

# The Communities That Care Youth Survey



Communities That Care Ltd<sup>®</sup>

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Communities That Care®

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**The Communities That Care Youth Survey** involves an on-line questionnaire assessing a wide range of risk and protective factors, which takes students around 40 minutes to complete. The survey is an Australian adaptation of the Communities That Care Youth Survey used in the USA.

Adaptations were originally made to ensure the survey was culturally appropriate for young people in Australia and to broaden the scope of behaviours assessed, including measures of depressive symptoms, sexual activity, victimisation, physical activity and healthy eating (Bond et al, 2000).

Adaptations to the original survey were also made to ensure suitability for a wide age-range, from Grade 5 – Year 12 students.

The survey inquires into nine areas of adolescent life: About You, School experiences, Your Friends & Experiences, Your Opinions, Your Feelings, Tobacco, Alcohol & Other Drugs, Health & Personal Experiences, Your Family and Your Neighbourhood. The survey asks 162 questions of the grade 6 students and 165 questions of year 8 students.

This survey instrument measures a broad range of behavioural outcomes and risk and protective factors in four domains: Community, School, Family and Peer/Individual. Within these domains, there are 35 scales with an average of 4 questions per scale.

### **The Risk and Protective Factors Framework**

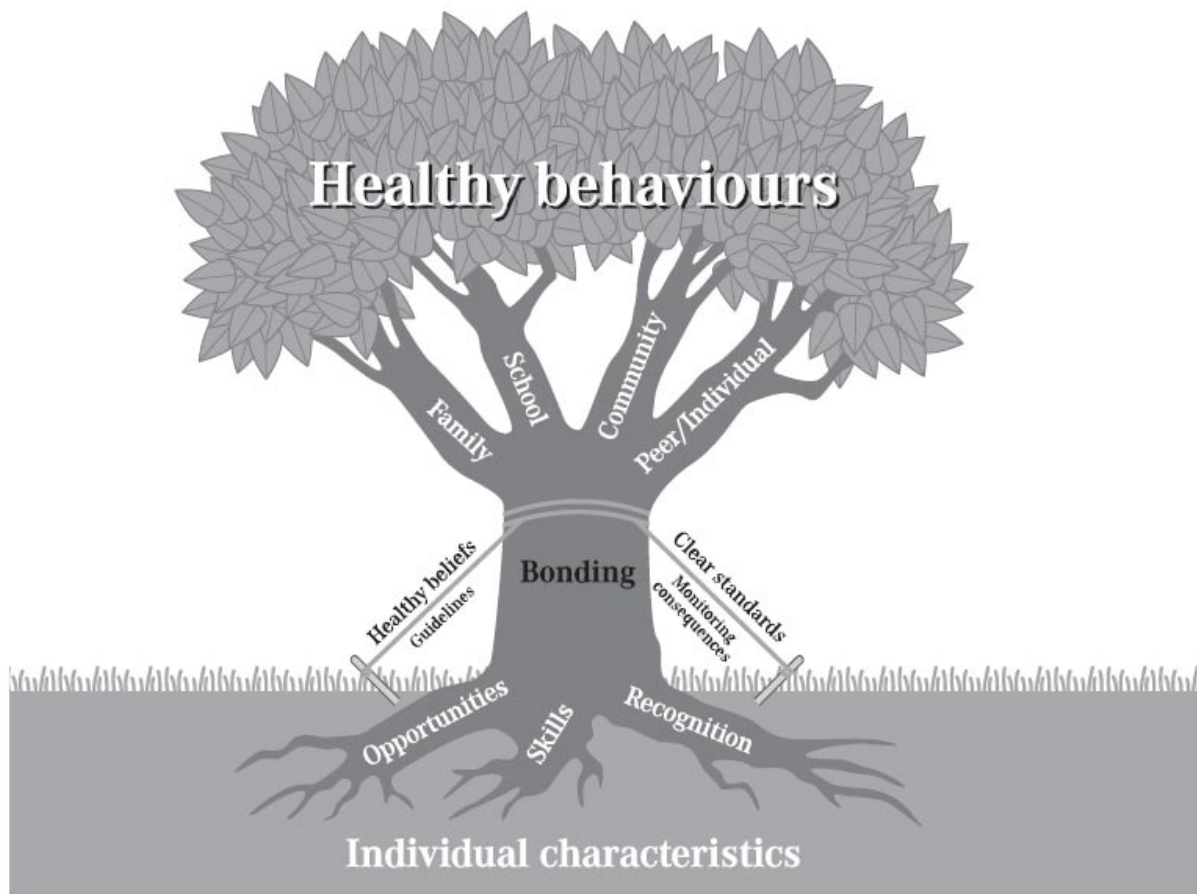
Risk factors are characteristics of school, community, and family environments, and characteristics of students and their peer groups, that are known to predict increased likelihood of harmful drug use, crime, violent behaviours delinquency, school dropout and mental health problems among youth (Hawkins, Catalano, & Miller, 1992; Hawkins, Arthur, & Catalano, 1995; Bond, Thomas, Toumbourou, Patton & Catalano, 2000; Brewer, Hawkins, Catalano, & Neckerman, 1995; Lipsey & Derzon, 1998). For example, children who live in disorganised communities with high rates of crime and drug use are more likely to become involved in crime and drug use than are children who live in areas that have low rates of these problems.

Protective factors exert a positive influence and buffer against the negative influence of risk, thus reducing the likelihood that children and young people will develop health and social problems. Protective factors identified through research include strong bonding to family, school, community and peers, and healthy beliefs and clear standards for behaviour. For bonding to serve as a protective influence, it must occur through involvement with peers and adults who communicate healthy values and set clear standards for behaviour. According to the social development model (Catalano & Hawkins, 1996) three conditions must be present in communities, neighbourhoods, schools, families and peer groups for young people to develop strong bonds to these social units:

Opportunities for active contributing involvement in these units;

Skills to be successful in meeting the opportunities they encounter; and

Consistent recognition or reinforcement for their efforts and accomplishments.



Adapted (2003) from *Communities That Care*® (US) *Social Development Strategy*, 1998 with permission from Channing Bete Company, Inc.

*Strong bonds to community, family, school, and peers that have healthy beliefs and set clear standards for behaviour are essential for healthy development.*

Research on risk and protective factors has important implications for children’s success across a wide range of areas including education, positive youth development, and prevention of health and social problems such as drug abuse, crime, sexual risk taking and mental illness. In order to promote wellbeing, educational success and positive youth development and to prevent developmental problems, it is necessary to create healthy social environments by addressing the local factors that predict these outcomes.

By measuring young peoples’ experience of the risk and protective factors within their community, specific factors that are elevated and widespread can be identified and targeted by policies, programs and actions shown to reduce those risk factors and to promote protective factors. Prevention activities are likely to be most successful where they work in a coordinated way to improve conditions for healthy youth development over many years. In work being conducted by the Centre for Adolescent Health the application of similar risk and protective factors has been demonstrated to be of value in supporting other prevention targets including sexual risk taking and mental health. By pooling the knowledge, experience and resources of planners from crime prevention, substance abuse prevention, health and mental health promotion a more coordinated and integrated local prevention strategy can emerge.

## Risk and Protective Factors

Responses to items on the survey addressing risk and protective factors were integrated into the scales developed previously by Bond et al (2000). Student responses were coded according to whether or not their answers indicated that the risk or protective factor applied in their life. This represented students agreeing with opinions and rating true statements regarding risk and protective factors.

### Protective Factor Definitions

<b>COMMUNITY DOMAIN</b>	<b>Community opportunities for prosocial involvement</b>	When opportunities for positive participation are available in a community, children are more likely to become bonded to the community. <i>Example question: 'Which of the following activities for people your age are available in your community? -- sports teams, scouts/guides, youth groups, community service'</i>
	<b>Community rewards for prosocial involvement</b>	Recognition for positive participation in community activities helps children bond to the community, thus lowering their risk for problem behaviours. <i>Example question: 'My neighbours notice when I am doing something well and let me know.'</i>
<b>FAMILY DOMAIN</b>	<b>Family attachment</b>	Young people who feel strongly bonded to their family are less likely to engage in substance use and other problem behaviours. <i>Example question: 'Do you feel very close to your mother?'</i>
	<b>Family opportunities for prosocial involvement</b>	Young people who have more opportunities to participate meaningfully in the responsibilities and activities of the family are more likely to develop strong bonds to the family. <i>Example question: 'My parents ask me what I think before most family decisions affecting me are made.'</i>
	<b>Family rewards for prosocial involvement</b>	When parents, siblings, and other family members praise, encourage, and recognize things done well by their child, children are more likely to develop strong bonds to the family. <i>Example question: 'How often do your parents tell you they're proud of you for something you've done?'</i>
<b>SCHOOL DOMAIN</b>	<b>School opportunities for prosocial involvement</b>	When young people are given more opportunities to participate meaningfully in the classroom and school, they are more likely to develop strong bonds of attachment and commitment to school. <i>Example question: 'In my school, students have lots of chances to help decide things like class activities and rules.'</i>
	<b>School rewards for prosocial involvement</b>	When young people are recognized for their contributions, efforts, and progress in school, they are more likely to develop strong bonds of attachment and commitment to school. <i>Example question: 'My teachers praise me when I work hard in school.'</i>
<b>PEER-INDIVIDUAL DOMAIN</b>	<b>Peer-individual belief in the moral order</b>	Young people who have a belief in what is 'right' or 'wrong' are less likely to use drugs or engage in delinquent or other problem behaviours. <i>Example question: 'It is important to be honest with your parents, even if they become upset or you get punished.'</i>
	<b>Peer-individual: Interaction with pro-social peers</b>	Young people who interact with other young people who display pro-social behaviour are less likely to engage in substance use and other problem behaviours. <i>Example question: 'Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have tried to do well in school?'</i>

<b>PEER-INDIVIDUAL DOMAIN</b>  <b>(CONT)</b>	<b>Peer-individual: stress/coping adaptive</b>	When young people demonstrate positive coping strategies in stressful situations they are less likely to engage in substance use and other problem behaviours.  <i>Example question: 'When I have a problem .. I think about the best ways to handle the problem'</i>
	<b>Peer-individual: Emotional control</b>	Young people who demonstrate emotional control are less likely to engage in substance use and problem behaviours.  <i>Example question: 'I know how to calm down if I am feeling nervous'</i>

### **Risk Factor Definitions**

<b>COMMUNITY DOMAIN</b>	<b>Low community attachment</b>	Neighbourhoods where residents report low levels of bonding to the neighbourhood have higher rates of juvenile crime, violence and drug use.  <i>Example question: 'I'd like to get out of my neighbourhood.'</i>
	<b>Community disorganization</b>	Neighbourhoods with high population density, lack of natural surveillance of public places, physical deterioration, and high rates of adult crime have higher rates of juvenile crime, violence and drug use.  <i>Example question: 'How much do you agree with the following statements? There are fights in my neighbourhood.'</i>
	<b>Personal transitions &amp; mobility</b>	Young people without stability and strong personal relationships are more likely to use drugs and become involved in Anti-social behaviours.  <i>Example question: 'Have you moved house in the past year (last 12 months)?'</i>
	<b>Community laws/norms favourable to substance use</b>	Communities where laws regulating alcohol and other drug use are poorly enforced have higher rates of youth alcohol and drug use, violence, and delinquency. Further, rates of youth alcohol and drug use and violence are higher in communities where adults believe it is normative or acceptable for minors to use alcohol or other drugs.  <i>Example question: 'How wrong would most adults in your neighbourhood think it is for kids your age to drink alcohol?'</i>
	<b>Perceived availability of drugs</b>	The availability of cigarettes, alcohol, marijuana, and other illegal drugs is related to a higher risk of drug use and violence among adolescents.  <i>Example question: 'How easy would it be for you to get marijuana?'</i>
<b>FAMILY DOMAIN</b>	<b>Poor family management</b>	Parents' use of inconsistent and/or unusually harsh or severe punishment with their children places the children at higher risk for substance use and other problem behaviours.  <i>Example question: 'The rules in my family are clear.'</i>
	<b>Family conflict</b>	Children raised in families high in conflict are at risk for violence, delinquency, school dropout, teen pregnancy, and drug use.  <i>Example question: 'We argue about the same things in my family over and over again.'</i>
	<b>Family history of Anti-social behaviour</b>	Children from families with a history of problem behaviours (e.g., crime, violence or alcohol or drug abuse or dependence) are more likely to engage in these behaviours.  <i>Example question: 'Has anyone in your family ever had a severe alcohol or drug problem?'</i>
	<b>Parental attitudes favourable to drug use</b>	In families where parents are tolerant of their children's alcohol or drug use, children are more likely to become drug abusers. The risk is further increased if parents involve children in their own drug or alcohol using behaviour; for example, by asking the child to light the parent's cigarette or get the parent a beer from the refrigerator.  <i>Example question: 'How wrong do your parents feel it would be for you to smoke cigarettes?'</i>

<b>FAMILY DOMAIN (CONT)</b>	<b>Parental attitudes favourable to Anti-social behaviour</b>	In families where parents are tolerant of their children's misbehaviour, including violent and delinquent behaviour, children are more likely to become involved in violence and crime during adolescence. <i>Example question: 'How wrong do your parents feel it would be for you to pick a fight with someone?'</i>
<b>SCHOOL DOMAIN</b>	<b>School failure</b>	Beginning in the late primary school grades (grades 4-6), children who fall behind academically for any reason are at greater risk of drug abuse, school dropout, teenage pregnancy and violence. <i>Example question: 'Putting them altogether, what were your marks like last year?'</i>
	<b>Low commitment to school</b>	Factors such as not liking school, spending little time on homework, and perceiving coursework as irrelevant are predictive of drug use, violence, delinquency and school dropout. <i>Example question: 'Now, thinking back over the past year in school, how often did you try to do your best work in school?'</i>
<b>PEER-INDIVIDUAL DOMAIN</b>	<b>Rebelliousness</b>	Young people who do not feel part of society, are not bound by rules, don't believe in trying to be successful or responsible, or who take an active rebellious stance toward society, are at higher risk for social problems, dropping out of school, and drug abuse. <i>Example question: 'I ignore rules that get in my way.'</i>

**The Communities That Care training and technical assistance process** was designed to build community capacity to plan and deliver effective child and adolescent health promotion and community prevention. The process has been designed to assist local organisational development and planning by emphasising both community development and empowerment and the building of understanding and skills relevant to effective prevention strategies. Initial activities focus on community involvement by mobilising the support of key leaders and setting up a relevant prevention organisation or committee. Once communities achieve basic organisational “readiness”, the next phase seeks to identify the major risk and protective factors that are influencing local child and adolescent adjustment outcomes within the family, school, community, peers and at the individual level. Community profile information is systematically developed from the youth surveys and other sources and used to establish local prevention and intervention priorities and health promotion targets. A plan is then established to select and implement evidence-based prevention programs that have been designed to address the selected priorities and targets. Finally monitoring and evaluation are implemented to assess the effectiveness of the local community plan. A series of training programs, assessment resources and consultations are provided to support communities. Through these steps the Communities That Care process assists communities to build local capacity to address the root-causes of child and adolescent problems.

### **Communities That Care Ltd**

Communities That Care Ltd is a not for profit training and consulting company formed through a collaboration between the Royal Children's Hospital and the Rotary Club of Melbourne with the objective of implementing, evaluating and disseminating strategies for building community prevention capacity in Australia. The company vision is to promote the healthy development of children and young people through long term community planning to prevent health and social problems.

For further information contact Professor John Toumbourou [john.toumbourou@deakin.edu.au](mailto:john.toumbourou@deakin.edu.au), Chief Executive Officer, Communities That Care Ltd., Australia.

Attachment:

Example Copy

Communities That Care

Youth Survey

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## SECTION A: ABOUT YOU

This first section asks some general questions about you.

1. How old are you?       11     12     13     14     15     16
2. What year are you in?     Year 6     Year 8
3. Are you:                     Male     Female
4. In which country were you born?  
 Australia     Another country (please specify).....
5. In which country was your mother born?  
 Australia     Another country (please specify).....
6. In which country was your father born?  
 Australia     Another country (please specify).....
7. Are you or your family Aboriginal or Torres Strait Islander?  
 Yes         No
8. What language do you speak at home? Please put a cross in one box only  
 English  
 Another language (please specify).....  
 English and another language (please specify).....
9. (a) Have you changed homes in the past year?     Yes     No  
(b) What is the name and postcode of the suburb/town/area where you live now?  
Suburb/town/area: \_\_\_\_\_ Postcode: 

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10. Have you changed schools (including changing from primary to secondary school) in the past year?  
 Yes     No



11. How many times have you changed **schools** (including changing from primary to secondary school) since kindergarten?

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

12. How many times have you changed **homes** since kindergarten?

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

13. How often do you attend religious services or activities (such as going to church, temple, or mosque, or taking part in religious youth groups)?

- Never
- Rarely
- 1-2 times a month
- About once a week or more

14. How important is religion or spirituality in your life?

- Extremely important
- Very important
- Somewhat important
- Not very important
- Not important at all

## SECTION B: SCHOOL EXPERIENCES

This next section asks about your experiences in school.

15. Putting them all together, what were your marks like last year?

- Very good     Good     Average     Poor     Very Poor

16. During the last 4 weeks, when school was in session, how many whole days have you missed because you skipped or "wagged"?

- None                       3                       11 or more  
 1                               4 - 5  
 2                               6 - 10

Please choose **BIG YES!**, **little yes**, **little no**, or **BIG NO!** for each statement.

Mark only one answer for each question.

	YES!	yes	no	NO!
17. In my school, students have lots of chances to help decide things like class activities and rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Teachers ask me to work on special classroom projects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. My teachers notice when I am doing a good job and let me know about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. There are lots of chances for students in my school to get involved in sports, clubs, organisations, or other school activities outside of class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. There are lots of chances for students in my school to talk with a teacher one-on-one.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I feel safe at my school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. The school lets my parents know when I have done something well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. My teachers praise me (tell me I'm doing well) when I work hard in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I have lots of chances to be part of class discussions or activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Are your school marks better than the marks of most students in your class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. How often do you feel that the school work you are assigned is meaningful and important?

Almost always      Often      Sometimes      Rarely      Never

28. How interesting are most of your school subjects to you?

Very interesting      Quite interesting      Fairly interesting      Slightly boring      Very boring

29. How important do you think the things you are learning in school are going to be for your later life?

Very Important      Quite important      Fairly important      Slightly important      Not at all important

30. Now thinking back over the past year in school, how often did you ...

	<b>Almost Always</b>	<b>Often</b>	<b>Some-times</b>	<b>Rarely</b>	<b>Never</b>
A. Enjoy being in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Hate being in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Try to do your best work in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION C: YOUR FRIENDS & EXPERIENCES

For this next set of questions, think of your four best friends (the friends you feel closest to). These questions will ask about things that have happened in the past year.

31. In the <u>past year</u> (12 months), how many of your <u>four best friends</u> have:	None of my friends	1 of my friends	2 of my friends	3 of my friends	4 of my friends
A. Smoked cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Tried alcohol (like beer, wine, or spirits) when their parents didn't know about it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Used marijuana (pot, weed, grass)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Used other illegal drugs (like cocaine, heroin, ecstasy, or amphetamines/speed)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Tried to do well in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Been involved in sports, clubs, organisations, or other activities at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Been suspended from school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Carried a weapon?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Stolen something worth more than \$10?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Sold illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Stolen or tried to steal a motor vehicle such as a car or motorcycle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Been arrested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Dropped out of school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Been members of a gang?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. Attacked someone with the idea of seriously hurting them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. How many times have <u>you</u> :	a. Never	I've done it, but not in the past year	Less than once a month	About once a month	2 or 3 times a month	Once a week or more
A. Done crazy things, even if they are a little dangerous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Done something dangerous because someone dared you to do it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Done what feels good no matter what?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. In the past year, did you belong to a gang?  Yes  No

34. If you did belong to a gang, did that gang have a name?  
 Yes  No  I have never belonged to a gang.

35. How many times in the <u>past year</u> (12 months) have you:	Never	1 or 2 times	3 to 5 times	6 to 9 times	10 or more times
A. Looked forward to going to school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Been involved in sports, clubs, organisations or other activities <u>at</u> school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Been involved in sports, clubs, organisations, or other activities <u>outside</u> of school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Made a personal effort to care for the environment in your daily life (like recycled waste or reduced energy use)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Gotten back at another student by not letting them be in your group of friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Told lies or started rumours about other students to make other kids not like them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Called another student mean names, made fun of or teased him or her in a hurtful way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Carried a weapon?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Been suspended from school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Stolen something worth more than \$10?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Sold illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Stolen or tried to steal a motor vehicle such as a car or motorcycle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35. (Continued) How many times in the <u>past year</u> (12 months) have you:	Never	1 or 2 times	3 to 5 times	6 to 9 times	10 or more times
M. Been arrested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Attacked someone with the idea of seriously hurting them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. Been drunk or high at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. Beaten up someone so badly that they probably needed to see a doctor or nurse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. Threatened someone with a weapon?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36. Have you been bullied recently (teased or called names, had rumours spread about you, been deliberately left out of things, threatened physically, or actually hurt)?

- No     
 Yes, less than once a week     
 Yes, about once a week     
 Yes, most days

37. Have you taken part in bullying another student(s) at school recently?

- No     
 Yes, less than once a week     
 Yes, about once a week     
 Yes, most days

**The next questions are about how you get along with others and manage your feelings.**

38. How are you at...	Very bad at this	Poor at this	Good at this	Very good at this
A. Letting friends know you like them by telling them or showing them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Introducing yourself to someone for the first time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Helping someone feel better when they are upset?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Showing that you care when someone talks about their problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Letting someone really get to know you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Staying friends with people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. During the past 12 months how often have you done volunteer work to help other people, such as helping out at a hospital or raising money for charity?

- Never     
 Once     
 Twice     
 3 or 4 Times     
 5 or more times

## SECTION D: YOUR OPINIONS

Next, please give us your opinion about the following statements by answering **BIG YES!**, little yes, little no, **BIG NO!**

	YES!	yes	no	NO!
40. It is important to be honest with your parents, even if they become upset or you get punished.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. I think sometimes it's okay to cheat at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. I think it is okay to take something without asking if you can get away with it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. It is alright to beat up people if they start the fight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. It's important to think before you act.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. I rush into things, starting before I know what to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. I answer without thinking about it first.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Very good chance	Pretty good chance	Some chance	Very little or no chance
47. What are the chances you would be seen as <u>cool</u> if you:				
A. Smoked cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Began drinking alcoholic beverages regularly, that is, at least once or twice a month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Used marijuana (pot, weed, grass)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Carried a weapon?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



48. How <u>wrong</u> do you think it is for someone <u>your age</u> to:	<b>Not wrong at all</b>	<b>A little bit wrong</b>	<b>Wrong</b>	<b>Very wrong</b>
A. Smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Drink beer or wine regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Drink spirits regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Use marijuana (pot, weed, grass)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Use other illegal drugs (like cocaine, heroin, ecstasy, or amphetamines/speed)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Stay away from school all day when their parents think they are at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Steal something worth more than \$10?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Pick a fight with someone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Attack someone with the idea of seriously hurting them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Take a weapon to school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

49. How much do you think people risk harming themselves (physically or in other ways) if they:	<b>b. No risk</b>	<b>Slight risk</b>	<b>Moderate risk</b>	<b>Great risk</b>
A. Smoke one or more packs of cigarettes a day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Try marijuana (pot, weed, grass) once or twice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Use marijuana (pot, weed, grass) regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Take one or two drinks of an alcoholic beverage (like beer, wine, or spirits) nearly every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION E: YOUR FEELINGS

Please tell us how true each of the following statements are for you by answering **BIG YES**, **little yes**, **little no**, **BIG NO!**

	<b>YES!</b>	<b>yes</b>	<b>no</b>	<b>NO!</b>
50. I do the opposite of what people tell me, just to get them mad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. I ignore rules that get in my way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. I like to see how much I can get away with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. I know how to relax when I feel tense.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. I am always able to keep my feelings under control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. I know how to calm down if I am feeling nervous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. I control my temper when people are angry with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<b>YES!</b>	<b>yes</b>	<b>no</b>	<b>NO!</b>
57. When I have a problem ...				
A. I blame myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. I criticise myself or lecture myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. I think about the best ways to handle the problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. I am good at working it out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate how true each of the following statements has been for you during the past 2 weeks:

	True	Sometimes true	Not true
58. In the <u>past 2 weeks</u> :			
A. I felt miserable or unhappy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. I didn't enjoy anything at all.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. I felt so tired I just sat around and did nothing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. I was very restless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. I felt I was no good anymore.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. I cried a lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. I found it hard to think properly or concentrate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. I hated myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. I was a bad person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. I felt lonely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. I thought nobody really loved me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. I thought I could never be as good as other kids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. I did everything wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION F: TOBACCO, ALCOHOL & OTHER DRUGS

**The next section asks about your experience with tobacco, alcohol, and other drugs.  
Remember, your answers will be kept confidential.**

For the next group of questions, please think about your entire lifetime. If you haven't ever used the drug in your lifetime, please mark "Never" for that questions.

		1 or 2 times	3 to 5 times	6 to 9 times	10 or more times
59. In your <u>lifetime</u> have you ever:	<b>Never</b>				
A. Smoked cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Had more than just a few sips of an alcoholic beverage (like beer, wine or spirits)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Used marijuana (pot, weed, grass)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Used phenoxydine (pox, PX, breeze)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Used other illegal drugs (like cocaine, heroin, ecstasy, or amphetamines/speed)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

60. Have you smoked cigarettes in the past year?

- |  |   |
|--|---|
| <input type="checkbox"/> Never                             | <input type="checkbox"/> Regularly, but less than every day |
| <input type="checkbox"/> Once or twice                     | <input type="checkbox"/> Almost every day or every day      |
| <input type="checkbox"/> Once in a while but not regularly |   |

For the next group of questions, please think only about the past 30 days. If you haven't used the drugs in the past 30 days, please mark "No" for that question.

		1 or 2 times	3 to 5 times	6 to 9 times	10 or more times
61. In the <u>past 30 days</u> , have you:	<b>No</b>				
A. Smoked cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Had more than just a few sips of an alcoholic beverage (like beer, wine or spirits)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Used marijuana (pot, weed, grass)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Used phenoxydine (pox, PX, breeze)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Used other illegal drugs (like cocaine, heroin, ecstasy, or amphetamines/speed)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

62. How frequently have you smoked during the past 30 days?

- |  |  |
|--|--|
| <input type="checkbox"/> Not at all                      | <input type="checkbox"/> 10-19 cigarettes per day      |
| <input type="checkbox"/> Less than one cigarette per day | <input type="checkbox"/> 20-29 cigarettes per day      |
| <input type="checkbox"/> 1-5 cigarettes per day          | <input type="checkbox"/> 30-39 cigarettes per day      |
| <input type="checkbox"/> 6-9 cigarettes per day          | <input type="checkbox"/> 40 or more cigarettes per day |

If you have never had more than a few sips of alcohol in your lifetime please skip to the beginning of the next section “Health & Personal Experiences”, Question 65.

63. The last time you did have alcohol, where did you get it? Please choose only one answer.

I bought it.

c. OR

I didn't buy it.



*Where did you buy it?*



*How did you get it?*

- Hotel, pub or tavern
- Licensed store or supermarket
- Walk-in-bottle-shop
- Club
- Restaurant
- Disco or dance
- Sporting event
- Other \_\_\_\_\_

- My parent(s) gave it to me
- My brother or sister gave it to me
- I took it from home without my parents' permission
- Friends gave it to me
- I got someone to buy it for me
- Other \_\_\_\_\_

64. Think back over the past 2 weeks. How many times have you had five or more alcoholic drinks in a row?

- |                                |   |
|--------------------------------|---|
| <input type="checkbox"/> None  | <input type="checkbox"/> 3-5 times        |
| <input type="checkbox"/> Once  | <input type="checkbox"/> 6-9 times        |
| <input type="checkbox"/> Twice | <input type="checkbox"/> 10 or more times |

## SECTION G: HEALTH & PERSONAL EXPERIENCES

65. In general, how would you describe your health?

Excellent

Very good

Good

Fair

Poor

**For the next questions, you will be asked about your physical activity.**

Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time. Some examples are: running, fast walking, riding a bike, dancing, skateboarding, swimming, soccer, basketball, football & surfing.

**Add up all the time you spend in physical activity each day (don't include your PE or gym classes):**

66. Over the past 7 days on how many days were you physically active for a total of at least 60 minutes per day?

0 days

1

2

3

4

5

6

7 days

67. Over a normal week, on how many days were you physically active for a total of at least 60 minutes per day?

0 days

1

2

3

4

5

6

7 days

68. How much do you enjoy physical activity or exercise?

Not at all

A bit

Quite a lot

A lot

69. How do you mainly **get to school** on most days? (please mark only one answer)

Walk

Bike

Car

Bus/tram/train

Other

70. How do you mainly **get home from school** on most days? (please mark only one answer)

Walk

Bike

Car

Bus/tram/train

Other

71. About how far is it from your home to your school?

- Less than 1 km       1 to 2 kms       2 to 3 kms       3 to 4 kms       5 km or more

72. Name the two streets that are closest to your home:

(Note: This will help us to estimate the distance you travel to school each day.)

---

73. What do you usually do at recess/playtime? ("usually" means 3 or more days a week) (Tick one only)

- Sit and talk to friends  
 Walk around the school  
 Run around playing sports/games  
 Read/study for the next class  
 Nothing much  
 Other

74. What do you usually do at lunch time? ("usually" means 3 or more days a week) (Tick one only)

- Sit and talk to friends  
 Walk around the school  
 Run around playing sports/games  
 Read/study for the next class  
 Nothing much  
 Other

75. In an average week when you are at school, on how many days do you go to physical education (PE) classes?

- 0       1       2       3       4       5

76. In the last school week, during your physical education (PE) classes, how often were you very active (playing hard, running, jumping, throwing, dancing)? (Tick one only)

- I don't do PE       Hardly ever       Sometimes       Quite often       Always

77. In the last school week on how many days after school (e.g. end of school until bed-time) did you do sports, dance, or play games in which you were very active? (Tick one only)

- None       1       2       3       4       5

78. On the last weekend, how many times did you do sports, dance, or play games in which you were very active? (Tick one only)

- None       1       2       3       4       5 or more

79. Were you sick in the last week, or did anything stop you from doing your normal physical activities?

Yes       No

80. During the past 12 months, on how many sports teams did you play at school?

None       1       2       3       4       5 or more

81. During the past 12 months, on how many sports teams did you play outside of school?

None       1       2       3       4       5 or more

82. How much do you agree with the following statements? (tick one box for each item)

	Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
A. At home there are enough supplies and pieces of sports equipment (like balls, bicycles, skates) to use for physical activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. There are playgrounds, parks or gyms close to my home or that I can get to easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. It is safe to walk or jog alone in my neighbourhood during the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. It is difficult to walk or jog in my neighbourhood because of things like traffic, no footpaths, dogs, gangs, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

83. **DURING A NORMAL WEEK**, how often has someone you live with (e.g. father, mother, brother, sister, grandparent, or other relative):

	Never	Once	Sometimes	Almost Everyday	Everyday
A. Encouraged you to do physical activity or play sports?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Done a physical activity or played sports with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Provided transportation to a place where you can do physical activities or play sports?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Watched you participate in physical activities or sports?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Told you that you are doing well in physical activities or sports?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



84. **DURING A NORMAL WEEK**, how often (tick one answer)

	Never	Once	Some-times	Almost Everyday	Everyday
A. Do you encourage your friends to do physical activity or play sports?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Do your friends encourage you to do physical activity or play sports?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Do your friends do physical activities or play sports with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Do other kids tease you for not being good at physical activity or sports?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Do friends tell you that you are doing well in physical activities or sports?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

85. On **school days** for how many hours do you usually watch TV?

- None     
 Less than one hour     
 1 to 2 hours     
 2 to 4 hours     
 4 to 6 hours     
 More than 6 hours

86. On **weekend days** for how many hours do you usually watch TV?

- None     
 Less than one hour     
 1 to 2 hours     
 2 to 4 hours     
 4 to 6 hours     
 More than 6 hours

87. On **school days** how many hours do you usually spend on a computer or playing video games such as gamecube, xbox, PS2, PSP, GBA, etc.?

- None     
 Less than one hour     
 1 to 2 hours     
 2 to 4 hours     
 4 to 6 hours     
 More than 6 hours

88. On **weekend days** how many hours do you usually spend on a computer or playing video games such as gamecube, xbox, PS2, PSP, GBA, etc.?

- None     
 Less than one hour     
 1 to 2 hours     
 2 to 4 hours     
 4 to 6 hours     
 More than 6 hours

The next questions are about what you eat.

89. How many serves of the following foods do you usually have per day?

Number of serves per day	None	1	2	3	4	5 or more
Meals and snacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full cream milk, yoghurt or dairy food (include milk used on cereal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduced fat milk, yoghurt or dairy food (include milk used on cereal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100% Fruit juice (don't count cordial or fruit drinks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hamburger, hot dog, or sausage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potato crisps or savoury snacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bread (slices)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biscuits, doughnuts, cake, pie or chocolate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water, bottled or from the tap.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sweet drinks such as soft drinks, cordial, Big M, flavoured mineral water, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruit, 1 serve = - 1 piece of fruit, such as apple or pear OR - 1 small packet dried fruit, like sultanas OR - ½ cup of fruit salad or canned fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetables, 1 serve = - ½ cup cooked vegetables OR - 1 cup salad OR - 1 medium-size potato	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

90. On how many days per week do you eat breakfast or something before school starts?

None   
  1   
  2   
  3   
  4   
  5   
  6   
  7

91. How often do you usually eat food from a takeaway? (e.g. McDonalds, KFC, Hungry Jacks, Subway, Fish and Chips, Hamburgers, etc.)

Less than once a month   
  Once a month   
  2 – 3 times a month   
  Once a week   
  2 – 3 times a week   
  Most days

92. How do **you** describe your weight?

Very  
underweight

Slightly  
underweight

About the  
right weight

Slightly  
overweight

Very  
overweight

93. How would **you** describe your mother's/female guardian's weight?

Very  
underweight

Slightly  
underweight

About the  
right weight

Slightly  
overweight

Very  
overweight

94. How would **you** describe your father's/male guardian's weight?

Very  
underweight

Slightly  
underweight

About the  
right weight

Slightly  
overweight

Very  
overweight

95. Which of the following are you trying to do about your weight?

Lose  
weight

Gain  
weight

Stay the  
same weight

I am not trying to do  
anything about my weight

96. How would you feel if you gained one or two kilograms in weight?

- It would please me
- It wouldn't bother me
- I'd be a little concerned
- It would worry me
- It would really upset me

	Seldom / never	Sometimes	Often	Almost always
97.				
A. Do you try to avoid 'fattening' foods or foods with sugar in them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Do you deliberately (on purpose) eat low calorie foods to help you to slim?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Do you try to eat less than a certain number of calories as a means of controlling weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Do you try to leave food at meal times in order to avoid putting on weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. When you have eaten too much, do you eat less than usual on the following days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Do you deliberately take small helpings at meals to keep your weight under control?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Do you avoid snacks between meals because you are watching your weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Do you skip meals other than breakfast because you are watching your weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## SECTION H: YOUR FAMILY

104. Think of where you live most of the time. Who lives there with you?

Please choose **ALL** that apply:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Mother                        | <input type="checkbox"/> Father         | <input type="checkbox"/> Aunt                               | <input type="checkbox"/> Sister(s)                                    |
| <input type="checkbox"/> Stepmother                    | <input type="checkbox"/> Stepfather     | <input type="checkbox"/> Uncle                              | <input type="checkbox"/> Brother(s)                                   |
| <input type="checkbox"/> Foster Mother                 | <input type="checkbox"/> Foster Father  | <input type="checkbox"/> Stepbrother(s)<br>or stepsister(s) | <input type="checkbox"/> Other Children                               |
| <input type="checkbox"/> Grandmother                   | <input type="checkbox"/> d. Grandfather | <input type="checkbox"/> Other Adults                       | <input type="checkbox"/> I don't live with<br>anyone at the<br>moment |
| <input type="checkbox"/> Other (please explain): _____ |   |   |   |

105. Is the house or flat you live in owned by your family or rented?

- Owned (or being paid off)       Rented

**The rest of the questions in this section are about your family. When we ask about your mother and father, we want you to think about who you live with most of the time - this could include step-parents, foster parents or guardians.**

106. What is your mother's highest level of education?

- Didn't complete high school (year 12).       Completed high school (year 12).  
 Has a degree from a University.       I don't know.

107. What is your father's highest level of education?

- Didn't complete high school (year 12).       Completed high school (year 12).  
 Has a degree from a University.       I don't know.

108. Is your mother in paid work?

- No, not working       Yes, full-time       No, retired       Yes, part-time  
 My mother/stepmother doesn't live with me

109. Is your father in paid work?

- No, not working       Yes, full-time       No, retired       Yes, part-time  
 My father/stepfather doesn't live with me

110. My parents notice when I am doing a good job and let me know about it.

All of the time     Often     Sometimes     Never or almost never

111. How often do your parents tell you they're proud of you for something you've done?

All of the time     Often     Sometimes     Never or almost never

**Please answer the following items about your family by choosing BIG YES!, little yes, little no, or BIG NO!, This doesn't apply to me.**

	YES!	yes	no	NO!	This doesn't apply to me
112. Do you feel very close to your mother?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
113. Do you share your thoughts and feelings with your mother?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
114. Do you enjoy spending time with your mother?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
115. Do you feel very close to your father?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
116. Do you share your thoughts and feelings with your father?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
117. Do you enjoy spending time with your father?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
118. If I had a personal problem, I could ask my mum or dad for help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
119. My parents give me lots of chances to do fun things with them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120. My parents ask if I've done my homework.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121. Would your parents know if you did not come home on time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
122. The rules in my family are clear.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
123. My parents ask me what I think before most family decisions affecting me are made.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
124. When I am not at home, one of my parents knows where I am and who I am with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
125. My parents want me to call if I'm going to be late getting home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
126. My family has clear rules about alcohol and drug use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
127. My parents try to control everything I do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
128. My parents treat me like a baby and try to protect me from everything.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
129. We argue about the same things in my family over and over.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	YES!	yes	no	NO!	This doesn't apply to me
130. People in my family have serious arguments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
131. People in my family often insult or yell at each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
132. If you drank some alcohol (like beer, wine, or spirits) without your parents' permission, would you be caught by your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
133. If you carried a weapon without your parents' permission, would you be caught by your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
134. If you skipped school without your parents' permission, would you be caught by your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

135. Does your mother smoke?

- Never     Occasionally     Most days     Every day     Ex-smoker

136. Does your father smoke?

- Never     Occasionally     Most days     Every day     Ex-smoker

137. Does your mother drink alcohol?

- Never     Occasionally     Most days     Every day

138. Does your father drink alcohol?

- Never     Occasionally     Most days     Every day

	Yes	No	Don't Know	I don't have any brothers or sisters
139. Have any of your brothers or sisters <u>ever</u> :				
A. Smoked cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Drunk alcohol (like beer, wine or spirits)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Used marijuana (pot, weed, grass)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Taken a weapon to school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Been suspended or expelled from school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

140. How wrong do your parents feel it would be for <u>you</u> to:		<b>Not wrong at all</b>	<b>A little bit wrong</b>	<b>Wrong</b>	<b>Very wrong</b>
A.	Smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Drink beer or wine regularly (at least once or twice a month)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Drink spirits regularly (at least once or twice a month)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	Use marijuana (pot, weed, grass)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	Steal something worth more than \$10?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.	Draw graffiti, or write things or draw pictures on buildings or other property (without the owner's permission)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.	Pick a fight with someone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

141. Has anyone in your family ever had a severe alcohol or drug problem?

Yes       No



## SECTION I: YOUR NEIGHBOURHOOD

**The next section asks about the neighbourhood and community where you live.**

142. How much do each of the following statements describe your neighbourhood	<b>e. YES!</b>	<b>yes</b>	<b>no</b>	<b>NO!</b>
A. Lots of empty or abandoned buildings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Lots of graffiti.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Fights.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Crime and/or drug selling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

143. Are the following activities available for people your age in your community?	<b>Yes</b>	<b>No</b>
A. Sports teams.	<input type="checkbox"/>	<input type="checkbox"/>
B. Scouting (Scouts, Cubs, Girl Scouts, Brownies, etc.).	<input type="checkbox"/>	<input type="checkbox"/>
C. Youth groups (boys' and girls' clubs, church groups, etc.).	<input type="checkbox"/>	<input type="checkbox"/>
D. Community service (visiting or helping people, environmental projects, fundraising for charity, service clubs).	<input type="checkbox"/>	<input type="checkbox"/>

	<b>YES!</b>	<b>yes</b>	<b>no</b>	<b>NO!</b>
144. There are lots of adults in my neighbourhood that I could talk to about something important.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
145. There are people in my neighbourhood who are proud of me when I do something well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
146. There are people in my neighbourhood who encourage me to do my best.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
147. My neighbours notice when I am doing a good job and let me know about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
148. In my neighbourhood, kids can help decide which activities are provided or how they are run.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
149. In my neighbourhood, adults pay attention to what kids have to say.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
150. I feel safe in my neighbourhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
151. I'd like to get out of my neighbourhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
152. If I had to move, I would miss the neighbourhood I now live in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	YES!	yes	no	NO!
153. I like my neighbourhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
154. If a kid drank some alcohol (like beer, wine, or spirits) in your neighbourhood, would he or she be caught by the police?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
155. If a kid used marijuana in your neighbourhood, would he or she be caught by the police?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
156. If a kid carried a weapon in your neighbourhood, would he or she be caught by the police?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Very easy	Sort of easy	Sort of hard	Very hard
157. If you wanted to get some cigarettes, how easy would it be for you to get some?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
158. If you wanted to get some alcohol (like beer, wine, or spirits), how easy would it be for you to get some?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
159. If you wanted to get some marijuana (pot, weed, grass), how easy would it be for you to get some?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
160. If you wanted to get a drug like cocaine, heroine, ecstasy or amphetamines (speed), how easy would it be for you to get some?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	f. None	1 adult	2 adults	3 or 4 adults	5 or more adults
162. About how many adults (over 21) have you known personally who in the <u>past year</u> have:					
A. Gotten drunk or high?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Used marijuana (pot, weed, grass) or other illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Sold or dealt drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Done other things that could get them in trouble with the police like stealing, selling stolen goods, mugging or assaulting others (beaten someone up) etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not wrong at all	A little bit wrong	Wrong	Very Wrong
163. How wrong would most adults (over 21) in your neighbourhood think it is for kids your age to:				
A. Smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Drink alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Use marijuana (pot, weed, grass)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION J: SURVEY SUMMARY

The following two questions ask about the survey as a whole.

164. How important were these questions to you?

- Very Important     Important     Fairly important     Not too important

165. How honest were you in filling out this survey?

- I was honest all of the time  
 I was honest most of the time  
 I was honest some of the time  
 I was honest once in a while  
 I was not honest at all

**THANK YOU VERY MUCH FOR YOUR HELP ON THIS SURVEY.**