cigarette(s) at a shop

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

3  I bought the cigarette(s) from someone else

**THESE QUESTIONS ARE FOR EVERYONE AND ARE ABOUT DRINKING ALCOHOL – BEER, WINE, ALCOHOLIC SODAS, SPIRITS, PREMIXED DRINKS, LIQUEURS, ALCOHOLIC APPLE CIDER, SHERRY OR PORT.**

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

1  A non-drinker?

2  An occasional drinker?

3  A light drinker?

4  A party drinker?

5  A heavy drinker?

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

1  No

2  Yes, just a few sips

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

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

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

1  Yes

2  No

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

1  Yes

2  No

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

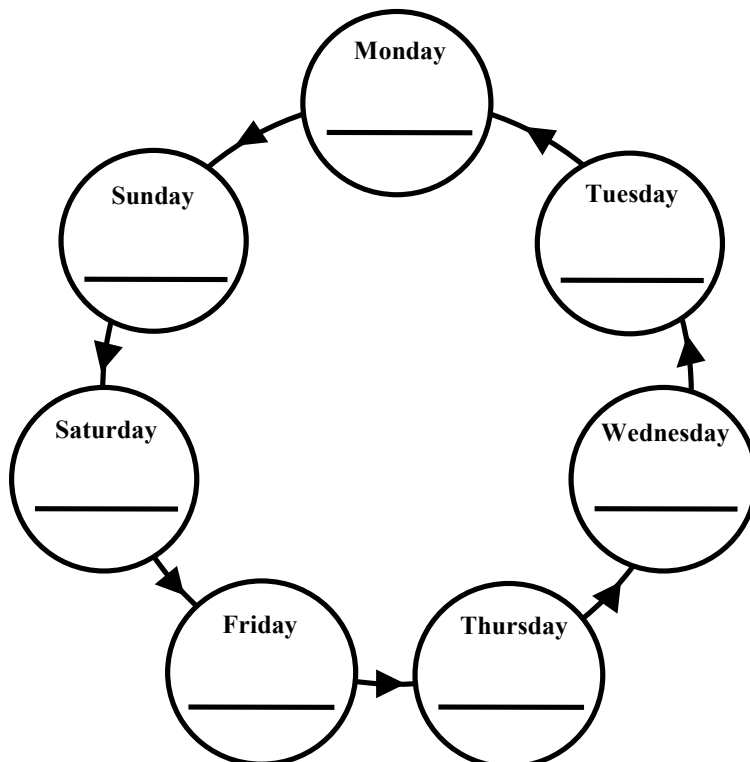
*Put a tick near **yesterday**. Then in the space provided, write the number of alcoholic drinks you had yesterday. If you didn't have any alcoholic drinks, put in '0'.*

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

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

*Write 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 26, 27, 28 AND 29 ARE FOR ANYONE WHO HAS HAD AN ALCOHOLIC DRINK.  
IF YOU HAVE NEVER HAD AN ALCOHOLIC DRINK, GO TO QUESTION 30.**

26. What alcoholic drink do you usually have?

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

- 01  Ordinary beer
- 02  Low alcohol beer
- 03  Wine
- 04  Wine Cooler (eg West Coast Coolers)
- 05  Champagne or sparkling wine (eg Spumante, Passion Pop)
- 06  Alcoholic apple cider (eg Strongbow)
- 07  Alcoholic sodas (eg Two Dogs)
- 08  Premixed spirits (eg Bacardi Breezer, Lemon Ruski, UDL Drinks, Sub Zero)
- 09  Spirits (eg rum, brandy, whisky, gin, vodka)
- 10  Liqueurs (eg Tia Maria, Kahlua, Midori, Glide, Archers, Illusion etc)
- \*\*  Other (*specify*) \_\_\_\_\_

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

27. (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.*

*Tick only **one** box.*

- | <b>I didn't buy it ...</b>  | <b><u>OR</u></b> | <b>I bought it ...</b>   |
|---|------------------|--|
| 01 <input type="checkbox"/> My parent(s) gave it to me                          |                  | 51 <input type="checkbox"/> At a hotel, pub, bar, tavern, RSL Club           |
| 02 <input type="checkbox"/> My brother or sister gave it to me                  |                  | 52 <input type="checkbox"/> At a licensed liquor store or supermarket        |
| 03 <input type="checkbox"/> I took it from home without my parent(s) permission |                  | 53 <input type="checkbox"/> At a walk-in bottle-shop at a pub or hotel       |
| 04 <input type="checkbox"/> Friends gave it to me                               |                  | 54 <input type="checkbox"/> At a drive-in bottle-shop                        |
| 05 <input type="checkbox"/> I got someone to buy it for me                      |                  | 55 <input type="checkbox"/> At a restaurant                                  |
| ** <input type="checkbox"/> Other ( <i>specify</i> )<br>_____                   |                  | 56 <input type="checkbox"/> At a dance venue/dance party                     |
|   |                  | 57 <input type="checkbox"/> At a nightclub                                   |
|   |                  | 58 <input type="checkbox"/> At a sporting event                              |
|   |                  | 59 <input type="checkbox"/> At a sports club (eg Leagues, surfing, football) |
|   |                  | 60 <input type="checkbox"/> Through the Internet                             |
|   |                  | 61 <input type="checkbox"/> By phone, fax, mail order                        |
|   |                  | ** <input type="checkbox"/> Other ( <i>specify</i> ) _____                   |

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

(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 cigarettes
- 6  Other (*please specify*) \_\_\_\_\_

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

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

*Tick only **one** box.*

**I drank it ...**

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

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

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

- 1  Yes
- 2  No

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

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

**THE NEXT QUESTIONS ARE FOR EVERYONE AND ARE ABOUT OTHER THINGS YOU MIGHT USE.**

For **each** substance, tick the box which shows how many times you have used the substance during the specified time period. There should only be **one** tick for **each** line of boxes.

30. How many times, if ever, have you used or taken painkillers/analgesics such as Disprin, Panadol or Aspro, **for any reason**:

|                                      | None                       | Once or twice              | 3-5 times                  | 6-9 times                  | 10-19 times                | 20-39 times                | 40 or more times           |
|--------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (i) In the <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"/> |

31. How many times, if ever, have you used or taken sleeping tablets, tranquillisers or sedatives, such as Valium, Serepax 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"/> |

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

|                                      | None                       | Once or twice              | 3-5 times                  | 6-9 times                  | 10-19 times                | 20-39 times                | 40 or more times           |
|--------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (i) In the <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 33.*

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

*Tick **all** that apply.*

- 01  I did not use any other substance on the same occasion
- 02  Ecstasy (XTC, E, MDMA, ecci, X, bickies)
- 03  Amphetamines (eg speed, uppers, goey, MDA, dex, dexies, dexamphetamines, ox blood, methamphetamine, ice)
- 04  Hallucinogens (eg LSD, acid, trips, magic mushrooms)
- 05  Painkillers/analgesics
- 06  Sedatives/tranquillisers/sleeping tablets
- 07  Alcohol
- 08  Tobacco
- \*\*  Other (*what substance?*) \_\_\_\_\_

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

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

*Tick only **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 (*specify*) \_\_\_\_\_

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

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

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

(e) **Where** did you last use cannabis?

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

**I used it ...**

- 01  At a hotel, pub, bar, tavern or RSL club
- 02  At a dance venue, dance party, rave
- 03  At a nightclub
- 04  At a party
- 05  At my home
- 06  At my friend's home
- 07  At a sports club (eg Leagues, surfing, football)
- 08  At the beach
- 09  In a park
- 10  In a car
- 11  On school grounds during school time
- 12  On school grounds after hours
- \*\*  Other (*specify*) \_\_\_\_\_

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

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

|                                      | None                       | Once or twice              | 3-5 times                  | 6-9 times                  | 10-19 times                | 20-39 times                | 40 or more times           |
|--------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (i) In the <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"/> |

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

**This does not include sniffing white-out, liquid paper, textas, markers or pens.**

|                                      | None                       | Once or twice              | 3-5 times                  | 6-9 times                  | 10-19 times                | 20-39 times                | 40 or more times           |
|--------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (i) In the <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 deliberately sniffed or inhaled any substances in the last year, go to QUESTION 35(a).*

(b) Thinking about the last time you did this, what substance did you inhale or sniff?

*Tick all that apply.*

- 1  Glue
- 2  Paint
- 3  Petrol
- 4  Thinners
- 5  Butane gas
- 6  Other (*what substance?*) \_\_\_\_\_

(c) Do you usually sniff or inhale substances by yourself or with others?

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

35. (a) How many times, if ever, have you used or taken amphetamines (eg speed, uppers, MDA, goey, dex, dexies, dexamphetamine, ox blood, methamphetamine, ice) **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 NOT used amphetamines in the last year, go to QUESTION 36(a).*

(b) In the **last year**, did you use any other substance or substances **on the same occasion that you used** amphetamines (eg speed, uppers, MDA, goey, dex, dexies, dexamphetamine, ox blood, methamphetamine, ice)?

*Tick **all** that apply.*

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

*You should have ticked **all** that apply*

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

|                                      | None                       | Once or twice              | 3-5 times                  | 6-9 times                  | 10-19 times                | 20-39 times                | 40 or more times           |
|--------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (i) In the <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 37.*

(b) In the **last year**, did you use any other substance or substances **on the same occasion that you used** ecstasy (XTC, E, MDMA, ecci, X, bickies):

*Tick **all** that apply.*

- 01  I did not use any other substance on the same occasion
- 02  Marijuana/cannabis
- 03  Amphetamines (eg speed, uppers, goey, MDA, dex, dexies, dexamphetamines, ox blood, methamphetamine, ice)
- 04  Hallucinogens (eg LSD, acid, trips, magic mushrooms)
- 05  Painkillers/analgesics
- 06  Sedatives/tranquillisers/sleeping tablets
- 07  Alcohol
- 08  Tobacco
- \*\*  Other (*what substance?*) \_\_\_\_\_

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

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

|                                      | None                       | Once or<br>twice           | 3–5<br>times               | 6–9<br>times               | 10–19<br>times             | 20–39<br>times             | 40 or more<br>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"/> |

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

|                                      | None                       | Once or<br>twice           | 3–5<br>times               | 6–9<br>times               | 10–19<br>times             | 20–39<br>times             | 40 or more<br>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"/> |

39. (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<br>twice           | 3–5<br>times               | 6–9<br>times               | 10–19<br>times             | 20–39<br>times             | 40 or more<br>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 40.*

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

*Tick **all** that apply.*

- 1  Tablets
- 2  Paper tabs
- 3  Liquids
- 4  Magic mushrooms
- 5  Datura / Angel's trumpet
- 6  Other (*please write in*) \_\_\_\_\_

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

*Tick **all** that apply.*

- 01  I did not use any other substance on the same occasion
- 02  Ecstasy (XTC, E, MDMA, ecci, X, bickies)
- 03  Amphetamines (eg speed, uppers, goey, MDA, dex, dexies, dexamphetamines, ox blood, methamphetamine, ice)
- 04  Marijuana/cannabis
- 05  Painkillers/analgesics
- 06  Sedatives/tranquillisers/sleeping tablets
- 07  Alcohol
- 08  Tobacco
- \*\*  Other (*what substance?*) \_\_\_\_\_

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

**THESE QUESTIONS ARE FOR EVERYONE.**

40. **During 2004** (last year), did you have any lessons or parts of lessons at school that were about **smoking**?
- 1  No, not even part of a lesson
  - 2  Yes, part of a lesson
  - 3  Yes, one lesson
  - 4  Yes, more than one lesson
41. **During 2004** (last year), did you have any lessons or parts of lessons at school that were about **drinking**?
- 1  No, not even part of a lesson
  - 2  Yes, part of a lesson
  - 3  Yes, one lesson
  - 4  Yes, more than one lesson
42. **During 2004** (last year), did you have any lessons or parts of lessons at school that were about **illicit drugs** such as marijuana, ecstasy, heroin, amphetamines, hallucinogens, cocaine?
- 1  No, not even part of a lesson
  - 2  Yes, part of a lesson
  - 3  Yes, one lesson
  - 4  Yes, more than one lesson

*Remember, last year was 2004.*

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

43. How many **serv**es 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

44. How many **serv**es 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

45. How many **serv**es of bread and/or cereal do you usually eat **each day**? (*A serve is 1 slice of bread, ½ bread roll, ½ cup breakfast cereal, or ½ cup pasta, rice, or noodles*)

- 1  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 bread and/or cereal

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

46. 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

47. 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 <input type="checkbox"/> | Once    | 5 <input type="checkbox"/> | 5 times         |
| 2 <input type="checkbox"/> | Twice   | 6 <input type="checkbox"/> | 6 times         |
| 3 <input type="checkbox"/> | 3 times | 7 <input type="checkbox"/> | 7 or more times |
| 4 <input type="checkbox"/> | 4 times | 8 <input type="checkbox"/> | None            |

48. 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 <input type="checkbox"/> | Once    | 5 <input type="checkbox"/> | 5 times         |
| 2 <input type="checkbox"/> | Twice   | 6 <input type="checkbox"/> | 6 times         |
| 3 <input type="checkbox"/> | 3 times | 7 <input type="checkbox"/> | 7 or more times |
| 4 <input type="checkbox"/> | 4 times | 8 <input type="checkbox"/> | None            |

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

49. How many times in the **last week** did you:

None    Once    Twice    3 times    4 times    5 times    6 or more times

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

- 1  2  3  4  5  6  7

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

- 1  2  3  4  5  6  7

50. 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 <input type="checkbox"/> | 1 day  | 5 <input type="checkbox"/> | 5 days                   |
| 2 <input type="checkbox"/> | 2 days | 6 <input type="checkbox"/> | 6 days                   |
| 3 <input type="checkbox"/> | 3 days | 7 <input type="checkbox"/> | 7 days                   |
| 4 <input type="checkbox"/> | 4 days | 8 <input type="checkbox"/> | No days in the last week |

51. 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  | 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/playing computer games?<br>(Don't include computer use for homework) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |

*Thank you very much for your help.*