



42626



# THE RAINE STUDY

Not for completion

**Teenager Questionnaire**

**16 year Follow-up**





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Not for completion



# Teenager Questionnaire

The purpose of this teenager questionnaire is to obtain information about a range of topics including your household and neighbourhood, your study, job seeking and work experiences, and your health and wellbeing.

### Terms of Reference

**For the purpose of this questionnaire the following terms apply:**

Last Raine Study Followup	At 13/14 years of age
Your mother/female carer	Your biological mother or female carer
Your father/male carer	Your biological father or male carer
School	Secondary School/High School or secondary level schooling

**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 and discuss it with one of the Raine Study staff when you come in or phone us on 9489 7937 or 9489 7796.

**Please complete this questionnaire independently  
(without discussing it with anyone)**

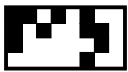
**Remember ALL answers are confidential**

If you are coming in for an appointment, please bring your completed questionnaire with you on the day.

If you are unable to attend an appointment, please use the Reply Paid envelope enclosed to return your completed questionnaire to us.

If possible, could you please return your completed questionnaire to us by:

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## Completion Instructions

Please use a black or a blue pen to complete the questionnaire

Please print clearly within the boxes

1	2	3	4	5	6	7	8	9	0
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A	B	C	D	E	F	G	H	I	J	K	L	M
---	---	---	---	---	---	---	---	---	---	---	---	---

N	O	P	Q	R	S	T	U	V	W	X	Y	Z
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Please make marks that fill the circle

Please shade the circle completely



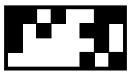
Please **do not** use crosses



Please **do not** use ticks



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**Section 1**

Here are some questions for you that are similar to ones we have asked in previous years. We are keen to know if any of these things have changed since you were last asked.

**HOUSEHOLD - HOUSING - NEIGHBOURHOOD**

Q1. How many adults and children live in your home? (Please include yourself. Children less than one year of age : Age (years) = 0. If there are more than 10 people living in your home please write their information on the very last page of this questionnaire)

First name	Age (years)	Sex (M/F)	Relationship to study teenager
eg Karyn	16	F	ME
Cameron	18	M	STEP BROTHER
Diane	45	F	MOTHER
Brian	47	M	STEP FATHER
	<input type="text"/> <input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="text"/>
	<input type="text"/> <input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="text"/>
	<input type="text"/> <input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="text"/>
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	<input type="text"/> <input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="text"/>
	<input type="text"/> <input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="text"/>
	<input type="text"/> <input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="text"/>
	<input type="text"/> <input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="text"/>

Q2. What type of dwelling do you live in?  
(Please mark only **one** response)

- G217\_DWEL
- Separate house
  - Semi-detached house / row or terrace house / townhouse etc
  - Flat / unit / apartment
  - Boarding school
  - Boarding house, hostel
  - Caravan / tent / cabin / houseboat
  - Other private dwelling - please specify \_\_\_\_\_

Office use only

	1		5		10
Q1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

G217\_RL1 - G217\_RL10



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□ □ □ □ □

G217\_HOMY

Q3. How old (in years) is your home (approximately) ?

□ □ □

G217\_BEDS

Q4. How many bedrooms are there?

□ □

G217\_BATH

Q5. How many bathrooms are there?

□ □

G217\_HOME

Q6. Have **you** moved house/flat since the last Raine Study followup? (ie in the last three years)?

No

G217\_HOMN

Yes If yes, how many times?

□ □

G217\_PCOD

Q7. If you live in Australia, what is your current residential postcode?

□ □ □ □ □

Q8. If you live overseas, in which country do you live? \_\_\_\_\_

G217\_MOVE

Q9. Do you think **you** will move house/flat in the next three years?

No

Yes

Maybe

Don't know

**The next two questions are about the neighbourhood in which you live.**

Q10. To what extent do **you** agree or disagree with these statements about your neighbourhood (Please mark only **one** response for each statement)

G217\_NH1

This is a safe neighbourhood

G217\_NH2

This is a clean neighbourhood

G217\_NH3

There are good parks, playgrounds and play spaces in this neighbourhood

G217\_NH4

There is good lighting in this neighbourhood

G217\_NH5

The state of the footpaths and roads is good in this neighbourhood

Office use only

CN

HEM

G217\_CNTY

Q8

□ □ □ □ □

G217\_HEMI



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Q11. Over the last two years, have any of the following been a problem in your neighbourhood?  
(Please mark only **one** response for each item)

	Yes	No	Don't Know
G217_NH6 Vandalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_NH7 House burglaries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_NH8 Car theft or damage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_NH9 Domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_NH10 Violence in the streets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_NH11 Drug or alcohol abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_NH12 Noisy or reckless driving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_NH13 Racist discrimination or abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Section 2

### STUDY - WORK - JOB SEEKING - INCOME

Q12. Have you ever repeated a grade/year at school? (If you repeated a preprimary year please print 95 in the boxes provided)

No

Yes

If yes, which grade/year?

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G217\_E10B

Q13. When you leave school/now that you have left school - what do you intend to do?  
(Please mark only **one** response-the main one unless two or more responses apply equally)

G217\_ED66  Study at TAFE

G217\_ED67  Study at University (Uni)

G217\_ED68  Other study - please specify \_\_\_\_\_

G217\_ED69  Work

G217\_ED70  Take time off - travel etc

G217\_ED71  Care for own child(ren) or other family member

G217\_ED72  Other - please specify \_\_\_\_\_

Office use only

G217\_SCOD

Q15

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G217\_ED58 Q14. Are you currently enrolled as a student at a secondary school or in a secondary school level program of study?

No **Go to Q25**

Yes



Q15. What is the name and suburb of the school are you attending?

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G217\_ED9 Q16. Which year are you in at secondary school now?

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G217\_SCH5 Q17. Which of these categories best describes the school you currently attend?

Government school

Catholic non-government school

Other non-government school

Don't know

Other, not included above - please specify \_\_\_\_\_

G217\_ED59 Q18. In general, how do you feel about school?

Very Satisfied

Quite Satisfied

Neither Satisfied nor Dissatisfied

Somewhat Dissatisfied

Very Dissatisfied

Q19. To what extent do you like the following aspects of school?  
(Please mark **one** response for each item)

	Really Like	Like	Neither Like nor Dislike	Dislike	Really Dislike
G217_ED60 The subjects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_ED61 The teachers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_ED62 The other students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_ED63 The classroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_ED64 Free time activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_ED65 After school programs (if available)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





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Q20. Generally speaking, how would you describe your teachers?  
(Please mark **one** response for each item)

	All my Teachers	Most of my Teachers	Some of my Teachers	None of my Teachers
G217_SC22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SC23	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SC24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SC25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SC26	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SC27	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SC28	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SC29	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q21. How would you describe your academic performance in school during the past six months?

Poor      Below average      Average      Very good      Excellent

Q22. How much do these things go on among people from your school, during or outside of school hours? (Please mark **one** response for each item)

	Not at all	Little	Some	Quite a bit	Very much
G217_PR10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PR3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PR11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PR5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PR12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_PR13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Q23. How well are these goals being met in your life? *(Please mark one response for each goal)*  
 For each goal please select the number between 1 and 7 that indicates how well these goals are being met for you. The better a goal is met the higher the number you should select. The less a goal is met the lower the number.

	Very poorly		Average			Very well	
	1	2	3	4	5	6	7
G217_SC17 Having a high grade average	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SC18 Attending classes regularly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SC19 Doing well even in hard subjects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SC20 Having others think of you as a good student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SC21 Deciding on a future career/education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q24. For each of these statements, which is most true for you?

	Strongly Disagree	Disagree	Agree	Strongly Agree
G217_SC1 I enjoy the work I do at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SC2 I have lots of friends at my school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SC3 I am motivated to want to learn at my school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SC4 At school I learn things that will be useful when I leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SC5 Learning is fun at my school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SC6 People at my school think a lot of me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SC7 I am keen to do well at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SC8 What I learn at school will help me get a job when I leave school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SC9 I get excited about the work I do at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SC10 I get on well with others at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SC11 I think it is worth trying hard at my school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SC12 What I learn at school is useful to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SC13 I enjoy being at my school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SC14 I am popular with others at my school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SC15 I want to get good results at school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SC16 What I learn at school will be useful to me in the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Go to Q32



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Four empty rectangular boxes for data entry.

Q25. In which month **and** year did you leave school?

G217\_ED40 Month [ ] [ ] **and** Year [ ] [ ] [ ] [ ] (4-digit year) G217\_ED41

Q26. What was the highest year of school you completed?

- G217\_ED42  Year 12 (or equivalent)
- Year 11 (or equivalent)
- Year 10 (or equivalent)
- Other - please specify \_\_\_\_\_

Q27. Which of these categories best describes the school you attended in your last year?

- G217\_SCH6  Government school
- Catholic non-government school
- Other non-government school
- Don't know
- Other, not included above - please specify \_\_\_\_\_

Q28. Since the last Raine Study follow-up at age 13/14yrs, have you spent any time enrolled in any other course of study for a trade certificate, diploma, degree or any other educational qualification?

- G217\_ED73  No **Go to Q32**
- Yes



Q29. What did you study / What are you studying?

(Please mark all applicable responses)

- |   |  |
|---|--|
| G217_ED74 <input type="checkbox"/> Certificate level 1                                | G217_ED82 <input type="checkbox"/> Bachelor Degree but not honours |
| G217_ED75 <input type="checkbox"/> Certificate level 2                                | G217_ED83 <input type="checkbox"/> Honours Bachelor Degree         |
| G217_ED76 <input type="checkbox"/> Certificate level 3                                | G217_ED84 <input type="checkbox"/> Graduate Certificate            |
| G217_ED77 <input type="checkbox"/> Certificate level 4                                | G217_ED85 <input type="checkbox"/> Graduate Diploma                |
| G217_ED78 <input type="checkbox"/> Certificate level 5                                | G217_ED86 <input type="checkbox"/> Masters Degree                  |
| G217_ED79 <input type="checkbox"/> Diploma (2 years full-time or equivalent)          | G217_ED87 <input type="checkbox"/> Doctorate                       |
| G217_ED80 <input type="checkbox"/> Associate Degree                                   | G217_ED88 <input type="checkbox"/> Other - please specify _____    |
| G217_ED81 <input type="checkbox"/> Advanced Diploma (3 years full-time or equivalent) |  |

If you have been enrolled in any other educational qualification (not listed above), please complete the details below:

Title of course  Not Scanned

Description

Length of course (full-time)



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G217\_SC5

Q30a. Are you still studying?       No      **Go to Q32**  
 Yes

G217\_ED89

Q30b. Are you studying this full-time or part-time?  
 Full-time student  
 Part-time student

Q31. For each of these statements, which is most true for you?

G217\_SC30

	Strongly Disagree	Disagree	Agree	Strongly Agree
I enjoy the work I do at TAFE / Uni	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

G217\_SC31

I have lots of friends at my TAFE / Uni	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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G217\_SC32

I am motivated to want to learn at my TAFE / Uni	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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G217\_SC33

At TAFE / Uni I learn things that will be useful when I finish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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G217\_SC34

Learning is fun at my TAFE / Uni	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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G217\_SC35

People at my TAFE / Uni think a lot of me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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G217\_SC36

I am keen to do well at TAFE / Uni	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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G217\_SC37

What I learn at TAFE / Uni will help me get a job when I finish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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G217\_SC38

I get excited about the work I do at TAFE / Uni	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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G217\_SC39

I get on well with others at TAFE / Uni	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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G217\_SC40

I think it is worth trying hard at my TAFE / Uni	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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G217\_SC41

What I learn at TAFE / Uni is useful to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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G217\_SC42

I enjoy being at my TAFE / Uni	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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G217\_SC43

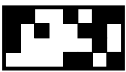
I am popular with others at my TAFE / Uni	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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G217\_SC44

I want to get good results at TAFE / Uni	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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G217\_SC45

What I learn at TAFE / Uni will be useful to me in the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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**G217\_YWRK** Q32. Do you currently have a full-time or a part-time job of any kind? (excluding home duties)  
(Please mark only **one** response - the main job)

No, do not have a job - not seeking work **Go to Q43**

No, do not have a job - actively seeking work **Go to Q38**

Yes, do work for payment or profit

Yes, do unpaid work in a family business

Yes, do other unpaid work



**G217\_YEMP** Q33. In your main job (if you have more than one job, then 'main job' refers to the job in which you usually work the most hours) are you...  
(Please mark only **one** response)

A salary or wage earner?

A helper not receiving wages?

Conducting your own business - with employees?

Conducting your own business - without employees?

Q34. Describe your current main job.  
(Please give details of job and description of work in detail)

Job:

Not Scanned

Description:


**G217\_YHR1** Q35. How many hours do you usually work in all jobs?

None or less than one hour

One or more hours per week. Please specify hours ...

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**G217\_YHRS**

Q36. What is the total amount of your usual pay after tax (how much money do you take home)?

Amount (whole \$) \_\_\_\_\_

Nil

Don't know

**G217\_MON8** Q37. What period does this cover?

Week

Fortnight

Month

Year

**Go to Q42**

Office use only

YJ

YM

**G217\_MON7**

YWPY

**G217\_YJOB**

Q34

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Q36

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**G217\_YWPY**



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Q38. When did you begin looking for work?

Day   and Month   and Year     (4-digit year)

**G217\_DWK** **G217\_MWK** **G217\_YRWK**

Q39. Approximately how many hours have you spent in job search activities in the last week?

hours

Q40. Will you be starting work in the next 4 weeks?

- No  
 Yes

Q41. Could you start work in the next 4 weeks if work was available?

- No  
 Yes

Q42. Since you began looking for work, have you had trouble getting a job for any of the following reasons? (Please mark **all** applicable responses)

- G217\_JP1**  Own ill health or disability
- G217\_JP2**  Employers thought you were too young or too old
- G217\_JP3**  Hours were too unsuitable
- G217\_JP4**  Transport problems or it was too far to travel
- G217\_JP5**  Did not have the required education, training or skills
- G217\_JP6**  Did not have enough work experience
- G217\_JP7**  Language difficulties
- G217\_JP8**  No jobs in your line of work
- G217\_JP9**  Too many applicants for the available jobs
- G217\_JP10**  Difficulties in finding child care
- G217\_JP11**  Discrimination against your migrant/ethnic group
- G217\_JP12**  Other family responsibilities
- G217\_JP13**  Other difficulties - please specify \_\_\_\_\_
- G217\_JP14**  No



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G217\_BNF Q43. Are **you** receiving any government benefit, pension or allowance?

No **Go to Q45**

Yes



Q44. Which benefit(s) are you receiving?  
(Please mark **all** applicable responses)

- |   |  |
|---|--|
| <input type="radio"/> G217_BNF8 Austudy/Abstudy                           | <input type="radio"/> G217_BNF7 Sickness benefit       |
| <input type="radio"/> G217_BNF5 Carer payment - caring for child/relative | <input type="radio"/> G217_BN15 Tax Benefit Part A     |
| <input type="radio"/> G217_BNF4 Disability support pension - self         | <input type="radio"/> G217_BN16 Tax Benefit Part B     |
| <input type="radio"/> G217_BNF2 Parenting payment                         | <input type="radio"/> G217_BNF6 Workers compensation   |
| <input type="radio"/> G217_BN14 Remote area allowance                     | <input type="radio"/> G217_BN10 Youth allowance        |
| <input type="radio"/> G217_BN17 Rent assistance                           | <input type="radio"/> G217_BNF9 Other - please specify |

G217\_MON4 Q45. Which words best describe your money situation?  
(Please mark **only one** response)

- I spend more money than I get
- I have just enough money to get me through to the next pay day
- There's some money left over each week, but I just spend it
- I can save a bit every now and again
- I can save a lot

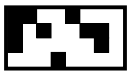
### Section 3

## YOUR HEALTH AND WELLBEING - STRICTLY CONFIDENTIAL

The following questions ask about your health and wellbeing. This information will help keep track of how you feel and how well you are able to do your usual activities. If you are unsure about how to answer a question please give the best answer you can.

G217\_OAL8 Q46. In general, how would you describe your health?  
(Please mark **only one** response)

- Excellent
- Very good
- Good
- Fair
- Poor



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G217\_OAL3 Q47. Compared to one year ago, how would you rate your health in general now?  
(Please mark only **one** response)

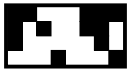
- Much better now than one year ago
- Somewhat better now than one year ago
- About the same now as one year ago
- Somewhat worse now than one year ago
- Much worse now than one year ago

The following questions are about activities you might do during a typical day.

Q48. Does your health now limit you in these activities? (Please mark **one** response for each item)

	Yes Limited a lot	Yes Limited a little	No Not limited at all
G217_LI11 <b>Vigorous activities</b> such as running, lifting heavy objects, participating in strenuous sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_LI12 <b>Moderate activities</b> such as moving a table, pushing a vacuum cleaner, bowling or playing golf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_LI13 Lifting or carrying groceries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_LI14 Climbing <b>several flights</b> of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_LI15 Climbing <b>one flight</b> of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_LI16 Bending, kneeling or stooping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_LI17 Walking <b>more than one kilometre</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_LI18 Walking <b>several blocks</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_LI19 Walking <b>one block</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_LI20 Bathing or dressing yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





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G217\_LI34 Q49. During the past 4 weeks, have you had any problems with your physical health?

No **Go to Q51**

Yes



Q50a. Have you had any of the following problems with your work, school work, or regular daily activities, as a result of these physical health problems?  
(Please mark **one** response for each item)

	Yes	No
G217_LI21 Cut down on the <b>amount of time</b> you spent on work or other activities	<input type="radio"/>	<input type="radio"/>
G217_LI22 Accomplished less than you would like	<input type="radio"/>	<input type="radio"/>
G217_LI23 Were limited in the <b>kind of work</b> or other activities	<input type="radio"/>	<input type="radio"/>
G217_LI24 Had <b>difficulty performing</b> the work or other activities (ie it took extra effort)	<input type="radio"/>	<input type="radio"/>

G217\_LI30 Q50b. During the past 4 weeks, **to what extent** have these physical health problems interfered with your normal social activities with family, friends, neighbours or groups?

Not at all **Go to Q51**

Slightly

Moderately

Quite a bit

Extremely

**Go to Q50c**

G217\_LI31 Q50c. During the past 4 weeks, **how much of the time** have these physical health problems interfered with your normal social activities (like visiting friends, relatives etc)?

All of the time

Most of the time

Some of the time

A little of the time



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G217\_LI35 Q51. During the past 4 weeks, have you had any problems with your emotional health?

No **Go to Q53**

Yes



Q52a. Have you had any of the following problems with your work, school work, or regular daily activities, as a result of these emotional problems?  
(Please mark **one** response for each item)

	Yes	No
G217_LI25 Cut down on the <b>amount of time</b> you spent on work or other activities	<input type="radio"/>	<input type="radio"/>
G217_LI26 Accomplished less than you would like	<input type="radio"/>	<input type="radio"/>
G217_LI27 Didn't do work or other activities as <b>carefully</b> as usual	<input type="radio"/>	<input type="radio"/>

G217\_LI32 Q52b. During the past 4 weeks, **to what extent** have these emotional problems interfered with your normal social activities with family, friends, neighbours or groups?

Not at all **Go to Q53**

Slightly

Moderately

Quite a bit

Extremely

**Go to Q52c**

G217\_LI33 Q52c. During the past 4 weeks, **how much of the time** have these emotional problems interfered with your normal social activities (like visiting friends, relatives etc)?

All of the time

Most of the time

Some of the time

A little of the time



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Q53. These questions are about how you feel and how things have been for you during the past 4 weeks. Please give the one answer that is closest to the way you have been feeling for each item. (Please mark **one** response for each item)

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
G217_FE20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_FE21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_FE22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_FE23	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_FE24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_FE25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_FE26	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_FE27	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_FE28	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q54. During the past 4 weeks, have you had any physical pain?

No **Go to Q56**

Yes

Q55a. During the past 4 weeks, how bad/severe was that physical pain?

- Very mild
- Mild
- Moderate
- Severe
- Very severe

Q55b. During the past 4 weeks, how much did this physical pain interfere with your normal work (including both work outside the home, schoolwork and housework)?

- Not at all
- Slightly
- Moderately
- Quite a bit
- Extremely



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Q56. How TRUE or FALSE are each of the following statements for you?

		Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
G217_OAL4	I seem to get sick a little easier than other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_OAL5	I am as healthy as anybody I know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_OAL6	I expect my health to get worse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_OAL7	My health is excellent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

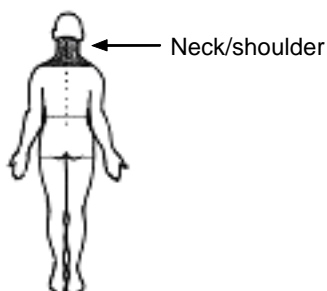
Q57. Have you ever had **neck/shoulder** pain (*anywhere in the shaded area in the picture below*)?

No      **Go to Q71**

Yes



		Yes	No
G217_PN10	Q58. Is your neck/shoulder painful today?	<input type="radio"/>	<input type="radio"/>
G217_PN11	Q59. Has your neck/shoulder been painful at any time in the last month?	<input type="radio"/>	<input type="radio"/>
G217_PN12	Q60. Has your neck/shoulder pain ever lasted for more than 3 months <b>continuously</b> (it hurt more or less every day)?	<input type="radio"/>	<input type="radio"/>
G217_PN50	Q61. Has your neck/shoulder pain ever lasted for more than 3 months <b>off and on</b> (it hurt at least once a week but not every day)?	<input type="radio"/>	<input type="radio"/>
G217_PN13	Q62. Has sitting ever made your neck/shoulder pain worse?	<input type="radio"/>	<input type="radio"/>
G217_PN14	Q63. Has playing sport ever made your neck/shoulder pain worse?	<input type="radio"/>	<input type="radio"/>
G217_PN15	Q64. Was your neck/shoulder pain initially caused by a specific injury or incident?	<input type="radio"/>	<input type="radio"/>
G217_PN27	Q65. Have you ever sought health professional advice or treatment for your neck/shoulder pain?	<input type="radio"/>	<input type="radio"/>
G217_PN28	Q66. Have you ever taken medication to relieve the neck/shoulder pain?	<input type="radio"/>	<input type="radio"/>
G217_PN29	Q67. Have you ever missed school or work due to the neck/shoulder pain?	<input type="radio"/>	<input type="radio"/>
G217_PN30	Q68. Has the neck/shoulder pain ever interfered with your normal activities?	<input type="radio"/>	<input type="radio"/>
G217_PN31	Q69. Has the neck/shoulder pain ever interfered with recreational physical activities (eg sport, walking, cycling etc)?	<input type="radio"/>	<input type="radio"/>
G217_PN16	Q70. At what age did you first get neck/shoulder pain?	<input type="text"/> <input type="text"/> years of age	





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G217\_PN17 Q71. Have you **ever** had back pain?

No

Yes

G217\_PN51 Q72 . Have you ever had **mid back** pain (*anywhere in the shaded area on the picture below*)?

No **Go to Q87**

Yes



G217\_PN52

Q73. Is your mid back painful today?

Yes

No

G217\_PN53

Q74. Has your mid back been painful at any time in the last month?

G217\_PN54

Q75. Has your mid back pain ever lasted for more than 3 months **continuously** (it hurt more or less every day)?

G217\_PN55

Q76. Has your mid back pain ever lasted for more than 3 months **off and on** (it hurt at least once a week but not every day)?

G217\_PN56

Q77. Has sitting ever made your mid back pain worse?

G217\_PN57

Q78. Has standing ever made your mid back pain worse?

G217\_PN58

Q79. Has playing sport ever made your mid back pain worse?

G217\_PN59

Q80. Was your mid back pain initially caused by a specific injury or incident?

G217\_PN60

Q81. Have you ever sought health professional advice or treatment for mid back pain?

G217\_PN61

Q82. Have you ever taken medication to relieve the mid back pain?

G217\_PN62

Q83. Have you ever missed school or work due to the mid back pain?

G217\_PN63

Q84. Has the mid back pain ever interfered with your normal activities?

G217\_PN64

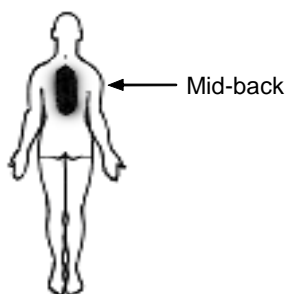
Q85. Has the mid back pain ever interfered with recreational physical activities (eg sport, walking, cycling etc)?

G217\_PN65

Q86. At what age did you first get mid back pain?

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years of age





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Q87 Have you ever had **low back pain** (anywhere in the shaded area in the picture below)?

No

**Go to Q102**

Yes



G217\_PN39

Q88. Is your low back painful today?

Yes

No

G217\_PN40

Q89. Has your low back been painful at any time in the last month?

G217\_PN41

Q90. Has your low back pain ever lasted for more than 3 months **continuously** (it hurt more or less every day)?

G217\_PN49

Q91. Has your low back pain ever lasted for more than 3 months **off and on** (it hurt at least once a week but not every day)?

G217\_PN42

Q92. Has sitting ever made your low back pain worse?

G217\_PN32

Q93. Has standing ever made your low back pain worse?

G217\_PN43

Q94. Has playing sport ever made your low back pain worse?

G217\_PN44

Q95. Was your low back pain initially caused by a specific injury or incident?

G217\_PN33

Q96. Have you ever sought health professional advice or treatment for low back pain?

G217\_PN45

Q97. Have you ever taken medication to relieve the low back pain?

G217\_PN46

Q98. Have you ever missed school or work due to the low back pain?

G217\_PN47

Q99. Has the low back pain ever interfered with your normal activities?

G217\_PN37

Q100. Has the low back pain ever interfered with recreational physical activities (eg sport, walking, cycling etc)?

G217\_PN48

Q101. At what age did you first get low back pain?

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years of age

Q102. Do you use a...

G217\_PC1

PC or laptop computer at **home**?

Yes, PC only

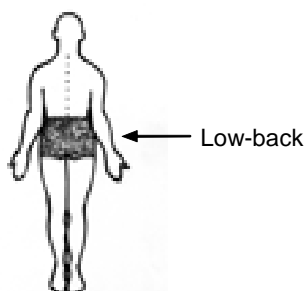
Yes, laptop only

Yes, both

No, neither

G217\_PC2

PC or laptop computer at **school/TAFE/work**?





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G217\_PN1 Q103. Have you ever had **arm or leg** pain?

No      **Go to Q107**

Yes



G217\_PN2 Q104. Are your arms or legs painful today?

Yes      No

G217\_PN3 Q105. Have your arms or legs been painful in the last month?

G217\_PN8 Q106. At what age did you first get arm or leg pain?

years of age

Q107. We are trying to find out what people think about low back trouble. Please indicate your general views towards back trouble, even if you have never had any. Please answer **all** items and indicate whether you agree or disagree with each item by marking the circle that corresponds to the appropriate number on the scale.

G217\_P29 There is no real treatment for back trouble

Disagree      Agree  
 (1 = Completely DISAGREE; 5 = Completely AGREE)      1    2    3    4    5

G217\_P30 Back trouble will eventually stop your participation in physical activity

G217\_P31 Back trouble means periods of pain for the rest of one's life

G217\_P32 Doctors cannot do anything for back trouble

G217\_P33 A bad back should be exercised

G217\_P34 Back trouble makes everything in life worse

G217\_P35 Surgery is the most effective way to treat back trouble

G217\_P36 Back trouble may mean you end up in a wheelchair

G217\_P37 Alternative treatments are the answer to back trouble

G217\_P38 Back trouble means long periods of time off school/work

G217\_P39 Medication is the only way of relieving back trouble

G217\_P40 Once you have had back trouble there is always a weakness

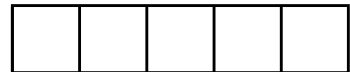
G217\_P41 Back trouble must be rested

G217\_P42 Later in life back trouble gets progressively worse



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The following questions concern your housing environment

G217\_AIR1

Q108. Is your home air-conditioned?  No **Go to Q111**

Yes



G217\_AIR2

Q109. How many rooms are air-conditioned?

- One room
- Two rooms
- Three rooms
- More than three rooms
- Portable air-conditioner

Q110. Is it evaporative air-conditioning? or Is it refrigerated air-conditioning?

G217\_AIR3  No  
 Yes

G217\_AIR5  No  
 Yes

G217\_HEA

Q111. Is your home heated?  No **Go to Q113**

Yes



Q112. How is your home heated?

<i>(Please mark all applicable responses)</i>		Is there a chimney (flue) attached?			
		Yes	Yes	No	Don't know
Gas heater	G217_HE2a <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_HEA2 <input type="radio"/>
Kerosene heater	G217_HE3a <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	G217_HEA3 <input type="radio"/>
Electric bar radiator, fan or column heater	G217_HEA4 <input type="radio"/>	<input type="radio"/>			
Reverse cycle air-conditioning	G217_HEA6 <input type="radio"/>	<input type="radio"/>			
Fully ducted heating	G217_HEA7 <input type="radio"/>	<input type="radio"/>			
Wood fire/slow combustion heater	G217_HEA5 <input type="radio"/>	<input type="radio"/>			
Other - please specify _____	G217_HEA0 <input type="radio"/>	<input type="radio"/>			

G217\_GAS

Q113. Do you have gas cooking in your home?

No

Yes





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G217\_PT1 Q114. Are there any pets at home?

No **Go to Q116**

Yes



Q115. How many pets are there? If you have no cats or no dogs or no birds or no other pets, then print the number 0 in the spaces. (Please print the number neatly in the space provided)

	Inside	Outside	Total
Cats	G217_PT4 <input type="text"/> <input type="text"/>	PT2 <input type="text"/> <input type="text"/>	PT3 <input type="text"/> <input type="text"/>
Dogs	G217_PT7 <input type="text"/> <input type="text"/>	PT5 <input type="text"/> <input type="text"/>	PT6 <input type="text"/> <input type="text"/>
Birds (include ducks, geese, chickens)	G217_PT10 <input type="text"/> <input type="text"/> <input type="text"/>	PT8 <input type="text"/> <input type="text"/> <input type="text"/>	PT9 <input type="text"/> <input type="text"/> <input type="text"/>
Other pets? How many other pets inside?	G217_PT17 <input type="text"/> <input type="text"/>	What type? G217_P11A - D _____	
How many other pets outside?	G217_PT18 <input type="text"/> <input type="text"/>	What type? G217_P12A - D _____	

G217\_PT15

G217\_PT16

Q116 Do you have any regular contact with pets elsewhere? (eg at relatives, neighbours, or at friends houses)

No **Go to Q118**

Yes



Q117. What types of animals?

(Please mark all applicable answers)

	Yes
Dogs	<input type="radio"/>
Cats	<input type="radio"/>
Birds	<input type="radio"/>
Fish	<input type="radio"/>
Rodents (eg. guinea pigs, rabbits, rats/mice)	<input type="radio"/>
Reptiles/Amphibia	<input type="radio"/>
Other (eg. farm animals - sheep, horses, cattle)	<input type="radio"/>

Please specify \_\_\_\_\_

Office use only

In

Q115

Out

Q115

G217\_PT15

G217\_PT17

G217\_P11A - D

G217\_PT16

G217\_PT18

G217\_P12A - D



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G217\_RE1 Q118. Do you usually cough when you get a cold these days?

- No
- Yes
- Don't know

G217\_RE3 Q119. Do you seem congested or bring up phlegm (spit) from your chest with colds?

- No
- Yes
- Don't know

G217\_RE40 Q120. Have you wheezed at any time in your life? (*wheeze is a whistling or rattling noise in the chest, best heard when breathing out*)

- No **Go to Q126**
- Yes



G217\_RE34 Q121. Have you wheezed in the **last 12 months**?

- No **Go to Q126**
- Yes



G217\_RE35 Q122. How many episodes of wheezing have you had in the **last 12 months**?

- 1 to 2
- 3 to 12
- More than 12

G217\_RE36 Q123. In the **last 12 months**, how often on average has your sleep been disturbed due to wheezing?

- Never woken with wheezing
- Less than one night per week
- One or more nights per week
- Don't know

In the <b>last 12 months</b> has...	Yes	No	Don't Know
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G217\_RE37 Q124. Wheezing ever been severe enough to limit your speech to only one or two words at a time between breaths?

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

G217\_RE8 Q125. Your chest sounded wheezy during or after exercise?

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



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	Yes	No	Don't Know	N/A Never had Asthma
G217_AS1 Q126. Do you think you have ever had asthma?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
G217_AS2 Q127. Has a doctor (GP, paediatrician, respiratory specialist) ever told you that you have asthma?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
G217_AS16 Q128. Do you still have asthma?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

G217\_AS67 Q129. Have you taken/used **any** of the following asthma medications in the **last 12 months**?

No      **Go to Q130**

Yes



	(Please mark all applicable responses)		Ordered by Doctor		
	Yes		Yes	No	
Ventolin (Asmol, Airomir, etc)	<input type="radio"/>	G217_AS18	<input type="radio"/>	<input type="radio"/>	G217_AS19
Respolin	<input type="radio"/>	G217_AS20	<input type="radio"/>	<input type="radio"/>	G217_AS21
Nuelin	<input type="radio"/>	G217_AS22	<input type="radio"/>	<input type="radio"/>	G217_AS23
Theo-dur	<input type="radio"/>	G217_AS24	<input type="radio"/>	<input type="radio"/>	G217_AS25
Bricanyl	<input type="radio"/>	G217_AS26	<input type="radio"/>	<input type="radio"/>	G217_AS27
Atrovent	<input type="radio"/>	G217_AS30	<input type="radio"/>	<input type="radio"/>	G217_AS31
QVAR	<input type="radio"/>	G217_AS35	<input type="radio"/>	<input type="radio"/>	G217_AS36
Flixotide	<input type="radio"/>	G217_AS39	<input type="radio"/>	<input type="radio"/>	G217_AS40
Pulmacort	<input type="radio"/>	G217_AS41	<input type="radio"/>	<input type="radio"/>	G217_AS42
Berotec	<input type="radio"/>	G217_AS43	<input type="radio"/>	<input type="radio"/>	G217_AS44
OXIS	<input type="radio"/>	G217_AS50	<input type="radio"/>	<input type="radio"/>	G217_AS51
Serevent	<input type="radio"/>	G217_AS52	<input type="radio"/>	<input type="radio"/>	G217_AS53
Singulaire	<input type="radio"/>	G217_AS54	<input type="radio"/>	<input type="radio"/>	G217_AS55
Accolate	<input type="radio"/>	G217_AS56	<input type="radio"/>	<input type="radio"/>	G217_AS57
Seretide	<input type="radio"/>	G217_AS59	<input type="radio"/>	<input type="radio"/>	G217_AS60
Symbacort	<input type="radio"/>	G217_AS61	<input type="radio"/>	<input type="radio"/>	G217_AS62
Prednisolone	<input type="radio"/>	G217_AS63	<input type="radio"/>	<input type="radio"/>	G217_AS64
Other	<input type="radio"/>	G217_AS65	<input type="radio"/>	<input type="radio"/>	G217_AS66
Please specify _____					



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The following questions are about problems which occurred when you DID NOT have a cold or flu

G217\_RE62

Q130. Have you **ever** had a problem with sneezing or a runny or blocked nose (including hayfever) when you DID NOT have a cold or flu?

No **Go to Q138**

Yes



G217\_RE69

Q131. In the **last 12 months**, have you had a problem with sneezing or a runny or blocked nose (including hayfever) when you DID NOT have a cold or flu?

No **Go to Q138**

Yes



G217\_RE63

Q132. In the **last 12 months**, was this nose problem accompanied by itchy-watery eyes?

No

Yes

G217\_HF3

Q133. In the **last 12 months**, how many episodes of **allergic** nose problem have you had (including hayfever)?

1 to 2

3 to 12

More than 12

Q134. In which of the **last 12 months** did this problem occur? *(Please mark all those applicable)*

		Yes			Yes
<input type="checkbox"/>	January	<input type="radio"/>	<input type="checkbox"/>	July	<input type="radio"/>
<input type="checkbox"/>	February	<input type="radio"/>	<input type="checkbox"/>	August	<input type="radio"/>
<input type="checkbox"/>	March	<input type="radio"/>	<input type="checkbox"/>	September	<input type="radio"/>
<input type="checkbox"/>	April	<input type="radio"/>	<input type="checkbox"/>	October	<input type="radio"/>
<input type="checkbox"/>	May	<input type="radio"/>	<input type="checkbox"/>	November	<input type="radio"/>
<input type="checkbox"/>	June	<input type="radio"/>	<input type="checkbox"/>	December	<input type="radio"/>

G217\_RE24

Q135. Has a doctor (GP, paediatrician) ever told you that you have an **allergic** nose problem (including hayfever)?

No

Yes



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Q136. What was the trigger/cause of these problems?

(Please mark **all** applicable responses)

Yes

G217\_HF7A

Grass

G217\_HF7B

Pollen

G217\_HF7C

Animal

G217\_HF7E

Dust

G217\_HF7D

Other - please specify \_\_\_\_\_

G217\_HF7F

Don't know

G217\_HF32

Q137. Have you taken/used any medication for an **allergic** nose problem (including hayfever) in the **last 12 months**?

(Please write the medication in the space provided and then mark the applicable response)

No

Go to Q138

Yes



Type of medication	Not Prescribed by doctor	Prescribed by doctor
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>

Office use only

HF33      35      37      39

Q137

G217\_HF32 ..... G217\_HF40



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G217\_RE70 Q138. Have you **ever** had a problem with red/watery or itchy eyes?

No **Go to Q146**

Yes



G217\_CO1 Q139. Do you think that you have **ever** had an allergic reaction in the eyes (including hayfever)?

Yes

No

Don't know

G217\_CO2 Q140. Has a doctor (GP, paediatrician, respiratory specialist) ever told you that you had an allergic reaction in the eyes (including hayfever)?

Yes

No

Don't know

G217\_CO4 Q141. In the **last 12 months**, have you suffered from an **allergic** reaction in the eyes (including hayfever)?

No **Go to Q146**

Yes



G217\_CO5 Q142. In the **last 12 months**, how many episodes of **allergic** reaction in the eyes have you had (including hayfever)?

1 to 2

3 to 12

More than 12

Q143. In which of the **last 12 months** did this problem occur? *(Please mark all those applicable)*

		Yes	Yes
G217_CO21	January	<input type="radio"/>	G217_CO27 July <input type="radio"/>
G217_CO22	February	<input type="radio"/>	G217_CO28 August <input type="radio"/>
G217_CO23	March	<input type="radio"/>	G217_CO29 September <input type="radio"/>
G217_CO24	April	<input type="radio"/>	G217_CO30 October <input type="radio"/>
G217_CO25	May	<input type="radio"/>	G217_CO31 November <input type="radio"/>
G217_CO26	June	<input type="radio"/>	G217_CO32 December <input type="radio"/>



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Q144. What was the trigger/cause of these problems?

*(Please mark all applicable responses)*

Yes

G217\_CO6A

Grass

G217\_CO6B

Pollen

G217\_CO6C

Animal

G217\_CO6E

Dust

G217\_CO6D

Other - please specify \_\_\_\_\_

G217\_CO6F

Don't know

Q145. Have you taken/used any medication for an **allergic** eye reaction (including hayfever) in the **last 12 months?**

*(Please write the medication in the space provided and then mark the applicable response)*

No

**Go to Q146**

Yes



Type of medication

Not Prescribed  
by doctor

Prescribed  
by doctor

Type of medication	Not Prescribed by doctor	Prescribed by doctor
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>

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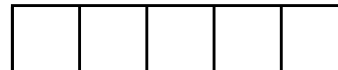
CO49      51      53      55

Q145

G217\_CO49 ..... G217\_CO56



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G217\_RH1 Q146. Have you **ever** had eczema or an itchy rash which was coming and going for at least six months?

No **Go to Q157**

Yes



G217\_RH3 Q147. Has this eczema/itchy rash at any time affected any one of the following places - the folds of the elbows, behind the knees, in front of the ankles, under the buttocks or around the neck, ears or eyes?

No

Yes

G217\_RH2 Q148. In the **last 12 months**, have you had this eczema/itchy rash?

No **Go to Q151**

Yes



G217\_RH6 Q149. In the **last 12 months**, how often, on average, have you been kept awake at night by this itchy rash?

Never in the last 12 months

Less than one night per week

One or more nights per week

G217\_RH5 Q150. Has this rash cleared completely during the **last 12 months**?

No

Yes

G217\_RH7 Q151. Do you think that you have **ever** had eczema?

Yes

No

Don't know

G217\_RH11 Q152. Has a doctor (GP, paediatrician, respiratory specialist) ever told you that you have eczema?

Yes

No

Don't know





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G217\_RH12

Q153. In the **last 12 months**, have you suffered from **eczema**?

No      **Go to Q157**

Yes



G217\_RH13

Q154. In the **last 12 months**, how many episodes of eczema have you had?

1 to 2

3 to 12

More than 12

Q155. In which of the **last 12 months** did this problem occur? *(please mark all those applicable)*

		Yes		Yes			
<input type="checkbox"/>	G217_RH28	January	<input type="radio"/>	<input type="checkbox"/>	G217_RH34	July	<input type="radio"/>
<input type="checkbox"/>	G217_RH29	February	<input type="radio"/>	<input type="checkbox"/>	G217_RH35	August	<input type="radio"/>
<input type="checkbox"/>	G217_RH30	March	<input type="radio"/>	<input type="checkbox"/>	G217_RH36	September	<input type="radio"/>
<input type="checkbox"/>	G217_RH31	April	<input type="radio"/>	<input type="checkbox"/>	G217_RH37	October	<input type="radio"/>
<input type="checkbox"/>	G217_RH32	May	<input type="radio"/>	<input type="checkbox"/>	G217_RH38	November	<input type="radio"/>
<input type="checkbox"/>	G217_RH33	June	<input type="radio"/>	<input type="checkbox"/>	G217_RH39	December	<input type="radio"/>

G217\_RH49

Q156. Have you taken/used any medication for eczema in the **last 12 months**?

*(Please write the medication in the space provided and then mark the applicable response)*

No      **Go to Q157**

Yes



Type of medication	Not Prescribed by doctor	Prescribed by doctor
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>

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RH62      64      66      68      70

Q156

G217\_RH62 ..... G217\_RH71



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G217\_FAL Q157. Do you have any food allergies?

No **Go to Q158**

Yes



(Please mark **all** the applicable responses and print within the spaces provided)

Food Type	Yes	What starts it? (eg. eating, skin contact)	What reaction(s)? (eg. difficulty breathing, diarrhoea)	Severity of the reaction (eg. mild, moderate, severe)
1. Peanut Products	<input type="radio"/>			
2. Wheat/Yeast	<input type="radio"/>			
3. Dairy	<input type="radio"/>			
4. Fruit	<input type="radio"/>			
5. Eggs	<input type="radio"/>			
6. Seafood	<input type="radio"/>			
7. Preservatives/Colouring	<input type="radio"/>			
8. Other	<input type="radio"/>			
(please specify)				

G217\_FD1A

G217\_FD2A

G217\_FD3A

G217\_FD4A

G217\_FD5A

G217\_FD6A

G217\_FD7A

G217\_FD8A

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	Q157	S	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	R11	R12	S
G217_FD1	FD1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G217_FD2	FD2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G217_FD3	FD3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G217_FD4	FD4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G217_FD5	FD5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G217_FD6	FD6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G217_FD7	FD7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G217_FD8	FD8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B C D E F G H I J K L M N O



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G217\_AB31 Q158. In the **last three months**, how often did you usually have bowel movements?

- Less than once a week
- 1 - 2 times a week
- 3 - 6 times a week
- Once a day
- 2 - 3 times a day
- More than 3 times a day

G217\_AB32 Q159. In the **last three months**, what were your bowel movements usually like?

- Very hard
- Hard
- Not too hard and not too soft
- Very soft or mushy
- Watery

Q160. In the **last three months**, how often...

	Never	Less than once a month	1 - 3 times a month	Once a week	Several times a week	Every day
G217_AB33 Has your stomach felt bloated?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_AB34 Have you required laxatives to ease constipation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_AB35 Have you required tablets to control diarrhoea?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

G217\_AB4A Q161. Have you had a belly ache or abdominal pain (not including period pain) in the **last three months**?

No      **Go to Q165**

Yes



G217\_AB5A Q162. How often have you had a belly ache or abdominal pain in the last three months?

- Less than once a month
- 1 - 3 times a month
- Once a week
- Several times a week
- Everyday



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G217\_AB26

Q163. How long did the belly ache or abdominal pain usually last?

- Less than an hour
- 1 - 2 hours
- 3 - 4 hours
- Most of the day
- One or more days

Q164. In the **last three months**, when you had belly ache or abdominal pain, how often...

	Never	Sometimes	Most of the time	Always
G217_AB8A Did it get better after having a bowel movement?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_AB27 Were your bowel movements softer and more mushy or watery than usual?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_AB28 Were your bowel movements harder or lumpier than usual?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_AB29 Did you have more bowel movements than usual?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_AB30 Did you have fewer bowel movements than usual?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q165.

	Less than 5 minutes	5 - 10 minutes	10 - 15 minutes	15 - 30 minutes	More than 30 minutes
G217_SBG2 How long does it take you to get from home to school/TAFE/work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SBG3 How long do <b>you</b> personally carry your study/work bag each day ( include before, during and after school/work)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

G217\_SBG4

Q166. How do you usually carry your study/work bag?

- On both shoulders
- On one shoulder
- By hand
- On wheels



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Q167. Do you...

	Never	Almost Never	Sometimes (about once a month)	Often (about once a week)	Always (daily)
G217_SBG5 Ever get tired carrying your study/work bag?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SBG6 Think your study/work bag is too heavy for you? (we want to know what you think - not your parents or teachers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SBG7 Get back pain carrying your study/work bag?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_SBG8 Get neck/shoulder pain carrying your study/work bag?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you no longer attend school please GO TO Q171

The following questions are about physical education and physical activity.

G217\_ES1 Q168. How many physical education classes do you usually attend at school each week?

- None **Go to Q171**
- 1 per week
- 2 per week
- 3 or more per week

G217\_ES2 Q169. During these physical education periods, how much time do you spend exercising that makes you out of breath or sweat?

- Not much time or none at all
- About a quarter of the time
- About half of the time
- More than half of the time
- Almost all of the time

G217\_ES3 Q170. What do you feel about your physical education periods?

- I like them very much
- I like them
- I neither like nor dislike them
- I dislike them
- I dislike them very much
- I do not attend them



G217\_EOS1

Q171. **Outside School, TAFE or work hours:**

**How often** do you usually exercise in your free time, so much that you get out of breath or sweat?

- Once a month or less
- Once a week
- 2 - 3 times a week
- 4 - 6 times a week
- Every day

G217\_EOS2

Q172. **Outside School, TAFE or work hours:**

**How many hours** do you usually exercise in your free time, so much that you get out of breath or sweat?

- None
- About 1/2 hour per week
- About 1 hour per week
- About 2 - 3 hours per week
- About 4 - 6 hours per week
- 7 or more hours per week

G217\_EOS3

Q173. The following statements are about the amount of physical activity or exercise you intend to do in the near future. Please choose the statement that best describes how you feel now.

- I do not intend to be more active than I am now
- Over the next month, I intend to become more active than I am now
- Sometime over the next 6 months, I intend to become more active than I am now
- Not sure

**The following question is about television and computer games.**

Q174. On average, how many **hours per day** do you usually...

	Not at all	Less than 1 hour	About 1-2 hours	About 2-4 hours	More than 4 hours
G217_TV3 Watch TV or videos on a <b>week day</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_TV4 Watch TV or videos on a <b>weekend day</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_CF3 Use a computer (eg for school/work, games, internet) on a <b>week day</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_CF4 Use a computer (eg for school/work, games, internet) on a <b>weekend day</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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The following questions are about the people around you.

Q175. How often do each of the following people **play some sort of sport or exercise** (for example, golf, tennis, football) or other activity like walking for exercise, cycling or swimming?

	I don't have	Never or Rarely	Sometimes	About once a week	2 - 3 times a week	More than 3 times a week	Don't know
G217_EFC1	Your Mother/female carer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_EMC1	Your Father/male carer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_EBF1	Your best friend/partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q176. How often do each of the following people **praise you or encourage you** to play some sort of sport or participate in other physical activity? (for example, watch you participate, say positive things to you, and seem happy to do it)

	I don't have	Never or Rarely	Sometimes	Often	Very Often	Don't know
G217_EFC2	Your Mother/female carer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_EMC2	Your Father/male carer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_EBF2	Your best friend/partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_EST2	A teacher at your school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q177. How often do each of the following people **help you to play** some sort of sport or participate in other physical activity? (for example, take you to training, give you sport money)

	I don't have	Never or Rarely	Sometimes	Often	Very Often	Don't know
G217_EFC3	Your Mother/female carer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_EMC3	Your Father/male carer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_EBF3	Your best friend/partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_EST3	A teacher at your school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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The following questions are about your feelings and beliefs about sport and physical activity..

Q178. If you wanted to participate regularly in sport or other physical activity, **how confident** (sure) are you that you could still participate under the following circumstances?

I could participate...	Not at all Confident	A Bit Confident	Fairly Confident	Quite Confident	Very Confident
G217_EB1 When others make fun of me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_EB2 When there is no one else to do it with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_EB3 When I don't have the energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_EB4 Even if I was not good at it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_EB5 If I had no help to get to training and games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_EB6 When my parents did not support me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_EB7 When my friends didn't take part	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

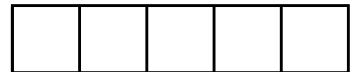
Q179. Below are some effects of being physically active (eg walking, cycling or participating in sport). Please indicate **how likely** it would be for you to experience each of these effects as a result of being physically active over the next year.

	Extremely Unlikely	Very Unlikely	A little Unlikely	Neither	A little Likely	Very Likely	Extremely Likely
G217_EE1 If I tried to be more active others would make fun of me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_EE2 <b>Being physically active over the next year would...</b>							
Keep me healthy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_EE3 Help me study and learn better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_EE4 Improve my appearance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_EE5 Make me feel good about myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_EE6 Make or keep me fit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_EE7 Prevent me doing things I like more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_EE8 Help me lose weight or help me control my weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_EE9 Make a current injury worse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_EE10 Let me have a lot of fun	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_EE11 Make my parent(s)/carer(s) happy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_EE12 Help me spend time with friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_EE13 Help me make new friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_EE14 Give me a chance to compete	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_EE15 Give me a chance to win at something	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





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Q180. Below are the same effects of being physically active as in the previous question. Please indicate **how important** it would be for you to experience each of these effects as a result of being physically active over the next year.

	Extremely Unimportant	Very Unimportant	A little Unimportant	Neither	A little Important	Very Important	Extremely Important
G217_EI1	If I tried to be more active others would make fun of me. For me avoiding others making fun of me is...		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Being physically active over the next year might...</b>							
G217_EI2	Keep me healthy. For me keeping healthy is...		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_EI3	Help me study and learn better. For me studying and learning better is...		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_EI4	Improve my appearance. For me improving my appearance is...		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_EI5	Make me feel good about myself. For me feeling good about myself is...		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_EI6	Make or keep me fit. For me keeping fit is...		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_EI7	Prevent me doing things I like more. For me doing things other than sport is...		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_EI8	Help me lose weight or help me control my weight. For me losing or controlling my weight is...		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_EI9	Make a current injury worse. For me avoiding making a current injury worse is...		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_EI10	Let me have a lot of fun. For me having a lot of fun is...		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_EI11	Make my parent(s)/carer(s) happy. For me making my parent(s)/carer(s) happy is...		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_EI12	Help me spend time with friends. For me spending time with my friends is...		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_EI13	Help me make new friends. For me making new friends is...		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_EI14	Give me a chance to compete. For me competing is...		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G217_EI15	Give me a chance to win at something. For me winning at something is...		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





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Q182. Think about all the activities that you would like to do. Which ONE activity from the list below would you **most like** to do? (Please mark only one activity)

- |  |   |  |
|--|---|--|
| <input type="radio"/> Aerobics                           | <input type="radio"/> Hockey                      | <input type="radio"/> Surfing                                |
| <input type="radio"/> Athletics                          | <input type="radio"/> Inline hockey               | <input type="radio"/> Swimming                               |
| <input type="radio"/> Australian rules                   | <input type="radio"/> Martial arts (judo, karate) | <input type="radio"/> Table tennis                           |
| <input type="radio"/> Baseball                           | <input type="radio"/> Netball                     | <input type="radio"/> Tennis                                 |
| <input type="radio"/> Basketball                         | <input type="radio"/> Orienteering                | <input type="radio"/> Touch football                         |
| <input type="radio"/> Bush walking                       | <input type="radio"/> Rock climbing               | <input type="radio"/> Volleyball                             |
| <input type="radio"/> Canoeing/kayaking                  | <input type="radio"/> Rollerblading               | <input type="radio"/> Water polo                             |
| <input type="radio"/> Cricket                            | <input type="radio"/> Rowing                      | <input type="radio"/> Walking for pleasure                   |
| <input type="radio"/> Cross country running              | <input type="radio"/> Rugby league                | <input type="radio"/> Weight training (fitness and strength) |
| <input type="radio"/> Cycling                            | <input type="radio"/> Rugby union                 | <input type="radio"/> Yoga                                   |
| <input type="radio"/> Dancing (ballet, jazz, modern etc) | <input type="radio"/> Skateboarding               | <input type="radio"/> Other                                  |
| <input type="radio"/> Golf                               | <input type="radio"/> Soccer                      | <input type="radio"/> Don't know                             |
| <input type="radio"/> Gym workout                        | <input type="radio"/> Softball                    | <input type="radio"/> None                                   |
| <input type="radio"/> Gymnastics                         | <input type="radio"/> Squash                      |  |

G217\_FV2 Q183. At present, is it possible for you to take part in the activity you chose?

- No
- Yes

Office use only

FV1

G217\_FV1

Q182



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We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the **last 7 days**. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise and sport.

Think about all the vigorous and moderate activities that you did in the **last 7 days**. Vigorous physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal.

### Part 1: JOB RELATED PHYSICAL ACTIVITY

This first section is about your work/school/TAFE related physical activities. This includes paid jobs, farming, volunteer work, manual work carried out at school or TAFE, and any other unpaid work that you did outside your home. Do not include unpaid work that you might do around your home, like housework, yard work, general maintenance and caring for your family. These questions are asked later in part 3. Do not include sports or leisure activities as these are asked in part 4.

G217\_WRK

Q184. Do you currently have a job or do any unpaid work outside your home?

No **Go to Q192**

Yes



The next questions are about all the physical activity you did in the **last 7 days** (the last week) as part of your paid or unpaid work. This does not include travelling to and from work.

Q185. During the **last 7 days**, on how many days did you do **vigorous** physical activities like heavy lifting, digging, heavy construction or climbing up stairs **as part of your work**?  
(think about only those vigorous physical activities that you did for at least 10 minutes at a time)

**days per week**

No vigorous job-related physical activity **Go to Q188**

Q187. How much time did you usually spend on one of those days doing **vigorous** physical activities as part of your work?

**hours per day** and   **minutes per day**

Q188. Again, think about only those physical activities that you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do **moderate** physical activities like carrying or lifting light loads **as part of your work**? (Please do not include walking)

**days per week**

No moderate job-related physical activity **Go to Q190**

Q189. How much time did you usually spend on one of those days doing **moderate** physical activities as part of your work?

**hours per day** and   **minutes per day**



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Q190. During the **last 7 days**, on how many days did you **walk** for at least 10 minutes at a time **as part of your work**? (Please do not count any walking you did to travel to or from work)

**days per week**

No job-related walking

**Go to Q192**

Q191. How much time did you usually spend on one of those days **walking** as part of your work?

**hours per day** **and**  **minutes per day**

**Part 2: TRANSPORTATION PHYSICAL ACTIVITY**

These questions are about how you travelled from place to place, including to and from work, school/TAFE, shopping stores, movies, doing errands and so on.

Q192. During the **last 7 days**, on how many days did you **travel in a motor vehicle** like a train, bus, car, tram?

**days per week**

No travelling in a motor vehicle

**Go to Q194**

Q193. How much time did you usually spend on one of those days **travelling** in a train, bus, car, tram or other kind of motor vehicle?

**hours per day** **and**  **minutes per day**

Now think only about the **bicycling** and **walking** you might have done to travel to and from school or work, to do errands, or to go from place to place.

Q194. During the **last 7 days**, on how many days did you **bicycle** for at least 10 minutes at a time to go **from place to place**?

**days per week**

No bicycling from place to place

**Go to Q196**

Q195. How much time did you usually spend on one of those days **bicycling** from place to place?

**hours per day** **and**  **minutes per day**

Q196. During the **last 7 days**, on how many days did you **walk** for at least 10 minutes at a time to go **from place to place**?

**days per week**

No walking from place to place

**Go to Q198**

Q197. How much time did you usually spend on one of those days **walking** from place to place?

**hours per day** **and**  **minutes per day**



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### Part 3: HOUSEWORK, HOUSE MAINTENANCE AND CARING FOR FAMILY

This part is about some of the physical activities you might have done in the **last 7 days** in and around your home, like housework, gardening, yard work, general maintenance work and caring for your family

Q198. Think about only those physical activities that you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do **vigorous** physical activities like heavy lifting, chopping wood, shovelling snow or digging **in the garden or yard**?

days per week

No vigorous activity in garden or yard

Go to Q200

Q199. How much time did you usually spend on one of those days doing **vigorous** physical activities in the garden or yard?

hours per day and  minutes per day

Q200. Again, think about only those physical activities that you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do **moderate** physical activities like carrying light loads, sweeping, washing windows and raking **in the garden or yard**?

days per week

No moderate activity in garden or yard

Go to Q202

Q201. How much time did you usually spend on one of those days doing **moderate** physical activities in the garden or yard?

hours per day and  minutes per day

Q202. Once again, think about only those physical activities you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do **moderate** physical activities like carrying light loads, scrubbing floors, washing windows or sweeping **inside your home**?

days per week

No moderate activities inside home

Go to Q204

Q203. How much time did you usually spend on one of those days doing **moderate** physical activities inside your home?

hours per day and  minutes per day



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#### Part 4: RECREATION, SPORT AND LEISURE-TIME PHYSICAL ACTIVITY

This part is about all the physical activities that you did in the **last 7 days** solely for recreation, sport, exercise or leisure. Please do not count any activities you have already mentioned in the previous several questions.

Q204. Not counting any walking you have already mentioned, during the **last 7 days**, on how many days did you **walk** for at least 10 minutes at a time **in your leisure time**?

days per week

No walking in leisure time

Go to Q206

Q205. How much time did you usually spend on one of those days **walking** in your leisure time?

hours per day and  minutes per day

Q206. Think about only those physical activities that you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do **vigorous** physical activities like aerobics, running, fast bicycling or fast swimming **in your leisure time**?

days per week

No vigorous activity in leisure time

Go to Q208

Q207. How much time did you usually spend on one of those days doing **vigorous** physical activities in your leisure time?

hours per day and  minutes per day

Q208. Again, think about only those physical activities that you did for at least 10 minutes at a time. During the **last 7 days**, on how many days did you do **moderate** physical activities like bicycling at a regular pace, swimming at a regular pace or doubles tennis **in your leisure time**?

days per week

No moderate activity in leisure time

Go to Q210

Q209. How much time did you usually spend on one of these days doing **moderate** physical activities in your leisure time?

hours per day and  minutes per day



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### Part 5: TIME SPENT SITTING

This part is about the time you spend sitting while at work, school, TAFE, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading or sitting down to watch television. Do not count time spent sitting in a motor vehicle or on a bicycle that you have previously mentioned.

Q210. During the **last 7 days**, how much time did you usually spend **sitting** ...

	Hours per day		Minutes per day
On a <b>weekday</b> ?	<input type="text"/> <input type="text"/>	and	<input type="text"/> <input type="text"/>
On a <b>weekend day</b> ?	<input type="text"/> <input type="text"/>	and	<input type="text"/> <input type="text"/>

### Part 6:

This question is about the time you spend standing while at work, school, TAFE, at home, and during leisure time. This may include time spent standing in a queue, in school assembly, or when talking with friends. Do not include time spent standing during sports/leisure time that you have already mentioned

Q211. How much time did you spend **standing** ...

	Hours per day		Minutes per day
On a <b>weekday</b> ?	<input type="text"/> <input type="text"/>	and	<input type="text"/> <input type="text"/>
On a <b>weekend day</b> ?	<input type="text"/> <input type="text"/>	and	<input type="text"/> <input type="text"/>

### Part 7:

This question is about how much time you spend lying down. This should include time spent sleeping as well as any time spent lying on the sofa, bed, ground or lying down to watch television.

Q212. How much time did you spend **lying down** ...

	Hours per day		Minutes per day
On a <b>weekday</b> ?	<input type="text"/> <input type="text"/>	and	<input type="text"/> <input type="text"/>
On a <b>weekend day</b> ?	<input type="text"/> <input type="text"/>	and	<input type="text"/> <input type="text"/>



