

# Youth07 Student Health and Wellbeing Questionnaire

Adolescent Health Research Group

## Introduction

**Intro:** We would like to start by asking you some general questions about you

How old are you?

under 12 years

12

13

14

15

16

17

18

19

over 19 years

What sex are you?

male

female

Where were you born?

New Zealand

Australia

Samoa

Cook Islands

Fiji

Tonga

United Kingdom

Niue

China (People's Republic of)

South Africa

Korea

Hong Kong

India

Sri Lanka

Malaysia

Indonesia

Japan

Europe

Middle East

North America

South America

Africa

another country

How old were you when you first came to New Zealand?

less than one year old

1 to 4 years old

5 to 10 years old

11

12  
13  
14  
15  
16  
17  
18  
I don't know

**Did you come to New Zealand as a refugee?**

yes  
no  
I don't know

**Are you a New Zealand citizen or have residency in New Zealand?**

yes  
no  
I don't know

**Where was your mother born?**

New Zealand  
Australia  
Samoa  
Cook Islands  
Fiji  
Tonga  
United Kingdom  
Niue  
China (People's Republic of)  
South Africa  
Korea  
Hong Kong  
India  
Sri Lanka  
Malaysia  
Indonesia  
Japan  
Europe  
Middle East  
another country

**Were was your father born?**

New Zealand  
Australia  
Samoa  
Cook Islands  
Fiji  
Tonga  
United Kingdom  
Niue  
China (People's Republic of)  
South Africa  
Korea  
Hong Kong  
India  
Sri Lanka  
Malaysia  
Indonesia  
Japan

Europe  
Middle East  
Another country

**Outro:**

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**Ethnicity**

**Intro:** We would now like to ask you about the ethnic group or groups you belong to. By this we mean where your family is from, who you or your family identify as, or which group of people you feel you belong to.

Which ethnic group do you belong to? (you may choose as many as needed)

New Zealand European  
English  
Australian  
Dutch  
Other European  
Māori  
Samoan  
Cook Island Māori  
Tongan  
Niuean  
Tokelauan  
Fijian  
Other Pacific Peoples  
Filipino  
Chinese  
Indian  
Japanese  
Korean  
Cambodian  
Other Asian  
Middle Eastern  
Latin American  
African  
Other

Which is your main ethnic group (the one you identify with most)?

New Zealand European  
English  
Australian  
Dutch  
Other European  
Māori  
Samoan  
Cook Islands Māori  
Tongan  
Niuean  
Tokelauan  
Fijian  
Other Pacific Peoples  
Filipino  
Chinese  
Indian  
Japanese

Korean  
Other Asian  
Middle Eastern  
Latin American  
African  
Other  
I can't choose only one ethnic group

**Are any of your parents, grandparents or great-grandparents Māori?**

yes  
no  
I don't know

**What languages do your parents or the people who look after you usually speak? (you can answer as many as you need)**

English  
Māori  
Samoan  
Tongan  
Fijian  
Niuean  
Cook Islands Māori  
Cantonese  
Mandarin  
Arabic  
Hindi  
Other

**Which languages can you speak well enough to have a conversation in? (you can answer as many as you need)**

English  
Māori  
Samoan  
Tongan  
Fijian  
Niuean  
Cook Islands Māori  
Cantonese  
Mandarin  
Arabic  
Hindi  
Other

**How often do you think about your ethnicity or ethnic group?**

never  
sometimes  
often  
all the time  
I don't know

**How many of your family's special activities or traditions are based on NZ European or Pakeha culture (e.g Christmas, Easter, Guy Fawkes)?**

a lot  
some  
not many  
none  
I don't know

How comfortable do you feel in Pakeha or NZ European social surroundings?

very uncomfortable  
uncomfortable  
slightly uncomfortable  
comfortable  
very comfortable

**Info: Māori**

We are now going to ask some questions about your ethnic group and culture. If you answered more than one ethnicity you will get several sections on ethnicity.

Do you know your iwi (tribe or tribes)?

yes  
no  
not sure

What tribes do you affiliate with?

Taitokerau/Tāmaki Makaurau (Northland /Auckland )  
Hauraki (Coromandel)  
Waikato/Te Rohe Potae (Waikato/King Country)  
Te Arawa/ Taupō (Rotorua/Taupō)  
Tauranga Moana/Mataatua (Bay of Plenty region)  
Te Tai Rāwhiti (East Coast region)  
Te Mātau-a-Maui/Wairarapa (Hawke's Bay/Wairarapa region)  
Taranaki Region  
Whanganui/Rangitikei Region  
Manawatu/Horowhenua/Te Whanganui-a-Tara (Wellington)  
Te Waipounamu/Wharekauri(South Island/Chatham Islands)  
I don't know

Which of these iwi (Te Tai Tokerau/ Tāmaki Makaurau, Northland and Auckland)

Te Aupōuri  
Ngāti Kahu  
Ngāti Kurī  
Ngāpuhi  
Ngāpuhi ki Whaingaroa-Ngāti Kahu ki Whaingaroa  
Te Rārawa  
Ngāi Takoto  
Ngāti Wai  
Ngāti Whātua  
Te Kawerau  
Te Uri-o-Hau  
Te Rōroa  
Ngāti Hine

Which of these iwi? (Hauraki)

Ngāti Hako  
Ngāti Hei  
Ngāti Maru  
Ngāti Paoa  
Patukirikiri  
Ngāti Porou ki Harataunga ki Mataora  
Ngāti Pūkenga ki Waiiau  
Ngāti Rāhiri Tumutumu  
Ngāi Tai  
Ngāti Tamaterā  
Ngāti Tara Tokanui  
Ngāti Whanaunga  
I don't know

**Which of these iwi (Waikato)**

Ngāti Haua ( Waikato)  
Ngāti Maniapoto  
Ngāti Raukawa( Waikato)  
Waikato  
I don't know

**Which of these iwi (Te Arawa- Taupō region)?**

Ngāti Pikiao  
Ngāti Rangiteaorere  
Ngāti Rangitahi  
Ngāti Rangiwewehi  
Tapuika  
Tarāwhai  
Tūhourangi  
Uenuku-Kōpako  
Waitaha( Te Arawa)  
Ngāti Whakaue( Te Arawa)  
Ngāti Tūwharetoa  
Ngāti Tahu- Ngāti Whaoa  
I don't know

**Which of these iwi? (Tauranga Moana/ Matātua)**

Ngāti Pūkenga  
Ngaiterangi  
Ngāti Ranginui  
Ngāti Awa  
Ngāti Manawa  
Ngāi Tai( Tauranga Moana/Mataatua)  
Tūhoe  
Whakatōhea  
Te Whānau-a-Apanui  
Ngāti Whare  
I don't know

**Which of these iwi (Te Tai Rāwhiti)**

Ngāti Porou  
Te Aitanga-a-Māhaki  
Rongowhakaata  
Ngāi Tāmanuhiri  
I don't know

**Which of these iwi (Te Matau-ā-Maui /Wairarapa regions)?**

Rongomaiwahine ( Te Māhia)  
Ngāti Kahungunu ki Te Wairoa  
Ngāti Kahungunu ki Heretaunga  
Ngāti Kahungunu ki Wairarapa  
Ngāti Kahungunu( region unspecified)  
Rangitāne (Te Matau-a-Māui/ Hawkes Bay/ Wairarapa)  
Ngāti Kahungunu ki Te Whanganui-a-Orotu  
Ngāti Kahungunu ki Tamatea  
Ngāti Kahungunu ki Tāmakinui ā Rua  
Ngāti Pāhauwera  
Ngāti Rākaipaaka  
I don't know

**Which of these iwi (Taranaki)?**

Te Atiawa  
Ngāti Maru

Ngāti Mutunga  
Ngā Rauru  
Ngā Ruahinerangi  
Ngāti Tama  
Taranaki  
Tangāhoe  
Pakakohi  
I don't know

**Which of these iwi (Whanganui)**

Ngāti Apa  
Te Ati Haunui-a-Pāpāurangi  
Ngāti Haua  
Ngāti Hauiti  
I don't know

**Which of these iwi (Manawatū, Horowhenua, Te Whanganui- a -Tara /Wellington regions)**

Te Atiawa(Whanganui-a-Tara/Wellington)  
Muaūpoko  
Rangitāne  
Ngāti Raukawa  
Ngāti Toa Rangatira( Te Whanganui-a-Tara/Wellington)  
Te Atiawa ki Whakarongotai  
Ngāti Tama ki te Upoko o te Ika( Te Whanganui -a- Tara/Wellington)  
I don't know

**Which of these iwi (Te Waipounamu)**

Te Atiawa(Te Waipounamu/Wharekauri South Island/Chatham Islands)  
Ngāti Koata  
Ngāti Kuia  
Kāti Māmoe  
Mori  
Ngāti Mutunga(Wharekauri/Chatham Islands)  
Rangitāne (Te Waipounamu/South Island)  
Ngāti Rārua  
Ngāi Tahu/Kai Tahu  
Ngāti Tama ki te Upoko o Te Ika( Te Waipounamu/ South Island)  
Ngāti Toarangatira(Te Waipounamu/South Island)  
Waitaha(Te Waipounamu/South Island)  
Ngāti Apa ki Te Rā Tō  
I don't know

**Have you learnt about Māori culture, such as language, songs, cultural practice or family history/ancestry (whakapapa)?**

yes  
no

**Who taught you or where did you learn about Māori culture?(you can choose as many as you need)**

from parents  
from relatives  
On the Marae  
at Kohanga Reo  
at pre-school  
at primary school  
at secondary school  
a language group  
at work

as part of a community or sports group  
other

**Have you ever been to a tangi or unveiling?**

yes  
no  
don't know

**How much did you understand of what was going on at the tangi or unveiling?**

all or most  
about half  
some  
none

**How comfortable do you feel in Māori social events or gatherings**

very uncomfortable  
uncomfortable  
slightly uncomfortable  
comfortable  
very comfortable

**How well can you understand spoken Māori?**

very well  
well  
fairly well  
not very well  
no more than a few words or phrases

**How well can you speak Māori?**

very well  
well  
fairly well  
not very well  
no more than a few words or phrases

**Are you proud of being Māori?**

I'm very proud  
I'm somewhat proud  
I'm not at all proud

**Are Maori values important to you? e.g. Whanau and Hui (Family gatherings), Karakia (prayer), Wairua (Spirituality) or Whakapapa (Family history)?**

very important  
important  
somewhat important  
not important  
not at all important

**How important is it to you to be recognised as a Māori person?**

very important  
somewhat important  
not important  
not at all important

**How satisfied are you with your knowledge of things Māori?**

very satisfied  
satisfied  
somewhat satisfied

not satisfied  
not at all satisfied

**Info: Niuean**

We are now going to ask some questions about your ethnic group and culture. If you answered more than one ethnicity you will get several sections on ethnicity.

Do you know the name of your mother or father's family village?

yes  
no  
not sure

Have you visited Niue since your arrival or birth in NZ?

yes  
no

Have you learnt about Niuean culture including language, songs, cultural practice or family history/ancestry?

yes  
no

Who taught you or where did you learn about Niuean culture? ( you can choose as many as you need)

parents  
relatives  
a village  
a language group  
at church  
at pre-school  
at primary school  
at secondary school  
at work  
as part of a community or sports group  
other

Have you ever been to a Niuean funeral?

yes  
no  
don't know

How much of what was going on did you understand?

all or most  
about half  
some  
none

How comfortable do you feel in Niuean social events or gatherings?

very uncomfortable  
uncomfortable  
slightly uncomfortable  
comfortable  
very comfortable

How well can you understand spoken Niuean?

very well  
well  
fairly well

not very well  
no more than a few words or phrases

How well are can you speak Niuean?

very well  
well  
fairly well  
not very well  
no more than a few words or phrases

Are you proud of being Niuean?

I'm very proud  
I'm somewhat proud  
I'm not at all proud

Are Niuean values important to you?

very important  
important  
somewhat important  
not important  
not at all important

How important is it to you to be recognised as a Niuean?

very important  
important  
somewhat important  
not important  
not at all important

How satisfied are you with your knowledge of things Niuean?

very satisfied  
satisfied  
somewhat satisfied  
not satisfied  
not at all satisfied

**Info: Tongan**

We are now going to ask some questions about your ethnic group and culture. If you answered more than one ethnicity you will get several sections on ethnicity.

Do you know the name of your mother or father's family village?

yes  
no  
not sure

Have you visited Tonga since you arrival or birth in NZ?

yes  
no

Have you learnt about Tongan culture including language, songs, cultural practice or family history/ ancestry?

yes  
no

Who taught you or where did you learn about Tongan culture? (You can choose as many as you need)

parents  
relatives

a village  
a language group  
at church  
at pre-school  
at primary school  
at secondary school  
at work  
as part of a community or sports group  
other

**Have you ever been to a Tongan funeral?**

yes  
no  
don't know

**How much of the Anga or faime'a faka-Tonga did you understand? (how much did you understand of what was going on)**

all or most  
about half  
some  
none

**How comfortable do you feel in Tongan social settings?**

very uncomfortable  
uncomfortable  
slightly uncomfortable  
comfortable  
very comfortable

**How well can you understand spoken Tongan?**

very well  
well  
fairly well  
not very well  
no more than a few words or phrases

**How well can you speak Tongan?**

very well  
well  
fairly well  
not very well  
no more than a few words or phrases

**Are you proud of being Tongan?**

I'm very proud  
I'm somewhat proud  
I'm not at all proud

**Are Tongan values important to you?**

very important  
important  
somewhat important  
not important  
not at all important

**How important is it to you to be recognised as a Tongan?**

very important  
important

somewhat important  
not important  
not at all important

How satisfied are you with your knowledge of things Tongan?

very satisfied  
satisfied  
somewhat satisfied  
not satisfied  
not at all satisfied

**Info: Cook Islands**

We are now going to ask some questions about your ethnic group and culture. If you answered more than one ethnicity you will get several sections on ethnicity.

Do you know which Islands your mother or father are from?

yes  
no  
not sure

Have you visited the Cook Islands since your arrival or birth in NZ?

yes  
no

Have you learnt about Cook Islands culture including language, songs, cultural practice or family history/ ancestry?

yes  
no

Who taught you or where did you learn about Cook Islands culture? (You can choose as many as you need)

parents  
relatives  
a village  
a language group  
at church  
at pre-school  
at primary school  
at secondary school  
at work  
as part of a community or sports group  
other

Have you ever been to a Cook Islands funeral?

yes  
no  
don't know

How much of what was going on did you understand?

all or most  
about half  
some  
none

How comfortable do you feel in Cook Islands social settings?

very uncomfortable  
uncomfortable  
slightly uncomfortable

comfortable  
very comfortable

How well can you understand spoken Cook Island Maori?

very well  
well  
fairly well  
not very well  
no more than a few words or phrases

How well can you speak Cook Island Maori?

very well  
well  
fairly well  
not very well  
no more than a few words or phrases

Are you proud of being a Cook Islander?

I'm very proud  
I'm somewhat proud  
I'm not at all proud

Are Cook Islands cultural values important to you?

very important  
important  
somewhat important  
not important  
not at all important

How important is it to you to be recognised as a Cook Islander?

very important  
important  
somewhat important  
not important  
not at all important

How satisfied are you with your knowledge of things from the Cook Islands culture?

very satisfied  
satisfied  
somewhat satisfied  
not satisfied  
not at all satisfied

**Info: Samoan**

We are now going to ask some questions about your ethnic group and culture. If you answered more than one ethnicity you will get several sections on ethnicity.

Do you know the name of your mother or father's family village?

yes  
no  
not sure

Have you visited Samoa since your arrival or birth in NZ?

yes  
no

Have you learnt about Samoan culture including language, songs, cultural practice, family history/ ancestry ?

yes  
no

**Who taught you or where did you learn about Samoan culture? (You can choose as many as you need)**

parents  
relatives  
a village  
a language group  
at church  
at pre-school  
at primary school  
at secondary school  
at work  
as part of a community or sports group  
other

**Have you ever been to a Samoan funeral?**

yes  
no  
don't know

**How much of the Fa'a Samoa did you understand?**

all or most  
about half  
some  
none

**How comfortable do you feel in Samoan social settings?**

very uncomfortable  
uncomfortable  
slightly uncomfortable  
comfortable  
very comfortable

**How well can you understand spoken Samoan?**

very well  
well  
fairly well  
not very well  
no more than a few words or phrases

**How well can you speak Samoan?**

very well  
well  
fairly well  
not very well  
no more than a few words or phrases

**Are you proud of being Samoan**

I'm very proud  
I'm somewhat proud  
I'm not at all proud

**Are Samoan values important to you?**

very important  
important  
somewhat important

not important  
not at all important

How important is it to you to be recognised as a Samoan?

very important  
important  
somewhat important  
not important  
not at all important

How satisfied are you with your knowledge of things Samoan?

very satisfied  
satisfied  
somewhat satisfied  
not satisfied  
not at all satisfied

**Info: Indian**

We are now going to ask some questions about your ethnic group and culture. If you answered more than one ethnicity you will get several sections on ethnicity.

Do you know where your family originates from?

yes  
no  
not sure

Have you visited the place where your family originates from since your arrival or birth in New Zealand?

yes  
no

Have you learnt about Indian culture including language, songs, cultural practice or family history/ ancestry ?

yes  
no

Who taught you or where did you learn about Indian culture? (You can choose as many as you need)

parents  
relatives  
a language group  
at a religious setting (temple, mosque etc)  
at pre-school  
at primary school  
at secondary school  
at work  
as part of a community or sports group  
community organisation (e.g Indian associations)  
other

Have you ever been to an Indian funeral?

yes  
no  
don't know

How much of what was going on did you understand?

all or most  
about half

some  
none

How comfortable do you feel in Indian social settings?

very uncomfortable  
uncomfortable  
slightly uncomfortable  
comfortable  
very comfortable

How well can you understand a spoken Indian language? (e.g. hindi, gujarati, marathi etc)

very well  
well  
fairly well  
not very well  
no more than a few words or phrases

How well can you speak a spoken Indian language (e.g. hindi, gujarati, marathi etc)?

very well  
well  
fairly well  
not very well  
no more than a few words or phrases

Are you proud of being Indian?

I'm very proud  
I'm somewhat proud  
I'm not at all proud

Are Indian values important to you?

very important  
important  
somewhat important  
not important  
not at all important

How important is it to you to be recognised as being of Indian background?

very important  
important  
somewhat important  
not important  
not at all important

How satisfied are you with your knowledge of things Indian?

very satisfied  
satisfied  
somewhat satisfied  
not satisfied  
not at all satisfied

**Info: Chinese**

We are now going to ask some questions about your ethnic group and culture. If you answered more than one ethnicity you will get several sections on ethnicity.

Do you know your ancestral village/ province or country?

yes  
no  
not sure

Have you visited the place considered as your ancestral village/ province or country since your arrival or birth in New Zealand?

yes

no

Have you learnt about Chinese culture including language, songs, cultural practice or family history/ ancestry?

yes

no

Who taught you or where did you learn about Chinese culture? (You can choose as many as you need)

parents

relatives

a language group

at church, temple or other religious places

at pre-school

at primary school

at secondary school

at work

as part of a community or sports group

community organisations (e.g Chinese associations)

other

Have you ever been to a Chinese wedding banquet, new year celebration or ancestor worship ceremony?

yes

no

don't know

How much of what was going on did you understand?

all or most

about half

some

none

How comfortable do you feel in Chinese social settings?

very uncomfortable

uncomfortable

slightly uncomfortable

comfortable

very comfortable

How well can you understand a spoken Chinese dialect? (e.g. mandarin, cantonese etc)

very well

well

fairly well

not very well

no more than a few words or phrases

How well can you speak a spoken Chinese dialect (mandarin, cantonese etc)?

very well

well

fairly well

not very well

no more than a few words and phrases

**Are you proud of being Chinese?**

I'm very proud

I'm somewhat proud

I'm not at all proud

**Are Chinese values important to you?**

very important

important

somewhat important

not important

not at all important

**How important is it to you to be recognised being of Chinese background?**

very important

important

somewhat important

not important

not at all important

**How satisfied are you with your knowledge of things Chinese?**

very satisfied

satisfied

somewhat satisfied

not satisfied

not at all satisfied

**Do you know where your family originates from?**

yes

no

not sure

**Have you visited the place where your family originates from since your arrival or birth in NZ?**

yes

no

not sure

**Have you learnt about your family's culture including language, songs, cultural practice or family history/ ancestry?**

yes

no

**Who taught you or where did you learn? (You can choose as many as you need)**

parents

relatives

friends

a language group

at church, temple or other religious place

at pre-school

at primary school

at secondary school

at work

as part of a community or sports group

other

**Have you ever been to a traditional funeral in your family's culture?**

yes

no

don't know

How much of what was going on did you understand?

all or most  
about half  
some  
none

How comfortable do you feel in your family's cultural social settings?

very uncomfortable  
uncomfortable  
slightly uncomfortable  
comfortable  
very comfortable

How well can you understand the spoken language of your family's culture?

very well  
well  
fairly well  
not very well  
no more than a few words or phrases

How well can you speak the language of your family's culture?

very well  
well  
fairly well  
not very well  
no more than a few words or phrases

Are you proud of being a person from your family's culture?

I'm very proud  
I'm somewhat proud  
I'm not at all proud

Are the values of your family's culture important to you?

very important  
important  
somewhat important  
not important  
not at all important

How important is it to you to be recognised as a person from your family's culture?

very important  
important  
somewhat important  
not important  
not at all important

How satisfied are you with your knowledge of your family's culture?

very satisfied  
satisfied  
somewhat satisfied  
not satisfied  
not at all satisfied

**Outro:**

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**Home & School**

**Intro:** We would now like to ask you some questions about your home and school.

**Info: Home and Family**

We would now like to ask you some questions about your home. By home we mean the place you usually live with your mum and/or dad or people who take care of you. Not everyone lives with both their parents, sometimes they live with just one parent or others and sometimes they have two homes or families.

How many homes do you have?

- one
- two or more

Who do you live with? (you can choose as many as you need)

- mother
- father
- parent's partner
- brother(s) and/or sister(s)
- grandparent(s)
- other relatives
- friend(s)
- friends' parents
- girlfriend or boyfriend
- foster parent(s)
- flatmate(s) or boarder(s)
- someone else

How many people, including you, usually live in your home?

- One- I live by myself
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15 to 19
- 20 or more

**Info: Your main home**

Because you live in two homes we are going to ask you questions about both homes. The next few questions are about your main home where you spend most of your time (if you spend half the time in each home pick one of your homes for these questions)

Who do you live with in your main home? (you can choose as many as you need)

- mother
- father
- parent's partner
- brother(s) and/or sister(s)
- grandparents
- other relatives
- friends
- friends' parents
- girlfriend or boyfriend

foster parent(s)  
flatmates(s) or boarder(s)  
someone else

**How many people, including you, usually live in your main home?**

One - I live by myself

2

3

4

5

6

7

8

9

10

11

12

13

14

15 to 19

20 or more

**How much of the time do you stay in your main home? (not counting holidays or visiting people)**

most of the time

about half of the time

about 2 nights most weeks

about 2 days most fortnights

less than 2 days a fortnight

**Who do you live with in your second home or other home? (You can answer as many as apply to you)**

mother

father

parents partner

brother/s or sister/s

grandparents

other relatives

friend(s)

friends' parents

girlfriend or boyfriend

foster parent(s)

flatmate/s or boarder/s

someone else

**What is the total number of people who usually live in your second home?**

1

2

3

4

5

6

7

8

9

10

11

12

13

- 14
- 15 to 19
- 20 or more

How much of the time do you stay in your second home?

- most of the time
- about half of the time
- about 2 nights most weeks
- about 2 days most fortnights
- less than 2 days a fortnight

Who usually looks after you or acts as a parent for you (you can choose as many as you need)?

- mother
- father
- parents partner
- grandparent(s)
- brother(s) and/or sister(s)
- other relatives
- friends parents
- another adult or adults
- no one - I live independently
- someone else

How often do you and your family have fun together?

- a lot
- often
- sometimes
- not at all

How do your family members get along?

- very badly
- badly
- neither good or bad
- well
- very well

Not getting on well with people in your family can make life difficult. How do you view your relationships with your family ?

- I'm happy about how we get on
- my family relationships are neither good nor bad
- getting on with my family is causing me problems

We now have some questions about your relationship with your mum or the person who acts as your mum. If there is no such person use the 'does not apply to me' option

	most of the time	sometimes	hardly ever	does not apply to me
How much of the time do you feel close to your mum?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much of the time is your mum warm and loving towards you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you get to spend enough time with her?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Why don't you get enough time with your mum (or the person who acts as your mum)? (You can choose as many as you need)

- she's at work

- she's out
- she's busy with housework
- she's busy with other children
- she's busy with other family members
- she chooses not to spend time with me
- I choose not to spend time with her
- I don't live with her

We now have some questions about your relationship with your dad or the person who acts as your dad? If there is no such person use the 'does not apply to me' option

	most of the time	sometimes	hardly ever	does not apply to me
How much of the time do you feel close to your dad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much of the time is your dad warm and loving towards you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you get to spend enough time with your dad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Why don't you get enough time with your dad (or the person who acts as your dad)? (you may choose more than one)

- he's at work
- he's out
- he's busy with housework
- he's busy with other children
- he's busy with other family members
- he chooses not to spend time with me
- I choose not to spend time with him
- I don't live with him

How much do your parents (or the people that act as your parents) really know about...

	a lot	a little	not at all	doesn't apply to me
who your friends are?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
where you go after school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
where you go at night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does your family want to know who you are with and where you are?

- always
- usually
- sometimes
- almost never

Do you think that you obey what your parents ask?

- always
- usually
- sometimes
- hardly ever
- never

How much do you feel the following people care about you?

	not at all	a little	some	a lot	does not apply to me
Mum (or someone who acts as your mum)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dad (or someone who acts as your dad)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brothers or Sisters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other family members (other than mum, dad, brothers, sisters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much can you talk about problems or worries to the following people

	not at all	a little	some	a lot	does not apply to me
Mum (or someone who acts as your mum)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dad (or someone who acts as your dad)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brothers or Sisters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other family members (other than mum, dad, brothers, sisters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	most days	once or twice a week	once or twice a month	once or twice a year	not at all
How often do you see your relatives that do not live with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do your friends come over to your house?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you stay one or more nights with relatives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do relatives come and stay overnight at your house?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the last 12 months, have you run away from home overnight?

- I have never
- not in the last 12 months
- once
- more than once
- does not apply to me

How many bedrooms are there where you live?

- none
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- more than 10

What places are used as bedrooms in your home? (You can choose as many as you need)

- living room
- garage
- caravan
- other rooms that aren't bedrooms
- none of these

In the past year, how many times have you moved homes?

- I haven't moved
- I have moved once
- I have moved 2 times
- I have moved 3 or more times

Does your dad (or someone who acts as your dad) have a job?

- yes - full time
- yes - part time
- no
- I don't know
- does not apply to me

Why does your dad (or someone who acts as your dad) not have a job?

- he is sick
- he is retired
- he is a student
- he is looking for a job
- he is home looking after the family
- I don't know

Does your mum (or someone who acts as your mum) have a job?

- yes - full time
- yes - part time
- no
- I don't know
- does not apply to me

Why does your mum (or someone who acts as your mum) not have a job?

- she is sick
- she is retired
- she is a student
- she is looking for a job
- she is home looking after the family
- I don't know

Do your parents, or the people who act as your parents, ever worry about not having enough money to buy food ?

- never
- occasionally
- sometimes
- often
- all the time
- I don't know

In your home how many of the following things are there?

	none	one	two	three or more
a car that goes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a telephone that works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a mobile phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a computer/laptop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Info: **School**

We now have some questions about school

**What Year (form) are you at school?**

- year 9 (form 3)
- year 10 (form 4)
- year 11 (form 5)
- year 12 (form 6)
- year 13 (form 7)

**How long have you been at this school?**

- less than 6 months
- between 6 months and 1 year
- between 1 and 3 years
- more than 3 years

**How many schools have you been to since you began Year 9 (form 3)?**

- 1 (just this school)
- 2
- 3
- 4
- 5 or more

**How do you feel about school?**

- I like school a lot
- I like school a bit
- it's OK
- I don't like school
- I don't like school at all

**What do you most enjoy about school? (you can answer as many as applies to you)**

- hanging out with friends
- doing school work
- sports
- kapa/haka or cultural activities
- other arts and/or music
- being away from home
- some other reason
- I don't enjoy school at all

**Do you feel like you are part of your school?**

- yes
- no

**Do you belong to any school sports teams?**

- yes
- no

**How many hours a week do you spend in school sports teams?**

- 6 or more hours per week
- 3 to 5 hours per week
- 1 to 2 hours per week
- less than 1 hour per week

**Do you belong to any clubs or teams other than sports teams at school? (e.g. musical or singing group, cultural club, library group)**

- yes
- no

**How many hours a week do you spend in clubs or teams that are not sports teams?**

- 6 hours or more per week

- 3 to 5 hours per week
- 1 to 2 hours per week
- less than 1 hour per week

Do you do activities to help others at school? (e.g. peer support, tutoring, coaching, being a leader, helping others with work)

- yes
- no

How many hours a week do you spend in activities to help others at school?

- 6 hours or more per week
- 3 to 5 hours per week
- 1 to 2 hours per week
- less than 1 hour per week

How much do you feel that people at school care about you? (like teachers, coaches or other adults)

- not at all
- some
- a lot

How often do the teachers at your school treat students fairly?

- hardly ever
- sometimes
- most of the time

Do people at your school expect you to do well?

- yes
- no

Do you get along with your teachers?

- usually
- sometimes
- hardly ever
- not at all

How important is it to you to be proud of your school work?

- very important
- somewhat important
- not important

How well do you do at school (how good are your school results)?

- near the top
- above middle
- about the middle
- below the middle
- near the bottom

How much do you agree or disagree with the following statements about your school?

	strongly disagree	disagree	neither agree or disagree	agree	strongly agree
This school encourages students to get along with students from different ethnic groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers go out of their way to help students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Students try and get the best grades they can

Students in this school have trouble getting along with each other

How much do you agree or disagree with the following statements about your school?

	Strongly disagree	disagree	neither agree or disagree	agree	strongly agree
Teachers are very strict here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some teachers have shown a special interest in my culture or ethnic group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students in this school have a say in how things work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How important is it to your parents or the people who act as your parents that you go to school every day?

very important  
important  
not very important

This year how often have you and someone in your family talked about how things are going at school?

a lot  
some  
never

Has anyone in your family done any of these things this year (choose as many as you need)

gone to a parent-teacher meeting  
helped out at your school  
asked you about your homework  
helped you with your homework  
come to a school event e.g sport, kapa haka, concert etc  
none of these

How important is it to you to be at school every day?

very important  
somewhat important  
not important

This year have you wagged or skipped school for a full day or more without an excuse?

yes  
no

About how many days altogether have you wagged or skipped school this year?

1 to 2 days  
3 to 9 days  
10 to 20 days  
more than 20 days  
not sure

Have you ever been stood down from school? (been sent home for a few days for doing something wrong)

yes  
no

How many times have you been stood down from school this year?

- none
- once
- two times
- more than two times

Have you been suspended from school?(been sent home and told not to come back until you have a meeting with the Board of Trustees)

- yes
- no
- I don't know

What do you think will be the last year (or form) at secondary school for you?

- year 9 (form 3)
- year 10 (form 4)
- year 11 (form 5)
- year 12 (form 6)
- year 13 (form 7)

What do you plan to do when you leave secondary school?

- get more training or education
- start work or look for a job
- start a family
- do nothing
- I don't know/ I have no plans

During this year how much have these things gone on at your school?

	not this year	once or twice a year	once or twice a month	once or twice a week	most days
students smoking cigarettes at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
students getting into fights at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
students taking things from other students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you feel safe in your school?

- yes, all the time
- yes, most of the time
- about half the time
- no, less than half the time
- no, not at all

During this school year, how often have you been afraid that someone will hurt or bother you at school?

- never
- once or twice
- 3 - 5 times
- 6 or more times

**Info: Bullying**

Bullying is when another student or group of students say, write, text or message nasty and unpleasant things to another student. Or the student is hit, kicked, threatened, pushed or shoved around. Bullying also means when a group of students completely ignore somebody and leave them out of things on purpose.

**This year how often have you been bullied in school?**

I haven't been bullied in school  
I haven't been bullied this year  
it has happened once or twice  
about once a week  
several times a week  
most days

**When it happens how is it?**

not bad  
a little bad  
pretty bad  
really bad  
terrible

**What was the reason you were bullied? (you may answer as many as apply)**

I was bullied because of my ethnic group or culture  
I was bullied because of my religion  
I was bullied because of my size or body shape  
I was bullied because I am gay or because people thought I was gay  
I was bullied because I am smaller than the other people  
I don't know why I was bullied

**In the last month, how many times have you not gone to school because you were afraid someone might hurt, tease or bully you?**

not at all  
not in the last month  
once  
two or three times  
four or more times

**How often have you ignored bullying of other students and not taken action?**

I don't know  
almost never  
now and then  
almost always

**How often do students in your classes bully the teacher?**

I don't know  
almost never  
now and then  
almost always

**How often do the teachers take action when they know a student is being bullied?**

I don't know  
almost never  
now and then  
almost always

**How often do other students take action when they know a student is being bullied in school?**

I don't know  
almost never  
now and then  
almost always

**This year how often have you bullied other students in your school**

not at all  
not this year

- once or twice
- about once a week
- several times a week
- most days

Which of the following are within walking distance of your school? (you can choose as many as you need)

- dairy
- fast food restaurant (e.g. MacDonald's, Subway)
- other takeaway (fish-n-chips, etc)
- somewhere alcohol can be bought
- somewhere you can buy fresh fruit

**Outro:**

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## Injuries and Violence

**Intro:** We are now going to ask about injuries and violence.

### Info: Accidents and Injuries

We would now like to ask some questions about accidents and road safety.

When riding a bicycle how often do you wear a helmet?

- I don't ride a bicycle
- always
- most of the time
- sometimes
- hardly ever
- never

When driving or being driven in a car how often do you wear a seatbelt?

- always
- most of the time
- sometimes
- hardly ever
- never

During the last month, how many times did you ride in a car driven by someone...

	not at all	not in the last month	once	two or three times	four or more times
who had been drinking alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
who had drunk more than two glasses of alcohol in the two hours before driving?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
who was high (out of it) or had been taking drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dangerously (speeding, car chases, burnouts)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever driven a car or other motor vehicle (e.g. motorbike) on a public road?

- not at all
- only when I am having a driving lesson
- yes

Do you have a current drivers license?

- no
- I have a learners licence
- I have a restricted licence
- I have a full drivers licence

During the last month, how many times did you drive a car or other vehicle...

	not at all	not in the last month	once	two or three times	four or more times
when you had been drinking alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
after having drunk more than two glasses of alcohol in the two hours before driving?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
when you were high (out of it) or when you had been using drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dangerously (e.g. speeding, car chases, or burnouts)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Info: Violence and Bullying

We would now like to ask some questions about violence and bullying in your life. Remember you don't have to answer the questions if you don't want to.

In the last 12 months how many times have you seen adults in your home...

	never	once or twice	about once or twice a month	about once or twice a week	most days	does not apply to me
yelling or swearing at a child (other than yourself)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hitting or physically hurting a child (other than yourself)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
yelling or swearing at each other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hitting or physically hurting each other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the last 12 months, how bad has it been for you when adults in your home...

	not bad	a little bad	pretty bad	really bad	terrible	does not apply to me
yelled or swore at a child (other than you)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hit or physically hurt a child (other than you)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
yelled or swore at each other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hit or physically hurt each other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been hit or physically harmed by anyone on purpose?

- yes
- no

During the last 12 months how many times have you been hit or physically harmed by another person on purpose?

- not in the last 12 months
- once or twice
- three or more times

In the last 12 months who has hit or physically harmed you on purpose? (choose all that apply to you)

- your mother or father or someone who acts as your mother or father
- another adult relative
- a brother or sister
- a friend
- a boyfriend or girlfriend
- a person your age that you know but you are not friends with
- a stranger
- other

When you have been hit or physically harmed by someone on purpose in the last 12 months, in general how bad had it been for you?

- not bad
- a little bad
- pretty bad
- really bad
- terrible

In the last 12 months when you were hit or physically harmed by someone on purpose did you ever need treatment?

- no, never
- yes, first aid or treatment at home
- yes, treatment by a doctor or nurse
- yes, treatment at hospital

In the last 12 months...

	never	not in the last 12 months	once or twice	three or four times	five or more times
how many times were you in a serious physical fight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
how many times have you hit or physically harmed someone else on purpose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
how many times have you ever carried a weapon (eg knife), thinking about harming someone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
how many times have you attacked someone using a weapon such as a knife?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever forced someone else to do sexual things they didn't want?

- yes
- no
- not sure

How often did this happen?

- once
- twice
- three or four times
- five or more times

During the last year has any of the following happened to you? And where did it mostly happen?

	at home	at work	at school	in my neighbourhood	this has not happened to me this year
I was physically hurt (kicked, hit, punched)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone told lies or spread false rumors about me and tried to make others dislike me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone damaged or tried to damage my personal possessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the last year has any of the following happened to you? And where did it mostly happen?

	at home	at work	at school	in my neighbourhood	this has not happened to me this year
Someone threatened to hurt me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone made sexual jokes, comments or gestures to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had things taken from me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was called hurtful names	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the last year has any of the following happened to you?

	on a mobile phone	on the Internet	by letters or notes	this has not happened to me in the past year
I was sent nasty or threatening messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was sent unwanted sexual stuff (including pornographic pictures, videos or words)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Info: Thanks**

Thank you for answering these questions. If these questions have been upsetting for you and you wish to talk with someone, you can talk to one of the people here. You can also talk to the school counsellor, health staff or Youthline. We will give you a card with the contact numbers at the end of the survey.

**Outro:**

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**Health**

**Intro:** This section is about health, getting health care and emotional health and wellbeing

In general how would you say your health is?

excellent

very good  
good  
fair  
poor

**Do you have any long-term health problems or conditions (lasting 6 months or more)?**

yes  
no  
don't know

**Does this health problem or condition cause you difficulty with, or stop you doing...(choose as many as apply to you)**

everyday activities that other people your age can usually do  
communication, mixing with others or socialising  
any other activity that people your age can usually do  
no difficulty with any of these

**Do you have any long-term disability (lasting 6 months or more)**

yes  
no  
don't know

**Does this disability cause you difficulty with, or stop you doing... (choose as many as apply to you)**

every day activities that other people your age can usually do  
communication, mixing with others or socialising  
any other activity that people your age can usually do  
no difficulty with any of these

**Where do you usually go for your health care?**

family doctor, medical centre or GP clinic  
school health clinic  
an after-hours or 24-hour accident and medical centre  
the hospital accident and emergency  
youth centre  
family planning or sexual health clinic  
a traditional healer (e.g. tohunga, fofo)  
an alternative health worker (e.g. naturopath, homeopath, acupuncturist)  
other  
I don't go anywhere for health care

**When was the last time you went for health care?**

0 - 6 months ago  
7 - 12 months ago  
13 - 24 months ago  
more than 2 years ago

**Which of the following places for health care have you used in the last 12 months? (pick as many or as few as apply to you)**

family doctor, medical centre or GP clinic  
school health clinic  
an after-hours or 24-hour accident and medical centre  
the hospital accident and emergency  
youth centre  
family planning or sexual health clinic  
a traditional healer (e.g. tohunga, fofo)  
an alternative health worker (e.g. naturopath, homeopath, acupuncturist)  
other  
none

In the last 12 months did you get a chance to talk to a doctor or other health provider privately? (Meaning one on one - without your parents or other people in the room).

yes  
no

In the last 12 months, did a doctor or other health provider tell you that what you talked about with them was confidential? (Meaning it would not be shared with anyone else)

yes  
no

In the last 12 months how many times have you had an injury that resulted in you needing to see a doctor, nurse or physio?

not at all  
once  
two or three times  
four or more times

In the last 12 months, which of the following caused the injury or injuries (pick as many or as few as apply to you)

road traffic crash (for example, while in a motor vehicle, walking, or cycling)  
fall  
near drowning  
work-related injury  
sport or recreation related injury  
assault (someone else hurt you on purpose)  
attempt to harm yourself  
other

In the last 12 months, has there been any time when you wanted or needed to see a doctor or nurse (or other health care worker) about your health, but you weren't able to?

yes  
no

Here are some reasons people don't get health care even though they need to. Have any of these ever applied to you? (you can answer as many or as few as you want)

didn't know how to  
couldn't get an appointment  
didn't want to make a fuss  
couldn't be bothered  
had no transport to get there  
cost too much  
couldn't contact the health professional  
didn't feel comfortable with the person  
too scared  
worried it wouldn't be kept private  
other

In the last year, have you ever seen a health professional such as a doctor, nurse or school guidance counsellor for emotional health worries?

yes  
no

Who did you see for emotional health worries?

doctor  
school nurse  
school counsellor  
mental health service  
a telephone counsellor (eg Youthline, lifeline or WhatsUp)  
other

In the last 12 months have you had any difficulty getting help for any of the following? (you can answer as many as apply to you)

- an injury/accident
- help with stopping smoking
- help with stopping drug or alcohol use
- a long term health condition. e.g. Asthma
- a condition that does not last very long e.g. a cold
- contraception/sexual health
- an emotional worry
- pregnancy or pregnancy test
- something else
- I haven't had difficulty getting help

Have you ever been treated unfairly (e.g. treated differently, kept waiting) by a health professional (e.g. doctor, nurse, dentist etc.) because of your ethnicity or ethnic group?

- yes, within the past 12 months
- yes, more than 12 months ago
- no
- don't know/ unsure

### Info: Dental Health

The next few questions are about your teeth and your dental health

Have you ever had a filling (by this we mean when you have a hole in your teeth that a dentist or dental nurse had to fill)

- yes
- no
- don't know

Has pain in your teeth or mouth ever kept you awake at night?

- yes
- no
- don't know

Have you ever had any teeth removed because of tooth decay or gum boil (abscess) or infection?

- yes
- no
- don't know

How many times did you brush your teeth yesterday?

- none
- once
- two times
- three or more times

How long has it been since you last visited a dentist, dental nurse or other dental health worker (such as dental therapists or orthodontists)

- within the past year (less than 12 months ago)
- within the past 2 years (more than 1 year but less than 2 years ago)
- within the past 5 years (more than 2 years but less than 5 years ago)
- five or more years ago
- I have never seen a dentist or any other dental health worker
- don't know / not sure

In the last 12 months, has there been any time when you needed to see a dentist or dental nurse about your teeth or gums, but weren't able to?

- yes

no  
don't know

**Info: Emotional health**

We would now like to ask some questions about how you have been feeling.

In general, how have you been feeling?

in a good mood  
my moods go up and down  
in a bad mood

Are you happy or satisfied with your life?

very happy/satisfied  
it's okay  
not very happy or satisfied  
not at all happy or satisfied

If you run into tough times in the next year, what do you think your chances are of making it through?

very high  
high  
about half  
unlikely  
very unlikely

Over the last two weeks...

	all of the time	most of the time	more than half of the time	less than half of the time	some of the time	at no time
I have felt cheerful and in good spirits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have felt calm and relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have felt active and vigorous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I woke up feeling fresh and rested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
my daily life has been filled with things that interest me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Info: Strengths and Difficulties**

For each of the following statements please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all the questions as best you can even if you are not absolutely certain. Please give your answers on the basis of how things have been for you over the last six months

Over the last six months...

	not true	somewhat true	certainly true
I try to be nice to people, I care about their feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am restless, I cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get a lot of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I usually share with others, for example CDs, games, food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get very angry and often lose my temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Over the last six months...

	not true	somewhat true	certainly true
I would rather be alone than with people of my age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually do as I am told	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Over the last six months...

	not true	somewhat true	certainly true
I have one good friend or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I fight a lot. I can make other people do what I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other people my age generally like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am easily distracted, I find it difficult to concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Over the last six months...

	not true	somewhat true	certainly true
I am nervous in new situations. I easily lose confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often accused of lying or cheating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other children or young people pick on me or bully me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often volunteer to help others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Over the last six months...

	not true	somewhat true	certainly true
I think before I do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take things that are not mine from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get along better with adults than people my own age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have many fears, I am easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I finish the work I am doing, my attention span is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall do you think you have difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along with other people?

- no
- yes - minor difficulties
- yes - definite difficulties
- yes - severe difficulties

How long have these difficulties been present?

- less than a month
- 1-5 months
- 6-12 months
- over a year

Do the difficulties upset or distress you?

- not at all
- a little
- a medium amount
- a great deal

Do the difficulties interfere with your everyday life in the following areas?

	not at all	a little	a medium amount	a great deal
home life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
friendships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
classroom learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
leisure activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do the difficulties make it harder for those around you (family, friends, teachers, etc)?

- not at all
- a little
- a medium amount
- a great deal

**Info: Harm**

We are now going to ask some questions about people trying to hurt or harm themselves or attempt suicide. Remember you don't have to answer these questions if you don't want to.

During the past 12 months was there ever a time when you felt sad, blue or depressed for two weeks or more in a row?

- yes
- no

Has a friend or someone in your family ever tried to kill themselves (attempted suicide)?

- no
- yes - within the last year
- yes - more than a year ago

In the last 12 months, have you ever deliberately (on purpose) hurt yourself or done anything you knew might have harmed you or even killed you?

- not at all
- yes - once
- yes - two times
- yes - 3-5 times
- more than 5 times

Did this ever result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

yes  
no

During the last 12 months have you...

	not at all	not in the last 12 months	once or twice	three or more times
seriously thought about killing yourself (attempting suicide)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
made a plan about how you would kill yourself (attempt suicide)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
tried to kill yourself (attempted suicide)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did this ever result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

yes  
no

**Info: Thank you**

You are almost finished this section. The last few questions are about how you have been feeling.

**Info: Emotions**

We will now ask some questions about how you feel. After each one decide if you feel this way almost never, hardly ever, sometimes, or most of the time. Remember there are no right or wrong answers. Just choose the one answer that tells how you usually feel.

How do you usually feel?

	almost never	hardly ever	sometimes	most of the time
I feel happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel like hiding from people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel like hurting myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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How do you usually feel?

	almost never	hardly ever	sometimes	most of the time
I feel I am no good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel I am bad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel mad about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel bored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel like nothing I do helps anymore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Info: Well done!**

Thank you for answering these questions. If these questions have been upsetting for you and you wish to talk with someone, you can talk to one of the people here. You can also talk to the

school counsellor, health staff or Youthline. We will give you a card with the contact numbers at the end of the survey.

**Outro:**

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**Food & Activities**

**Intro:** This next section is about what you eat and drink, your body and activity. We will also ask some questions about jobs and work.

**Info: Food and Activities**

Good work! You are over half way. This next section is about what you eat and drink, your body and how active you are. We will also ask some questions about jobs and work.

How often do you usually eat these meals?

	always	sometimes	hardly ever
breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dinner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Where do you get your breakfast from? (you can choose as many as you need)

- home
- school
- shops or takeaways
- other
- I don't have breakfast

Where do you get your lunch from? (you can choose as many as you need)

- home
- school
- shops or takeaways
- other
- I don't have lunch

Where do you get your dinner from? (you can choose as many as you need)

- home
- school
- shops or takeaways
- other
- I don't have dinner

During the last 7 days, how often did you eat food from any of these places?

	none in the last 7 days	1 to 3 times a week	4 to 6 times a week	once a day	2 or more times a day
a fast food place (eg McDonalds, KFC, Burger King, Subway, Pizza Hut)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other takeaways or fast-food shops (fish & chips, chinese takeaways)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

dairies or petrol stations

During the last 7 days, how often did you eat any of the following?

	none in the last 7 days	1 to 3 times a week	4 to 6 times a week	once a day	2 or more times a day
chocolate sweets or lollies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
potato chips, burger rings, twisties etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
meat pies, sausage rolls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sandwiches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the last 7 days, how often did you drink any of the following?

	none in the last 7 days	1 to 3 times a week	4 to 6 times a week	once a day	two or more times a day
milk, plain/unflavoured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
chocolate milk or other flavoured milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fizzy or soft drinks (eg Coke, Sprite, Fanta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fruit drinks (Ribena, Raro, Just juice, etc - not 100% juice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the past 7 days, how many times did all, or most, of your family living in your house eat a meal together?

- never
- 1-2 times
- 3-4 times
- 5-6 times
- 7 or more times

How often are the following foods available to eat at home?

	never	sometimes	usually	always
fresh fruit or vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
junk food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fruit juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
chocolate or other sweets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fizzy drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the last 7 days, how often did you eat or drink any of the following?

	less than once a day	once a day	twice a day	three or four times a day	five or more times a day
fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
potatoes, kumara, taro, etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vegetables (not including potatoes, kumara, taro)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

water

How much do you...

	not at all	a little	some	very much
care about eating healthy food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
care about staying fit and being physically active?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the past 7 days...

	not at all	a little	some	very much
do you think you have done enough physical activity to be healthy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
do you think what you ate and drank was healthy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much does your mum (or someone who acts as a mum)...

	not at all	a little	some	very much
encourage you to eat healthy food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
encourage you to be physically active?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How physically fit and active is your mum (or the person who acts as your mum)?

very unfit and not active  
not very fit and active  
quite fit and active  
very fit and active

How much does your dad (or someone who acts as a dad)...

	not at all	a little	some	very much
encourage you to eat healthy food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
encourage you to be physically active?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How physically fit and active is your dad (or the person who acts as your dad)?

very unfit and not active  
not very fit and active  
quite fit and active  
very fit and active

	not at all	a little	some	very much
How much do your friends care about eating healthy food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much do your friends care about staying fit and being physically active?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much does your school encourage you to eat healthy food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much does your school encourage you to be physically active?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been teased or made fun of by other kids because of your weight?

no  
yes

How much did this bother you?

not at all  
a little  
some  
very much

Have you ever been teased or made fun of by family members because of your weight?

no  
yes

How much did this bother you?

not at all  
a little  
some  
very much

Thinking about your weight, are you...

very underweight  
somewhat underweight  
about the right weight  
somewhat overweight  
very overweight

At this time how happy are you with your weight?

very happy  
happy  
okay  
unhappy  
very unhappy

Do you worry about putting on weight?

I worry a lot  
I worry a little  
I don't worry much  
I don't worry at all

Are you trying to...

lose weight  
stay the same weight  
gain weight  
I'm not trying to do anything about my weight

In the last 12 months have you ever tried to lose weight?

yes  
no

How much weight did you lose?

none  
1-2 kg  
3-5 kg  
6-10 kg  
more than 10 kg

Did you manage to keep it off for at least 6 months?

yes  
no

During the past year, have you done any of the following things to lose weight or to stop gaining weight? (you can choose as many as you need)

I exercised  
I ate very little food  
I fasted or did not eat for more than a day  
I ate less fatty foods  
I ate fewer carbohydrates  
I ate a high protein diet (eggs, meat, etc)  
I skipped one or more meals a day  
I counted calories  
I smoked cigarettes  
I made myself vomit  
I took diet pills or other pills  
I ate fewer sweets and less sugar  
I used food substitutes (powder/drinks)  
joined a weight loss programme  
other  
I did none of these

### Info: Sport and Physical Activities

We are going to ask you about being physically active.

Is physical activity, sport or exercise an important part of your life?

not really  
sort of  
definitely

Why do you choose to do physical activity, sport or exercise? (you can answer as many as apply)

it's fun  
it passes the time  
I get to hang out with friends  
I'm good at it  
I like competing  
I like winning  
I have to (my parents or school make me)  
to keep fit  
other

Where do you usually do physical activity? (you can answer as many as apply)

the park  
a youth centre  
a skateboard ramp  
a basketball court or hoop  
a sports field  
a swimming pool or other place to go swimming  
a gym  
a bicycle track  
other

In the last 7 days, how many times have you done any exercise or activity that makes you sweat or breathe hard, or gets your heart rate up (such as soccer or rugby, running, swimming laps, fast bicycling, etc)?

I don't exercise  
not in the last 7 days

- 1 time
- 2 times
- 3 times
- 4 times
- 5 times
- 6 times
- 7 or more times

The last time you did this how long did you do this physical activity for?

- less than 10 min
- 11 - 20 min
- 21 - 30 min
- 31 - 40 min
- 41 - 50 min
- 51 - 60 min
- 1 - 2 hours
- 2 hours or more

How do you usually exercise or do this physical activity?

- by myself
- with other people
- in a team/group

During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spend in any kind of physical activity that increases your heart rate and makes you breathe hard some of the time.)

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

How many times in the past week did you walk, bike or skate to or from school? (Walking to school and home again on one day is two times, walking to school and driving home is one time)

- none
- 1-2 times
- 3-5 times
- 6-8 times
- 9-10 times

About how long does it usually take (or would it take) to walk, bike or skate to or from school?

- less than 10 mins
- 11 - 20 mins
- 21 - 30 mins
- 31 - 40 mins
- 41 mins or more

Over the last week did you go to a PE class?

- yes
- no

How many PE classes did you have?

- 1
- 2
- 3

4  
5

**About how long was the class (or classes)?**

less than 30 min  
30-45 min  
1 hour  
1 and a half hours  
2 hours

**How much of the time were you very active during your physical education class or classes (eg playing hard, running, jumping, throwing?)**

a little  
quite a bit  
most of the time  
all of the time  
I don't know

**Over the last week, what did you do most of the time at morning break on school days?**

sat down (talking, reading, school work)  
stood around  
walked around a little  
ran around and played quite a bit  
ran and played hard most of the time

**Over the last week what did you do most of the time at lunchtime (apart from eating lunch) on school days?**

sat down (talking, reading, school work)  
stood around  
walked around a little  
ran around and played quite a bit  
ran and played hard most of the time

**In the last week, on how many days after school and before having a meal did you do sports, dance or play games in which you were very active?**

0 days  
1 day  
2-3 days  
4 days  
5 days  
I don't know

**In the last seven days, how many evenings (after a meal) did you play sports, dance or play games in which you were very active?**

none  
1 evening  
2-3 evenings  
4 evenings  
5 or more evenings  
I don't know

**Last Saturday and Sunday, how many times in total did you play sports or games or other activities during the day in which you were very active?**

none  
1 time  
2-3 times  
4-5 times  
6 or more times  
I don't know

Last Saturday and Sunday, about how much time in total were you very active?

- less than an hour
- 1 hour
- 1-2 hours
- 2-3 hours
- 3-4 hours
- 4-5 hours
- more than 5 hours

Do you take part in sport teams or clubs outside of school time (before/after school or in the weekend)?

- no
- yes, less than once a week
- yes, 1-2 times a week
- yes, 3-4 times a week
- yes, 5 or more times a week

Why aren't you involved in any sports teams or clubs? (you can choose as many as apply to you)

- it costs too much
- I'm not good enough at sport
- I'm not interested
- it takes too much time
- none of my friends are in sports
- the sports I'm interested in aren't available
- can't get there
- I would feel shy, nervous or embarrassed
- I have other responsibilities
- my parents wouldn't let me
- other
- I don't know

**Info: Activities**

We would now like to ask some questions about what you do after school and in the weekends.

How much time do you spend doing these activities each day?

	none	less than 1 hour	1 to 2 hours	3 to 4 hours	5 hours or more
homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
read for fun (not for school or work)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
do music, arts, dance or drama	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
watch TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much time do you spend doing these activities each day?

	none	less than 1 hour	1 to 2 hours	3 to 4 hours	5 hours or more
do chores or help your mum, dad or others in the family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
txting (sending messages by cell-phone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hang out at home not doing much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

hang out with friends

How much time do you spend doing these activities each day?

	none	less than 1 hour	1 to 2 hours	3 to 4 hours	5 hours or more
look after younger family members (babysitting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
play computer games, or electronic games like Xbox, hand-helds, or PlayStation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
play itoys (physically interactive computer games)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
go on the internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What do you do on the internet? (you can choose as many as apply to you)

- chat or talk to others
- school work
- find out about music, sport or hobbies or interests
- look at things to buy or sell
- play games by myself
- play games with others on the internet
- look at porn or sex sites
- gamble or bet money
- do my own website or blog
- look up health stuff

How often do you use the internet...

	never	not often	sometimes	often	always
to keep in touch with friends and/or family that you don't see very often?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
to 'chat' with friends and/or family that you do see often?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have internet friends that you have never met face to face?

- yes
- no

Do you use a cellphone?

- yes
- no

About how many text messages would you send and receive from friends each day?

- none
- 1 to 5
- 6 to 10
- 11 to 20
- 21 to 30
- 31 to 40
- more than 40

How important is your cellphone for keeping in touch with friends?

- very important
- somewhat important
- not important

**In the last year, have you worked for money or had a paid job (not including helping around your own home)? (you can choose as many as you need)**

- yes, a regular part-time job (eg paper run)
- yes, I worked during the school holidays
- yes, I sometimes worked during the school term
- no, I didn't work in the last year

**What is the main reason you worked for money or had a paid job?**

- to have money of my own to spend on things I want
- to see if I liked doing that kind of work
- to save for study
- to get skills and experience
- to have fun, be with my friends
- to get money for my family
- because my parents (or the people who look after me) wanted me to
- other reason

**How many hours a week is this job, or jobs, usually?**

- less than 1 hour
- 1 to 2 hours
- 3 to 4 hours
- 5 to 10 hours
- 10 to 15 hours
- 15 to 20 hours
- 20 to 30 hours
- more than 30 hours

**How much money do you usually earn each week?**

- less than \$10
- \$10-\$19
- \$20-\$29
- \$30-\$49
- \$50-\$99
- \$100-\$199
- \$200-\$299
- more than \$300

**In the last week, have you worked for money or had a paid job (not including helping around the home)?**

- yes
- no

**In the last week, which part of the day did you work? (choose as many as you need)**

- some time between 6am and 9am
- some time between 9am and 3pm
- some time between 3pm and 7pm
- some time between 7pm and 10pm
- some time between 10pm and 6am

**During the last week, which days did you work? (you can choose as many as apply to you)**

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

What kind of work do you do? (you can choose as many as you need)

babysitting or looking after children  
outside work like gardening, lawn-mowing, picking fruit or labouring  
working in a shop, petrol station or supermarket  
working in a restaurant, fast-food or takeaway place  
cleaning  
working in a kitchen preparing food  
selling door-to-door  
working inside, like painting or odd-jobs  
care-giving (e.g. nurse aiding or looking after adults)  
other

In the last year, have you been injured at work?

yes  
no

How serious was the injury? (choose as many as you need)

I needed treatment at work or home  
I needed treatment by a doctor  
I needed treatment at a hospital  
I had to stay in hospital for more than a day  
I had to take time off school  
none of these

Is there anyone in your home who is seriously affected by...(you can choose as many as apply to you)

a disability or a long term illness?  
depression or other mental illness?  
using alcohol or other drugs (eg marijuana)?  
none of these

Do you do extra work around your home because someone is disabled or sick or can't do things?

yes  
no

What extra work do you do? (choose as many as you need)

I help look after the person who is disabled or sick (eg dressing or washing)  
I look after younger brothers or sisters  
I do housework like cleaning, cooking or washing clothes  
other work

Does the extra work you do make you miss school or miss doing your homework?

yes  
no

**Outro:**

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## **Sexual Health**

**Intro:** We now are going to ask some questions about sexual health

**Alert: Sexual Health**

Have you ever spent a long time kissing, hugging and touching someone?

yes  
no

About how old were you when you first had an experience of sex? (by this we mean sexual intercourse or going all the way)

under 11  
12  
13  
14  
15  
16  
17  
18  
never

In the last year, who have you had sex with (sexual intercourse or going all the way)? Do not include sexual abuse or sex you did not want. You may choose more than one.

I have not had sex in the last 12 months

a boyfriend

a girlfriend

someone you went on a date with (but they didn't become your boyfriend or girlfriend)

someone that is not your boyfriend or girlfriend but you have sex with sometimes

a person that you didn't know that well or you had just met (for example at a party)

with someone else

In the last 3 months, how many partners have you had sex with? Do not include sexual abuse, or sex that you did not want.

I have not had sex in the last 3 months

1 partner

2 partners

3 partners

4 or more partners

In general, how much do you enjoy having sex?

very much

a lot

it's okay

not much

not at all

Have you ever talked to your partner(s) about preventing pregnancy?

never

depends on the situation

always

Have you ever talked to you partner(s) about preventing sexually transmitted infections or HIV/AIDS?

yes

no

Did you use a condom the first time you had sex?

yes

no

How often do you use condoms as protection against sexually transmitted disease or infection?

always

most of the time  
sometimes  
never

The last time you had sex did you use condoms as protection against sexually transmitted disease or infection?

yes  
no

What is the main reason you use a condom?

to prevent pregnancy  
to prevent sexually transmitted diseases  
both reasons equally

How often do you or your partner use contraception? (by this we mean protection against pregnancy)

always  
most of the time  
sometimes  
never  
this doesn't apply to me

The last time you had sex did you use any form of contraception?

yes  
no

Which, if any, forms of contraception are you or your partner(s) currently using? (you may answer as many as needed)

the pill  
the morning after pill, eg emergency contraceptive pill  
depo provera (the injection)  
withdrawal  
rhythm method, eg calendar method  
condom  
other  
none

Have you ever been pregnant or got someone pregnant? (including miscarriage, abortion or termination)

yes  
no  
unsure  
does not apply to me

How many times have you been pregnant or got someone pregnant?

once  
twice  
three or more  
unsure

What happened to this pregnancy? (If it happened more than once, what happened to the last pregnancy?)

I/she is currently pregnant  
I/she had an abortion  
I/she had a miscarriage  
I/she had a baby  
dont know/ unsure

Have you ever had a sexually transmitted disease or infection?

- yes
- no
- not sure

Have you ever been touched in a sexual way or made to do sexual things that you didn't want to do?

- yes
- no
- not sure
- I don't want to answer this question

In the last year, have you been touched in a sexual way that you did not want, or made to do sexual things that you did not want to do?

- not in the last 12 months
- once or twice
- two or more times
- not sure

The last time this happened how bad was it?

- not bad
- a little bad
- pretty bad
- really bad
- terrible

In the last year, who touched you in a sexual way that you did not want, or made you do sexual things that you didn't want to do? (you may choose more than one)

- a boyfriend or girlfriend or someone you were 'going out with' or on a date with
- a friend
- a relative
- a parent
- an adult that you know
- a young person that you know
- a stranger

How old were you when you were first touched in a sexual way or made to do sexual things that you did not want to do?

- 10 years old or younger
- 11 to 13 years old
- 14 or older

Did you tell anyone when you were touched in a sexual way or made to do sexual things that you did not want to do?

- yes
- no

Who did you tell? (you may choose more than one)

- parent
- other family member
- school counsellor
- teacher
- friend
- friends parents
- doctor/nurse
- someone from my church
- another adult
- other

**Info:**

If these questions have been upsetting for you and you wish to talk with someone remember you can talk to one of the people here. You can also talk with the school counsellor, health staff or Youthline. We will give you a card with the contact numbers at the end of the survey.

**Which are you sexually attracted to...?**

the opposite sex (eg I am a male attracted to females or I am a female attracted to males)

the same sex (eg I am a male attracted to males or I am a female attracted to females)

both sexes (eg I am attracted to males and females)

not sure

neither

**How old were you when you became first aware of sexual attractions to people of the same sex?**

younger than 8 years old

8 - 10 years old

11

12

13

14

15

16

17

18 or older

**Have you come out? (told people close to you openly of your sexuality)**

yes

no

**How old were you when you came out? (told people close to you openly of you sexual attractions to people of the same sex)**

10 or under

11

12

13

14

15

16

17

18 or older

**Were you able to talk to your family about this?**

yes, I could easily talk with them

yes, but it was difficult

no, I could not talk to my family

doesn't apply to me

**How many times in the last 12 months have you not gone to the doctor because you were worried they might tell others you were gay?**

never

not in the last 12 months

once

two or more times

**How many times in the last 12 months have you not gone to the doctor or other health care provider because you were worried what they might think of gay people?**

never

not in the last 12 months

once  
two or more times

How many times in the last 12 months have you not participated in sports because you were worried about what the sports coaches or other people may think of gay people?

never  
not in the last 12 months  
once  
two or more times

**Outro:**

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## **Cigarettes & other drugs**

**Intro:** This next section asks about cigarettes, alcohol and other drugs.

**Info: Cigarettes, alcohol and other drugs**

Well done! You are almost finished. This section asks about cigarettes, alcohol and other drugs. There are also some questions about gambling.

Which of these do you think it is okay for people your age to use regularly? (you can choose as many as you want)

cigarettes, tobacco  
alcohol (eg beer, wine, spirits, etc)  
marijuana (eg weed, pot, hash, grass, etc)  
party pills (dance pills, herbal highs)  
other drugs that often cause a high or trip (eg acid, 'P', speed, ecstasy, homebake, etc)  
none of these

Which of the following do your friends use? (you can choose as many as you need)

cigarettes, tobacco  
alcohol (eg beer, wine, spirits, etc)  
marijuana (eg weed, pot, hash, grass, etc)  
party pills (dance pills, herbal highs)  
other drugs that often cause a high or trip (eg acid, 'P', speed, ecstasy, homebake, etc)  
none of these

Which of the following do your parents or parent use in your home? (you can choose as many as you need)

cigarettes, tobacco  
alcohol (beer, wine, spirits etc)  
marijuana (eg weed, pot, hash, grass, etc)  
party pills (dance pills, herbal highs)  
other drugs that often cause a high or trip (eg acid, 'P', speed, ecstasy, homebake, etc)  
none of these

We would now like to ask some questions about smoking cigarettes (including roll-your-owns). Have you ever smoked a whole cigarette?

yes  
no  
I don't want to answer any further questions about smoking cigarettes

About how old were you when you first smoked a whole cigarette?

9 or under  
10

11  
12  
13  
14  
15  
16  
older than 16  
I don't remember

**Where did you get the cigarette from the first time you smoked a whole cigarette?**

I bought it myself  
given by friends  
given by brother or sister or cousins  
given by parents  
given by another adult I know  
given by a stranger  
I pinched it  
other

**How often do you smoke cigarettes now?**

never - I don't smoke now  
occasionally  
once or twice a month  
once or twice a week  
most days  
daily

**How many cigarettes would you smoke a day?**

less than one  
one or two  
3 to 6  
6 to 10  
more than 10

**When you smoke cigarettes how do you usually get them? (you can answer as many as apply to you)**

I buy them myself  
I get them from friends  
I get them from brothers and/or sisters  
I get them from parent(s)  
I get them from another adult I know  
I get someone else to buy them for me  
I pinch them  
I get them from a tobacco vending machine  
none of these

**Where do you most often buy your cigarettes?**

supermarket  
dairy  
pub  
vending machine  
petrol station  
other people

**When buying cigarettes are you ever asked to show ID?**

almost never  
hardly ever  
sometimes  
most of the time

Do you ever buy single cigarettes?

- never
- occasionally
- sometimes
- often
- all the time

Have you ever tried to cut down or give up smoking cigarettes?

- yes
- no

We would now like to now ask some questions about alcohol. By this we mean beer, wine, spirits, pre-mixed drinks. Have you ever drunk alcohol (not counting a few sips)?

- yes
- no
- I don't want to answer any further questions about alcohol

How old were you when you had your first drink of alcohol, not counting a few sips?

- 9 or under
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- older than 16
- I don't remember

During the past 4 weeks, about how often did you drink alcohol?

- not at all - I don't drink alcohol now
- not in the last 4 weeks
- once in the last 4 weeks
- two or three times in the last 4 weeks
- about once a week
- several times a week
- most days

How many alcoholic drinks do you usually have in one session - within 4 hours? (Count one drink as one small glass of wine, one can or stubbie, one ready-made alcoholic drink, e.g. rum and coke or one nip of spirits)

- 1 drink
- 2 drinks
- 3 to 4 drinks
- 5 to 9 drinks
- 10 to 20 drinks
- more than 20 drinks

What do you usually drink?

- beer
- wine
- ready-made alcoholic drink, eg rum & coke
- spirits
- other

When you drink alcohol how do you usually get it? (you can answer more than one)

- I buy it myself
- friends give it to me
- my brothers or sisters gives it to me

my parents give it to me  
I take it from home  
another adult I know gives it to me  
I get someone else to buy it for me  
I pinch it  
none of these

**Where do you usually buy your alcohol?**

pub  
bottle or liquor store  
supermarket  
cafe  
restaurant  
sports club  
other club  
party  
from a family member  
none of these

**When you buy alcohol are you ever asked to show ID?**

almost never  
hardly ever  
sometimes  
most of the time

**When you drink alcohol, who do you usually drink with? (you can answer as many as apply to you)**

friends  
family  
other people  
by myself

**In the past 4 weeks, how many times did you have 5 or more alcoholic drinks in one session - within 4 hours?**

none at all  
once in the past 4 weeks  
two or three times in the past 4 weeks  
every week  
several times a week

**When you have 5 or more alcoholic drinks in one session, where do you get the alcohol from? (you can choose as many as apply)**

I buy it myself  
I get it from friends  
I get it from brothers and/or sisters  
I get it from my parent(s)  
I take it from home  
I get it from another adult I know  
I get someone else to buy it for me  
I pinch it  
none of these

**Why do you choose to drink alcohol (you can answer as many or few as apply to you)?**

to relax  
to get drunk  
to have fun  
to forget about things  
because my friends do  
to enjoy parties

to make me feel more confident  
because I am bored  
none of these

How many times in the last year have you...

	once or twice	three or more times	never	not in the last 12 months
had friends or family tell you to cut down your alcohol drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
had your performance at school or work affected by your alcohol use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
had unsafe sex (no condom) after you had been drinking alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
had unwanted sex after you had been drinking alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
done things that could have got you into serious trouble (stealing, etc)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many times in the last year have you..

	once or twice	three or more times	never	not in the last 12 months
been injured after you had been drinking alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
been injured and required treatment by a doctor or nurse after drinking alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
injured someone else after you had been drinking alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
had a car crash after you had been drinking alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you worried about how much alcohol you drink?

a lot  
some  
a little  
not at all

Have you ever tried to cut down or give up drinking alcohol?

yes  
no

Now there are some questions about marijuana (pot, grass, weed). You don't have to answer if you don't want to. Remember there is no way to identify you from your answers. Have you ever smoked marijuana (pot, grass, weed)?

yes  
no  
I don't want to answer any further questions about marijuana

How old were you when you had your first smoke of marijuana?

9 or under  
10  
11  
12  
13  
14  
15  
16

older than 16  
I don't remember

In the last 4 weeks, about how often did you smoke marijuana?

not at all - I don't smoke marijuana anymore  
none in the last 4 weeks  
once in the last 4 weeks  
two or three times in the last 4 weeks  
once a week  
several times a week  
every day  
several times a day

When do you usually smoke marijuana? (you can choose as many as you need)

before school  
during school  
after school and/or in the evenings  
in the weekends

Who do you usually smoke marijuana with? (you can choose as many as you need)

friends  
family  
other people  
by myself

How many times in the last year have you...

	never	not in the last 12 months	once or twice	three or more times
had friends or family tell you to cut down your marijuana smoking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
had your performance at school or work affected by your marijuana smoking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
had unsafe sex (no condom) after smoking marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
had unwanted sex after you had been smoking marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
done things that could have got you into serious trouble (stealing, etc)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many times in the last year have you...

	never	not in the last 12 months	once or twice	three or more times
been injured after you had been smoking marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
been injured and required treatment by a doctor or nurse after smoking marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
injured someone else after you had been smoking marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
had a car crash after you had been smoking marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you worry about how often you smoke marijuana?

a lot  
some  
a little  
not at all

Have you ever tried to cut down or give up smoking marijuana?

- yes
- no

Now there are some questions about other drugs such as party pills, acid, solvents, speed, ecstasy, etc. Have you ever tried any of these other drugs?

- yes
- no

I don't want to answer any further questions about these other drugs

How often have you used any of the following drugs?

	I have never used this drug	once	2 or 3 times	4 or more times
inhaled glue/gas or paint to get high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
inhaled nitrous gas or laughing gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
party pills or herbal highs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
acid, LSD, mushrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often have you used any of the following drugs?

	I have never used this drug	once	2 or 3 times	4 or more times
morphine, heroin, smack, etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
'P' or pure methamphetamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
speed, dexedrine, benzedine, whizz, go fast, uppers, etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ecstasy or 'E'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often have you used any of the following drugs?

	I have never used this drug	once	2 or 3 times	4 or more times
cocaine, including powder, crack or freebase, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
steroid pills or shots (without a doctors prescription)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
used a needle to inject illegal drugs into your body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you worry about how much you use any of these other drugs?

- a lot
- some
- a little
- not at all

Some people use more than one drug at the same time. For example, drinking alcohol and smoking marijuana. Have you ever used more than one drug at the same time?

- yes
- no

When you use more than one drug at the same time, which drugs do you usually use together? (please choose all the ones you use together)

cigarettes  
alcohol  
marijuana  
party pills  
glue, etc  
some other drug such as speed, ecstasy, homebake, etc  
none of these

If you had problems or concerns due to alcohol or drug use, who would you go to, to get help? (please choose all the ones you could go to)

school guidance counsellor  
friends  
teachers  
parents  
school nurse  
family doctor  
drug and alcohol service  
other  
I wouldn't look for help

### Info: **Gambling**

Good work you are almost at the end the section. Now there are some questions about gambling.

In the last year have you ever gambled or bet money on things like Lotto, Instant Kiwi, Pokies etc, or bet money with friends?

yes  
no

In the last year have you gambled or bet money on any of these? (you can choose as many as you need)

Instant Kiwi (scratchies)  
Lotto (including Strike, Powerball, etc)  
Bingo or Housie  
Pub or Club (pokies)  
Casino pokies or tables (eg roulette)  
TAB betting (eg on the track racing)  
Internet (eg internet casinos)  
bet with friends  
0900 Phone games  
cards or coins  
other  
none of these

During the last 4 weeks, about how often did you gamble?

not at all - I don't gamble anymore  
not in the last 4 weeks, but I still gamble sometimes  
once in the last 4 weeks  
two or three times in the last 4 weeks  
about once a week  
several times a week  
most days

How much money would you usually spend each week on bets or gambling?

nothing  
less than \$10  
\$10-\$19  
\$20-\$29

\$30-\$49  
more than \$50

How much time would you usually spend each day on bets or gambling?

none  
less than 30 minutes  
15-30 minutes  
30-60 minutes  
1 to 3 hours  
3 hours or more

Why do you gamble or bet money?(you can choose as many as you need)

to have fun  
to win money  
because I am bored  
to relax  
to feel better about myself  
to forget about things  
because my friends do  
because my family does  
for a challenge  
because I can't stop  
because I am short of money  
to get a buzz  
none of these

**Outro:**

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## **Neighbourhood**

**Intro:** We will now ask you some questions about your friends, neighborhood and your religious or spiritual beliefs.

**Info: Friends and your neighbourhood**

Great! This is the last section! It asks about your friends, where you live and your religious or spiritual beliefs.

How many friends do you have?

none  
one  
two or three  
four to six  
more than seven

How good are you at making and keeping friends?

not so good  
okay  
very good

Do you have a group of friends that you hang-out with?

yes  
no

Do you have a friend or friends that you can talk to about anything?

yes  
no

Do you have a friend that you feel close to?

yes  
no

How much do you feel your friends care about you?

not at all  
some  
a lot  
I don't know

About your friends...

	all the time	sometimes	not often	never
Do you have fun with your friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do your friends like doing the same things as you do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do your friends help you and look out for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do your friends leave you out of things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The amount of time I spend with my friend(s) is...

too little  
about right  
too much

Do you choose to give your time to help others in your community (eg help out on the Marae, belong to a volunteer organization such as Greenpeace)?

yes, within the last 12 months  
yes, but not within the last 12 months  
no, have not done it  
I don't know

Do you belong to a group, club or team which is not run by your school? (you can choose more than one)

a church group  
a sports team or group  
a cultural group  
an environment organisation, eg Greenpeace  
a volunteer group who help people with disabilities or in hospital  
a volunteer group involved with young people, eg Youthline  
another type of group or club  
none

In the last year, have you...

	never	not in the last year	once	two or more times
lied to your parents about where you had been or whom you were with?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
deliberately damaged property that didn't belong to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
stolen something worth over fifty dollars?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

broken into someone else's place to steal something?

   

In the last year, have you...

	never	not in the last year	once	two or more times
deliberately hurt an animal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
set fire to someone else's property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
painted graffiti or tagged someone else's property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
been in trouble with the police?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the last year, when you were in trouble with the police, what was this about? (you can answer as many that apply)

- taking a car
- stealing
- tagging
- fighting
- something to do with driving
- something to do with drugs
- damaging property
- being in a gang
- running away from home
- none of these

How did the police treat you?

- mostly good
- neither good nor bad
- mostly bad

Have you been treated unfairly (picked on, hassled, etc) by the police because of your ethnic group?

- yes, within the past 12 months
- yes, more than 12 months ago
- no
- I don't know/unsure

Do you have friends or family in a gang?

- yes
- no
- not sure

Do you belong to a gang right now?

- yes
- no

Here are some questions about the area you live in, your neighbourhood or your community.

	all the time	sometimes	not often	never
Do you trust the people in your neighbourhood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel you really belong in your neighbourhood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do the people in your neighbourhood help each other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Here are some questions about the area you live in, your neighbourhood or your community.

	all the time	sometimes	not often	never
Are people in your neighbourhood friendly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you like your neighbourhood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you like the people in your neighbourhood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you were having a serious problem, is there an adult (who is not in your family) you would feel okay talking to?

- yes
- no
- not sure

What things are there to do in the area where you live that you can walk to from home? (you can choose more than one)

- a park
- a youth centre
- the movies
- a skateboard ramp
- a basketball court or hoop
- a sports field
- a swimming pool or place to go swimming
- a gym
- a bike track
- a place to play video games
- other
- there is nothing to do around where I live

What are the bad things about the area where you live? (you can choose as many as you need)

- there are not enough footpaths
- footpaths are rough and broken
- there is too much traffic
- there are steep hills
- there is not enough street lighting
- there's no-one around
- no-one cares about how this place looks
- there are not enough bike lanes
- there are too many dogs
- rubbish and mess
- none of the above

Do you feel safe in your neighbourhood?

- yes, all the time
- yes, most of the time
- sometimes
- no, mostly not
- not at all

Do you feel safe at home?

- yes, all the time
- yes, most of the time
- sometimes
- no, mostly not
- not at all

Do you feel safe on buses or trains?

- yes, all the time
- yes, most of the time
- sometimes
- no, mostly not
- not at all

**Alert: Spirituality and Religion**

What faith or religion are you?

- Christian
- Anglican
- Catholic
- Presbyterian
- Baptist
- Methodist
- Latter Day Saints/ Mormon
- Pentecostal
- Rātana
- Ringatū
- Buddhist
- Hindu
- Brethren
- Assemblies of God
- Salvation Army
- Islam/ Moslem
- Seventh Day Adventist
- EFKS
- Other
- I have my own
- None

How often do you attend a church/mosque/temple/shrine (or other place of worship)?

- three times or more a week
- about once a week
- about once a month
- about once a year
- never

Who do you go with to church, mosque, temple, or other place of worship?

- my family
- with friends
- by myself

How important is it to you to attend church, mosque, temple, shrine or other place of worship?

- very important
- somewhat important
- not important

We now have some questions about the church/ mosque/ temple (or other place of worship) that you attend.

not at all	a little	some	lot
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- |  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Do you feel you belong in your church, mosque, or temple?      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do adults at your church, mosque, or temple respect you?       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you feel close to adults at your church, mosque, or temple? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Are your values and beliefs similar to the people at your church, mosque, or temple?

How much do the teachings of your church, mosque, temple or other place of worship affect the choices you make about things like sex, or taking drugs or drinking alcohol?

- not at all
- a little
- some
- a lot

How important to you are your spiritual beliefs or religious faith?

- very important
- somewhat important
- not important

How often do you pray or worship by yourself?

- three times or more a week
- about once a week
- about once a month
- about once a year
- never

We now have some questions about your spiritual beliefs or religious faith.

not at all   a little   some a lot

How important is your faith or spiritual beliefs in how you live your daily life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How important is your faith or spiritual beliefs for making major life decisions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your faith or spiritual beliefs give your life a sense of meaning and hope?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much does your faith or spiritual beliefs affect the choices you make about things like sex, or taking drugs or drinking alcohol?

- not at all
- a little
- some
- a lot

**Outro:**

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## Wrap-up

**Intro:**

### Info: **Wrap-up**

You are now on the final page of this questionnaire. We would like to thank you for answering these questions, we hope that they will be useful in understanding issues for New Zealand young people and helping adults respond to the needs of young people.

Did you enjoy answering this survey?

- not at all
- a little

it was okay  
a lot

**Outro:**

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