

Supplementary survey

SURVEY

- Please do not put your name on this paper.
- Your answers are anonymous and confidential.
- Answer **every** question you can.
- If you can't answer a question or if you would rather not 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 change your answer, cross out the mistake and tick the new response.
- For some questions, you may need to write a short answer in the space provided.

Office use only

STATE 1

SCHOOL

ID

Year 2005

THE FOLLOWING QUESTIONS ARE ABOUT YOU AND YOUR FAMILY.

1. Where were you and your parents born?

	Yourself	Your mother	Your father
Australia	01 <input type="checkbox"/>	01 <input type="checkbox"/>	01 <input type="checkbox"/>
Somewhere else (<i>please specify</i>)	09 <input type="checkbox"/> _____	09 <input type="checkbox"/> _____	09 <input type="checkbox"/> _____

2. In a normal week, including the weekend, on how many nights do you go out for fun and recreation **without** adult supervision?

1 <input type="checkbox"/>	1 night per week	5 <input type="checkbox"/>	5 nights per week
2 <input type="checkbox"/>	2 nights per week	6 <input type="checkbox"/>	6 nights per week
3 <input type="checkbox"/>	3 nights per week	7 <input type="checkbox"/>	7 nights per week
4 <input type="checkbox"/>	4 nights per week	0 <input type="checkbox"/>	Don't usually go out without adults

3. Here are some questions about you. *Please answer each question by ticking the appropriate boxes.*

*You may tick more than one box on **each** line.*

	Mother	Father	Brother sister	Other relative	A close friend	Someone else	No one
(a) Who do you usually get on well with?	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"/>
(b) Who is really interested in what you do?	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"/>
(c) Who will help you do your best?	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"/>
(d) Who can you talk to about your problems?	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"/>
(e) Who helps you when you are in trouble?	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"/>
(f) Who lives at home with you?	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"/>

4. Here are some questions about your family and friends. *Please answer each question by ticking the appropriate box or writing in a number in the space provided.*

	Yes	No
(a) Does your mother/stepmother/adopted mother/ female caregiver smoke?	1 <input type="checkbox"/>	2 <input type="checkbox"/>

(b) Does your father/stepfather/adopted father/ male caregiver smoke?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
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(c) Do any of your brothers or sisters smoke?

1 Yes

2 No

3 I don't have any brothers or sisters

(d) How many of your **5 closest** friends smoke?

_____ (*please write in number*)

0 None of my friends smoke

(e) What are the rules or restrictions on smoking cigarettes in your house?

1 No one is allowed to smoke inside or outside the house

2 No one is allowed to smoke inside, but outside is OK

3 Adults are allowed to smoke anywhere in the house

4 Adults are allowed to smoke in some rooms

5 There are no rules or restrictions on smoking

6 Something else (*please state*) _____

THE NEXT QUESTIONS ARE ABOUT CIGARETTES AND ALCOHOL.

5. What age were you when you had your first full serve (a glass) of alcohol?

- 1 I was about _____ years of age (*write in age*)
- 2 I have never had a full serve (a glass) of alcohol
- 3 Don't know

6. Here are some statements about smoking cigarettes and drinking alcoholic drinks. How much do you agree or disagree with each of the following statements?

	Strongly disagree	Disagree	Agree	Strongly agree	Don't know
(a) Smokers are usually more popular than non-smokers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(b) Smoking can harm your health	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(c) The health of non-smokers can be affected by breathing other people's cigarette smoke	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(d) Getting drunk every now and then is not a problem	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(e) Having a few drinks is one of the best ways of relaxing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(f) Having a few drinks is one of the best ways of getting to know people	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(g) If someone doesn't have a few drinks then they're not really part of the group	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(h) You can have a good time at a party where there is no alcohol	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(i) People who drink alcohol are usually more popular than people who don't	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

7. Here are some things that people have said about smoking. We would like to know if you agree or disagree with them.

	Strongly disagree	Disagree	Agree	Strongly agree	Don't know
(a) Smoking causes lung cancer	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(b) Smoking increases the risk of having a heart attack	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(c) Smoking can cause mouth cancer	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(d) Smoking can cause emphysema	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(e) Smoking is addictive	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(f) Smoking can cause arthritis	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(g) Smoking can cause blindness	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(h) Tobacco smoke is toxic	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(i) Smoking is a leading cause of death	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(j) Smoking harms unborn babies	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(k) Smoking clogs your arteries	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(l) Smoking doubles your risk of stroke	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(m) Smoking can cause diseases in your toes and fingers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

THE FOLLOWING QUESTIONS ARE ABOUT ACCESS TO ALCOHOL AND TOBACCO.

8. Have you ever tried to buy alcohol at a hotel, club, restaurant, licensed store or supermarket, disco or dance, sporting event or bottleshop?

*Tick only **one** box.*

- 1 No **Go to QUESTION 11**
2 Yes **Go to QUESTION 9**

9. (a) Have you ever been refused alcohol at a hotel, club, restaurant, licensed store or supermarket, disco or dance, sporting event or bottleshop because you were underage?

*Tick only **one** box.*

- | | | |
|----------------------------|--|-----------------------------------|
| 1 <input type="checkbox"/> | No, I have never been refused alcohol | <i>Go to QUESTION 11</i> |
| 2 <input type="checkbox"/> | Yes, I have been refused alcohol once or twice | <i>Go to QUESTION 9(b)</i> |
| 3 <input type="checkbox"/> | Yes, I have been refused alcohol frequently | <i>Go to QUESTION 9(b)</i> |

- (b) If **YES**, where have you been refused alcohol?

*Tick **all** that apply.*

- | | |
|----------------------------|---------------------------------------|
| 1 <input type="checkbox"/> | Hotel |
| 2 <input type="checkbox"/> | Registered club |
| 3 <input type="checkbox"/> | Restaurant |
| 4 <input type="checkbox"/> | Nightclub/Disco |
| 5 <input type="checkbox"/> | Bottleshop |
| 6 <input type="checkbox"/> | Licensed store or supermarket |
| 7 <input type="checkbox"/> | Sporting events |
| 8 <input type="checkbox"/> | Sporting clubs |
| 9 <input type="checkbox"/> | Other (<i>please specify</i>) _____ |

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

10. Have you ever been asked to provide proof of your age at a hotel, club, restaurant, licensed store or supermarket, disco or dance, sporting event, or bottleshop?

*Tick only **one** box.*

- | | |
|----------------------------|--|
| 1 <input type="checkbox"/> | No, I have never been asked for proof of my age |
| 2 <input type="checkbox"/> | Yes, I have been asked for proof of my age once or twice |
| 3 <input type="checkbox"/> | Yes, I have frequently been asked for proof of my age |

11. Have you ever tried to buy cigarettes from a shop?

*Tick only **one** box.*

- | | | |
|----------------------------|-----|---------------------------------|
| 1 <input type="checkbox"/> | No | <i>Go to QUESTION 15</i> |
| 2 <input type="checkbox"/> | Yes | <i>Go to QUESTION 12</i> |

12. Thinking about the times you have tried to buy cigarettes or have bought cigarettes, how do you decide what brand of cigarettes to buy?

- 1 It is the brand I usually smoke
- 2 I go for whatever brand I notice in the shop first
- 3 I get the brand my friends smoke
- 4 The look of the packet
- 5 From the way the cigarettes are displayed inside the shop
- 6 I get the brand I can afford
- 7 Other (*please specify*) _____

13. When you have tried to buy cigarettes, has a shopkeeper ever refused to sell cigarettes to you?

*Tick only **one** box.*

- 1 No, I have never been refused cigarettes
- 2 Yes, I have been refused cigarettes once or twice
- 3 Yes, I have been refused cigarettes frequently

14. Have you ever been asked for proof of your age when you tried to buy cigarettes?

*Tick only **one** box.*

- 1 No, I have never been asked for proof of my age
- 2 Yes, I have been asked for proof of my age once or twice
- 3 Yes, I have frequently been asked for proof of my age

15. Have you ever used a 'fake' proof of age document to purchase alcohol and/or cigarettes?

*Tick **one** box for alcohol and **one** box for cigarettes.*

	Alcohol	Cigarettes	
No, I have never tried to purchase alcohol/cigarettes	1 <input type="checkbox"/>	1 <input type="checkbox"/>	Go to QUESTION 17
No, I have never used a 'fake' proof of age document	2 <input type="checkbox"/>	2 <input type="checkbox"/>	Go to QUESTION 17
Yes, I have used a 'fake' proof of age document once or twice	3 <input type="checkbox"/>	3 <input type="checkbox"/>	Go to QUESTION 16
Yes, I have frequently used a 'fake' proof of age document	4 <input type="checkbox"/>	4 <input type="checkbox"/>	Go to QUESTION 16

16. If you have used a 'fake' proof of age document, what type of document was it?

*Tick **all** that apply.*

- 1 A friend's proof of age document (false or otherwise)
- 2 A falsified Proof of Age Card
- 3 A falsified learner's permit
- 4 A falsified driver's licence
- 5 An expired learner's permit or driver's licence
- 6 Other document (*please specify*) _____

THE NEXT QUESTIONS ARE ABOUT SOME OTHER THINGS YOU MIGHT USE.

17. How much danger would you see for yourself in the following?

	Not dangerous	A little dangerous	Very dangerous	Don't know
(a) Smoking less than 10 cigarettes every day	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(b) Using cocaine	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(c) Trying drugs like heroin or morphine (narcotics) once or twice	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(d) Using needles and syringes to inject drugs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(e) Smoking one or two cigarettes occasionally	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(f) Trying amphetamines (speed) occasionally	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(g) Taking drugs like heroin or morphine (narcotics) regularly	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(h) Sniffing glue, paint, thinners, or petrol for the way it makes you feel	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(i) Taking two or three painkillers like Aspirin or Panadol nearly every day	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(j) Using ecstasy/designer drugs (XTC, E, MDMA, Ecce) occasionally	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(k) Smoking marijuana regularly	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(l) Trying LSD once or twice	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(m) Occasionally having five or more alcoholic drinks in a row	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(n) Having four or five alcoholic drinks nearly every day	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(o) Using ecstasy/designer drugs (XTC, E, MDMA, Ecce) regularly	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(p) Mixing a number of drugs such as alcohol, marijuana and pills	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(q) Smoking more than 10 cigarettes every day	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

18. How many times, if at all, have you used any drug by injection or needles without a doctor's prescription? (This does not include injecting for medical reasons, such as diabetes.)

	Never	Once or twice	3-5 times	6-9 times	10-19 times	20-39 times	40 or more times
(a) 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"/>
(b) During the last month	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"/>
(c) During the last 12 months	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"/>
(d) 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"/>

19. What age were you when you first tried cannabis/marijuana?

- 1 I was about _____ years of age (*write in age*)
2 I have never tried cannabis/marijuana
3 Don't know

THE NEXT FEW QUESTIONS ARE ABOUT ADVERTISEMENTS FOR DIFFERENT TYPES OF ALCOHOLIC DRINKS.

20. (a) In the past month, about how often have you seen Ads for alcoholic drinks on TV or heard them on radio?

- 1 Not at all
2 Less than once a month
3 1-3 times per month
4 1-3 times per week
5 Daily or almost daily
6 More than once a day

(b) In the past month, how often have you seen Ads for alcoholic drinks on billboards (eg, at the train station) or in magazines or newspapers?

- 1 Not at all
2 Less than once a month
3 1-3 times per month
4 1-3 times per week
5 Daily or almost daily
6 More than once a day

(c) How strongly do you agree or disagree with the following statements?

	Strongly disagree	Disagree	Agree	Strongly agree	Don't know
(i) Ads for alcohol make drinking look fun.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(ii) Ads for alcohol make drinking look dangerous.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(iii) Ads for alcohol make it seem like everyone drinks.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(iv) Ads for alcohol make it more likely that I will drink.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(v) Ads for alcohol make drinking look sexy.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(vi) Ads for alcohol make it seem like drinkers are popular	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

(d) Do you have a favourite alcohol advertisement?

- 1 Yes
2 No

If YES:

What is the brand or type of alcohol advertised in your favourite advertisement?

THE NEXT QUESTIONS ARE ABOUT CIGARETTE PACKS.

21. When was the last time you saw or looked at a cigarette pack?

*Tick only **one** box.*

- 1 In the last 6 months **Go to QUESTION 22**
2 More than 6 months ago **Go to QUESTION 23**
3 Never **Go to QUESTION 23**

22. How often in the last 6 months have you:

	Never	Once or twice	Some-times	Often	Every time I see them
(a) Read the warnings on a cigarette pack?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(b) Paid close attention to the warnings on a cigarette pack?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(c) Had a cigarette because of the warnings on a cigarette pack?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(d) Thought about what the warnings on a cigarette pack mean?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(e) Talked about the warnings on a cigarette pack with others?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(f) Not had a cigarette because of the warnings on a cigarette pack?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

If you have not had a cigarette in the last 12 months go to Question 23.

How often in the last 6 months have you:

(g) Thought about quitting or not smoking again because of the warnings on a cigarette pack?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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23. Thinking about cigarette packs, do you agree or disagree that they:

	Strongly agree	Agree	Not sure	Disagree	Strongly disagree	Don't see packs	Cannot comment
(a) Look cool	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"/>
(b) Look daggy	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"/>
(c) Are ugly	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"/>
(d) Look good	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"/>
(e) Look gross	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"/>
(f) Make smoking look interesting	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"/>
(g) Look disgusting	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"/>
(h) Make smoking look exciting	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"/>
(i) Encourage me to buy a packet of cigarettes	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"/>
(j) Encourage me to start smoking	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"/>

THE LAST FEW QUESTIONS ARE ABOUT SCHOOL.

24. Are students allowed to smoke at your school?

- 1 No, and the rule is strictly enforced
- 2 No, but the rule is not strictly enforced
- 3 Yes

25. Do you think you will finish Year 12?

- 1 Yes
- 2 No

26. How much do you agree or disagree with each of the following statements?

	Strongly disagree	Disagree	Agree	Strongly agree	Don't know
(a) My teachers are interested in my studies	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(b) The teachers here respect the students	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(c) I feel connected to this school	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(d) I feel part of this school	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.