

Teenager Details

G217_DNWN

A. Today's date

/ /
Day Month Year

B. Raine ID number

G217_SEX

C. Are you...

Yes No

If these details are incorrect - please correct them below this line

Firstname

Surname

Date of Birth

Male Female

Not to be completed



SECTION 1: EATING HABITS, WEIGHT, PHYSICAL HEALTH & DEVELOPMENT

Q1. How often do you eat the following foods?

		6+ times a week	3-5 times a week	1-2 times a week	1-2 times a month	Rarely or Never
G217_FO2	1. Fried food with a batter or breadcrumb coating	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
G217_FO13	2. Gravy, creamy sauces or cheese sauces	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
G217_FO4	3. Vegies, rice or pasta with added butter, marg, oil or sour cream	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
G217_FO17	4. Vegies that are fried or roasted with fat or oil (don't count oil sprays)	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
G217_FO1	5. Sausages, polony, salami, meat pies, pasties, hamburgers or bacon	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
G217_FO8	6. Hot potato chips or french fries	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
G217_FO5	7. Pastries, cakes, sweet biscuits or croissants	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
G217_FO9	8. Chocolate, chocolate biscuits or sweet snack bars	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
G217_FO12	9. Potato crisps, corn chips, cheezels, twisties or nuts	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
G217_FO14	10. Ice-cream (any variety)	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
G217_FO11	11. Cream or sour cream	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
G217_FO6	12. Cheddar, edam or other hard cheese, cream cheese or soft cheeses such as camembert or brie (but excluding ricotta or cottage cheese)	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0

Q2a. How much fat on meat do you eat?

- Most or all
- Some
- None
- I don't eat meat

G217_FO15



G217_F07

- Q2b. How much skin on chicken do you eat?
- Most or all
 - Some
 - None
 - I don't eat chicken

Q3. How often do you eat the following foods?

	6+ times a week	3-5 times a week	1-2 times a week	1-2 times a month	Rarely or never
1. Fruit , including fresh and canned fruit (Do not include dried fruit, fruit juices, fruit bars or frozen fruit deserts)	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
2. Vegetables . Include all forms of vegetables, eg. fresh, frozen canned and salads	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
3. Fish	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0

G217_F026

G217_F027

G217_F084

G217_F085

Q4. How many days per week do you usually have something for breakfast?

- Rarely or never
- 1-2 days per week
- 3-4 days per week
- 5-6 days per week
- Everyday

G217_F087

Q5. How many days per week did you eat your evening meal with the family (including at least one adult)?

- Rarely or never
- 1-4 days per week
- 5-7 days per week
- Irregularly



G217_F088

Q6. How often do you eat meals or snacks from fast food chains (eg MacDonalds, Hungry Jacks, Pizza Hut, Red Rooster, River Rooster, Kentucky Fried)?

- Never
- Once a fortnight or less
- Once a week
- 2-4 times a week
- 5-7 times a week

G217_F089

Q7. Did you eat special foods or have a special diet over the last 12 months?

- No **Go to Q9**
- Yes



Q8. Why were you on a special diet? *(Please mark all responses that apply to you)*

- G217_F090** Vegetarian
- G217_F091** To avoid milk
- G217_F092** For diabetes
- G217_F093** For allergy
- G217_F094** For asthma
- G217_F095** For behaviour
- G217_F096** For sport
- G217_F097** To lose weight
- G217_F098** To gain weight, build muscles
- G217_F099** Other reason

Please specify



G217_F26A

Q9. How many serves of fruit do you usually eat each day? (1 serve = 1 medium piece or 2 small pieces of fruit or 1 cup of diced pieces).

- Rarely eat fruit
- 1 serve or less a day
- 2 serves a day
- 3 serves a day
- 4 serves or more a day

G217_F27A

Q10. How many serves of vegetables do you usually eat each day? (1 serve = 1/2 cup cooked vegetables or 1 cup of salad vegetables)

- Rarely eat vegetables
- 1 serve or less a day
- 2 serves a day
- 3 serves a day
- 4 serves a day
- 5 serves a day
- 6 serves a day

G217_W1

Q11. Do you know how much you weigh?

- No **Go to Q13**
- Yes



G217_W2

Q12. What is your current weight?

 kg

G217_W3

Q13. Are you worried about your weight?

Not at all	A Little	Moderately	Very
<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

G217_W4

Q14. Do you consider yourself to be

Underweight	Normal Weight	A bit Overweight	Very Overweight
<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

G217_W5

Q15. How often do you weigh yourself?

Never	Once in a While	Often	Nearly Every Day
<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

G217_W26

Q16. Have you ever been teased about your weight or shape?

- No **Go to Q18**
 Yes



Q17. Who teased you? *(Please mark all responses that apply to you)*

- G217_W27** People at my school/work
 G217_W28 People not from my school/work
 G217_W29 Brothers and/or sisters
 G217_W30 Parents
 G217_W31 Teachers/employers
 G217_W32 Other adults

G217_W33

Q18. Have you been teased about your weight or shape in the last 3 months?

- No **Go to Q20**
 Yes



G217_W34

Q19. How often are you teased about your weight or shape? *(Please mark one response only)*

- Once in a while (once or twice a month)
 Often (once or twice a week)
 Nearly every day



Q20. Over the last two weeks ...

		Not at all	Some of the time	A lot of the time	Most of the time
G217_W8	1. Have you been trying hard to eat less to change your shape or weight? (even if you haven't been able to do so)	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
G217_W35	2. Have you gone for long periods of time (8 hours or more) without eating anything to try to change your shape or weight?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
G217_W9	3. Have you tried not to eat certain foods (like chocolate or chips) to try to change your shape or weight? (even if you haven't been able to do so)	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
G217_W10	4. Have you tried to stick to any <u>definite</u> rules about diet or eating? (for example, sticking to a calorie limit, a set amount of food or rules about what or when you should eat even if you haven't been able to do so)	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
G217_W11	5. Have you been thinking about food or calories so much that you've found it hard to concentrate on things you are interested in (for example, reading, watching TV or following a conversation)?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
G217_W14	6. Have there been times when you feel that you have eaten an unusually large amount of food? (more than what most people would eat in the same situation)	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
G217_W12	7. Have you been afraid of losing control over your eating?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
G217_W36	8. Have you felt that you couldn't control what or how much you were eating?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
G217_W37	9. Have you felt that you couldn't stop eating once you'd started?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
G217_W13	10. Have you felt guilty after eating?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
G217_W15	11. Have you eaten in secret because you are embarrassed by how much you eat?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
G217_W16	12. Have you been afraid that you might gain weight or become fat?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
G217_W38	13. Have you felt fat?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
G217_W39	14. Have you had a strong desire to lose weight?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
G217_W17	15. Have you made yourself sick (vomit) after eating to try to control your weight?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
G217_W18	16. Have you taken any pills (like laxatives, water pills or diet pills) to try to control your weight?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
G217_W19	17. Have you exercised hard to try to control your weight?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

Q21. Please select the figure from the list of numbers and letters A and B provided

Which figure best represents what you currently look like?

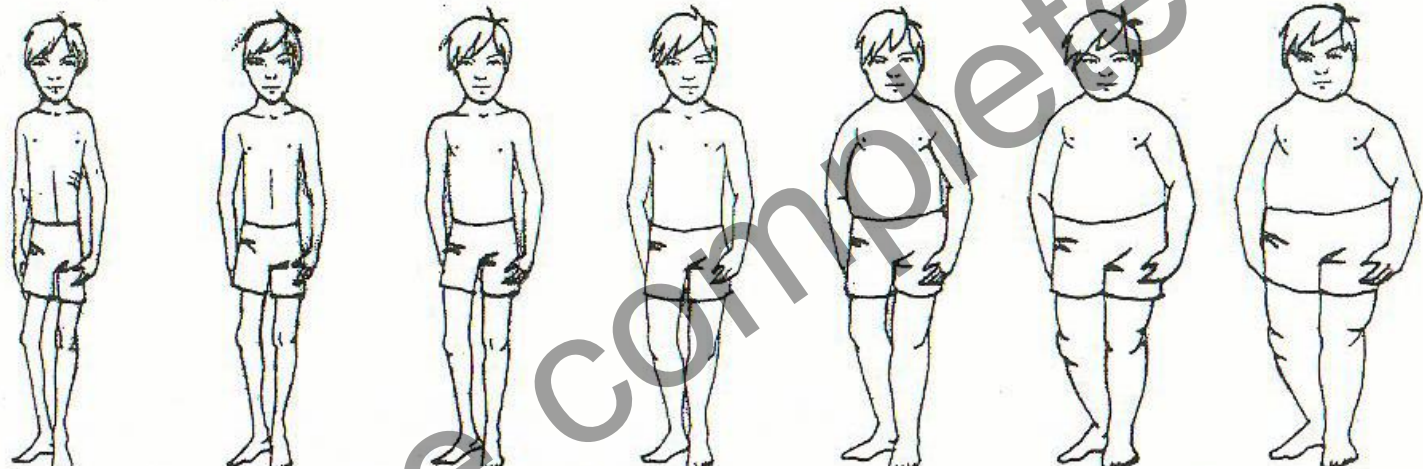
Number Letter

G217_W6

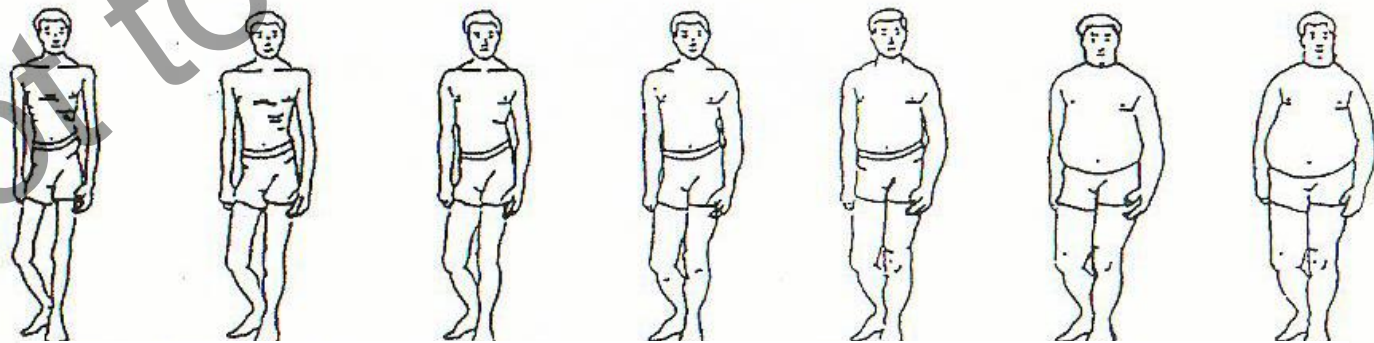
Which figure would you most like to look like?

G217_W7

Staff Perception G217_W6A



1A 1.5A 2A 2.5A 3A 3.5A 4A 4.5A 5A 5.5A 6A 6.5A 7A

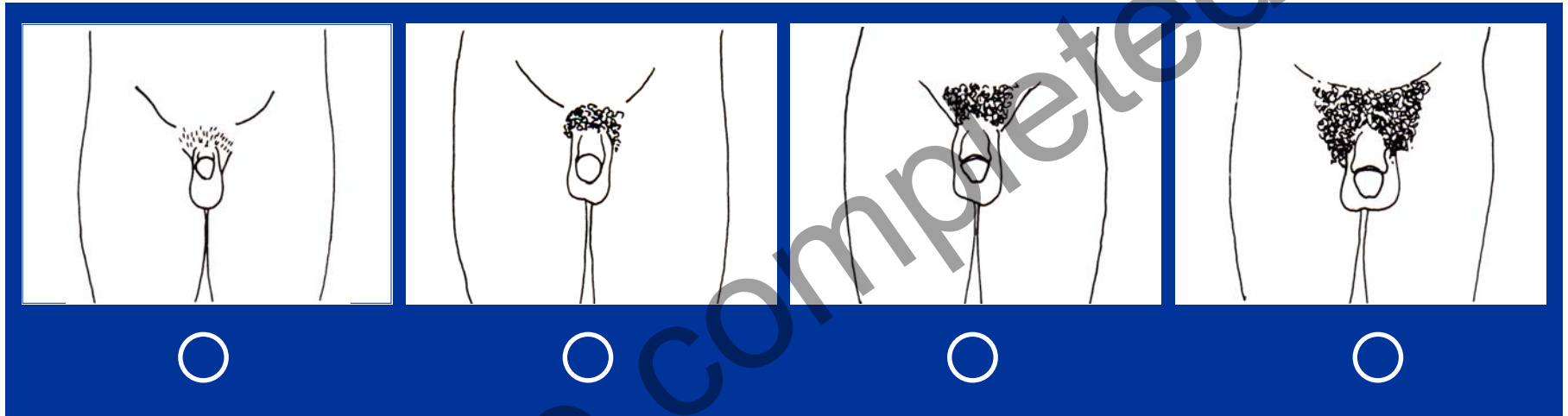


1B 1.5B 2B 2.5B 3B 3.5B 4B 4.5B 5B 5.5B 6B 6.5B 7B

The drawings on this page show different amounts of male pubic hair and stages of development of the testes, scrotum and penis. A boy passes through each of the four stages shown by these drawings.

G217_PUB5

Q22. Please look at each drawing then choose the one closest to your stage of development by selecting the corresponding circle.



Not to be completed



Q23. Below is a list of items that describes adolescents. For each item please mark the circle that best represents whether the statement is true, somewhat/sometimes true or very true/often true for you now or within the past six months. Please answer **all** items as well as you can, even if some do not seem to apply to you.

		Not True	Somewhat or Sometimes True	Very True or Often True
1.	I act too young for my age	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
2.	I have an allergy	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
3.	I argue a lot	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
4.	I have asthma	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
5.	I like the opposite sex	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
6.	I like animals	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
7.	I brag	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
8.	I have trouble concentrating or paying attention	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
9.	I can't get my mind off certain thoughts	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
10.	I have trouble sitting still	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
11.	I am too dependant on adults	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
12.	I feel lonely	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
13.	I feel confused or in a fog	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
14.	I cry a lot	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
15.	I am pretty honest	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
16.	I am mean to others	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
17.	I day dream a lot	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
18.	I deliberately try to hurt or kill myself	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
19.	I try to get a lot of attention	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
20.	I destroy my own things	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2



Q23. continued....

For each item please mark the circle that best represents whether the statement is true, somewhat/sometimes true or very true/often true for you now or within the past six months.

		Not True	Somewhat or Sometimes True	Very True or Often True
21.	I destroy things belonging to others	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
22.	I disobey my parents	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
23.	I disobey at school	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
24.	I don't eat as well as I should	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
25.	I don't get along with other kids	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
26.	I don't feel guilty after doing something I shouldn't	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
27.	I am jealous of others	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
28.	I am willing to help others when they need help	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
29.	I am afraid of certain animals, situations or places other than school	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
30.	I am afraid of going to school	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
31.	I am afraid I might think or do something bad	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
32.	I feel that I have to be perfect	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
33.	I feel that no one loves me	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
34.	I feel that others are out to get me	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
35.	I feel worthless or inferior	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
36.	I accidentally get hurt a lot	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
37.	I get in many fights	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
38.	I get teased a lot	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
39.	I hang around with kids who get in trouble	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
40.	I hear sounds or voices that other people think aren't there	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2



Q23. continued....

For each item please mark the circle that best represents whether the statement is true, somewhat/sometimes true or very true/often true for you now or within the past six months.

	Not True	Somewhat or Sometimes True	Very True or Often True
41. I act without stopping to think	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
42. I would rather be alone than with others	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
43. I lie or cheat	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
44. I bite my fingernails	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
45. I am nervous or tense	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
46. Parts of my body twitch or make nervous movements	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
47. I have nightmares	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
48. I am not liked by other kids	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
49. I can do certain things better than most kids	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
50. I am too fearful or anxious	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
51. I feel dizzy	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
52. I feel too guilty	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
53. I eat too much	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
54. I feel overtired	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
55. I am overweight	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
56. Physical problems without known medical cause:			
a. Aches or pains (not headaches)	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
b. Headaches	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
c. Nausea, feel sick	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
d. Problems with eyes	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
e. Rashes or other skin problems	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
f. Stomach-aches or cramps	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
g. Vomiting, throwing up	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
h. Other (describe):	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2

if you have NO Other physical problems then please mark NOT TRUE



Q23. continued....

For each item please mark the circle that best represents whether the statement is true, somewhat/sometimes true or very true/often true for you now or within the past six months.

		Not True	Somewhat or Sometimes True	Very True or Often True
57.	I physically attack people	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
58.	I pick my skin or other parts of my body	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
59.	I can be pretty friendly	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
60.	I like to try new things	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
61.	My school work is poor	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
62.	I am poorly coordinated or clumsy	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
63.	I would rather be with older kids than kids my own age	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
64.	I would rather be with younger kids than kids my own age	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
65.	I refuse to talk	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
66.	I repeat certain actions over and over	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
67.	I run away from home	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
68.	I scream a lot	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
69.	I am secretive or keep things to myself	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
70.	I see things that other people think aren't there	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
71.	I am self-conscious or easily embarrassed	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
72.	I set fires	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
73.	I can work well with my hands	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
74.	I show off or clown around	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
75.	I am shy	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
76.	I sleep less than most kids	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
77.	I sleep more than most kids during the day and/or night	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2



Q23. continued....

For each item please mark the circle that best represents whether the statement is true, somewhat/sometimes true or very true/often true for you now or within the past six months.

		Not True	Somewhat or Sometimes True	Very True or Often True
78.	I have a good imagination	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
79.	I have a speech problem	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
80.	I stand up for my rights	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
81.	I steal at home	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
82.	I steal from places other than home	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
83.	I store things up I dont need	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
84.	I do things other people think are strange	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
85.	I have thoughts that other people would think are strange	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
86.	I am stubborn	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
87.	My moods or feelings change suddenly	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
88.	I enjoy being with other people	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
89.	I am suspicious	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
90.	I swear or use dirty language	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
91.	I think about killing myself	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
92.	I like to make others laugh	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
93.	I talk too much	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
94.	I tease others a lot	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
95.	I have a hot temper	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
96.	I think about sex too much	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
97.	I threaten to hurt people	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2



Q23. continued....

For each item please mark the circle that best represents whether the statement is true, somewhat/sometimes true or very true/often true for you now or within the past six months.

		Not True	Somewhat or Sometimes True	Very True or Often True
98.	I like to help others	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
99.	I am too concerned about being neat or clean	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
100.	I have trouble sleeping	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
101.	I skip classes or wag school	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
102.	I don't have much energy	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
103.	I am unhappy, sad or depressed	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
104.	I am louder than other kids	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
105.	I use alcohol or drugs for non-medical purposes	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
106.	I try to be fair to others	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
107.	I enjoy a good joke	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
108.	I like to take life easy	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
109.	I try to help other people when I can	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
110.	I wish I were of the opposite sex	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
111.	I keep from getting involved with others	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
112.	I worry a lot	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2

Not to be completed



SECTION 2: BULLYING, MENTAL HEALTH & DEVELOPMENT

Bullying is when someone is picked on by another person, or a group of people say nasty and unpleasant things to him or her. It is also when someone is hit, kicked, threatened, sent nasty notes, when no one talks to them and things like that.

Q24. Have you ever been bullied at school/TAFE/Uni or at work?

- No **Go to Q31**
 Yes



Q25. Has this happened at your current school/TAFE/Uni or workplace?

- No Yes **Go to Q27**

Q26. Were you bullied at your LAST school or place of study/work?

- No, never
 Yes, once in a while (once or twice a month)
 Yes, often (once or twice a week)
 Yes, nearly every day

Q27. Were you bullied in the past three months?
 Yes No

Q28. When you were bullied when did this happen? (Please mark all responses that apply to you)

- Before/after school or work
 Between classes (if at school)
 In class or work time
 At recess/lunch or meal break

Q29. When you were bullied who bullied you? (Please mark all responses that apply to you)

- Males/Men
 Females/Women
 Younger people
 Older people
 Other people not from my school/TAFE/Uni/Work
 Teachers/lecturers/employers

Q30. How did you feel about being bullied? *(Please mark all responses that apply to you)*

- Made you sad
- Made you angry
- Doesn't bother you
- Stressed you out
- Other feelings *Please specify*

Q31. Have you ever bullied other people?

- No **Go to Q33**
- Yes



Q32. How often have you bullied other people?

- Once in a while
- Often
- Nearly every day

Q33. Are you satisfied with the way your school/TAFE/Uni workplace handles bullying?

- Very satisfied
- Fairly satisfied
- Unsatisfied (they could do a lot more)
- Very unsatisfied (nothing is done about it)

Q34. Have any of the following things ever happened to you?

		Four or more times	Two or three times	Once	Never
1.	You have been treated with less courtesy than other people	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
2.	You have been treated with less respect than other people	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
3.	You have received poorer service than other people at restaurants or shops	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
4.	People have acted as if they think you are not smart	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
5.	People have acted as if they are afraid of you	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
6.	People have acted as if they think you are dishonest	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
7.	People have acted as if they're better than you are	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
8.	You have been called names or insulted	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
9.	You have been threatened or harrassed	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
10.	You have been followed around in shops	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0

Q35. If you had any of these happen to you what do you think were the main reasons for it?

(Please mark all responses that apply to you) - Go to Q36 if you didnt have any of these experiences

- Your ancestry or national origins
- Your gender
- Your race
- Your age
- Your religion
- Your height or weight
- Your shade of skin colour
- Your sexual orientation
- Your education or income level
- A physical disability
- The way you look
- Other *Please specify*

Q36. Below is a list of statements dealing with your general feelings about yourself. Please mark the response for how much you agree or disagree with each statement

		Strongly Agree	Agree	Disagree	Strongly Disagree
1.	On the whole, I am satisfied with myself	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
2.	At times, I think I am no good at all	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
3.	I feel that I have a number of good qualities	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
4.	I am able to do things as well as most other people	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
5.	I feel I do not have much to be proud of	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
6.	I certainly feel useless at times	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
7.	I feel that I'm a person of worth, at least on an equal level with others	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
8.	I wish I could have more respect for myself	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
8.	All in all, I am inclined to feel that I am a failure	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
9.	I take a positive attitude toward myself	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0

Not to be completed



Q37. This question is about how you feel right now. Please read each statement carefully and mark the response that best describes how you feel. There are no right or wrong answers. Don't spend too much time on any one statement. For each statement below, please mark the response which best describes how best you feel right now, at this very moment.

1.	I feel	<input type="radio"/> Very calm	<input type="radio"/> Calm	<input type="radio"/> Not calm
2.	I feel	<input type="radio"/> Very upset	<input type="radio"/> Upset	<input type="radio"/> Not upset
3.	I feel	<input type="radio"/> Very pleasant	<input type="radio"/> Pleasant	<input type="radio"/> Not pleasant
4.	I feel	<input type="radio"/> Very nervous	<input type="radio"/> Nervous	<input type="radio"/> Not nervous
5.	I feel	<input type="radio"/> Very jittery	<input type="radio"/> Jittery	<input type="radio"/> Not jittery
6.	I feel	<input type="radio"/> Very rested	<input type="radio"/> Rested	<input type="radio"/> Not rested
7.	I feel	<input type="radio"/> Very scared	<input type="radio"/> Scared	<input type="radio"/> Not scared
8.	I feel	<input type="radio"/> Very relaxed	<input type="radio"/> Relaxed	<input type="radio"/> Not relaxed
9.	I feel	<input type="radio"/> Very worried	<input type="radio"/> Worried	<input type="radio"/> Not worried
10.	I feel	<input type="radio"/> Very satisfied	<input type="radio"/> Satisfied	<input type="radio"/> Not satisfied
11.	I feel	<input type="radio"/> Very frightened	<input type="radio"/> Frightened	<input type="radio"/> Not frightened
12.	I feel	<input type="radio"/> Very happy	<input type="radio"/> Happy	<input type="radio"/> Not happy
13.	I feel	<input type="radio"/> Very sure	<input type="radio"/> Sure	<input type="radio"/> Not sure
14.	I feel	<input type="radio"/> Very good	<input type="radio"/> Good	<input type="radio"/> Not good
15.	I feel	<input type="radio"/> Very troubled	<input type="radio"/> Troubled	<input type="radio"/> Not troubled
16.	I feel	<input type="radio"/> Very bothered	<input type="radio"/> Bothered	<input type="radio"/> Not bothered
17.	I feel	<input type="radio"/> Very nice	<input type="radio"/> Nice	<input type="radio"/> Not nice
18.	I feel	<input type="radio"/> Very terrified	<input type="radio"/> Terrified	<input type="radio"/> Not terrified
19.	I feel	<input type="radio"/> Very mixed-up	<input type="radio"/> Mixed-up	<input type="radio"/> Not mixed-up
20.	I feel	<input type="radio"/> Very cheerful	<input type="radio"/> Cheerful	<input type="radio"/> Not cheerful

Q38. A number of statements which boys and girls use to describe themselves are listed below. Read each statement carefully and decide if it is hardly-ever, or sometimes, or often true for you. There are no right or wrong answers. Don't spend too much time on any one statement. For each statement, mark the response that seems to describe you best. Remember to choose the word which best seems to describe how you usually feel.

	Hardly ever	Sometimes	Often
1. I worry about making mistakes	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
2. I feel like crying	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
3. I feel unhappy	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
4. I have trouble making up my mind	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
5. It is difficult for me to face my problems	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
6. I worry too much	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
7. I get upset at home	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
8. I am shy	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
9. I feel troubled	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
10. Unimportant thoughts run through my mind and bother me	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
11. I worry about school / work	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
12. I have trouble deciding what to do	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
13. I notice my heart beats fast	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
14. I am secretly afraid	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
15. I worry about my parents	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
16. My hands get sweaty	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
17. I worry about things that may happen	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
18. It is hard for me to fall asleep at night	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
19. I get a funny feeling in my stomach	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
20. I worry about what others may think of me	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

Q39. In some situations we feel sure that we can manage well and make things turn out the way we want; in other situations we feel less sure of managing well and less able to make things turn out the way we want. Please select the response that shows how sure you feel in managing each of the following situations. There are no right or wrong answers - just say what you think would be true for you.

		Not at all sure	A little sure	Somewhat sure	Quite sure	Very sure
1.	You meet a person for the first time	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
2.	You are in a place you don't know anything about	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
3.	You have new work to do at school /Work/TAFE	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
4.	You have to get something done and there is a lot of pressure	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
5.	You have to work out a problem with a teacher/ lecturer/ employer	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
6.	You have to work out a problem with your mother	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
7.	You have to give a talk in front of people	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
8.	You have to do something for the first time	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
9.	You have to travel to a new place by yourself	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
10.	You have to work out a problem with a friend	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
11.	You have trouble solving a problem in school/work/TAFE	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
12.	You feel very unhappy	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
13.	You lose something important	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
14.	You have to do things people expect you to do	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
15.	You have to figure out something by yourself	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
16.	You have to make an important decision	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
17.	Someone counts on you to do something important	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
18.	You are bored and want to find something interesting to do	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
19.	Things are going wrong	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
20.	You become older	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
21.	You have to work out a problem with your father	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
22.	You have done something wrong	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

Q40. Here is a list of things that happen to people and that people think or feel. Please read each statement carefully and thinking over the last two weeks, select the response that best describes how you feel about each statement. There are no right or wrong answers.

		Never	Sometimes	Often	Always
1.	I think that my life is bad	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
2.	I have trouble doing things	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
3.	I feel that I am a bad person	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
4.	I wish I was dead	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
5.	I have trouble sleeping	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
6.	I feel no one loves me	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
7.	I think bad things happen because of me	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
8.	I feel lonely	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
9.	My stomach hurts	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
10.	I feel like bad things happen to me	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
11.	I feel like I am stupid	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
12.	I feel sorry for myself	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
13.	I think I do things badly	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
14.	I feel bad about what I do	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
15.	I hate myself	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
16.	I want to be alone	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
17.	I feel like crying	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
18.	I feel sad	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
19.	I feel empty inside	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
20.	I think my life will be bad	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3



Q41. The following statements have been used by many people to describe how much support they get from other people. How much do you agree or disagree with each of these statements? The more you agree the higher the number you should mark. The more you disagree, the lower the number you should mark.

		Disagree					Agree	
		1	2	3	4	5	6	7
1.	People don't come to visit me as often as I would like	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
2.	I often need help from other people but can't get it	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
3.	I seem to have a lot of friends	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
3.	I don't have anyone that I can confide in	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
4.	I have no one to lean on in times of trouble	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
5.	There is someone who can always cheer me up when I'm down	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
6.	I often feel very lonely	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
7.	I enjoy the time I spend with the people who are important to me	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
8.	When something's on my mind, just talking with the people I know can make me feel better	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7
9.	When I need someone to help me out, I can usually find someone	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7

Not to be completed



Q42. How much do you feel that...

		Not at all	Little	Some	Quite a bit	Very much	Don't know
1.	Adults care about you?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
2.	School / work people care about you?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
3.	Your parents care about you?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
4.	Your friends care about you?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
5.	Church leaders care about you?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
6.	You get upset at home?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
7.	Your family cares about your feelings?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
8.	People in your family understand you?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
9.	You want to leave home?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
10.	You and your family have lots of fun together?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
11.	Your family pays a lot of attention to you?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

Not to be completed



Q43. Please read the following statements and choose the answer that best describes the way your parents (or step-parents or foster parents) in general acted towards you during the last 6 months.

My parents (or step-parents or foster parents) ...		Never	Sometimes	Often	Very Often
1.	Smile at me	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
2.	Soon forget a rule they have made	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
3.	Praise me	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
4.	Nag me about little things	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
5.	Only keep rules when it suits them	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
6.	Make sure I know I am appreciated	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
7.	Threaten punishment more often than they use it	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
8.	Speak of the good things I do	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
9.	Enforce a rule or do not enforce a rule depending on their mood	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
10.	Hit me or threaten to do so	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
11.	Seem proud of the things I do	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

Not to be completed



SECTION 2: RISK TAKING BEHAVIOURS - SMOKING - ALCOHOL

We have much to learn about the actual attitudes, knowledge and experiences of young people. So, your honest responses to the questions in this section will provide valuable information on this important topic. If there is a question you'd prefer not to answer, please skip it, rather than give a false answer. Remember, all your answers are CONFIDENTIAL.

Q44. Have you ever smoked even part of a cigarette?

- No **Go to Q48**
- Yes, just a few puffs
- Yes, I have smoked fewer than 10 cigarettes in my life
- Yes, I have smoked more than 10 cigarettes in my life



Q45. Have you smoked cigarettes in the past 12 months?

- No **Go to Q48**
- Yes

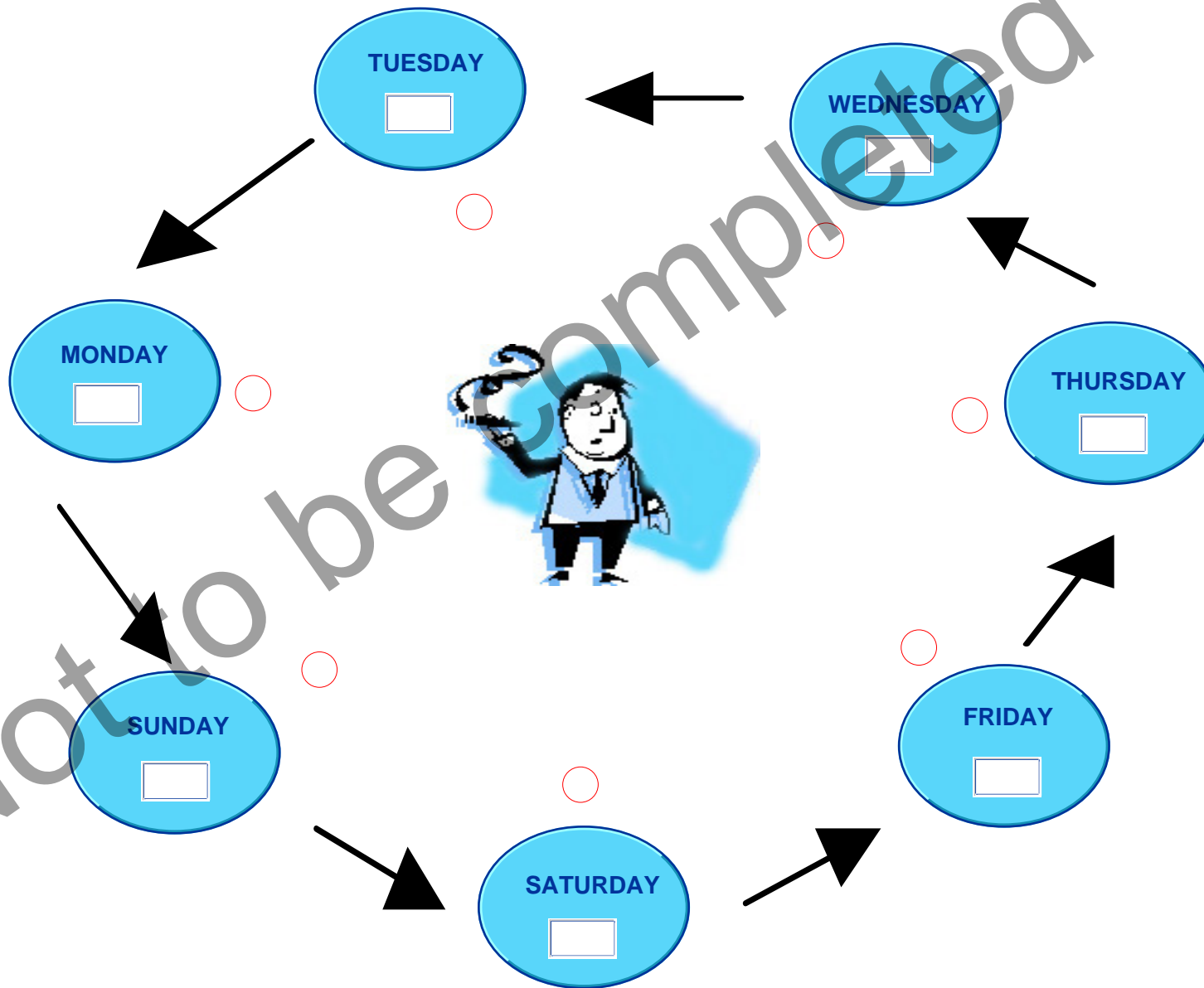


Q46. Have you smoked cigarettes in the past 4 weeks?

- No **Go to Q48**
- Yes **Go to Q47**

Q47. This question is about the number of cigarettes you had during the last seven days including yesterday.

Please mark yesterday with a spot. In the space provided type the number of cigarettes that you smoked yesterday. If you didnt smoke any cigarettes put in '0'. Start filling the spaces beginning with yesterday and follow the arrows.



Q48. Have you ever had even part of an alcoholic drink?

- No **Go to Q55**
- Yes, just a few sips
- Yes, I have had fewer than 10 alcoholic drinks in my life
- Yes, I have had more than 10 alcoholic drinks in my life



Q49. Have you ever drunk 6 or more alcoholic drinks at one time or drunk so much alcohol that you threw up (vomited)?

- Never
- Yes, once only
- Yes, more than once

Q50. Have you had an alcoholic drink in the past 12 months?

- No **Go to Q55**
- Yes



Q51. Have you been drunk at any time in the last 6 months?

- No **Go to Q52**
- Yes **Go to Q52**

Not to be completed

Q52. Please indicate, as accurately as possible, the type and amount of alcohol that you consumed each day during the past week. The Standard Drinks Guide over the page may assist you.

Please mark yesterday with a spot. Mark the days that you drank some alcohol by putting a cross in the box next to the day. Then in the spaces provided enter in the type of alcohol that you drank and the number of drinks that you drank. If you didn't drink any alcohol do not mark the days and put 'NIL' in the Type of Alcohol & Amount Consumed area. Start filling the spaces beginning with yesterday and then work backwards through the week.

Please give as much detail as you can with regard to the type of alcohol and the amount you consumed. If you know the number of standard drinks please type that in as well.

Type of alcohol examples:

Beer (light, midstrength, fullstrength)
Wine (Sherry, Claret, Chardonnay etc)
Spirits (Gin, Whiskey, Vodka, Baileys, pre-mix etc)

Amount consumed examples:

Glass (champagne, sml wine glass, restaurant wine glass, middy, pint), can, stubby, nip, mls, or standard drink (according to the label)

Example.

Day

Friday



Type of Alcohol & Amount Consumed

2 cans of midstrength and 1 stubby of full strength beer and 2 x (275ml) guava vodka cruisers (1.1 standard drinks ea)

Day	Type of Alcohol & Amount Consumed
<input type="radio"/> Monday <input type="checkbox"/>	
<input type="radio"/> Tuesday <input type="checkbox"/>	
<input type="radio"/> Wednesday <input type="checkbox"/>	
<input type="radio"/> Thursday <input type="checkbox"/>	
<input checked="" type="radio"/> Friday <input type="checkbox"/>	
<input type="radio"/> Saturday <input type="checkbox"/>	
<input type="radio"/> Sunday <input type="checkbox"/>	

Q53. Does this level of consumption reflect a typical week? Yes No

Q54. When you drink alcohol, is it usually with a meal? Yes No



Standard Drinks Guide

									
1.8 375ml Full Strength Beer 4.8% Alc/Vol	1 375ml Mid Strength Beer 3.8% Alc/Vol	0.8 375ml Light Beer 2.7% Alc/Vol	1.5 375ml Full Strength Beer 4.9% Alc/Vol	1 375ml Mid Strength Beer 3.8% Alc/Vol	0.8 375ml Light Beer 2.7% Alc/Vol	1 285ml Middy/Pot* Full Strength Beer 4.8% Alc/Vol	0.7 285ml Middy/Pot* Mid Strength Beer 3.8% Alc/Vol	0.6 285ml Middy/Pot* Light Beer 2.7% Alc/Vol	1.5 170ml Standard Serve of Sparkling Wine/ Champagne 11.8% Alc/Vol
									
1.5 375ml Pre-mix Spirits 5% Alc/Vol	1.5 340ml Alcoholic Soda 5.5% Alc/Vol	1 30ml Spirit Nip 40% Alc/Vol	22 700ml Bottle of Spirits 40% Alc/Vol	0.9 60ml Port/Sherry Glass 18% Alc/Vol	1 100ml Standard Serve of Wine 12% Alc/Vol	1.8 180ml Average Restaurant Serve of Wine 12% Alc/Vol	7 750ml Bottle of Wine 12% Alc/Vol	28 4 Litres Cask Wine 12% Alc/Vol	

* NSW, WA, ACT = Middy; VIC, QLD, TAS = Pot; NT = Handle; SA = Schooner

Q59. Regarding your friends, which of the following comes closest to describing them?

<i>(Please mark one response for each item)</i>		Yes	No
1.	Mainly friends from my school	<input type="radio"/> 1	<input type="radio"/> 0
2.	Mainly friends from elsewhere	<input type="radio"/> 1	<input type="radio"/> 0
3.	Friends from school and from elsewhere	<input type="radio"/> 1	<input type="radio"/> 0
4.	Mainly friends the same sex as me	<input type="radio"/> 1	<input type="radio"/> 0
5.	Mainly friends from the opposite sex	<input type="radio"/> 1	<input type="radio"/> 0
6.	Both male and female friends	<input type="radio"/> 1	<input type="radio"/> 0

Q60. How much of your leisure time do you usually spend ...

<i>(Please mark one response for each item)</i>		Mostly	Sometimes	Rarely	Never
1.	With my family	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
2.	With my friends	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
3.	Reading or enjoying music	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
4.	Practising a hobby	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
5.	Doing nothing in particular	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
6.	Watching sport	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
7.	Watching TV	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
8.	On the computer	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
9.	Playing sport or outdoor activities (biking riding etc)	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0

Q61. How supportive is your family to you? (Please mark only one response)

- Very supportive
- Supportive
- Neither supportive nor unsupportive
- Unsupportive
- Very unsupportive

Q62. In general, how do you feel about your home life? (Please mark only one response)

- Very satisfied
- Quite satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied

Q63. What is your current marital status?

- Single and not in a relationship **Go to Q77**
- In a relationship but NOT living together (eg boyfriend/girlfriend)
- In a relationship AND living together (de facto marriage)
- Married (in a registered marriage) **Go to Q68**

Q64. How likely are you to...

	Very Likely	Likely	Not sure	Unlikely	Very Unlikely	Prefer not to say
1. Marry your current partner?	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
2. Marry someone other than your present partner at some time in the future?	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0

If you are in a relationship but not living together please answer the following three questions.

Q65. Is this an an ongoing sexual relationship? Yes No

Q66. Have you and/or your partner made a definite decision not to live together (at least for the time being)?

- No, no definite decision made
- Yes, result of a definite decision

Q67. Whose decision was it to live apart?

- Yours
- Your partners
- Joint decision

Q68. Is your partner male or female?

- Male
- Female

Q69. How old is your partner?

..... years

Q70. Do you know your partner's date of birth?

- No **Go to Q72**
- Yes



Q71. Partner's Date of Birth *(leave blank if you don't know it)*

Q72. What is the highest level of education your partner has completed? *(Please mark only one response)*

- Never went to school
- Still at school
- Year 9 or below
- Year 10 or equivalent
- Year 11 or equivalent
- Year 12 or equivalent
- Certificate/trade certificate
- Diploma/Advanced diploma
- Bachelor degree
- Graduate diploma/graduate certificate
- Post-graduate degree
- Don't Know

Q73. Which category best describes what your partner is mainly doing at present? *(Please mark only one response, unless two more more apply equally)*

- Employed or self-employed (full-time or part-time)
- Helping in a family business or farm
- Home duties (including looking after your children)
- Looking after an ill or disabled person
- Looking for work
- Recovering from injury/illness
- Studying/Attending school/TAFE/University
- Travelling/Leisure activities
- Working in an unpaid voluntary job
- Other *Please specify*

The following questions ask about your relationship with your partner

Q74. Most people have disagreements in their relationships. Please indicate below the extent of agreement or disagreement between you and your partner for each of the following items.

		Always Agree	Almost Always Agree	Occasionally Agree	Frequently Disagree	Almost Always Disagree	Always Disagree
1.	Philosophy of life	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
2.	Aims, goals and things believed to be important	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
3.	Amount of time spent together	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0

Q75. How often would say the following events occur between you and your partner?

		Never	Less than Once a Month	Once or Twice a Month	Once or Twice a Week	Once a Day	More Often
1.	Have a stimulating exchange of ideas	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
2.	Calmly discuss something	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
3.	Work together on a project	<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0

Q76. The points on the following line represent different degrees of happiness in your relationship with your partner. The middle point, "Happy", represents the degree of happiness of most relationships. Please mark the response which best describes the degree of happiness, all things considered, of your relationship with your partner.

Extremely Unhappy
 Fairly Unhappy
 A Little Unhappy
 Happy
 Very Happy
 Extremely Happy
 Perfect



SECTION 4: SEXUAL FEELINGS & EXPERIENCES

Q77. Do you think that people about the same age as you mostly use condoms if they have sex?

- I don't think they have sex
- None use condoms
- A few do
- About half do
- Most of them do
- All of them do

Q78. For those young people who use condoms when having sex, who do you think mostly suggests using a condom?

- Boys
- Girls
- Both
- I don't know

Q79. Which of these statements best describes your sexual feelings at the moment?

- I am attracted only to people of the opposite sex
- I am attracted to people of both sexes
- I am attracted only to people of my own sex
- Not sure

Q80. How confident are you that you could talk to one of your parents, or an adult who looks after you, about sex, contraception or about sexually transmitted infections?

- Very confident
- Confident
- A little confident
- Not very confident
- Not at all confident

Q81. How likely do you think you are personally to get any sexually transmitted infection (STI)??

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Never | Very Unlikely | Unlikely | Likely | Very Likely |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q82. Which of the following sources of information have you ever used for advice about HIV/AIDS, other STIs, hepatitis and contraception? (Please mark **all/any** sources of information you have used for each health issue)

Source of Information		HIV/AIDS	Other STI's	Hepatitis	Contraception
1.	Doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Community Health Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	School Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	School counsellor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	School nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Teacher/Lecturer/Employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Other community member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Youth worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Pamphlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Your Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Your Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Other relative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Female friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Male friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Other person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Please specify who this other person is</i>			
18.	Never sought advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q83. If you have never spoken to your doctor about these health issues, can you tell us why that was? (Please mark **any** responses that apply)

- I don't feel comfortable talking about these things
- I don't have a doctor
- I didn't need to speak to a doctor
- I am scared my parents will find out
- Other reason Please specify



Q84. Have you ever been diagnosed with a sexually transmissible infection (STI)?

- No **Go to Q86**
 Yes



Q85. Which STI (s) have you been diagnosed with? (Please mark any that apply to you)

- Candidiasis/Thrush
- Chlamydia
- Genital Herpes
- Genial Warts
- Gonorrhoea
- Hepatitis B
- HIV/AIDS
- Public Lice (crabs)
- Syphilis
- Other

Q86. Have you, and how old were you when you first had an experience of...

	Haven't Yet	Under 13 Years	13 Years	14 Years	15 Years	16 Years	17 Years
1. Deep kissing?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
2. Touching a partner's genitals with your hands?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
3. Being touched on your genitals by a partner's hand?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
4. Giving oral sex	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
5. Receiving oral sex	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
6. Intercourse without a condom	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
7. Intercourse with a condom?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6

If you have not given or received oral sex GO TO Q88

Q87. Over the last year, with how many people have you...

	No-one	1 Person	2 People	3 People	4 People	5
Had oral sex (giving or receiving)?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
Had ONLY oral sex and NOT intercourse?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

If you have not had sexual intercourse GO TO Q104

Q88. Over the last year, with how many people have you had intercourse?

- I have not had intercourse in the past year
- 1 person
- 2 people
- 3 people
- 4 people
- 5 to 10 people
- 11 or more people

Q89. Over the last year, when you had intercourse, how often did you use condoms?

- I haven't had intercourse in the past year
- Always used condoms
- Sometimes used condoms
- Never used condoms

Q90. Have you ever sex when you didn't want to?

- No
- Yes

Go to Q92



Q91. What were the reasons for this? *(Please mark any responses that apply)*

- I was too drunk at the time
- I was too high at the time
- My partner thought I should
- My friends thought I should
- Other reason Please specify

The following questions are about the **last time** you had sex. Please think back to the last time you had sex when you are answering these questions.

Q92. Was the last person you had sex with...

- Someone you had just met for the first time?
- Someone you had known for a while, but had not had sex with before?
- Someone you had known for a while and had had sex with before, but not your current girlfriend/boyfriend?
- Your current girlfriend/boyfriend?

Q93. Was the last person you had sex with male or female? Male Female

Q94. How old was the last person you had sex with?

- under 16 years old
- 16-17 years old
- 18-19 years old
- 20-24 years old
- 25-29 years old
- 30 years of age or older
- Not sure

Q95. When did you last have sex with this person?

- In the last week
- 1-3 weeks ago
- 1-3 months ago
- 4-6 months ago
- 7-12 months ago
- Over 12 months ago

Q96. Where did you last have sex with this person?

- My house
- My girlfriend's/boyfriend's house
- A friend's house
- Outside (eg. in the park or on the beach)
- In a car
- Another place Please specify

Q97. The last time you had sex ...

		Yes	No	
1.	Did you want to have sex?	<input type="radio"/> 1	<input type="radio"/> 0	Go to Q99
2.	Were you drunk or high?	<input type="radio"/> 1	<input type="radio"/> 0	Go to Q99
3.	Was a condom used?	<input type="radio"/> 1	<input type="radio"/> 0	Go to Q98

Q98. Why was a condom NOT used? (Please mark any responses that apply)

- I don't like them
- My partner doesn't like them
- I trust my partner
- It just happened
- Too embarrassed
- We both have been tested for HIV/STIs
- I know my partner's sexual history
- It is not my responsibility
- Other reason

Please specify

Still thinking back to the last time you had sex.

Q99. BEFORE you had sex, did you talk to your partner about... *(Please mark any responses that apply)*

- Avoiding pregnancy
- Avoiding HIV infection
- Avoiding other sexually transmissible infections
- How to get sexual pleasure without intercourse
- Using a condom
- Other topic

Please specify

Q100. The last time you had sex, which of the following did you (or your partner) use to stop pregnancy?

(Please mark any responses that apply)

- Nothing
- Condoms
- Oral contraceptive (the Pill)
- Depo Provera (injection)
- Implanon (implant)
- IUD
- Morning after pill
- Diaphragm or cap
- Withdrawal (pulling out)
- Other

Please specify

Q101. What have you (or your partner) used in the past to stop pregnancy? *(Please mark any responses that apply)*

- Nothing
- Condoms
- Oral contraceptive (the Pill)
- Depo Provera (injection)
- Implanon (implant)
- IUD
- Morning after pill
- Diaphragm or cap
- Withdrawal (pulling out)
- Other

Please specify

Q102. Do you have any problems with any of these contraceptive methods?

No **Go to Q104**

Yes



Q103. What are these problems?

Irregular bleeding

I forget to use it

I don't like it

I put on weight

Side effects

Other problems Please specify

Please list any of the contraceptive(s) that you have a problem with.

Nothing

Condoms

Oral contraceptive (the Pill)

Depo Provera (injection)

Implanon (implant)

IUD

Morning after pill

Diaphragm or cap

Withdrawal (pulling out)

Other

SECTION 5: PREGNANCY & PARENTHOOD

Q104. How much would you like to become a parent sometime soon?

- I am already a parent
- I really want to be a parent soon
- It would be nice to be a parent soon
- I don't care if I do or don't become a parent soon
- I would prefer not to be a parent soon
- I really don't want to be a parent soon

Q105. Have you ever had sex that resulted in a pregnancy?

- Haven't had sex yet **Go to Q117**
- No
- Yes
- Don't know

Q106. How many pregnancies resulted?

- 1
- 2
- 3
- 4
- 5 or more
- Don't know

Q107. Is your partner pregnant now?

- Yes **Go to Q110**
- No **Go to Q108**
- Don't know **Go to Q112**

Q108. How did your partner's most recent pregnancy end?

- Birth of live baby(s) **Go to Q109**
- Birth of a stillborn **Go to Q112**
- A miscarriage **Go to Q112**
- An abortion **Go to Q109**

Q109. Who helped you and your partner most in deciding to keep the baby or stop the pregnancy?

(Please mark one response only)

- It was my decision
- My partner
- My father (or guardian)
- My mother (or guardian)
- Friends
- My doctor
- My teacher/school counsellor
- Other person Please specify

Q110. Are you and your partner going to continue with the pregnancy?

- Yes
- No
- Don't know

Q111. Who is helping you and your partner most in the decision to continue with or stop the pregnancy?

(Please mark one response only)

- It was my decision
- My partner
- My father (or guardian)
- My mother (or guardian)
- Friends
- My doctor
- My teacher/school counsellor
- Other person Please specify

The following are statements regarding your most recent pregnancy, please mark the response which most applies to you for each statement.

Q112. Before my partner became pregnant...

- We had agreed that we would like her to be pregnant
- We had discussed having children together, but hadn't agreed for her to get pregnant
- We never discussed having children before

Q113. In terms of being a father, I feel that the pregnancy happened at the...

- At the right time
- At an ok time, but was not quite the right time
- At the wrong time

Q114. Just before my partner became pregnant...

- We wanted to get pregnant
- Our intentions kept changing
- I did not intend for her to get pregnant
- I was unhappy about her getting pregnant

Q115. Just before my partner became pregnant...

- I wanted her to have a baby
- I had mixed feelings about having a baby
- I did not want to have a baby

Q116. In the month before my partner became pregnant...

- I/we were not using contraception
- I/we were using contraception but not on every occasion
- I/we always used contraception
- I/we always used contraception, but knew the method had failed (ie broke, moved, came off, came out etc) at least once

Q117. Please write any comments concerning this questionnaire, the research, or anything else you would like to tell us about.

A large rectangular area with a blue border, containing horizontal dashed lines for writing. A large, semi-transparent watermark reading "Not to be completed" is overlaid diagonally across this area.

THANK YOU

**WE APPRECIATE THE TIME THAT YOU HAVE SPENT
COMPLETING THIS QUESTIONNAIRE**

