

16 Year Follow-up

Teenager Self-Administered Questionnaire

This questionnaire is similar to that which you completed at 13 years. The purpose of this teenager questionnaire is to obtain information about a range of topics including your relationships at home, school and work, your self-confidence and perceptions of care and support that you receive from others, your health and recent medical history, and your knowledge around and participation in risk taking behaviours such as smoking, drinking and sexual activity.

Please read each question carefully

Select the most appropriate options or write your answers in the space provided

Please take your time

You may complete the questionnaire over 1-2 days if necessary

If you are uncomfortable about a question or unsure of an answer, please leave it blank or ask one of the Raine study staff for assistance. You can phone us on (61 8) 9489 7937 or (61 8) 9489 7796

Please follow the instructions within the questions

This will enable you to move quickly and easily through the questionnaire

Please complete this questionnaire independently

(without discussing it with anyone)

Remember all answers are STRICTLY confidential

Since you are unable to attend an appointment, please use the Reply paid envelope enclosed to return your completed questionnaires to us by:

/ /

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

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_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 | <input type="checkbox"/> People at my school/work |
| G217_W28 | <input type="checkbox"/> People not from my school/work |
| G217_W29 | <input type="checkbox"/> Brothers and/or sisters |
| G217_W30 | <input type="checkbox"/> Parents |
| G217_W31 | <input type="checkbox"/> Teachers/employers |
| G217_W32 | <input type="checkbox"/> 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
<input type="text"/>	<input type="text"/>

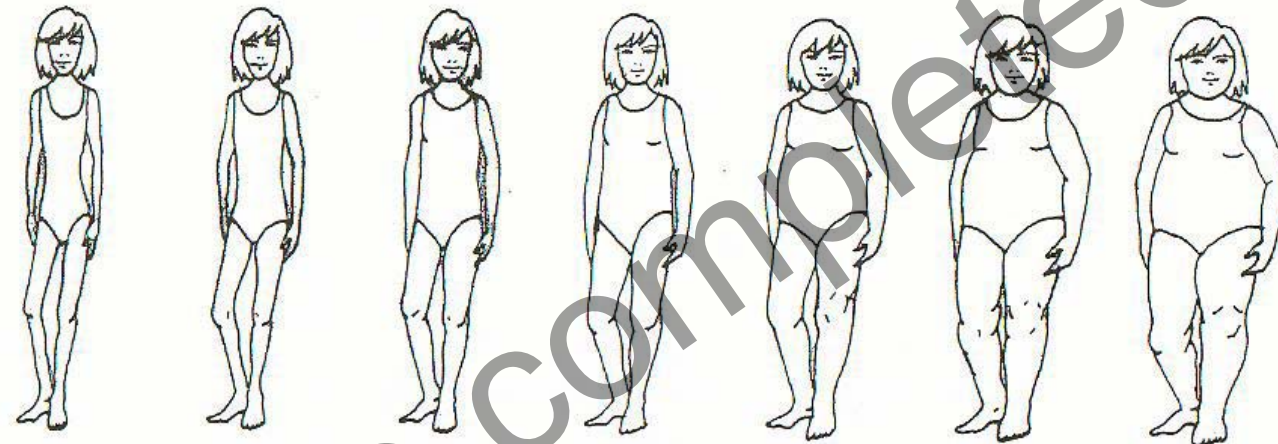
G217_W6

Which figure would you most like to look like?

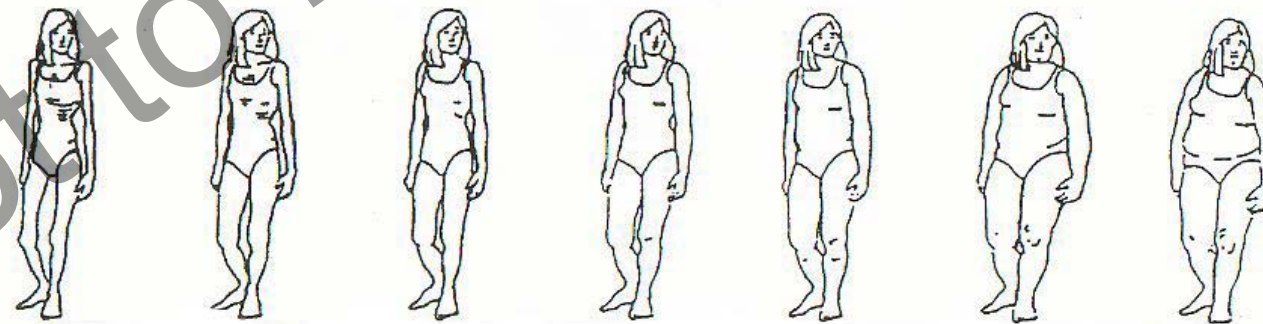
<input type="text"/>	<input type="text"/>
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G217_W7

Staff Perception G217_W6A



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

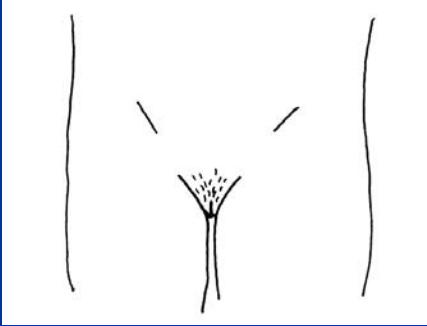
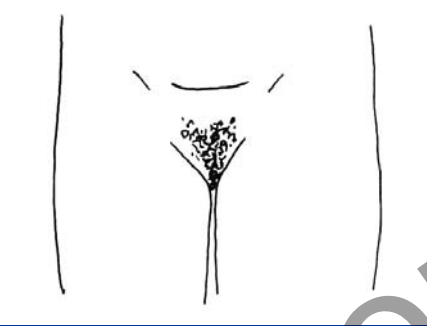
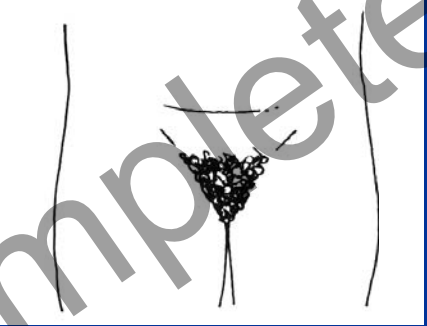
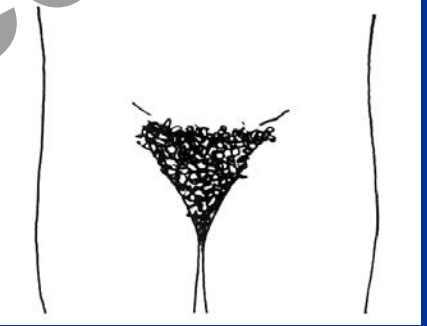


1B 1.5B 2B 2.5B 3B 3.5B 4B 4.5B 5B 5.5B 6B 6.5B 7B

The drawings on this page show different amounts of female pubic hair. A girl passes through each of the four stages shown by these drawings.

G217_PUB6

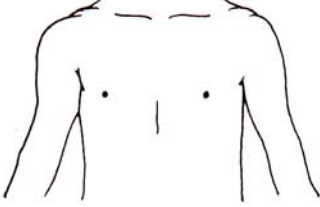
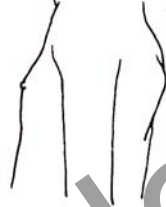
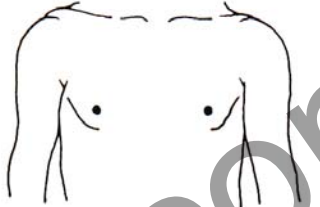

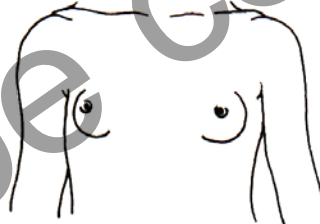
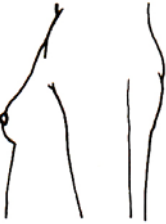
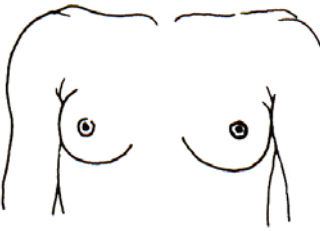

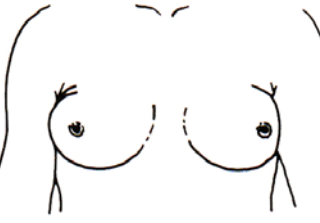

Q22a. Please look at each drawing then choose the one closest to your stage of development by selecting the corresponding circle.

			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The drawings on this page show different stages of development of the breast. A girl passes through each of the five stages shown by these drawings.

G217_PUB7

Q22b. Please look at each drawing then choose the one closest to your stage of development by marking the corresponding circle.

		<input type="radio"/>
		<input type="radio"/>
		<input type="radio"/>
		<input type="radio"/>
		<input type="radio"/>

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
G217_C2	1. I act too young for my age	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C103	2. I have an allergy	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C104	3. I argue a lot	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C105	4. I have asthma	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C184	5. I like the opposite sex	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C185	6. I like animals	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C108	7. I brag	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C5	8. I have trouble concentrating or paying attention	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C109	9. I can't get my mind off certain thoughts	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C6	10. I have trouble sitting still	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C10	11. I am too dependant on adults	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C110	12. I feel lonely	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C111	13. I feel confused or in a fog	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C13	14. I cry a lot	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C186	15. I am pretty honest	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C112	16. I am mean to others	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C113	17. I day dream a lot	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C114	18. I deliberately try to hurt or kill myself	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C96	19. I try to get a lot of attention	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C17	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
G217_C18	21. I destroy things belonging to others	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C20	22. I disobey my parents	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C115	23. I disobey at school	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C24	24. I don't eat as well as I should	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C25	25. I don't get along with other kids	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C27	26. I don't feel guilty after doing something I shouldn't	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C30	27. I am jealous of others	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C187	28. I am willing to help others when they need help	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C32	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
G217_C116	30. I am afraid of going to school	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C117	31. I am afraid I might think or do something bad	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C118	32. I feel that I have to be perfect	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C119	33. I feel that no one loves me	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C120	34. I feel that others are out to get me	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C121	35. I feel worthless or inferior	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C34	36. I accidentally get hurt a lot	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C35	37. I get in many fights	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C122	38. I get teased a lot	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C123	39. I hang around with kids who get in trouble	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C124	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
G217_C125	41. I act without stopping to think	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C126	42. I would rather be alone than with others	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C127	43. I lie or cheat	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C128	44. I bite my fingernails	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C47	45. I am nervous or tense	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C46	46. Parts of my body twitch or make nervous movements	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C48	47. I have nightmares	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C129	48. I am not liked by other kids	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C189	49. I can do certain things better than most kids	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C87	50. I am too fearful or anxious	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C130	51. I feel dizzy	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C131	52. I feel too guilty	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C49	53. I eat too much	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C50	54. I feel overtired	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C51	55. I am overweight	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C1	56. Physical problems without known medical cause:			
G217_C39	a. Aches or pains (not headaches)	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C45	b. Headaches	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C57	c. Nausea, feel sick	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C60	d. Problems with eyes	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C78	e. Rashes or other skin problems	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C93	f. Stomach-aches or cramps	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C161	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
G217_C53	57. I physically attack people	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C54	58. I pick my skin or other parts of my body	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C190	59. I can be pretty friendly	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C191	60. I like to try new things	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C133	61. My school work is poor	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C156	62. I am poorly coordinated or clumsy	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C134	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
G217_C135	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
G217_C136	65. I refuse to talk	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C137	66. I repeat certain actions over and over	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C95	67. I run away from home	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C66	68. I scream a lot	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C138	69. I am secretive or keep things to myself	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C139	70. I see things that other people think aren't there	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C68	71. I am self-conscious or easily embarrassed	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C140	72. I set fires	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C192	73. I can work well with my hands	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C142	74. I show off or clown around	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C73	75. I am shy	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C74	76. I sleep less than most kids	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2
G217_C143	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.

G217_C193

G217_C76

G217_C194

G217_C144

G217_C145

G217_C79

G217_C80

G217_C146

G217_C81

G217_C82

G217_C195

G217_C147

G217_C148

G217_C149

G217_C196

G217_C150

G217_C151

G217_C85

G217_C152

G217_C153

		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.

G217_C197

98. I like to help others

☐ 0

☐ 1

☐ 2

G217_C86

99. I am too concerned about being neat or clean

☐ 0

☐ 1

☐ 2

G217_C38

100. I have trouble sleeping

☐ 0

☐ 1

☐ 2

G217_C155

101. I skip classes or wag school

☐ 0

☐ 1

☐ 2

G217_C89

102. I don't have much energy

☐ 0

☐ 1

☐ 2

G217_C90

103. I am unhappy, sad or depressed

☐ 0

☐ 1

☐ 2

G217_C91

104. I am louder than other kids

☐ 0

☐ 1

☐ 2

G217_C156

105. I use alcohol or drugs for non-medical purposes

☐ 0

☐ 1

☐ 2

G217_C198

106. I try to be fair to others

☐ 0

☐ 1

☐ 2

G217_C199

107. I enjoy a good joke

☐ 0

☐ 1

☐ 2

G217_C200

108. I like to take life easy

☐ 0

☐ 1

☐ 2

G217_C201

109. I try to help other people when I can

☐ 0

☐ 1

☐ 2

G217_C160

110. I wish I were of the opposite sex

☐ 0

☐ 1

☐ 2

G217_C98

111. I keep from getting involved with others

☐ 0

☐ 1

☐ 2

G217_C99

112. I worry a lot

☐ 0

☐ 1

☐ 2

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.

G217_BU1

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

- ☐ No **Go to Q31**
☐ Yes



G217_BU2

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

- ☐ No ☐ Yes **Go to Q27**

G217_BU4

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

G217_BU3

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)

- G217_BU5 ☐ Before/after school or work []
G217_BU6 ☐ Between classes (if at school)
G217_BU7 ☐ In class or work time
G217_BU8 ☐ At recess/lunch or meal break

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

- G217_BU9 ☐ Males/Men
G217_BU10 ☐ Females/Women
G217_BU11 ☐ Younger people
G217_BU12 ☐ Older people
G217_BU13 ☐ Other people not from my school/TAFE/Uni/Work
G217_BU14 ☐ Teachers/lecturers/employers

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

G217_BU15

☐ Made you sad

G217_BU16

☐ Made you angry

G217_BU17

☐ Doesn't bother you

G217_BU18

☐ Stressed you out

G217_BU19

☐ Other feelings Please specify

G217_BU20

Q31. Have you ever bullied other people?

☐ No

Go to Q33

☐ Yes



G217_BU21

Q32. How often have you bullied other people?

☐ Once in a while

☐ Often

☐ Nearly every day

G217_BU22

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
G217_NH14	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
G217_NH15	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
G217_NH16	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
G217_NH17	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
G217_NH18	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
G217_NH19	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
G217_NH20	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
G217_NH21	8. You have been called names or insulted	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
G217_NH22	9. You have been threatened or harrassed	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
G217_NH23	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

G217_NH25 ☐ Your ancestry or national origins

G217_NH26 ☐ Your gender

G217_NH27 ☐ Your race

G217_NH28 ☐ Your age

G217_NH29 ☐ Your religion

G217_NH30 ☐ Your height or weight

G217_NH31 ☐ Your shade of skin colour

G217_NH32 ☐ Your sexual orientation

G217_NH33 ☐ Your education or income level

G217_NH34 ☐ A physical disability

G217_NH35 ☐ The way you look

G217_NH36 ☐ 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

G217_FE10

G217_FE11

G217_FE12

G217_FE13

G217_FE14

G217_FE15

G217_FE16

G217_FE17

G217_FE18

G217_FE19

		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

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.

G217_FL54	1. I feel	<input type="radio"/> Very calm	<input type="radio"/> Calm	<input type="radio"/> Not calm
G217_FL55	2. I feel	<input type="radio"/> Very upset	<input type="radio"/> Upset	<input type="radio"/> Not upset
G217_FL56	3. I feel	<input type="radio"/> Very pleasant	<input type="radio"/> Pleasant	<input type="radio"/> Not pleasant
G217_FL57	4. I feel	<input type="radio"/> Very nervous	<input type="radio"/> Nervous	<input type="radio"/> Not nervous
G217_FL58	5. I feel	<input type="radio"/> Very jittery	<input type="radio"/> Jittery	<input type="radio"/> Not jittery
G217_FL59	6. I feel	<input type="radio"/> Very rested	<input type="radio"/> Rested	<input type="radio"/> Not rested
G217_FL60	7. I feel	<input type="radio"/> Very scared	<input type="radio"/> Scared	<input type="radio"/> Not scared
G217_FL61	8. I feel	<input type="radio"/> Very relaxed	<input type="radio"/> Relaxed	<input type="radio"/> Not relaxed
G217_FL62	9. I feel	<input type="radio"/> Very worried	<input type="radio"/> Worried	<input type="radio"/> Not worried
G217_FL63	10. I feel	<input type="radio"/> Very satisfied	<input type="radio"/> Satisfied	<input type="radio"/> Not satisfied
G217_FL64	11. I feel	<input type="radio"/> Very frightened	<input type="radio"/> Frightened	<input type="radio"/> Not frightened
G217_FL65	12. I feel	<input type="radio"/> Very happy	<input type="radio"/> Happy	<input type="radio"/> Not happy
G217_FL66	13. I feel	<input type="radio"/> Very sure	<input type="radio"/> Sure	<input type="radio"/> Not sure
G217_FL67	14. I feel	<input type="radio"/> Very good	<input type="radio"/> Good	<input type="radio"/> Not good
G217_FL68	15. I feel	<input type="radio"/> Very troubled	<input type="radio"/> Troubled	<input type="radio"/> Not troubled
G217_FL69	16. I feel	<input type="radio"/> Very bothered	<input type="radio"/> Bothered	<input type="radio"/> Not bothered
G217_FL70	17. I feel	<input type="radio"/> Very nice	<input type="radio"/> Nice	<input type="radio"/> Not nice
G217_FL71	18. I feel	<input type="radio"/> Very terrified	<input type="radio"/> Terrified	<input type="radio"/> Not terrified
G217_FL72	19. I feel	<input type="radio"/> Very mixed-up	<input type="radio"/> Mixed-up	<input type="radio"/> Not mixed-up
G217_FL73	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.

G217_FL74

G217_FL75

G217_FL76

G217_FL77

G217_FL78

G217_FL79

G217_FL80

G217_FL81

G217_FL82

G217_FL83

G217_FL84

G217_FL85

G217_FL86

G217_FL87

G217_FL88

G217_FL89

G217_FL90

G217_FL91

G217_FL92

G217_FL93

		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
G217_CW1	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
G217_CW2	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
G217_CW4	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
G217_CW5	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
G217_CW8	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
G217_CW9	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
G217_CW10	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
G217_CW11	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
G217_CW12	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
G217_CW13	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
G217_CW14	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
G217_CW16	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
G217_CW17	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
G217_CW18	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
G217_CW19	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
G217_CW20	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
G217_CW21	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
G217_CW22	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
G217_CW23	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
G217_CW24	20. You become older	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
G217_CW25	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
G217_CW27	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.

G217_BD1

G217_BD2

G217_BD3

G217_BD4

G217_BD5

G217_BD6

G217_BD7

G217_BD8

G217_BD9

G217_BD10

G217_BD11

G217_BD12

G217_BD13

G217_BD14

G217_BD15

G217_BD16

G217_BD17

G217_BD18

G217_BD19

G217_BD20

		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.

G217_SU48

1. People don't come to visit me as often as I would like

Disagree
1 2 3 4 5 Agree
6 7

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

G217_SU49

2. I often need help from other people but can't get it

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

G217_SU50

3. I seem to have a lot of friends

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

G217_SU51

3. I don't have anyone that I can confide in

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

G217_SU52

4. I have no one to lean on in times of trouble

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

G217_SU53

5. There is someone who can always cheer me up when I'm down

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

G217_SU54

6. I often feel very lonely

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

G217_SU55

7. I enjoy the time I spend with the people who are important to me

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

G217_SU56

8. When something's on my mind, just talking with the people I know can make me feel better

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

G217_SU57

9. When I need someone to help me out, I can usually find someone

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

Q42. How much do you feel that...

G217_SU27

G217_SU28

G217_SU29

G217_SU30

G217_SU31

G217_SU32

G217_SU33

G217_SU34

G217_SU35

G217_SU36

G217_SU37

		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.

G217_PA31
G217_PA32
G217_PA33
G217_PA34
G217_PA35
G217_PA36
G217_PA37
G217_PA38
G217_PA39
G217_PA40
G217_PA41

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**.

G217_SM30

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



G217_SM31

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

- ☐ No **Go to Q48**
- ☐ Yes



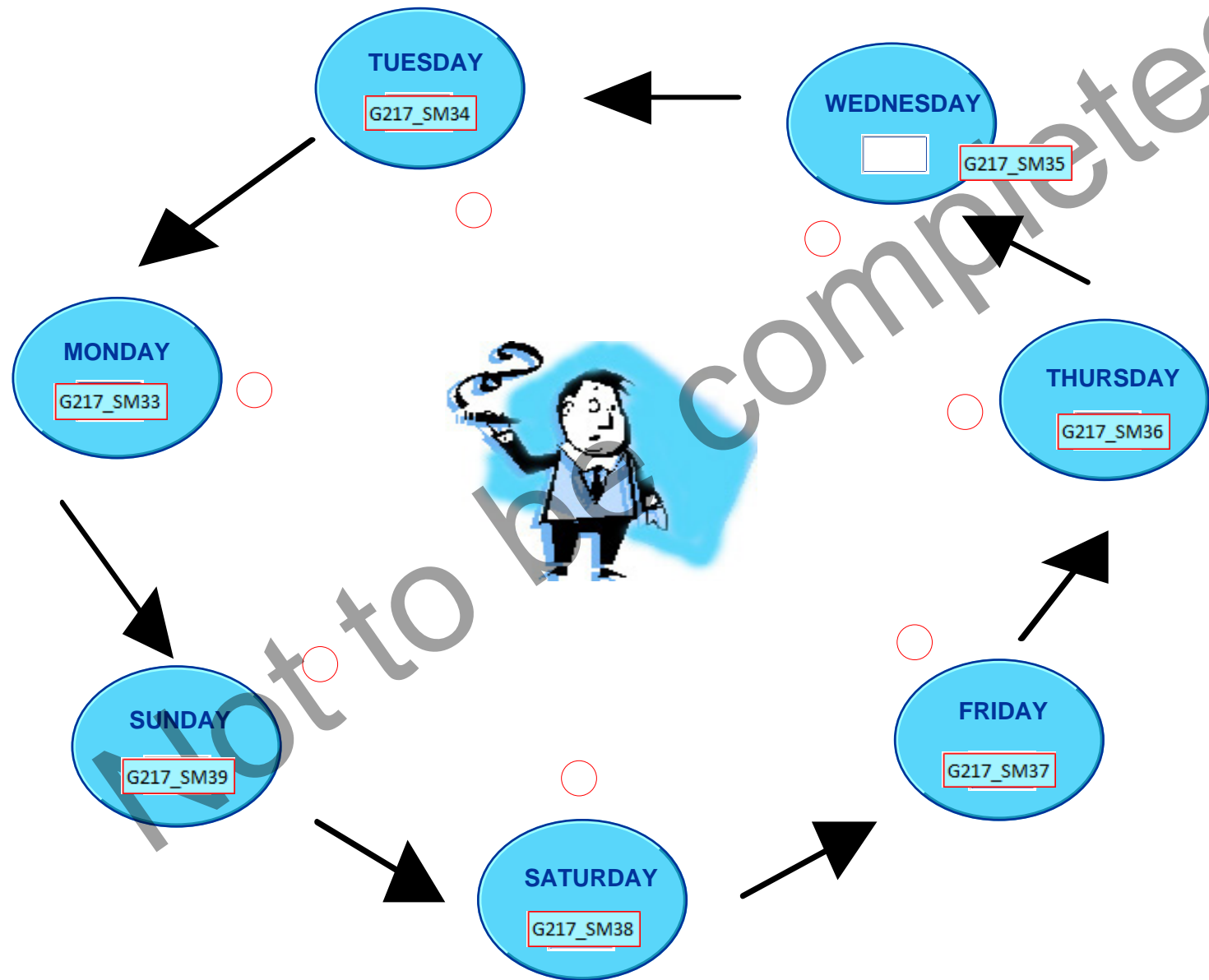
G217_SM32

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.



G217_AH40

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



G217_AH43

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

G217_AH41

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

- ☐ No **Go to Q55**
- ☐ Yes



G217_AH42

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

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

G217_AH44

Alcohol in past 4 weeks?

RS

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)

		Type of alcohol & amount consumed				
	Day		Amount in standard units	Beer	Wine	Spirits
G217_AH4	<input type="radio"/> Monday	<input type="checkbox"/>	G217_AH5	G217_AH19	G217_AH20	G217_AH21
G217_AH6	<input type="radio"/> Tuesday	<input type="checkbox"/>	G217_AH7	G217_AH22	G217_AH23	G217_AH24
G217_AH8	<input type="radio"/> Wednesday	<input type="checkbox"/>	G217_AH9	G217_AH25	G217_AH26	G217_AH27
G217_AH10	<input type="radio"/> Thursday	<input type="checkbox"/>	G217_AH11	G217_AH28	G217_AH29	G217_AH30
G217_AH12	<input type="radio"/> Friday	<input type="checkbox"/>	G217_AH13	G217_AH31	G217_AH32	G217_AH33
G217_AH14	<input type="radio"/> Saturday	<input type="checkbox"/>	G217_AH15	G217_AH34	G217_AH35	G217_AH36
G217_AH16	<input type="radio"/> Sunday	<input type="checkbox"/>	G217_AH17	G217_AH37	G217_AH38	G217_AH39

G217_AH18

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

G217_AH50

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

Standard Drinks Guide

									
1.8	1	0.8	1.8	1	0.8	1	0.7	0.8	1.5
375ml Full Strength Beer 4.9% Alc/Vol	375ml Mid Strength Beer 3.6% Alc/Vol	375ml Light Beer 2.7% Alc/Vol	375ml Full Strength Beer 4.9% Alc/Vol	375ml Mid Strength Beer 3.6% Alc/Vol	375ml Light Beer 2.7% Alc/Vol	285ml Middy/Pot* Full Strength Beer 4.9% Alc/Vol	285ml Middy/Pot* Mid Strength Beer 3.6% Alc/Vol	285ml Middy/Pot* Light Beer 2.7% Alc/Vol	170ml Standard Serve of Sparkling Wine/ Champagne 11.8% Alc/Vol
									
1.5	1.5	1	22	0.9	1	1.8	7	38	
375ml Pre-mix Spirits 5% Alc/Vol	340ml Alcoholic Soda 5.5% Alc/Vol	30ml Spirit Nip 40% Alc/Vol	700ml Bottle of Spirits 40% Alc/Vol	60ml Port/Sherry Glass 18% Alc/Vol	100ml Standard Serve of Wine 12% Alc/Vol	180ml Average Restaurant Serve of Wine 12% Alc/Vol	750ml Bottle of Wine 12% Alc/Vol	4 Litres Cask Wine 12% Alc/Vol	

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

Q65. How often do you use any of the following drugs for non-medical purposes?

	Never	Over one year ago	Less than monthly	About monthly	About weekly	Daily	Don't know
1. Marijuana (mull, grass, pot)	<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. Inhalants (glue, petrol)	<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. Pain killers (panadol etc)	<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. Amphetamines (Speed, ice, dexis etc.)	<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. Party drugs (Ecstasy, acid, nangs/nitrous oxide)	<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. Something else Please specify (other non-medical drug specified)	<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
Please specify							

SECTION 3: FRIENDSHIPS & RELATIONSHIPS

Q56. About how many close friends would you say you have?

- ☐ None
- ☐ 1-2
- ☐ 3-4
- ☐ 5 or more

Q57. How important to you are your friends in your life? (Please mark the **one response that best fits for you)**

- Not at all important Important Very Important
- ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

Q58. In general how do you feel about your friendships?

- Very Satisfied Quite Satisfied Neither Satisfied nor Dissatisfied Somewhat Dissatisfied Very Dissatisfied
- ☐ ☐ ☐ ☐ ☐

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

<i>(Please mark one response for each item)</i>		Yes	No
G217_SU41	1. Mainly friends from my school	<input type="radio"/> 1	<input type="radio"/> 0
G217_SU42	2. Mainly friends from elsewhere	<input type="radio"/> 1	<input type="radio"/> 0
G217_SU58	3. Friends from school and from elsewhere	<input type="radio"/> 1	<input type="radio"/> 0
G217_SU44	4. Mainly friends the same sex as me	<input type="radio"/> 1	<input type="radio"/> 0
G217_SU45	5. Mainly friends from the opposite sex	<input type="radio"/> 1	<input type="radio"/> 0
G217_SU43	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
G217_L1	1. With my family	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
G217_L2	2. With my friends	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
G217_L3	3. Reading or enjoying music	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
G217_L4	4. Practising a hobby	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
G217_L5	5. Doing nothing in particular	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
G217_L6	6. Watching sport	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
G217_L7	7. Watching TV	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
G217_L8	8. On the computer	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
G217_L9	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

G217_SU46

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

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

G217_SU47

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

G217_MAR

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

G217_REL7

G217_REL8

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

G217_SX106

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

G217_SX107

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

G217_SX108

Q67. Whose decision was it to live apart?

- ☐ Yours
- ☐ Your partners
- ☐ Joint decision

G217_P6

Q68. Is your partner male or female?

- ☐ Male
- ☐ Female

G217_P7

Q69. How old is your partner?

..... years

G217_P8A

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

- ☐ No **Go to Q72**
- ☐ Yes



G217_P8

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)*

- | | |
|-----------|--|
| G217_PWK1 | <input type="checkbox"/> Employed or self-employed (full-time or part-time) |
| G217_PWK0 | <input type="checkbox"/> Helping in a family business or farm |
| G217_PWK4 | <input type="checkbox"/> Home duties (including looking after your children) |
| G217_PWK8 | <input type="checkbox"/> Looking after an ill or disabled person |
| G217_PWK3 | <input type="checkbox"/> Looking for work |
| G217_PWK7 | <input type="checkbox"/> Recovering from injury/illness |
| G217_PWK5 | <input type="checkbox"/> Studying/Attending school/TAFE/University |
| G217_PWK6 | <input type="checkbox"/> Travelling/Leisure activities |
| G217_PWK2 | <input type="checkbox"/> Working in an unpaid voluntary job |
| G217_PWK9 | <input type="checkbox"/> Other <i>Please specify</i> |

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
G217_REL1	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
G217_REL2	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
G217_REL3	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
G217_REL4	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
G217_REL5	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
G217_REL6	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

G217_SX109

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

G217_SX110

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

G217_SX11

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

G217_SX12

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

G217_SX80

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"/> G217_HV1	<input type="checkbox"/> G217_TI1	<input type="checkbox"/> G217_HE1	<input type="checkbox"/> G217_CT1
2.	Community Health Service	<input type="checkbox"/> G217_HV2	<input type="checkbox"/> G217_TI2	<input type="checkbox"/> G217_HE2	<input type="checkbox"/> G217_CT2
3.	School Program	<input type="checkbox"/> G217_HV3	<input type="checkbox"/> G217_TI3	<input type="checkbox"/> G217_HE3	<input type="checkbox"/> G217_CT3
4.	School counsellor	<input type="checkbox"/> G217_HV4	<input type="checkbox"/> G217_TI4	<input type="checkbox"/> G217_HE4	<input type="checkbox"/> G217_CT4
5.	School nurse	<input type="checkbox"/> G217_HV5	<input type="checkbox"/> G217_TI5	<input type="checkbox"/> G217_HE5	<input type="checkbox"/> G217_CT5
6.	Teacher/Lecturer/Employer	<input type="checkbox"/> G217_HV6	<input type="checkbox"/> G217_TI6	<input type="checkbox"/> G217_HE6	<input type="checkbox"/> G217_CT6
7.	Other community member	<input type="checkbox"/> G217_HV7	<input type="checkbox"/> G217_TI7	<input type="checkbox"/> G217_HE7	<input type="checkbox"/> G217_CT7
8.	Youth worker	<input type="checkbox"/> G217_HV8	<input type="checkbox"/> G217_TI8	<input type="checkbox"/> G217_HE8	<input type="checkbox"/> G217_CT8
9.	Media	<input type="checkbox"/> G217_HV9	<input type="checkbox"/> G217_TI9	<input type="checkbox"/> G217_HE9	<input type="checkbox"/> G217_CT9
10.	Pamphlets	<input type="checkbox"/> G217_HV10	<input type="checkbox"/> G217_TI10	<input type="checkbox"/> G217_HE10	<input type="checkbox"/> G217_CT10
11.	Internet	<input type="checkbox"/> G217_HV11	<input type="checkbox"/> G217_TI11	<input type="checkbox"/> G217_HE11	<input type="checkbox"/> G217_CT11
12.	Your Mother	<input type="checkbox"/> G217_HV12	<input type="checkbox"/> G217_TI12	<input type="checkbox"/> G217_HE12	<input type="checkbox"/> G217_CT12
13.	Your Father	<input type="checkbox"/> G217_HV13	<input type="checkbox"/> G217_TI13	<input type="checkbox"/> G217_HE13	<input type="checkbox"/> G217_CT13
14.	Other relative	<input type="checkbox"/> G217_HV14	<input type="checkbox"/> G217_TI14	<input type="checkbox"/> G217_HE14	<input type="checkbox"/> G217_CT14
15.	Female friend	<input type="checkbox"/> G217_HV15	<input type="checkbox"/> G217_TI15	<input type="checkbox"/> G217_HE15	<input type="checkbox"/> G217_CT15
16.	Male friend	<input type="checkbox"/> G217_HV16	<input type="checkbox"/> G217_TI16	<input type="checkbox"/> G217_HE16	<input type="checkbox"/> G217_CT16
17.	Other person	<input type="checkbox"/> G217_HV17	<input type="checkbox"/> G217_TI17	<input type="checkbox"/> G217_HE17	<input type="checkbox"/> G217_CT17
Please specify who this other person is					
18.	Never sought advice	<input type="checkbox"/> G217_HV18	<input type="checkbox"/> G217_TI18	<input type="checkbox"/> G217_HE18	<input type="checkbox"/> G217_CT18

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)

☐ G217_AD1 I don't feel comfortable talking about these things

☐ G217_AD2 I don't have a doctor

☐ G217_AD3 I didn't need to speak to a doctor

☐ G217_AD4 I am scared my parents will find out

☐ G217_AD5 Other reason Please specify

G217_SX30

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)*

- ☐ G217_SI1 Candidiasis/Thrush
☐ G217_SI2 Chlamydia
☐ G217_SI3 Genital Herpes
☐ G217_SI4 Genial Warts
☐ G217_SI5 Gonorrhoea
☐ G217_SI6 Hepatitis B
☐ G217_SI7 HIV/AIDS
☐ G217_SI8 Public Lice (crabs)
☐ G217_SI9 Syphilis
☐ G217_SI10 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
G217_SX20 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
G217_SX21 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

G217_SX23

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)

G217_SX24

☐ I was too drunk at the time

G217_SX25

☐ I was too high at the time

G217_SX26

☐ My partner thought I should

G217_SX27

☐ My friends thought I should

G217_SX28

☐ 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.

G217_SX32

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?

G217_SX33

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

G217_SX34

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

RS

G217_SX45

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

G217_SX46

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

G217_SX48

G217_SX47

G217_SX35

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

- ☐ G217_SX36 I don't like them
- ☐ G217_SX37 My partner doesn't like them
- ☐ G217_SX38 I trust my partner
- ☐ G217_SX39 It just happened
- ☐ G217_SX40 Too embarrassed
- ☐ G217_SX41 We both have been tested for HIV/STIs
- ☐ G217_SX42 I know my partner's sexual history
- ☐ G217_SX43 It is not my responsibility
- ☐ G217_SX44 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)*

- | | | |
|-----------|--------------------------|--|
| G217_SX49 | <input type="checkbox"/> | Avoiding pregnancy |
| G217_SX50 | <input type="checkbox"/> | Avoiding HIV infection |
| G217_SX51 | <input type="checkbox"/> | Avoiding other sexually transmissible infections |
| G217_SX52 | <input type="checkbox"/> | How to get sexual pleasure without intercourse |
| G217_SX53 | <input type="checkbox"/> | Using a condom |
| | <input type="checkbox"/> | 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)

- | | | |
|-----------|--------------------------|-------------------------------|
| G217_SX3A | <input type="checkbox"/> | Nothing |
| G217_SX3B | <input type="checkbox"/> | Condoms |
| G217_SX3C | <input type="checkbox"/> | Oral contraceptive (the Pill) |
| G217_SX3D | <input type="checkbox"/> | Depo Provera (injection) |
| G217_SX3E | <input type="checkbox"/> | Implanon (implant) |
| G217_SX3F | <input type="checkbox"/> | IUD |
| G217_SX3G | <input type="checkbox"/> | Morning after pill |
| G217_SX3H | <input type="checkbox"/> | Diaphragm or cap |
| G217_SX3I | <input type="checkbox"/> | Withdrawal (pulling out) |
| G217_SX3J | <input type="checkbox"/> | Other |

Please specify

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

- | | | |
|-----------|--------------------------|-------------------------------|
| G217_SX3K | <input type="checkbox"/> | Nothing |
| G217_SX3L | <input type="checkbox"/> | Condoms |
| G217_SX3M | <input type="checkbox"/> | Oral contraceptive (the Pill) |
| G217_SX3N | <input type="checkbox"/> | Depo Provera (injection) |
| G217_SX3O | <input type="checkbox"/> | Implanon (implant) |
| G217_SX3P | <input type="checkbox"/> | IUD |
| G217_SX3Q | <input type="checkbox"/> | Morning after pill |
| G217_SX3R | <input type="checkbox"/> | Diaphragm or cap |
| G217_SX3S | <input type="checkbox"/> | Withdrawal (pulling out) |
| G217_SX3T | <input type="checkbox"/> | Other |

Please specify

G217_SX54

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

- ☐ No **Go to Q104**
☐ Yes



Q103. What are these problems?

- | | |
|-----------|---|
| G217_SX55 | <input type="checkbox"/> Irregular bleeding |
| G217_SX56 | <input type="checkbox"/> I forget to use it |
| G217_SX57 | <input type="checkbox"/> I don't like it |
| G217_SX58 | <input type="checkbox"/> I put on weight |
| G217_SX59 | <input type="checkbox"/> Side effects |
| G217_SX60 | <input type="checkbox"/> Other problems Please specify |

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

- | | |
|-----------|--|
| | <input type="checkbox"/> Nothing |
| G217_CT19 | <input type="checkbox"/> Condoms |
| G217_CT20 | <input type="checkbox"/> Oral contraceptive (the Pill) |
| G217_CT21 | <input type="checkbox"/> Depo Provera (injection) |
| G217_CT22 | <input type="checkbox"/> Implanon (implant) |
| G217_CT23 | <input type="checkbox"/> IUD |
| G217_CT24 | <input type="checkbox"/> Morning after pill |
| G217_CT25 | <input type="checkbox"/> Diaphragm or cap |
| G217_CT26 | <input type="checkbox"/> Withdrawal (pulling out) |
| G217_CT27 | <input type="checkbox"/> Other |

G217_SX61

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

G217_SX62

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

- ☐ Haven't had sex yet **Go to Q118**
- ☐ No
- ☐ Yes
- ☐ Don't know

G217_SX64

Q106. How many pregnancies have you had? ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more ☐ Don't know

G217_SX63

Q107. Are you pregnant now?

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

G217_SX65

Q108. How did your 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 most in deciding to keep the baby or stop the pregnancy?

(Please mark one response only)

G217_SX69

Stop

G217_SX70

Keep

- ☐ 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

G217_SX66

Q110. Are you going to continue with the pregnancy?

- ☐ Yes
- ☐ No
- ☐ Don't know

G217_SX81

Q111. Who is helping you 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.

G217_SX72

Q112. Before I became pregnant...

- ☐ My partner and I had agreed that we would like me to be pregnant
- ☐ My partner and I had discussed having children together, but hadn't agreed for me to get pregnant
- ☐ We never discussed having children before
- ☐ I didn't have a partner

G217_SX71

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

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

G217_SX67

Q114. Just before I became pregnant...

- ☐ I intended to get pregnant
- ☐ My intentions kept changing
- ☐ I did not intend to get pregnant
- ☐ I was unhappy about getting pregnant

G217_SX68

Q115. Just before I became pregnant...

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

G217_SX73

Q116. In the month before I 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. Before you became pregnant, did you do anything to improve your health in preparation for pregnancy?

(Please mark any responses that apply)

G217_SX74

☐ I took folic acid

G217_SX75

☐ I stopped or cut down smoking

G217_SX76

☐ I stopped or cut down drinking alcohol

G217_SX77

☐ I ate more healthily

G217_SX78

☐ I sought medical/health advice

G217_SX79

☐ I did none of the above

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

A large rectangular box with horizontal lines for writing comments. The box is outlined in blue and contains approximately 25 horizontal lines. A large, light gray watermark reading "Not to be completed" is diagonally across the box.

THANK YOU

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

