

PLEASE KEEP THIS PAGE FOR YOUR RECORDS

ID Number:



The Youth in Focus survey is led by researchers at the Australian National University.
Roy Morgan Research is conducting the survey on behalf of the University.
Major funding is provided by the Australian Government Department of Families, Community Services, and
Indigenous Affairs and the Australian Research Council.

INTRODUCTION:

Thank you for agreeing to participate in the Youth in Focus survey, and for taking part in the recent telephone interview. Could you now please complete this next part of the survey? It should only take about 10 minutes.

As we mentioned during the telephone interview, your answers will be kept confidential.

RETURNING THE SURVEY TO ROY MORGAN RESEARCH

Please post the survey back to Roy Morgan Research within the next 2-3 days.
For your convenience, we have supplied you with a postage paid envelope to use.

Thank you again for agreeing to participate in this important research. If you have any questions or would like to notify us of any change to your contact details, please call 1800 647 466 or email yif@roymorgan.com.

Once we have received your completed questionnaire we will send you a \$15 cheque as thanks for participating in the survey.



INSTRUCTIONS:

Please read each question and select the answer which best indicates your situation.

Please complete the survey carefully using **black ballpoint pen** (not felt).
Alternatively use blue pen.

For most of the questions, you will be asked to record your answer by writing an “X” in the appropriate box as shown below.

(example)

Please do not mark any areas outside the box.

Other questions will require a numeric answer and can be filled in like this:

(example)

If you make a mistake, shade out the box completely and cross the appropriate one.

(example)

If you see an instruction like this (Go to A7), you should follow the direction.

For example, (Go to A7) means that you should miss all the questions after the one you have just answered until you come to the question marked A7. If you do not see a (Go to) instruction, just answer the next question.

Please answer each section and follow the instructions as required.

WAVE 1

LIFESTYLE AND HEALTH

A1. Here is a list of forms of leisure and recreation. Look through the list and mark how often you have done each activity in the last 6 months.

Mark one box for each activity.

	Never	Sometimes	Often
Watching television or videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to the movies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to concerts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to a pub or club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading a book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading newspapers/magazines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visiting friends or having friends visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visiting family or having family visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car driving/riding for pleasure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going for a walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to the gym	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jogging/power walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aerobics or swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skateboarding, roller skating, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bicycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surfing, sailing and other water sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snow skiing/snowboarding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing sport (tennis, golf, football, netball, squash, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participating in music, drama, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watching sport on television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watching sport live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hobbies (painting, craft, collecting, sewing, photography, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking for pleasure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to the beach, bushwalking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing board games, computer games or cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us if there are leisure and recreational activities that you have done often in the last 6 months which are not on the list:

1	
2	
3	

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LIFESTYLE AND HEALTH continued

A2. The following statements describe the way some people feel about how much control they have over their lives. How strongly do you agree or disagree with the following statements?

	Strongly disagree	Disagree	Agree	Strongly agree
a. There is really no way I can solve some of the problems I have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Sometimes I feel that I'm being pushed around in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I have little control over the things that happen to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I can do just about anything I really set my mind to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I often feel helpless in dealing with the problems of life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. What happens to me in the future mostly depends on me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. There is little I can do to change many of the important things in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A3. In general, how often do you participate in moderate or intensive physical activity for at least 30 minutes?

Moderate level physical activity will cause a slight increase in breathing and heart rate, such as brisk walking. Mark one box only.

- Not at all
- Less than once a week
- 1 – 2 times a week
- 3 times a week
- More than 3 times a week (but not every day)
- Every day

A4. Do you smoke cigarettes or any other tobacco products?

Mark one box only.

- No, I have never smoked (Go to A7)
- No, I no longer smoke (Go to A7)
- Yes, I smoke daily
- Yes, I smoke at least weekly (but not daily)
- Yes, I smoke less often than weekly

A5. How many cigarettes do you usually smoke each week?

Please convert cigar/pipe/loose tobacco to a number of cigarettes.

Total number smoked:

A6. Do you smoke more than you want to?

- Yes
- No

LIFESTYLE AND HEALTH continued

EVERYONE PLEASE ANSWER

A7. Do you drink alcohol?

Mark one box only.

- No, I have never drunk alcohol (Go to A12)
- No, I no longer drink alcohol (Go to A12)
- Yes, I drink alcohol every day
- Yes, I drink alcohol 5 – 6 days per week
- Yes, I drink alcohol 3 – 4 days per week
- Yes, I drink alcohol 1 – 2 days per week
- Yes, I drink alcohol 2 – 3 days per month
- Yes, but only rarely

A8. On a day that you would have an alcoholic drink, how many standard drinks do you usually have?

For example a standard drink is a small glass of wine, a 285ml glass of regular beer, a nip/shot of spirits, or a mixed drink, or an equivalent amount of alcohol.

Mark one box only.

- 13 or more standard drinks
- 11 – 12 standard drinks
- 9 – 10 standard drinks
- 7 – 8 standard drinks
- 5 – 6 standard drinks
- 3 – 4 standard drinks
- 1 – 2 standard drinks

A9. Do you drink more often than you want to?

- Yes No

A10. Where do you usually drink?

Mark all that apply.

- Your home
 - Relative's home
 - Friend's home
 - Parties
 - Pub, bar, club, etc.
 - Restaurant
 - Park or street
 - Other (please specify)
- 4
- 5

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LIFESTYLE AND HEALTH continued

A11. Who do you usually drink with?

Mark all that apply.

- Parents
- Partner
- Friends
- Workmates
- Alone
- Other (please specify)
- 6

EVERYONE PLEASE ANSWER

A12. Have you ever tried marijuana?

Yes No (Go to A16)

A13. How old were you the first time you used marijuana?

Write age in years:

A14. Have you used marijuana in the past 12 months?

Yes No (Go to A16)

A15. How often do you use marijuana?

- Once a week or more
- Once a month
- Every 2 – 4 months
- Once or twice a year
- Less often or no longer use

EVERYONE PLEASE ANSWER

A16. Are you currently an active member of a sporting, hobby or community-based club or organisation?

Yes No

A17. Do you have access to a car or a motorcycle?

- Yes, own car
- Yes, own motorcycle
- Yes, car/motorcycle provided by employer
- Yes, car/motorcycle belonging to another family member
- Yes, car/motorcycle belonging to someone else
(please specify the car-owner's relationship to you)
- 7
- No, but have a driver's licence
- No, don't have a driver's licence

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EVERYONE PLEASE ANSWER

FAMILY AND FRIENDS

BA. The next few questions are about your relationship with your mother. If you do not currently have a relationship with your mother, please answer considering the person who mostly fulfils the role of mother for you and indicate here how that person is related to you (e.g. grandmother, older sister):

8

No one fulfils the role of your mother, or it is fulfilled by your father/other parent

Go to BB

B1. Does your mother know who your friends are?

Mark one box only.

Does not know any of my friends

Knows some of my friends

Knows all of my friends

B2. How much does your mother want to know about:

Mark one box for each statement.

	Doesn't want to know	Wants to know a little	Expects to know
Where you go at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What you do with your free time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where you are most days after school or in the afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B3. How much does your mother really know about:

Mark one box for each statement.

	Doesn't know	Knows a little	Knows a lot
Where you go at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What you do with your free time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where you are most days after school or in the afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EVERYONE PLEASE ANSWER

BB. The next few questions are about your relationship with your father. If you do not currently have a relationship with your father, please answer considering the person who mostly fulfils the role of father for you and indicate here how that person is related to you (e.g. uncle, grandfather):

CC.

9

No one fulfils the role of your father, or it is fulfilled by your mother/other parent

Go to C1

B4. Does your father know who your friends are?

Mark one box only.

Does not know any of my friends

Knows some of my friends

Knows all of my friends

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FAMILY AND FRIENDS continued

B5. How much does your father want to know about:

Mark one box for each statement.

	Doesn't want to know	Wants to know a little	Expects to know
Where you go at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What you do with your free time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where you are most days after school or in the afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B6. How much does your father really know about:

Mark one box for each statement.

	Doesn't know	Knows a little	Knows a lot
Where you go at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What you do with your free time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where you are most days after school or in the afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EDUCATION VALUES

EVERYONE PLEASE ANSWER

C1. How important do your friends think it is to work hard at school/university/TAFE?

Mark one box only.

- Not important
- A bit important
- Fairly important
- Very important

C2. How important do you think it is to work hard at school/university/TAFE?

Mark one box only.

- Not important
- A bit important
- Fairly important
- Very important

C3. How important does your mother think it is to work hard at school/university/TAFE?

Mark one box only.

- Not important
- A bit important
- Fairly important
- Very important

C4. How important does your father think it is to work hard at school/university/TAFE?

Mark one box only.

- Not important
- A bit important
- Fairly important
- Very important

LIFE EVENTS AND CHILDHOOD

D1. Have you ever lived away from home at a boarding school?

Yes No

D2. Have any of the following ever happened to you?

Mark one box for each statement.

	Yes	No
Someone close to you died?	<input type="checkbox"/>	<input type="checkbox"/>
Your family had a major financial crisis?	<input type="checkbox"/>	<input type="checkbox"/>
Someone in your household had an alcohol problem?	<input type="checkbox"/>	<input type="checkbox"/>
Someone in your household had a drug-use problem?	<input type="checkbox"/>	<input type="checkbox"/>

D3. Has any of the following ever occurred?

Mark all that apply.

You ran away from home	<input type="checkbox"/>
You got into trouble with the police	<input type="checkbox"/>
You had problems with alcohol	<input type="checkbox"/>
You started using illicit drugs	<input type="checkbox"/>
You attended child/juvenile court due to juvenile offending	<input type="checkbox"/>
You started to hang out with a bad crowd	<input type="checkbox"/>
You became pregnant/got someone pregnant	<input type="checkbox"/>
You were seriously injured or assaulted	<input type="checkbox"/>
You were treated for a mental or emotional issue	<input type="checkbox"/>

D4. Have you ever had contact with any of the following?

Guidance officer	<input type="checkbox"/>
Children's services	<input type="checkbox"/>
Police or juvenile aid	<input type="checkbox"/>

D5. When you were younger did your parent(s) or other persons responsible for you read to you at night?

Mark one box only.

Every night	<input type="checkbox"/>
Often	<input type="checkbox"/>
Sometimes	<input type="checkbox"/>
Not very often	<input type="checkbox"/>
Not at all	<input type="checkbox"/>

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LIFE EVENTS AND CHILDHOOD continued

D6. Did your parent(s) or other persons responsible for you help you with such things as school work, choosing your options, or preparing for exams?

Mark one box only.

- All the time
- Often
- Sometimes
- Not very often
- Not at all

D7. Overall how would you describe your childhood (including teenage years)?

Mark one box only.

- My childhood was very happy
- My childhood was pretty happy
- My childhood was unhappy
- My childhood was very unhappy

E1. Is there anything about your past or current situation we have not covered in the telephone interview or in this survey, that you would like to tell us?

**Thank you for your help with the survey.
Please return the survey in the pre-paid envelope provided.**