



# Youth'12

The Health and Wellbeing  
of Secondary School Students in New Zealand

# Questionnaire

**uniservices**

Youth2000 Survey Series



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**The Adolescent Health Research Group (AHRG)**

The Adolescent Health Research Group (AHRG) was established in 1997 when researchers from a variety of disciplines at the University of Auckland agreed that in order to improve the health of New Zealand's young people it was necessary to develop, administer and analyse a survey to provide current national data on the health and well-being of students attending secondary schools in New Zealand.

The current members are: Terryann Clark (principal investigator), Pat Bullen, Sue Crengle, Simon Denny, Ben Dyson, Theresa (Terry) Fleming (chair), Sarah Fortune, Elizabeth Robinson, Fiona Rossen, Janie Sheridan, Roshini Peiris-John, Tasileta Teevale & Jennifer Utter.

**The Youth2000 Survey Series (Youth2000, Youth'07 and Youth'12)**

The national survey of the health and wellbeing of secondary school students in New Zealand has been conducted in 2001, 2007 and 2012 by the AHRG. The results from the 2012 survey will update the findings from the previous surveys and will indicate trends in issues ranging from physical and mental health through to school connections and family relationships.

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Further publications by the Adolescent Health Research Group are available at <http://www.youthresearch.auckland.ac.nz>. Individual school reports are not available via the website; these are confidential to each participating school.

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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.)? .....	64
The last time you did this how long did you do this physical activity for?.....	65
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) .....	65
Over the last 7 days did you go to a PE class?.....	65
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) .....	65
About how long does it usually take (or would it take) to walk, bike or skate to or from school? .	65
How do you usually travel to school? (Pick the ONE option that you use for most of the trips) ...	65
What are the MAIN reasons you use this method of travel to school? (you may choose as many as you need) .....	66
Do you take part in sport teams or clubs outside of school time (before/after school or in the weekend)? .....	66
Why aren't you involved in any sports teams or clubs? (you may choose as many as you need)	66
How much time do you spend doing these activities each day? .....	67
What do you do on the internet? (you may choose as many as you need) .....	67
Do you access the internet in private? .....	67
Are you worried by how much you use the Internet? .....	67
Does your family have rules around internet use? .....	67
Do you use a cellphone? .....	68
About how many text messages would you send and receive from friends each day? .....	68
How important is your cellphone for keeping in touch with friends? .....	68
<b>Employment – paid and unpaid .....</b>	<b>69</b>
Over the last 12 months (during the school term only), have you worked for money or had a paid job? (you may choose as many as you need).....	69
What is the main reason you worked for money or had a paid job? .....	69
Over the last 12 months (during the school term only) have you worked without pay in a family business (e.g. a farm, dairy or other business owned by your family?) .....	69
During the last 7 days, did you work for money or without pay in a family business? Do not include work around your home for pocket money. You may choose as many as you need. ....	69
In the last 7 days, approximately how many hours did you work in total? .....	69
During the last 7 days, which days did you work? (you may choose as many as you need) .....	70
Which part of the day on Monday did you work? (you may choose as many as you need) .....	70
Which part of the day on Tuesday did you work? (you may choose as many as you need) .....	70
Which part of the day on Wednesday did you work? (you may choose as many as you need) ...	70
Which part of the day on Thursday did you work? (you may choose as many as you need) .....	71
Which part of the day on Friday did you work? (you may choose as many as you need) .....	71
Which part of the day on Saturday did you work? (you may choose as many as you need) .....	71
Which part of the day on Sunday did you work? (you may choose as many as you need).....	71
What kind of work do you do? (you can choose as many as you need) .....	72
In your main job in the last 7 days—who did you work for? .....	72
Which of the following best describes your (main) job in the last 7 days? .....	72
In your main job, approximately what was your hourly rate of pay before taking off any tax?.....	72
In your main job, has your employer or boss ever talked with you or provided you with any information about ways to keep safe while you are at work (e.g. wearing gloves or eye protection)? .....	72
In the last 12 months, have you been injured at work? .....	73
Thinking about your most serious work injury in the last year, what type of injury was this? (you may choose as many as you need).....	73

Thinking about your most serious injury (at your main job) in the last 12 months, what type of treatment did you need? (you may choose as many as you need).....	73
Question .....	73
Is there anyone in your home who is seriously affected by...(you may choose as many as you need).....	73
Do you do extra work around your home because someone is disabled or sick or can't do things? .....	73
<b>SEXUAL HEALTH .....</b>	<b>74</b>
Have you ever had sex? (by this we mean sexual intercourse). Do not include sexual abuse. ...	74
About how old were you when you first had an experience of sex? (by this we mean sexual intercourse or going all the way)-do not include sexual abuse. ....	74
Have you had sex with.....	74
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.....	74
Have you (or your partner) ever used a condom when you had sex? .....	74
What is the main reason you use a condom? .....	74
Have you ever talked to your partner(s) about preventing pregnancy? .....	75
Have you ever talked to you partner(s) about preventing sexually transmitted infections or HIV/AIDS? .....	75
How often do you or your partner use contraception? (by this we mean protection against pregnancy).....	75
The last time you had sex did you use any form of contraception? .....	75
Which, if any, forms of contraception are you or your partner(s) currently using? (you may answer as many as needed) .....	75
Have you ever been pregnant or got someone pregnant (including miscarriage, abortion or termination)?.....	75
What happened to this pregnancy? (If this happened more than once, what happened to the last pregnancy).....	75
How often do you (or your partner) use condoms as protection against sexually transmitted disease or infection?.....	76
The last time you had sex did you use condoms as protection against sexually transmitted disease or infection?.....	76
Have you ever had a sexually transmitted disease or infection? .....	76
Have you ever been touched in a sexual way or made to do sexual things that you didn't want to do? .....	76
The last time this happened how bad was it? .....	76
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? (choose all that apply to you) .....	76
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? .....	76
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? .....	77
Who did you tell? (you may choose as many as you need).....	77
Who are you sexually attracted to...? .....	77
How old were you when you became first aware of sexual attractions to people of the same sex? .....	77
Have you come out (told people close to you openly of your sexuality)? .....	77
How old were you when you came out (told people close to you openly of you sexual attractions to people of the same sex)? .....	77
Were you able to talk to your family about this?.....	78
How many times in the last 12 months have you... ..	78
Do you think you are transgender? This is a girl who feels like she should have been a boy, or a boy who feels like he should have been a girl (e.g. Trans, Queen, Fa'faffine, Whakawahine, Tangata ira Tane, Genderqueer).....	78
How old were you when you wondered about being transgender? .....	78
Have you told some people close to you about being transgendered? .....	78
<b>CIGARETTES, ALCOHOL, DRUGS AND GAMBLING .....</b>	<b>79</b>

Which of these do you think it is okay for people your age to use regularly? (you may choose as many as you need) .....	79
Which of the following do your friends use? (you may choose as many as you need).....	79
Which of the following do your parents or someone who acts as your parents use in your home? (you may choose as many as you need).....	79
<b>Cigarettes .....</b>	<b>79</b>
We would now like to ask some questions about smoking cigarettes (including roll-your-owns).	
Have you ever smoked a whole cigarette? .....	79
About how old were you when you first smoked a whole cigarette?.....	80
Where did you get the cigarette from the first time you smoked a whole cigarette?.....	80
How often do you smoke cigarettes now?.....	80
How many cigarettes would you smoke a day? .....	80
When you smoke cigarettes how do you usually get them? (you may choose as many as you need).....	80
Where do you most often buy your cigarettes? .....	80
When buying cigarettes are you ever asked to show ID? .....	80
Have you ever tried to cut down or give up smoking cigarettes?.....	80
If you had problems or concerns due to your cigarette use, who would you go to for help? (you may choose as many as you need).....	81
<b>Alcohol.....</b>	<b>81</b>
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)? .....	
How old were you when you had your first drink of alcohol, not counting a few sips? .....	81
During the past 4 weeks, about how often did you drink alcohol? .....	81
How many alcoholic drinks do you usually have in one session - within about 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) .....	81
What do you usually drink? .....	82
When you drink alcohol how do you usually get it? (you may choose as many as you need) .....	82
Where do you usually buy your alcohol?.....	82
When you buy alcohol are you ever asked to show ID? .....	82
When you drink alcohol, who do you usually drink with? (you may choose as many as you need) .....	82
.....	82
In the past 4 weeks, how many times did you have 5 or more alcoholic drinks in one session - within 4 hours? .....	82
Why do you choose to drink alcohol? (you may choose as many as you need) .....	83
How many times in the last 12 months have you.....	83
Are you worried about how much alcohol you drink?.....	83
Have you ever tried to cut down or give up drinking alcohol?.....	83
If you had problems or concerns due to your alcohol use, who would you go to for help? (you may choose as many as you need).....	84
<b>Marijuana.....</b>	<b>84</b>
Now there are some questions about marijuana (pot, grass, weed, cannabis). 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, cannabis)? .....	
How old were you when you had your first smoke of marijuana?.....	84
In the last 4 weeks, about how often did you smoke marijuana?.....	84
When do you usually smoke marijuana? (you may choose as many as you need) .....	84
Who do you usually smoke marijuana with? (you may choose as many as you need) .....	85
How many times in the last 12 months have you.....	85
Do you worry about how often you smoke marijuana? .....	85
Have you ever tried to cut down or give up smoking marijuana?.....	85
If you had problems or concerns due to your marijuana use, who would you go to for help? (you may choose as many as you need).....	85
<b>Other Drugs.....</b>	<b>86</b>
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? .....	
How many times have you used any of the following drugs? .....	86

Do you worry about how much you use any of these other drugs? .....	86
Some people use more than one drug at the same time. For example, drinking alcohol, smoking cigarettes and marijuana. Have you ever used more than one drug at the same time?.....	86
When you use more than one drug at the same time, which drugs do you usually use together? (you may choose as many as you need).....	86
If you had problems or concerns due using several drugs or substances at the same time, who would you go to, to get help? (you may choose as many as you need) .....	87
<b>GAMBLING .....</b>	<b>88</b>
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Which of the following activities do your friends play or do? (you may choose as many as you need).....	88
Which of the following activities do your parent/s or caregiver/s play or do? (you may choose as many as you need) .....	89
Which of the following activities do your friends play or do? (you may choose as many as you need).....	89
Thinking about the activities in the previous question, how much money would you usually spend each week on bets or gambling?.....	89
Thinking about the activities in the previous question, how much money would you usually spend each week on bets or gambling?.....	89
How much time would you usually spend each day on bets or gambling? .....	90
When you do these activities or gamble, who do you usually do it with? (you may choose as many as you need) .....	90
Why do you participate in gambling or bet for money? (you can choose as many as you need) .	90
How many times in the last 12 months have you... ..	90
Are you worried about how much time or money you spend on these activities or gambling? ....	91
Have you ever tried to cut down or give up gambling or any of these activities? .....	91
If you had problems or concerns because of your gambling, who would you go to for help? (you may choose as many as you need).....	91
Do you ever worry or feel anxious about how much money or time other people you live with (parents and family), spend on gambling or any of these activities? .....	91
How many times in the last 12 months have these things happened in your family because of someone else's gambling... ..	91
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<b>Friends and Community Activities .....</b>	<b>92</b>
How good are you at making and keeping friends? .....	92
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About your friends.....	92
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Do you belong to a group, club or team which is not run by your school? (you can choose more than one).....	92
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Here are some questions about the area you live in, your neighbourhood or your community... ..	93
Do you feel safe in your neighbourhood?.....	93
If you were having a serious problem is there an adult (who is not in your family) you would feel okay talking to?.....	93
What things are there to do in the area where you live that you can walk to from home? (you may choose as many as you need).....	93
What are the bad things about the area where you live? (you can choose as many as you need) .....	94
Do you feel safe on buses or trains? .....	94
<b>Spirituality .....</b>	<b>94</b>
What faith or religion are you?.....	94
How often do you attend a church/mosque/temple/shrine (or other place of worship)? .....	94
Who do you go with to church, mosque, temple, or other place of worship?.....	95

How important is it to you to attend church, mosque, temple, shrine or other place of worship? . 95  
We now have some questions about the church/mosque/temple (or other place of worship) that  
you attend. .... 95  
How important to you are your spiritual beliefs or religious faith? ..... 95  
Does your faith or spiritual beliefs give your life a sense of meaning and hope? ..... 95

# Preface

## Survey Overview

The AHRG has a well-established methodology for gaining representative and accurate information from young people in secondary schools throughout New Zealand. The survey includes a wide range of questions that contribute to the health and wellbeing of young people including questions about ethnicity & culture, physical health, food & activities, substance use, sexual health, injuries and violence, home and family health, school achievement and participation, neighbourhood environment, spirituality and access to healthcare. This comprehensive questionnaire allows us to take an ecological approach to identifying the risks and protective factors in young people's lives.

**Youth'12 Funders:** The Youth'12 project was funded by the Ministries of Youth Development, Social Development, Health, Education, Justice, the Department of Labour, Families Commission and the Alcohol Advisory Council of New Zealand. We would also like to acknowledge the support of Toshiba (Australia) Pty. Limited.

## Methodology

In total 125 randomly selected secondary schools throughout the country were invited to take part, and around 90 participated. We surveyed about 20% of the year 9-13 students at each school, aiming to survey about 10,000 students altogether throughout New Zealand. The survey was completed during school time and took about an hour for each student. Those students who agreed to take part completed a survey about themselves and about issues affecting their health and wellbeing. Topics covered are ethnic identity and culture, family relationships, school, injuries and violence, health and healthcare, emotional health, food and eating, leisure activities, sexual health, alcohol, smoking and other drugs, and community involvement.

The survey was set up to be private and anonymous. Students answered the questions on computer tablets. Each student had their own computer and could read the questions off the computer screen and also hear them read out through headphones. They answered questions by touching the appropriate box on the screen. The survey program was designed to not ask questions about sensitive topics that do not apply to the particular student. For example, all students were asked if they have ever smoked a cigarette, but only those who answered 'yes' were asked any further questions about smoking. For those who answer 'no' the program skips to the next topic. This means that students were not asked detailed questions about things that they had no direct experience with.

In addition to answering the questions in this questionnaire, each student was weighed and their height measured. Each student was asked to allow their address to be entered into a geo-coding program for the purposes of ascertaining the census meshblock number for their usual place of residence. For students who lived in two or more homes we asked them to provide the address of the home where they spent most of their time. Only the meshblock number associated with their address was collected, and then their address was deleted. These additional data were collected in private.

For more detailed information about the survey methodology please see our website [www.youthresearch.auckland.ac.nz](http://www.youthresearch.auckland.ac.nz)

# Demography

We would like to start by asking you some general questions about you.

**Question**      **How old are you?**

<b>Responses</b>	Under 12 years	16
	12	17
	13	18
	14	19
	15	Over 19 years

**Question**      **What sex are you?**

<b>Responses</b>	Male
	Female

**Question**      **Where were you born?**

<b>Responses</b>	New Zealand	Hong Kong
	Australia	India
	Samoa	Sri Lanka
	Cook Islands	Malaysia
	Fiji	Indonesia
	Tonga	Japan
	United Kingdom	Europe
	Niue	Middle East
	China (People's Republic of)	North America
	South Africa	South America
	Korea	Africa
	Taiwan	Another country

All those who answer 'New Zealand' or declined to answer should skip to "Where was your mother born?"

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

<b>Responses</b>	One year or younger	10
	2	11
	3	12
	4	13
	5	14
	6	15
	7	16
	8	17
	9	18

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

<b>Responses</b>	Yes
	No
	I don't know



# Ethnicity

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.

**Question**      **Which ethnic group do you belong to? (you may choose as many as you need)**

<b>Responses</b>	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
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**Question**      **Which is your main ethnic group (the one you identify with most)?**

<b>Responses</b>	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
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**Question**      **Are any of your parents, grandparents or great-grandparents Māori?**

**Responses**

- Yes
- No
- I don't know

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

<b>Responses</b>	English Māori Samoan Tongan Fijian Niuean	Cook Islands Māori Cantonese Mandarin Arabic Hindi Other
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**Question** Which languages can you speak well enough to have a conversation in? (you may choose as many as you need)

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

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

**Responses** Never All the time  
Sometimes I don't know  
Often

**Question** Earlier you told us about your ethnicity. Now we would like to know about other people's reactions to your ethnicity. How do other people usually classify your ethnic group (i.e. what ethnic group/s do other people usually think you are)? (you may choose as many as you need)

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

**Question** How many of your friends belong to the same ethnic group as you?

**Responses** All of them Few of them  
Most of them None of them  
About half of them

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

**Responses** A lot None  
Some I don't know  
Not many



**Question**      **How comfortable do you feel in Māori social surroundings, events or gatherings?**

**Responses**      Very uncomfortable      Comfortable  
Uncomfortable      Very comfortable  
Slightly uncomfortable

**Question**      **How well are you able to understand spoken Māori now? By this we mean more than a few words or phrases.**

**Responses**      Very well      Not very well  
Well      No more than a few words or  
Fairly well      phrases

**Question**      **How well are you personally able to speak Māori in day-to-day conversation? By this we mean more than a few words or phrases?**

**Responses**      Very well      Not very well  
Well      No more than a few words or  
Fairly well      phrases

**Question**      **Are you proud of being Māori?**

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

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

**Responses**      Very important      Not important  
Important      Not at all important  
Somewhat important

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

**Responses**      Very important      Not important  
Important      Not at all important  
Somewhat important

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

**Responses**      Very satisfied      Not satisfied  
Satisfied      Not at all satisfied  
Somewhat satisfied

## Niuean

You have selected Niuean as one of your ethnic groups. We are now going to ask some questions about your ethnic group and culture. If you answered more than one ethnicity you may get asked more than one section on your ethnic groups (maximum of two).

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

**Responses** Yes  
No  
Not sure

**Question** Have you visited Niue since your arrival or birth in New Zealand?

**Responses** Yes  
No

**Question** Have you learnt about Niuean culture, such as language, songs, cultural practice or family history / ancestry?

**Responses** Yes  
No

**Question** Who taught you or where did you learn? (you may choose as many as you need)

<b>Responses</b>	Parents	At pre-school
	Relatives	At primary school
	A village (Niuean, Tongan, Cook Island, Samoan)	At secondary school
	Friends (Other)	At work
	A language group	As part of a community or sports group
	At church	Other

**Question** Have you ever been to a Niuean funeral?

**Responses** Yes I don't know  
No

**Question** How much of what was going on did you understand?

**Responses** All or Most Some  
About Half None

**Question** How comfortable do you feel in Niuean social surroundings, events or gatherings?

**Responses** Very uncomfortable Comfortable  
Uncomfortable Very comfortable  
Slightly uncomfortable



**Question** Have you learnt about Tongan culture, such as language, songs, cultural practice or family history / ancestry?

**Responses** Yes  
No

**Question** Who taught you or where did you learn? (you may choose as many as you need)

**Responses** Parents At pre-school  
Relatives At primary school  
A village (Niuean, Tongan, Cook Island, Samoan) At secondary school  
Friends (Other) At work  
A language group As part of a community or sports group  
At church Other

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

**Responses** Yes  
No  
I don't know

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

**Responses** All or Most Some  
About Half None

**Question** How comfortable do you feel in Tongan social surroundings, events or gatherings?

**Responses** Very uncomfortable Comfortable  
Uncomfortable Very comfortable  
Slightly uncomfortable

**Question** How well are you able to understand spoken Tongan now? By this we mean more than a few words or phrases.

**Responses** Very well Not very well  
Well No more than a few words or phrases  
Fairly well

**Question** How well are you personally able to speak *Tongan* in day-to-day conversation? By this we mean more than a few words or phrases.

**Responses** Very well Not very well  
Well No more than a few words or phrases  
Fairly well

**Question** Are you proud of being *Tongan*?

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







**Question**      **How comfortable do you feel in Samoan social surroundings, events or gatherings?**

**Responses**      Very uncomfortable      Comfortable  
Uncomfortable      Very comfortable  
Slightly uncomfortable

**Question**      **How well are you able to understand spoken Samoan now? By this we mean more than a few words or phrases.**

**Responses**      Very well      Not very well  
Well      No more than a few words or phrases  
Fairly well

**Question**      **How well are you personally able to speak Samoan in day-to-day conversation? By this we mean more than a few words or phrases.**

**Responses**      Very well      Not very well  
Well      No more than a few words or phrases  
Fairly well

**Question**      **Are you proud of being Samoan?**

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

**Question**      **Are Samoan *values* important to you?**

**Responses**      Very important      Not important  
Important      Not at all important  
Somewhat important

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

**Responses**      Very important      Not important  
Important      Not at all important  
Somewhat important

**Question**      **How satisfied are you of your knowledge of things Samoan?**

**Responses**      Very satisfied      Not satisfied  
Satisfied      Not at all satisfied  
Somewhat satisfied

## Indian

You have selected Indian as one of your ethnic groups. We are now going to ask some questions about your ethnic group and culture. If you answered more than one ethnicity you may get asked more than one section on your ethnic groups (maximum of two).

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

**Responses** Yes  
No  
Not sure

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

**Responses** Yes  
No

**Question** Have you learnt about Indian culture, such as language, songs, cultural practice or family history / ancestry?

**Responses** Yes  
No

**Question** Who taught you or where did you learn? (you may choose as many as you need)

**Responses** Parents At secondary school  
Relatives At work  
A language group As part of a community or sports group  
At a religious setting (e.g. temple, mosque or church) Community organisation (e.g. Indian associations)  
At pre-school Other  
At primary school

**Question** Have you ever been to a Indian funeral?

**Responses** Yes  
No  
I don't know

**Question** How much of what was going on did you understand?

**Responses** All or Most Some  
About Half None

**Question** How comfortable do you feel in Indian social surroundings, events or gatherings?

**Responses** Very uncomfortable Comfortable  
Uncomfortable Very comfortable  
Slightly uncomfortable



## Chinese

You have selected Chinese as one of your ethnic groups. We are now going to ask some questions about your ethnic group and culture. If you answered more than one ethnicity you may get asked more than one section on your ethnic groups (maximum of two).

**Question** Do you know your ancestral village/province or country?

**Responses** Yes  
No  
Not sure

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

**Responses** Yes  
No

**Question** Have you learnt about Chinese culture, such as language, songs, cultural practice or family history / ancestry?

**Responses** Yes  
No

**Question** Who taught you or where did you learn? (you may choose as many as you need)

**Responses** Parents  
Relatives  
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  
Community organisation (e.g. Chinese associations)  
Other

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

**Responses** Yes  
No  
I don't know

**Question** How much of what was going on did you understand?

**Responses** All or Most  
About Half  
Some  
None

**Question** How comfortable do you feel in Chinese social surroundings, events or gatherings?

**Responses** Very uncomfortable  
Uncomfortable  
Slightly uncomfortable  
Comfortable  
Very comfortable



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

**Responses** Yes  
No

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

**Responses** Yes  
No

**Question** Who taught you or where did you learn? (you may choose as many as you need)

<b>Responses</b>	Parents	At primary school
	Relatives	At secondary school
	Friends	At work
	A language group	As part of a community or sports group
	At church	Other
	At pre-school	

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

**Responses** Yes  
No  
I don't know

**Question** How much of what was going on did you understand?

<b>Responses</b>	All or Most	Some
	About Half	None

**Question** How comfortable do you feel in social surroundings, events or gatherings?

<b>Responses</b>	Very uncomfortable	Comfortable
	Uncomfortable	Very comfortable
	Slightly uncomfortable	

**Question** How well are you able to understand the spoken language of your family's culture? By this we mean more than a few words or phrases.

<b>Responses</b>	Very well	Not very well
	Well	No more than a few words or phrases
	Fairly well	

**Question** How well are you personally able to speak the language of your family's culture in day-to-day conversation? By this we mean more than a few words or phrases.

<b>Responses</b>	Very well	Not very well
	Well	No more than a few words or phrases
	Fairly well	



# Home

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

**Question**      **How many homes do you have?**

**Responses**      One  
Two or more

**Question**      **Who do you live with in your main or only home? (you may choose as many as you need)**

**Responses**      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  
No-one, I live independently

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

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

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

**Responses**      Mother  
Father  
Parent's partner  
Grandparent(s)  
Brother(s) and/or sister(s)  
Other relatives  
Friend's parents  
Another adult or adults  
No one - I live independently  
Someone else

**Question**      **How much do you and your family have fun together?**

**Responses**      A lot  
Often  
Some  
Not at all

**Question**      **How do your family members get along?**

**Responses**      Very badly  
Badly  
Neither good or bad  
Well  
Very well











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

**Responses** Yes  
No

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

**Responses** Not at all  
Some  
A lot

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

**Responses** Hardly ever  
Sometimes  
Most of the time

**Question** Have you ever been treated unfairly (e.g. treated differently) by a teacher because of your ethnicity or ethnic group?

**Responses** Yes, within the past 12 months  
Yes, more than 12 months ago  
No  
I don't know/unsure

**Question** Do people at your school expect you to do well?

**Responses** Yes  
No

**Question** Do you get along with your teachers?

**Responses** Usually  
Sometimes  
Hardly ever  
Not at all

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

**Responses** Very important  
Somewhat important  
Not important

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

**Responses** Near the top  
Near the bottom  
Above middle  
About the middle  
Below the middle



**Question** In the last 12 months, have you wagged or skipped school for a full day or more without an excuse?

**Responses** Yes  
No

**Question** About how many days altogether have you wagged or skipped school in the last 12 months?

**Responses** 1 6  
2 7  
3 8  
4 9  
5 10 or more

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

**Responses** Yes  
No

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

**Responses** None Two times  
Once More than two times

**Question** 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)?

**Responses** Yes  
No  
I don't know

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

**Responses** Year 9 (form 3) Year 12 (form 6)  
Year 10 (form 4) Year 13 (form 7)  
Year 11 (form 5)

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

**Responses** Get more training or education Start a family  
Do nothing Go overseas to study  
Start work or look for a job Go overseas to work  
I don't know/ I have no plans Go back to my country of birth





# Driving Behaviours

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

**Responses** I don't ride a bicycle Sometimes  
Always Hardly ever  
Most of the time Never

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

**Responses** Always Hardly ever  
Most of the time Never  
Sometimes

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

- who had been drinking alcohol?
- who had drunk more than two glasses of alcohol in the two hours before driving?
- who was high (out of it) or had been taking drugs?
- dangerously (speeding, car chases, burnouts)?

**Responses** Not at all Two or three times  
Not in the last month Four or more times  
Once

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

**Responses** Not at all  
Only when I am having a driving lesson  
Yes

**Question** Do you have a current driver's license?

**Responses** No I have a restricted licence  
I have a learners licence I have a full drivers licence

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

- when you had been drinking alcohol?
- after having drunk more than two glasses of alcohol in the two hours before driving?
- when you were high (out of it) or when you had been using drugs?
- dangerously (e.g. speeding, car chases, or burnouts)?

**Responses** Not at all Two or three times  
Not in the last month Four or more times  
Once





## Police and Gangs

**Question** In the last 12 months have you been in trouble with the police?

**Responses** Never  
Not in the last year

Once  
Two or more times

**Question** In the last 12 months, when you were in trouble with the police, what was this about? (you may choose as many as you need)

- 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

**Responses** No  
Yes

**Question** How did the police treat you?

**Responses** Mostly good  
Neither good nor bad  
Mostly bad

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

**Responses** Yes, within the past 12 months  
Yes, more than 12 months ago

No  
I don't know/unsure

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

**Responses** Yes, within the past 12 months  
Yes, more than 12 months ago

No  
I don't know/unsure

The following questions are about gang membership – by this we mean being a member of a recognised gang (where you might wear colours, be involved in activities like fighting, gang parties and crime)

**Question** Do you belong to a gang right now?

**Responses** Yes  
No



# Health

This section is about health, getting health care and emotional health and wellbeing.

## General Health

**Question** In general how would you say your health is?

**Responses** Excellent Fair  
Very good Poor  
Good

**Question** Do you have any long-term health problems or conditions (lasting 6 months or more) (e.g. asthma, diabetes, depression)?

**Responses** Yes  
No  
I don't know

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

- Everyday activities that other people your age can usually do
- Communicating, talking, mixing with others or socialising
- Any other activity that people your age can usually do
- No difficulty with any of these

**Responses** No  
Yes

**Question** Do you have any long-term disability (lasting 6 months or more) (e.g. sensory impaired hearing, visual impairment, in a wheelchair, learning difficulties)?

**Responses** Yes  
No  
I don't know

**Question** Does this disability cause you difficulty with, or stop you doing...(you may choose as many as you need)

- Everyday activities that other people your age can usually do
- Communicating, talking, mixing with others or socialising
- Any other activity that people your age can usually do
- No difficulty with any of these

**Responses** No  
Yes

## Healthcare

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

**Responses**      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/youth one stop shop  
A traditional healer (e.g. tohunga, fofo)  
An alternative health worker (e.g. naturopath, homeopath, acupuncturist, herbalist, aromatherapist)  
Other  
I don't go anywhere for health care

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

**Responses**      0 - 12 months ago  
12 - 24 months ago  
More than 2 years ago

**Question**      **Which of the following places have you used for health care in the last 12 months? (you may choose as many as you need)**

- 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/youth one stop shop
- Family planning or sexual health clinic
- A traditional healer (e.g. tohunga, fofo)
- An alternative health worker (e.g. naturopath, homeopath, acupuncturist, herbalist, aromatherapist)
- An alcohol or drug service
- Pharmacy or chemist shop
- Other
- I don't go anywhere for health care

**Responses**      No  
Yes

**Question**      **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)?**

**Responses**      No  
Yes

**Question**      **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)?**

**Responses**      No  
Yes

**Question** 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?

**Responses** Not at all  
Once Two or three times  
Four or more times

**Question** In the last 12 months, which of the following caused the injury or injuries? (you may choose as many as you need)

**Responses** 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

**Question** 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?

**Responses** No  
Yes

**Question** 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 choose as many as you need)

- I didn't know how to (e.g. you didn't know where to go or who to call for help or advice)
- I had no transport to get there
- I couldn't get an appointment (e.g. the appointment times or service opening hours were not convenient)
- I couldn't get in touch with the health professional or the person I usually see
- I didn't want to make a fuss
- I couldn't be bothered
- I didn't feel comfortable with the person
- The staff were unfriendly
- I was too scared
- I was too embarrassed
- I was hoping that the problem would go away or get better with time
- I was worried it wouldn't be kept private
- I had no one else to go with
- Cost too much
- Other

**Responses** Yes  
No

**Question** In the last 12 months, have you ever seen a health professional such as a doctor, nurse or school guidance counsellor for emotional health worries?

**Responses** Yes  
No

**Question**      **Who did you see for emotional health worries?**

- Doctor
- School nurse
- School counsellor
- Mental health service
- A telephone counsellor (e.g. Youthline, Lifeline or WhatsUp)
- I read information and got support from the internet
- Other

**Responses**      Yes  
No

**Question**      **In the last 12 months have you had any difficulty getting help for any of the following? (you may choose as many as you need)**

- 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

**Responses**      Yes  
No

**Question**      **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?**

**Responses**      Yes, within the past 12 months                      No  
Yes, more than 12 months ago                      I don't know/ unsure

**Question**      **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 age group?**

**Responses**      Yes, within the past 12 months                      No  
Yes, more than 12 months ago                      I don't know/ unsure





**Question** 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?

**Responses** No Yes - definite difficulties  
Yes - minor difficulties Yes - severe difficulties

**Question** How long have these difficulties been present?

**Responses** Less than a month 6-12 months  
1-5 months Over a year

**Question** Do the difficulties upset or distress you?

**Responses** Not at all A medium amount  
A little A great deal

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

- Home life
- Friendships
- Classroom learning
- Leisure activities

**Responses** Not at all A medium amount  
A little A great deal

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

**Responses** Not at all A medium amount  
A little A great deal

**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.**

**Question** 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?

**Responses** Yes  
No

**Question** Has anyone in your family/whanau ever tried to kill themselves (attempted suicide)?

**Responses** No Yes - more than a year ago  
Yes - within the last year Not sure







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

- **Chocolate sweets or lollies**
- **Potato chips, burger rings, twisties etc.**
- **Meat pies, sausage rolls**
- **Sandwiches**

**Responses**      None in the last 7 days      Once a day  
1 to 3 times a week      2 or more times a day  
4 to 6 times a week

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

- **Milk (plain/unflavoured)**
- **Chocolate milk or other flavoured milk**
- **Fizzy or soft drinks (e.g. Coke, Sprite, Fanta)**
- **Energy drinks (e.g. Red Bull or V)**

**Responses**      None in the last 7 days      Once a day  
1 to 3 times a week      2 or more times a day  
4 to 6 times a week

**Question**      **When you drink fizzy drinks or soft drinks, what do you usually drink?**

**Responses**      Diet drinks (e.g. Coke Zero, Diet Sprite)      I drink both diet and regular fizzy  
Regular drinks (e.g. Fanta, L&P)      I don't drink fizzes or soft drinks

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

- **Fruit**
- **Potatoes, kumara, taro, etc.**
- **Vegetables (not including potatoes, kumara, taro)**

**Responses**      Less than once a day      Three or four times a day  
Once a day      Five or more times a day  
Twice a day

**Question**      **How much do you...**

- **care about eating healthy food?**
- **care about staying fit and being physically active?**

**Responses**      Not at all      Some  
A little      Very much

**Question**      **How much does your family...**

- **encourage you to eat healthy food?**
- **encourage you to be physically active?**

**Responses**      Not at all      Some  
A little      Very much





<b>Question</b>	<b>During the past 12 months, have you done any of the following things to lose weight or to stop gaining weight? (you may choose as many as you need)</b>
	<ul style="list-style-type: none"> <li>• I exercised</li> <li>• I fasted or did not eat for more than a day</li> <li>• I ate less fatty foods</li> <li>• I ate fewer carbohydrates</li> <li>• I ate a high protein diet (e.g. eggs, meat, etc.)</li> <li>• I skipped one or more meals a day</li> <li>• I counted calories</li> <li>• I smoked cigarettes</li> <li>• I made myself vomit</li> <li>• I took diet pills or other pills</li> <li>• I ate fewer sweets and less sugar</li> <li>• other</li> <li>• I did nothing</li> </ul>
<b>Responses</b>	No Yes

## Sport and Physical Activities

**Sport and Physical Activities:** We are going to ask you about being physically active.

<b>Question</b>	<b>Is physical activity, sport or exercise an important part of your life?</b>
<b>Responses</b>	Not really Sort of Definitely

<b>Question</b>	<b>Why do you choose to do physical activity, sport or exercise? (you may choose as many as you need)</b>
	<ul style="list-style-type: none"> <li>• It's fun</li> <li>• It passes the time</li> <li>• I get to hang out with friends</li> <li>• I'm good at it</li> <li>• I like competing</li> <li>• I like winning</li> <li>• I have to (my parents or school make me)</li> <li>• To keep fit</li> <li>• Other</li> </ul>
<b>Responses</b>	No Yes

<b>Question</b>	<b>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.)?</b>										
<b>Responses</b>	<table> <tr> <td>I don't exercise</td> <td>4 times</td> </tr> <tr> <td>Not in the last 7 days</td> <td>5 times</td> </tr> <tr> <td>1 time</td> <td>6 times</td> </tr> <tr> <td>2 times</td> <td>7 or more times</td> </tr> <tr> <td>3 times</td> <td></td> </tr> </table>	I don't exercise	4 times	Not in the last 7 days	5 times	1 time	6 times	2 times	7 or more times	3 times	
I don't exercise	4 times										
Not in the last 7 days	5 times										
1 time	6 times										
2 times	7 or more times										
3 times											









## Employment – paid and unpaid

**Question** Over the last 12 months (during the school term only), have you worked for money or had a paid job? (you may choose as many as you need)

- Yes, a regular part-time job (e.g. paper run)
- Yes, I worked during the school holidays
- Yes, I sometimes worked during the school term
- No, I didn't work for pay in the last year

**Responses** No  
Yes

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

<b>Responses</b>	To have money of my own to spend on things I want	To have fun, be with my friends
	To see if I liked doing that kind of work	To get money for my family
	To save for study	Because my parents (or the people who look after me) wanted me to
	To get skills and experience	Other reasons

**Question** Over the last 12 months (during the school term only) have you worked without pay in a family business (e.g. a farm, dairy or other business owned by your family?)

**Responses** Yes  
No

**Question** During the last 7 days, did you work for money or without pay in a family business? Do not include work around your home for pocket money. You may choose as many as you need.

- Yes, I worked in a paid job in the last 7 days
- Yes, I worked in more than one paid job in the last 7 days
- Yes, I worked unpaid in my family's business in the last 7 days
- No, I did not work in the last 7 days

**Responses** No  
Yes

**Question** In the last 7 days, approximately how many hours did you work in total?

<b>Responses</b>	Less than 1 hour	10 - 14 hours
	1 - 2 hours	15 - 19 hours
	3 - 4 hours	20 - 29 hours
	5 - 9 hours	30 hours or more

**Question**      **During the last 7 days, which days did you work? (you may choose as many as you need)**

- **Monday**
- **Tuesday**
- **Wednesday**
- **Thursday**
- **Friday**
- **Saturday**
- **Sunday**
- **None of these**

**Responses**      No  
Yes

**Question**      **Which part of the day on Monday did you work? (you may choose as many as you need)**

- **Some time between 12am and 6am**
- **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 12am**

**Responses**      No  
Yes

**Question**      **Which part of the day on Tuesday did you work? (you may choose as many as you need)**

- **Some time between 12am and 6am**
- **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 12am**

**Responses**      No  
Yes

**Question**      **Which part of the day on Wednesday did you work? (you may choose as many as you need)**

- **Some time between 12am and 6am**
- **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 12am**

**Responses**      No  
Yes

**Question** Which part of the day on Thursday did you work? (you may choose as many as you need)

- Some time between 12am and 6am
- 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 12am

**Responses** No  
Yes

**Question** Which part of the day on Friday did you work? (you may choose as many as you need)

- Some time between 12am and 6am
- 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 12am

**Responses** No  
Yes

**Question** Which part of the day on Saturday did you work? (you may choose as many as you need)

- Some time between 12am and 6am
- 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 12am

**Responses** No  
Yes

**Question** Which part of the day on Sunday did you work? (you may choose as many as you need)

- Some time between 12am and 6am
- 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 12am

**Responses** No  
Yes



**Question** In the last 12 months, have you been injured at work?

**Responses** Yes  
No

**Question** Thinking about your most serious work injury in the last year, what type of injury was this? (you may choose as many as you need)

- Burn
- Cut/open wound
- Sprain/strain
- Fracture/broken bone
- Bruising/crushing
- Poisoning or toxic effect
- Head injury
- Worsened an existing health condition (e.g. asthma, dermatitis, stress)
- Other

**Responses** No  
Yes

**Question** Thinking about your most serious injury (at your main job) in the last 12 months, what type of treatment did you need? (you may choose as many as you need)

- I needed a brief rest only
- I had to take some time off school to recover
- I needed treatment at work or home
- I needed treatment by a GP, family doctor or other health professional
- I needed treatment at a hospital but did not stay overnight
- I had to stay in hospital overnight or longer
- None of these

**Responses** No  
Yes

**Question** Is there anyone in your home who is seriously affected by...(you may choose as many as you need)

- A disability or a long term illness?
- Depression or other mental illness?
- Using alcohol or other drugs (e.g. marijuana)?
- None of these

**Responses** No  
Yes

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

**Responses** Yes  
No



<b>Question</b>	<b>Have you ever talked to your partner(s) about preventing pregnancy?</b>	
<b>Responses</b>	Never Depends on the situation Always	
<b>Question</b>	<b>Have you ever talked to you partner(s) about preventing sexually transmitted infections or HIV/AIDS?</b>	
<b>Responses</b>	Yes No	
<b>Question</b>	<b>How often do you or your partner use contraception? (by this we mean protection against pregnancy)</b>	
<b>Responses</b>	Always Most of the time Sometimes Never	I only have sex with people of the same sex, so this question does not apply to me
<b>Question</b>	<b>The last time you had sex did you use any form of contraception?</b>	
<b>Responses</b>	Yes No	
<b>Question</b>	<b>Which, if any, forms of contraception are you or your partner(s) currently using? (you may answer as many as needed)</b>	
	<ul style="list-style-type: none"> <li>• The pill (oral contraception)</li> <li>• Condoms</li> <li>• The morning after pill or the emergency contraceptive pill (pills a female takes within 72 hours of unprotected sex to prevent pregnancy)</li> <li>• Depo provera (the injection)</li> <li>• Contraceptive implant (e.g. Jadelle)</li> <li>• Withdrawal method (e.g. pulling the penis out of the vagina before the male cums)</li> <li>• Rhythm method (e.g. calendar method or not having sex during fertile times)</li> <li>• Other</li> <li>• None</li> </ul>	
<b>Responses</b>	No Yes	
<b>Question</b>	<b>Have you ever been pregnant or got someone pregnant (including miscarriage, abortion or termination)?</b>	
<b>Responses</b>	Yes No	Unsure Does not apply to me
<b>Question</b>	<b>What happened to this pregnancy? (If this happened more than once, what happened to the last pregnancy)</b>	
<b>Responses</b>	I/she is currently pregnant I/she had an abortion	I/she had a miscarriage I/she had a baby I don't know/ unsure



**Question** 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?

**Responses** Yes  
No

**Question** Who did you tell? (you may choose as many as you need)

- Parent
- Other family member
- School counsellor
- Teacher
- Friend
- Friends' parents
- Doctor/nurse
- Someone from my church
- Another adult
- Other

**Responses** No  
Yes

**Question** Who are you sexually attracted to...?

**Responses** The opposite sex (e.g. I am a male attracted to females or I am a female attracted to males)  
The same sex (e.g. I am a male attracted to males or I am a female attracted to females)  
Both sexes (e.g. I am attracted to males and females)  
I'm not sure  
Neither  
I don't understand this question

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

**Responses**

Younger than 8 years old	14
8 - 10 years old	15
11	16
12	17
13	18 or older

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

**Responses** Yes  
No

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

**Responses**

10 or under	15
11	16
12	17
13	18 or older
14	

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

**Responses** Yes, I could easily talk with them No, I could not talk to my family  
 Yes, but it was difficult Doesn't apply to me

**Question** **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?
- Not gone to the doctor or other health care provider because you were worried what they might think of gay people?
- Not gone to school because you were worried what students and teachers might think of gay people?
- Not participated in sports because you were worried about what the sports coaches or other people may think of gay people?

**Responses** Never Once  
 Not in the last 12 months Two or more times

**Question** **Do you think you are transgender? This is a girl who feels like she should have been a boy, or a boy who feels like he should have been a girl (e.g. Trans, Queen, Fa'faffine, Whakawahine, Tangata ira Tane, Genderqueer)**

**Responses** Yes I'm not sure  
 No I don't understand this question

**Question** **How old were you when you wondered about being transgender?**

**Responses** Younger than 8 years old 14  
 8-10 years old 15  
 11 16  
 12 17  
 13 18 or older

**Question** **Have you told some people close to you about being transgendered?**

**Responses** Yes  
 No

# Cigarettes, Alcohol, Drugs and Gambling

You are almost finished. This next section asks about cigarettes, alcohol and other drugs. There are also some questions about gambling. Remember, you don't have to answer the questions if you don't want to

**Question** Which of these do you think it is okay for people your age to use regularly? (you may choose as many as you need)

- Cigarettes, tobacco
- Alcohol (e.g. beer, wine, spirits, etc.)
- Marijuana (e.g. cannabis, weed, pot, hash, grass, etc.)
- Party pills and smokable products (e.g. dance pills, herbal highs)-do not include tobacco/cigarettes
- Other drugs that often cause a high or trip (e.g. acid, 'P', speed, ecstasy, homebake, etc.)
- None of these

**Responses** No  
Yes

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

- Cigarettes, tobacco
- Alcohol (e.g. beer, wine, spirits, etc.)
- Marijuana (e.g. cannabis, weed, pot, hash, grass, etc.)
- Party pills and smokable products (e.g. dance pills, herbal highs)-do not include tobacco/cigarettes
- Other drugs that often cause a high or trip (e.g. acid, 'P', speed, ecstasy, homebake, etc.)
- None of these

**Responses** No  
Yes

**Question** Which of the following do your parents or someone who acts as your parents use in your home? (you may choose as many as you need)

**Responses** Cigarettes, tobacco  
Alcohol (e.g. beer, wine, spirits, etc.)  
Marijuana (e.g. cannabis, weed, pot, hash, grass, etc.)  
Party pills and smokable products (e.g. dance pills, herbal highs)-do not include tobacco/cigarettes  
Other drugs that often cause a high or trip (e.g. acid, 'P', speed, ecstasy, homebake, etc.)  
None of these

## Cigarettes

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

**Responses** Yes  
No

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

<b>Responses</b>	9 or under	14
	10	15
	11	16
	12	Older than 16
	13	I don't remember

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

<b>Responses</b>	I bought it myself	Given by a stranger
	Given by friends	I pinched/stole it
	Given by brother or sister or cousins	Other
	Given by parents	I don't remember
	Given by another adult I know	

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

<b>Responses</b>	Never - I don't smoke now	Once or twice a month
	Daily	Once or twice a week
	Occasionally	Most days

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

<b>Responses</b>	Less than one	7 to 10
	One or two	More than 10
	3 to 6	

**Question**      **When you smoke cigarettes how do you usually get them? (you may choose as many as you need)**

<b>Responses</b>	I buy them myself	I get them from another adult I know
	I get them from friends	I get someone else to buy them for me
	I get them from brothers and/or sisters	I pinch them
	I get them from parent(s)	None of these

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

<b>Responses</b>	Supermarket	Vending machine
	Pub	Petrol station
	Dairy	Other people
	Friends	

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

<b>Responses</b>	Almost never	Sometimes
	Hardly ever	Most of the time

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

<b>Responses</b>	Yes
	No









**Question** Who do you usually smoke marijuana with? (you may choose as many as you need)

- Friends
- Family
- Other people
- By myself

**Responses** No  
Yes

**Question** How many times in the last 12 months have you...

- had friends or family told you to cut down your marijuana smoking?
- had your performance at school or work been affected by your marijuana smoking?
- had unsafe sex (no condom or contraception) when you had been smoking marijuana?
- had unwanted sex when you had been smoking marijuana?
- done things that could have got you into serious trouble (stealing, etc.) when you had been smoking marijuana?
- been injured when you had been smoking marijuana (but did not see a doctor or nurse)?
- been injured and required treatment by a doctor or nurse when you had been smoking marijuana?
- injured someone else when you had been smoking marijuana?
- needed to get treatment because I was 'freaking out' after using marijuana?
- had a car crash when you had been smoking marijuana?

**Responses** Never  
Not in the last 12 months

Once or twice in the last 12 months  
Three or more times in the last 12 months

**Question** Do you worry about how often you smoke marijuana?

**Responses** A lot  
Some

A little  
Not at all

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

**Responses** Yes  
No

**Question** If you had problems or concerns due to your marijuana use, who would you go to for help? (you may choose as many as you need)

- School guidance counsellor
- Friends
- Teachers
- Parents
- Other family members (e.g. grandparent, aunts, uncles, cousins)
- School nurse
- Family doctor
- Drug and alcohol service
- Pharmacy/chemist shop
- Other
- I wouldn't look for help

**Responses** No  
Yes

## Other Drugs

**Question** 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?

**Responses** Yes  
No

**Question** How many times have you used any of the following drugs?

- Inhaled glue/gas or paint to get high
- Inhaled nitrous gas or laughing gas to get high
- Party pills and smokable products (e.g. dance pills or herbal highs)-do not include tobacco/cigarettes
- Acid, LSD, mushrooms
- Morphine, heroin, smack, etc.
- 'P' or pure methamphetamine
- Speed, whizz, uppers, etc.
- Ecstasy or 'E'
- Cocaine, including powder, crack or freebase, etc.
- Steroid pills or shots (without a doctor's prescription)
- Used a needle to inject illegal drugs into your body?

**Responses** I have never used this drug                      2 or 3 times  
Once    4 or more times

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

**Responses** A lot    A little  
Some    Not at all

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

**Responses** Yes  
No

**Question** When you use more than one drug at the same time, which drugs do you usually use together? (you may choose as many as you need)

- Cigarettes
- Alcohol
- Marijuana (e.g. cannabis, weed, pot, hash, grass, etc.)
- Party pills and smokable products (e.g. dance pills, herbal highs, Kronic)-do not include tobacco/cigarettes
- Inhaled glue, gas or paint
- Some other drugs (e.g. speed, ecstasy, homebake, P mushrooms)
- None of these

**Responses** No  
Yes

**Question**

**If you had problems or concerns due using several drugs or substances at the same time, who would you go to, to get help? (you may choose as many as you need)**

- School guidance counsellor
- Friends
- Other family members (e.g. grandparent, aunts, uncles, cousins)
- Teachers
- Parents
- School nurse
- Family doctor
- Drug and alcohol service
- Pharmacy/chemist shop
- Other
- I wouldn't look for help

**Responses**

No  
Yes

# Gambling

**Gambling: You are almost at the end of the section. Now there are some questions about gambling.**

**Question**      **Which of these do you think is okay for people your age to play or do regularly? (you may choose as many as you need)**

- Instant Kiwi (scratchies)
- Lotto (including Strike, Powerball and Big Wednesday)
- Bingo or Housie
- Pub or club (pokies)
- A casino (e.g. roulette, pokies)
- TAB betting (e.g. on track racing or sports)
- Games and gambling on a cell/mobile phone for money or prizes (e.g. txt games)
- Gambling on the Internet for money or prizes (e.g. internet casinos or poker)
- Bets with friends or family
- 0900 phone games
- Cards or coin games (e.g. poker)
- None of these

**Responses**      No  
Yes

**Question**      **Which of the following activities do your friends play or do? (you may choose as many as you need)**

- Instant Kiwi (scratchies)
- Lotto (including Strike, Powerball and Big Wednesday)
- Bingo or Housie
- Pub or club (pokies)
- A casino (e.g. roulette, pokies)
- TAB betting (e.g. on track racing or sports)
- Games and gambling on a cell/mobile phone for money or prizes (e.g. txt games)
- Gambling on the Internet for money or prizes (e.g. internet casinos or poker)
- Bets with friends or family
- 0900 phone games
- Cards or coin games (e.g. poker)
- None of these

**Responses**      No  
Yes

**Question** Which of the following activities do your parent/s or caregiver/s play or do? (you may choose as many as you need)

- Instant Kiwi (scratchies)
- Lotto (including Strike, Powerball and Big Wednesday)
- Bingo or Housie
- Pub or club (pokies)
- A casino (e.g. roulette, pokies)
- TAB betting (e.g. on track racing or sports)
- Games and gambling on a cell/mobile phone for money or prizes (e.g. txt games)
- Gambling on the Internet for money or prizes (e.g. internet casinos or poker)
- Bets with friends or family
- 0900 phone games
- Cards or coin games (e.g. poker)
- None of these

**Responses** No  
Yes

**Question** Which of the following activities do your friends play or do? (you may choose as many as you need)

- Instant Kiwi (scratchies)
- Lotto (including Strike, Powerball and Big Wednesday)
- Bingo or Housie
- Pub or club (pokies)
- A casino (e.g. roulette, pokies)
- TAB betting (e.g. on track racing or sports)
- Games and gambling on a cell/mobile phone for money or prizes (e.g. txt games)
- Gambling on the Internet for money or prizes (e.g. internet casinos or poker)
- Bets with friends or family
- 0900 phone games
- Cards or coin games (e.g. poker)

**Responses** Never Two or three times in the last 4 weeks  
Not in the past 12 months About one a week  
Once or twice in the last 12 months Several times a week  
Once in the last 4 weeks Most days

**Question** Thinking about the activities in the previous question, how much money would you usually spend each week on bets or gambling?

**Responses** Nothing \$20-\$29  
Less than \$10 \$30-\$49  
\$10-\$19 \$50 or more

**Question** Thinking about the activities in the previous question, how much money would you usually spend each week on bets or gambling?

**Responses** Nothing \$20-\$29  
Less than \$10 \$30-\$49  
\$10-\$19 \$50 or more



<b>Question</b>	<b>Are you worried about how much time or money you spend on these activities or gambling?</b>	
<b>Responses</b>	A lot Some	A little Not at all
<b>Question</b>	<b>Have you ever tried to cut down or give up gambling or any of these activities?</b>	
<b>Responses</b>	Yes No	
<b>Question</b>	<b>If you had problems or concerns because of your gambling, who would you go to for help? (you may choose as many as you need)</b>	
	<ul style="list-style-type: none"> <li>• School guidance counsellor</li> <li>• Friends</li> <li>• Teachers</li> <li>• Parents</li> <li>• Other family members (e.g. grandparent, aunts, uncles, cousins)</li> <li>• School nurse</li> <li>• Family doctor</li> <li>• Gambling helpline</li> <li>• Pharmacy/chemist shop</li> <li>• Other</li> <li>• I wouldn't look for help</li> </ul>	
<b>Responses</b>	No Yes	
<b>Question</b>	<b>Do you ever worry or feel anxious about how much money or time other people you live with (parents and family), spend on gambling or any of these activities?</b>	
<b>Responses</b>	Yes, all of the time Yes, now and then No, hardly ever	No, never I don't know
<b>Question</b>	<b>How many times in the last 12 months have these things happened in your family because of someone else's gambling...</b>	
	<ul style="list-style-type: none"> <li>• Had arguments or fights about time or money spent on betting or gambling</li> <li>• We had to go without something we needed (e.g. food) because too much money was spent on gambling or betting</li> <li>• Some bills weren't paid because too much money was spent on gambling or betting</li> <li>• They did things that could have got them into serious trouble (e.g. stealing) because of gambling or these activities</li> </ul>	
<b>Responses</b>	Never Not in the last 12 months	Once or twice in the last 12 months Three or more times in the last 12 months



## Neighbourhoods

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

- Do you trust the people in your neighbourhood?
- Do you feel you really belong in your neighbourhood?
- Do the people in your neighbourhood help each other?
- Are people in your neighbourhood friendly?
- Do you like your neighbourhood?

**Responses** All the time Not often  
Sometimes Never

**Question** Do you feel safe in your neighbourhood?

**Responses** All the time Not often  
Sometimes Never

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

**Responses** Yes  
No  
Not sure

**Question** What things are there to do in the area where you live that you can walk to from home? (you may choose as many as you need)

- 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

**Responses** No  
Yes



