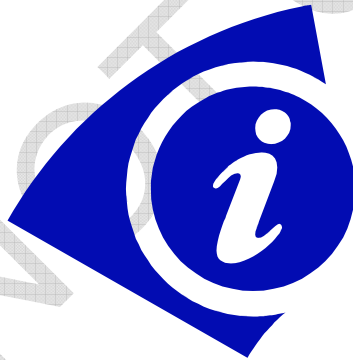


Year 10
In-depth Survey
2006



DO NOT COPY

DO NOT COPY

Questions You Might Have...

Why are we doing this study?

This survey is to help us understand how young people deal with today's changing world. It will also tell us more about young people's interests, how they use their spare time, and the issues they face.

Schools throughout New Zealand are taking part in this survey. The answers you give will be anonymous. No one will know what you write. There are no right or wrong answers. Please answer all the questions and tell us what you really think and do.

What do you do?

There are five sections. Please answer all of the questions. Each section has a number of questions with instructions in **BOLD TYPE** that tell you how to answer the question. Here are some examples:

1. Which of the following common family pets is your favourite?

PLEASE TICK ONE BOX ONLY

- Dogs..... 1
Cats..... 2
Rabbits..... 3
Fish..... 4
I do not like any of these pets..... 5

2. Which of the following pets do you or your family have?

PLEASE TICK ALL THAT APPLY

- No one in my family has any pets..... 1
Dogs..... 2
Cats..... 3
Rabbits..... 4
Fish..... 5
Other animals..... 6

Tick only this box
OR
as many of these boxes that apply to you

The second example question above is shaded. This tells you that you can tick **more than one** box for this question. For all other questions, you can only tick **one** box.

Please answer all the questions.

When you have finished the questionnaire, please check that you have answered all of the questions, then hand your questionnaire to the fieldworker who is in your classroom.

ABOUT YOU

1. Are you:

Female 1

Male 2

2. How old are you?

11 years old or younger 1

12 years old 2

13 years old 3

14 years old 4

15 years old 5

16 years old 6

17 years old 7

18 years old or older 8

3. What class year are you in?

Year 9 1

Year 10 2

Year 11 3

Other (Please write in) 4

4. Which ethnic group, or groups, do you belong to?

TICK THE BOX OR BOXES THAT APPLY TO YOU

New Zealand European 01

Maori 02

Samoan 03

Cook Island Maori 04

Tongan 05

Niuean 06

Other Pacific Island 07

Chinese 08

Indian 09

Other Asian 10

Other (Please write in) 11

5. Thinking about your home where you normally live, who else lives with you?

PLEASE TICK ALL THAT APPLY

- Mother 1
- Father 2
- Grandparents 3
- Other female caregiver (e.g. step mother, foster mother) 4
- Other male caregiver (e.g. step father, foster father) 5
- Older brother or sisters 6
- Younger brother or sisters 7
- Other people (e.g. relatives, friends, flatmates) 8
- Don't know 9

6. In the last 7 days (one week), how much pocket money (\$ per week) did you get?

PLEASE TICK ONE BOX ONLY

- I did not get any pocket money 1
- \$1 to \$5 2
- \$6 to \$10 3
- \$11 to \$15 4
- \$16 to \$20 5
- \$21 to \$30 6
- \$31 to \$40 7
- \$41 to \$50 8
- Over \$50 9

7. Please think about **all the money that you spent in the last week**, how many dollars did you spend on....

IF YOU DID NOT SPEND ANY MONEY ON THE ITEM WRITE "0" IN THE SPACE PROVIDED

1 Clothes.....	\$ _____
2 Transport.....	\$ _____
3 Going out (for example, to the movies).....	\$ _____
4 Sporting activities.....	\$ _____
5 Alcohol.....	\$ _____
6 Cell phones / text messaging.....	\$ _____
7 Cigarettes.....	\$ _____
8 Put money into savings account.....	\$ _____
9 School lunches.....	\$ _____
10 Fast food (like KFC or McDonalds).....	\$ _____
11 Snack food (for example, chips, chocolate bars).....	\$ _____
12 Music from a music shop.....	\$ _____

8. Please indicate whether **you** have spent any money during the **past year** (12 months) on the activities listed below.

PLEASE TICK ALL THAT APPLY

Lotto.....	<input type="checkbox"/>	1
Scratchies.....	<input type="checkbox"/>	2
Raffles.....	<input type="checkbox"/>	3
Pokie machines.....	<input type="checkbox"/>	4
Other gambling (e.g. private bets, horse racing).....	<input type="checkbox"/>	5
I have not spent money on any of these activities.....	<input type="checkbox"/>	6

9. When do you plan to leave school?

PLEASE TICK ONE BOX ONLY

I plan to leave school after:

Year 10 (Fourth form).....	<input type="checkbox"/>	1
Year 11 (Fifth form).....	<input type="checkbox"/>	2
Year 12 (Sixth form).....	<input type="checkbox"/>	3
Year 13 (Seventh form).....	<input type="checkbox"/>	4
I'm not sure when I'll leave school yet.....	<input type="checkbox"/>	5

10. In general, how do you rate your performance in your school subjects compared with the average student in your year?

PLEASE TICK ONE BOX ONLY

Much better than average.....	<input type="checkbox"/>	1
Better than average.....	<input type="checkbox"/>	2
Average.....	<input type="checkbox"/>	3
Below average.....	<input type="checkbox"/>	4
Much below average.....	<input type="checkbox"/>	5

DO NOT COPY

YOUR INTERESTS

11. Now we'd like you to think about sport and physical activities. Which of the following activities are you **interested** in (including watching on TV, and reading about in newspapers or magazines)?

PLEASE TICK ALL THAT APPLY

- | | | |
|--|--------------------------|----|
| Athletics..... | <input type="checkbox"/> | 01 |
| Basketball..... | <input type="checkbox"/> | 02 |
| Cricket..... | <input type="checkbox"/> | 03 |
| Dragon boating..... | <input type="checkbox"/> | 04 |
| Extreme sports (e.g. free-ride mountain biking, off-piste snow boarding)..... | <input type="checkbox"/> | 05 |
| Golf..... | <input type="checkbox"/> | 06 |
| Hockey..... | <input type="checkbox"/> | 07 |
| Horse riding..... | <input type="checkbox"/> | 08 |
| Maori martial arts/weaponry (taiaha/mau rakau)..... | <input type="checkbox"/> | 09 |
| Martial arts (e.g. karate)..... | <input type="checkbox"/> | 10 |
| Motor sport..... | <input type="checkbox"/> | 11 |
| Mountain biking..... | <input type="checkbox"/> | 12 |
| Netball..... | <input type="checkbox"/> | 13 |
| Road/track cycling..... | <input type="checkbox"/> | 14 |
| Roller blading..... | <input type="checkbox"/> | 15 |
| Rugby league..... | <input type="checkbox"/> | 16 |
| Rugby union..... | <input type="checkbox"/> | 17 |
| Skateboarding..... | <input type="checkbox"/> | 18 |
| Soccer..... | <input type="checkbox"/> | 19 |
| Softball or baseball..... | <input type="checkbox"/> | 20 |
| Surfing..... | <input type="checkbox"/> | 21 |
| Swimming..... | <input type="checkbox"/> | 22 |
| Tennis..... | <input type="checkbox"/> | 23 |
| Touch rugby..... | <input type="checkbox"/> | 24 |
| Tramping/hiking..... | <input type="checkbox"/> | 25 |
| Volleyball..... | <input type="checkbox"/> | 26 |
| I am interested in other sporting activities that aren't listed here..... | <input type="checkbox"/> | 27 |
| I am not interested in any sporting activities..... | <input type="checkbox"/> | 28 |

12. Still thinking about sport and physical activities: Which of the following activities do you **like to participate in?**

PLEASE TICK ALL THAT APPLY

- | | | |
|--|--------------------------|----|
| Athletics..... | <input type="checkbox"/> | 01 |
| Basketball..... | <input type="checkbox"/> | 02 |
| Cricket..... | <input type="checkbox"/> | 03 |
| Dragon boating..... | <input type="checkbox"/> | 04 |
| Extreme sports (e.g. free-ride mountain biking, off-piste snow boarding)..... | <input type="checkbox"/> | 05 |
| Golf..... | <input type="checkbox"/> | 06 |
| Hockey..... | <input type="checkbox"/> | 07 |
| Horse riding..... | <input type="checkbox"/> | 08 |
| Maori martial arts/weaponry (taiaha/mau rakau)..... | <input type="checkbox"/> | 09 |
| Martial arts (e.g. karate)..... | <input type="checkbox"/> | 10 |
| Motor sport..... | <input type="checkbox"/> | 11 |
| Mountain biking..... | <input type="checkbox"/> | 12 |
| Netball..... | <input type="checkbox"/> | 13 |
| Road/track cycling..... | <input type="checkbox"/> | 14 |
| Roller blading..... | <input type="checkbox"/> | 15 |
| Rugby league..... | <input type="checkbox"/> | 16 |
| Rugby union..... | <input type="checkbox"/> | 17 |
| Running, jogging or walking for fitness..... | <input type="checkbox"/> | 18 |
| Skateboarding..... | <input type="checkbox"/> | 19 |
| Soccer..... | <input type="checkbox"/> | 20 |
| Softball or baseball..... | <input type="checkbox"/> | 21 |
| Surfing..... | <input type="checkbox"/> | 22 |
| Swimming..... | <input type="checkbox"/> | 23 |
| Tennis..... | <input type="checkbox"/> | 24 |
| Touch rugby..... | <input type="checkbox"/> | 25 |
| Tramping/hiking..... | <input type="checkbox"/> | 26 |
| Volleyball..... | <input type="checkbox"/> | 27 |
| I participate in other sporting activities that aren't listed here..... | <input type="checkbox"/> | 28 |
| I do not participate in any sporting activities..... | <input type="checkbox"/> | 29 |

13. Apart from sport and physical activities, which of the following activities are you **interested** in (including watching on TV, and reading about in newspapers or magazines)?

PLEASE TICK ALL THAT APPLY

- Break dancing..... 01
- Other dance (e.g. ballet, salsa, modern)..... 02
- Debating or public speaking..... 03
- Drama or theatre..... 04
- Graffiti/tag art..... 05
- Graphics or design..... 06
- Maori cultural group (kapa haka e.g. waiata and haka)..... 07
- Pacific Island cultural activities 08
- Paddling traditional Maori canoes (e.g. waka taua)..... 09
- Painting or drawing or sculpture..... 10
- Photography..... 11
- Traditional Asian dance (e.g. Chinese, Indian)..... 12
- Not interested in any of these..... 13

14. And which of the following activities do you actually **participate** in?

PLEASE TICK ALL THAT APPLY

- Break dancing..... 01
- Other dance (e.g. ballet, salsa, modern)..... 02
- Debating or public speaking..... 03
- Drama or theatre..... 04
- Graffiti/tag art..... 05
- Graphics or design..... 06
- Maori cultural group (kapa haka e.g. waiata and haka)..... 07
- Pacific Island cultural activities 08
- Paddling traditional Maori canoes (e.g. waka taua)..... 09
- Painting or drawing or sculpture..... 10
- Photography..... 11
- Traditional Asian dance (e.g. Chinese, Indian)..... 12
- I do not participate in any of these..... 13

15. Which of the following types of music do you listen to?

PLEASE TICK ALL THAT APPLY

- Classical..... 01
- Electronic (e.g. New Age, Techno, Dance, Electronica, House, Trance).... 02
- Pop/Rock..... 03
- Heavy metal..... 04
- Hip Hop/Urban Pacifica/Rap..... 05
- Alternative..... 06
- Reggae/Ska/Dub..... 07
- Rhythm & Blues (R&B)..... 08
- Soul/Blues/Jazz/Funk..... 09
- Folk/World-music (e.g. Asian, Celtic, Maori, Pacific)..... 10
- Not interested in any of these..... 11

16. During the past year (12 months) have you regularly participated in a group or club?

PLEASE TICK ONE BOX ONLY

- Yes..... 1
- No..... 2
- Not sure..... 3

17. Have you ever been on to a marae?

- Yes..... 1
- No..... 2

18. During the past 30 days (one month), how many times have you done the following...

IF YOU DID NOT DO THE ACTIVITY WRITE "0" IN THE SPACE PROVIDED

- 1 Gone to a **hair salon/hairdressers**..... times
- 2 Bought a **magazine**..... times
- 3 Gone to a **marae**..... times
- 4 Gone to the **movies**..... times
- 5 Gone to a **place of worship** (e.g. church or mosque)..... times
- 6 Gone to a **skate park**..... times
- 7 Gone to a **music event/concert**..... times
- 8 Gone to a **music shop**..... times
- 9 Downloaded **music off the Internet**..... times
- 10 Gone somewhere to **watch a sports game or event**..... times
- 11 Played **sports for a team or teams** in the weekend or after school..... times

12 Did **voluntary work** in your community.....times

DO NOT COPY

USE OF MEDIA AND TECHNOLOGY

19. Which of the following magazines or newspapers do you **regularly** read?

PLEASE TICK ALL THAT APPLY

- Auto Trader..... 01
- Back2Basics..... 02
- Cleo..... 03
- Cosmopolitan..... 04
- Creme..... 05
- Dolly..... 06
- Girlfriend..... 07
- Jet..... 08
- Mana..... 09
- Net Guide..... 10
- New Zealand Skateboarder..... 11
- NZ Performance Car..... 12
- NZ Women's Weekly..... 13
- Pavement..... 14
- Pulp..... 15
- Real Groove..... 16
- Rip It Up..... 17
- Tearaway..... 18
- TV Hits..... 19
- Vice..... 20
- Woman's Day..... 21
- Tick here if you don't regularly read any of these magazines..... 22

20. On an **average** weekday, how many hours do you spend watching TV?

PLEASE TICK ONE BOX ONLY

- I do not watch TV on an average week day..... 1
- Up to 1 hour..... 2
- Up to 2 hours..... 3
- Up to 3 hours..... 4
- Up to 4 hours..... 5
- More than 4 hours..... 6

21. Which of the following types of television programme have you watched during the past 7 days (one week)?

PLEASE TICK ALL THAT APPLY

- Reality TV (e.g. Survivor, Project Runway)..... 1
- Soap operas (e.g. Shortland St, Coronation St)..... 2
- Current affairs (e.g. News, 60 Minutes)..... 3
- Cartoons..... 4
- Music (e.g. music videos, Top of the Pops)..... 5
- Comedy shows (not including cartoons)..... 6
- Sports..... 7
- Drama/Thrillers..... 8
- None of these..... 9

22. How often do you watch movies?

PLEASE TICK ONE BOX FOR EACH TYPE OF PLACE

- | | 3 times
a week
or more | 1 – 2
times a
week | 2 – 3
times a
month | Once a
month | Less
than
monthly | Never |
|--|------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 ...at a movie theatre..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| 2 ...on a DVD or video..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| 3 ...on television (e.g. TV1, Sky)..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| 4 ...that are R-rated (e.g. R16, R18)..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

23. How often do you use the Internet?

PLEASE TICK ONE BOX ONLY

- At least once a day..... 1
- At least once a week..... 2
- At least once a month..... 3
- Less often..... 4
- Never..... 5

24. Where do you use the Internet?

PLEASE TICK ALL THAT APPLY

- I don't use it..... 1
- At school..... 2
- At home..... 3
- At a friend's house..... 4
- In a cyber or Internet café..... 5
- At a library..... 6

Other..... 7

25. Have you used the Internet for any of the following during the past 30 days (one month)?

PLEASE TICK ALL THAT APPLY

- Blogs (weblog journal)..... 01
- Buying things..... 02
- Chat rooms..... 03
- Downloading music..... 04
- E-mail..... 05
- Looking for information..... 06
- Instant messaging..... 07
- Podcasts..... 08
- Other..... 09
- I have not used the Internet in the past 30 days..... 10

26. Which of the following Internet sites have you logged on to in the past 30 days (one month)?

PLEASE TICK ALL THAT APPLY

- amplifier (www.amplifier.co.nz)..... 1
- Coke Fridge (www.cokefridge.co.nz)..... 2
- iTunes (www.itunes.com)..... 3
- myspace.com (www.myspace.com)..... 4
- Tearaway (www.tearaway.co.nz)..... 5
- TheSet (www.theset.co.nz)..... 6
- I did not visit any of these sites/I have not used the Internet..... 7

27. Do you own a cell phone?

- Yes..... 1
- No..... 2

28. How many texts do you **send** on cell phones on an average weekday (i.e. Monday to Friday)?

PLEASE TICK ONE BOX ONLY

- I do not use cell phones to send texts..... 1
- 1 to 5..... 2
- 6 to 10..... 3
- 11 to 20..... 4

21 to 50.....5
50 to 100.....6
100 or more.....7

DO NOT COPY

ABOUT SMOKING

29. Have you **ever** smoked a cigarette, even just a few puffs?

Yes..... 1

No..... 2

30. How old were you when you first tried a cigarette?

PLEASE TICK ONE BOX ONLY

I have never smoked cigarettes..... 01

7 years old or younger..... 02

8 years old..... 03

9 years old..... 04

10 years old..... 05

11 years old..... 06

12 years old..... 07

13 years old..... 08

14 years old..... 09

15 years old..... 10

16 years old or older..... 11

31. How many cigarettes have you smoked in your entire life?

PLEASE TICK ONE BOX ONLY

None..... 1

1 to 10 cigarettes (includes just having a few puffs)..... 2

11 to 100 cigarettes..... 3

100 or more cigarettes..... 4

32. How often do you smoke **now**?

PLEASE TICK ONE BOX ONLY

I have never smoked cigarettes / I am not a smoker now..... 1

At least once a day..... 2

At least once a week..... 3

At least once a month..... 4

Less often..... 5

33. During the past 30 days (one month), on how many days did you smoke cigarettes?

PLEASE TICK ONE BOX ONLY

- 0 days..... 1
- 1 or 2 days..... 2
- 3 to 5 days..... 3
- 6 to 9 days..... 4
- 10 to 19 days..... 5
- 20 to 29 days..... 6
- All 30 days..... 7

34. During the past 30 days (one month), on the days you smoked, how many cigarettes did you **usually** smoke?

PLEASE TICK ONE BOX ONLY

- I did not smoke cigarettes during the past 30 days (one month)..... 1
- Less than 1 cigarette per day..... 2
- 1 cigarette per day..... 3
- 2-5 cigarettes per day..... 4
- 6-10 cigarettes per day..... 5
- 11-20 cigarettes per day..... 6
- More than 20 cigarettes per day..... 7

35. During the past 30 days (one month), how did you **usually get** your own cigarettes?

PLEASE TICK ONE BOX ONLY

- I did not get any cigarettes in the past 30 days (one month)..... 01
- I bought them from a shop..... 02
- I bought them from another person..... 03
- I stole them..... 04
- I got them from friends..... 05
- I got them from my parents..... 06
- I got them from my brother/sister..... 07
- Someone else bought them for me..... 08
- I got them some other way..... 09

36. Which places did you **buy** cigarettes from in the past 30 days (one month)?

PLEASE TICK ONE BOX FOR EACH TYPE OF PLACE (tick the 'never' box, if you didn't buy cigarettes in the past month or if you do not smoke)

	Never	Once	2-3 times	4 times or more
1 Dairy.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
2 Liquor Store / Hotel.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
3 Service Station.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
4 Supermarket.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
5 Takeaway shop.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
6 Vending machine.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
7 Other shop (Please write in):.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

37. When you bought, or tried to buy cigarettes, in a store during the past 30 days (one month), were you ever asked to show proof of age (ID)?

PLEASE TICK ONE BOX ONLY

I did not try to buy cigarettes in a store during the past 30 days..... ₁

Yes, I was asked to show proof of age (ID)..... ₂

No, I was not asked to show proof of age (ID)..... ₃

38. During the past 30 days (one month), has anybody refused to sell you cigarettes because of your age?

PLEASE TICK ONE BOX ONLY

I have not tried to buy cigarettes during the past 30 days..... ₁

Yes, someone refused to sell me cigarettes because of my age..... ₂

No, my age did not keep me from buying cigarettes..... ₃

39. Do you **usually** smoke "ready made" or "roll your own" cigarettes?

PLEASE TICK ONE BOX ONLY

I have never smoked cigarettes / I am not a smoker now..... ₁

Ready made cigarettes..... ₂

Roll your owns..... ₃

Other..... ₄

40. What type of tobacco do you **prefer** to smoke?

PLEASE TICK ALL THAT APPLY

- I have never smoked cigarettes / I am not a smoker now 1
- Light, Low Tar or Mild 2
- Regular (full flavour) 3
- Menthol 4
- I have no preference 5

41. During the past 30 days (one month), have you ever used any form of tobacco products other than cigarettes (e.g. chewing tobacco, snuff, dip, cigars, cigarillos, little cigars, pipe)?

- Yes 1
- No 2

42. Where do you **usually** smoke?

PLEASE TICK ONE BOX ONLY

- I have never smoked cigarettes / I am not a smoker now 1
- At home 2
- At school 3
- At work 4
- At friends' houses 5
- At social events (like parties, socials, dance parties or concerts) 6
- At public places (parks, in town) 7
- Other 8

43. Do you ever have a cigarette or feel like having a cigarette first thing in the morning?

PLEASE TICK ONE BOX ONLY

- I have never smoked cigarettes 1
- I no longer smoke cigarettes 2
- No, I don't have or feel like having a cigarette first thing in the morning 3
- Yes, I sometimes have or feel like having a cigarette first thing in the morning 4
- Yes, I always have or feel like having a cigarette first thing in the morning 5

44. If one of your best friends offered you a cigarette, would you smoke it?

PLEASE TICK ONE BOX ONLY

- Definitely not..... 1
Probably not..... 2
Probably yes..... 3
Definitely yes..... 4

45. At any time during the next year (12 months) do you think you will smoke a cigarette?

PLEASE TICK ONE BOX ONLY

- Definitely not..... 1
Probably not..... 2
Probably yes..... 3
Definitely yes..... 4

46. Do you think you will be smoking cigarettes 5 years from now?

PLEASE TICK ONE BOX ONLY

- Definitely not..... 1
Probably not..... 2
Probably yes..... 3
Definitely yes..... 4

47. Do you think cigarette smoking is harmful to your health?

PLEASE TICK ONE BOX ONLY

- Definitely not..... 1
Probably not..... 2
Probably yes..... 3
Definitely yes..... 4

48. Once someone has started smoking, do you think it would be difficult to quit?

PLEASE TICK ONE BOX ONLY

- Definitely not..... 1
Probably not..... 2
Probably yes..... 3
Definitely yes..... 4

49. Do you want to stop smoking now?

PLEASE TICK ONE BOX ONLY

- I have never smoked cigarettes ₁
- I have smoked in the past but don't smoke now ₂
- Yes, I want to stop smoking..... ₃
- No, I don't want to stop smoking..... ₄

50. During the past year (12 months), have you ever tried to stop smoking cigarettes?

PLEASE TICK ONE BOX ONLY

- I have never smoked cigarettes ₁
- I did not smoke during the past year ₂
- Yes, I have tried to stop smoking..... ₃
- No, I have not tried to stop smoking..... ₄

51. Do you think you would be able to stop smoking if you wanted to?

PLEASE TICK ONE BOX ONLY

- I have never smoked cigarettes ₁
- I have already stopped smoking cigarettes..... ₂
- Yes, I think I would be able to stop smoking..... ₃
- No, I don't think I would be able to stop smoking..... ₄

52. Please indicate whether you have done any of the following in the past year (12 months)

PLEASE TICK ALL THAT APPLY

- Called the Quitline ₁
- Attended a school programme to stop smoking..... ₂
- Got help to stop smoking from a programme outside school..... ₃
- Got help to stop smoking from a friend..... ₄
- Got help to stop smoking from a family member..... ₅
- Used NRT (nicotine replacement therapy)..... ₆
- I have not done any of these in the past year..... ₇

53. Which of the following people smoke?

PLEASE TICK ALL THAT APPLY

- Best friend..... 1
- Other close friends..... 2
- Father..... 3
- Mother..... 4
- Grandparents..... 5
- Other caregiver (e.g. step father or mother, foster parents)..... 6
- Older** brother(s)..... 7
- Older** sister(s)..... 8
- None of the above..... 9

54. Do **any** of your favourite musicians smoke?

PLEASE TICK ONE BOX ONLY

- Yes..... 1
- No..... 2
- Don't know..... 3

55. Do **any** of your favourite actors/actresses smoke?

PLEASE TICK ONE BOX ONLY

- Yes..... 1
- No..... 2
- Don't know..... 3

56. During the past 30 days (one month), how often did you see advertisements or messages about **not smoking** on television?

PLEASE TICK ONE BOX ONLY

- I did not watch television in the past 30 days..... 1
- A lot..... 2
- Sometimes..... 3
- Never..... 4

57. During the past 30 days (one month), how often did you see people smoking cigarettes or cigarette brands on television?

PLEASE TICK ONE BOX ONLY

- I did not watch television in the past 30 days..... 1
- A lot..... 2
- Sometimes..... 3

Never.....4

58. During the past 30 days (one month), how often did you see pictures or read about people smoking cigarettes in newspapers or magazines?

PLEASE TICK ONE BOX ONLY

I did not read a newspaper or magazine in the past 30 days.....1

A lot.....2

Sometimes.....3

Never.....4

59. Out of 100 people your age, how many do you think smoke cigarettes at least once a day?

PLEASE TICK ONE BOX ONLY

None (0).....1

About a quarter (25).....2

About half (50).....3

About three-quarters (75).....4

Everyone (100).....5

60. Do you think the smoke from other people's cigarettes is harmful to you?

PLEASE TICK ONE BOX ONLY

Definitely not.....1

Probably not.....2

Probably yes.....3

Definitely yes.....4

61. During this school year, were you taught in any of your classes about the dangers of smoking tobacco?

PLEASE TICK ONE BOX ONLY

Yes.....1

No.....2

Not sure.....3

62. During this school year, did you discuss in any of your classes the reasons why people your age smoke?

PLEASE TICK ONE BOX ONLY

Yes.....1

No.....2

Not sure.....3

63. Do people smoke inside your home?

PLEASE TICK ONE BOX ONLY

- Yes..... 1
- No..... 2
- Sometimes..... 3

64. During the past 7 days, on how many days have people smoked around you in your home?

PLEASE TICK ONE BOX ONLY

- 0..... 1
- 1 to 2..... 2
- 3 to 4..... 3
- 5 to 6..... 4
- 7..... 5

65. Who was smoking around you in your home during the past 7 days?

PLEASE TICK ALL THAT APPLY

- No one smoked around me in my home during the past 7 days..... 01
- Best friend..... 02
- Other close friends..... 03
- Father..... 04
- Mother..... 05
- Grandparents..... 06
- Other caregiver (e.g. step father or mother, foster parents)..... 07
- Older** brother(s)..... 08
- Older** sister(s)..... 09
- Other people not mentioned above (e.g. visitors)..... 10

66. At your home, is smoking allowed anywhere **inside**, only in set **inside** areas, or nowhere **inside** your home?

PLEASE TICK ONE BOX ONLY

- Anywhere inside..... 1
- In set inside areas..... 2
- Nowhere inside..... 3

67. At your home, is smoking allowed anywhere **outside**, only in set **outside** areas, or nowhere **outside** your home?

PLEASE TICK ONE BOX ONLY

- Anywhere outside ₁
In set outside areas ₂
Nowhere outside ₃

68. During the past 7 days, on how many days have people smoked in your presence in places other than in your home?

PLEASE TICK ONE BOX ONLY

- 0 ₁
1 to 2 ₂
3 to 4 ₃
5 to 6 ₄
7 ₅

69. During the past 7 days, did anyone smoke in your presence while you were travelling in cars or vans?

PLEASE TICK ONE BOX ONLY

- Yes ₁
No ₂
I did not travel in a car/van during the past 7 days ₃
Not sure/Don't know ₄

70. During the past 7 days, which of the following people smoked around you while you were traveling in cars or vans?

PLEASE TICK ALL THAT APPLY

- No one smoked around me while travelling in cars or vans ₀₁
Best friend ₀₂
Other close friends ₀₃
Father ₀₄
Mother ₀₅
Older brother(s) ₀₆
Older sister(s) ₀₇
Other caregiver or relatives who live with you (e.g. grandparents) ₀₈
Family friends ₀₉
Other people not mentioned above ₁₀

Your Thoughts

71. For each of the statements listed below, please indicate whether you agree or disagree with them.

PLEASE TICK ONE BOX FOR EACH STATEMENT

	Agree	Disagree	Don't know
1 Smokers are more popular.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2 Smoking helps people forget their worries.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
3 Non-smokers dislike being around people who are smoking.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
4 Smoking shows people you can do what you want.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
5 Smokers find it hard to get dates.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
6 Smoking helps people feel more comfortable at parties.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
7 Smokers are tough.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
8 Smoking is something you need to try before deciding to do it or not.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
9 Smokers are more confident.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
10 Smoking makes people look more grown up.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
11 Smokers often get angry.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
12 Smoking helps people relax.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
13 Seeing someone smoking turns me off.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
14 Smokers are often stressed.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
15 Smoking helps people keep their weight down.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
16 Smoking is enjoyable.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
17 Smoking makes people look sexy.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
18 Smokers are often depressed.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
19 Smoking helps people meet and talk to other people.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

72. For each of the statements listed below, please indicate whether you agree or disagree with them.

PLEASE TICK ONE BOX FOR EACH STATEMENT

	Agree	Disagree	Don't know
1 My parents or caregivers have set rules with me about not smoking cigarettes/tobacco	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2 My parents or caregivers expect me to put time aside to do my home work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
3 My parents or caregivers generally know what I spend my pocket money on	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
4 My parents or caregivers have rules about when I can go out with my friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
5 My parents or caregivers often have no idea of where I am, when I am away from my home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
6 My parents or caregivers know about my school life (e.g. my teachers, my grades)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
7 My parents or caregivers would be upset if I was caught smoking cigarettes/tobacco	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
8 If I break any important rules that my parents or caregivers have set I always get into trouble	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

73. For each of the statements listed below, please indicate whether you agree or disagree with them.

PLEASE TICK ONE BOX FOR EACH STATEMENT

	Agree	Disagree	Don't know
1 I support government laws that control what tobacco companies do	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2 I would trust what tobacco companies say about the harmful/health effects of smoking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
3 Tobacco companies are responsible for people starting to smoke	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
4 Tobacco companies should have the same right to sell cigarettes as other companies have to sell their products	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
5 Tobacco companies try to get young people to start smoking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
6 I would believe it if a tobacco company said they had made a safer cigarette	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

74. Which of these have you heard of?

PLEASE TICK ALL THAT APPLY

Smokefree	<input type="checkbox"/> 1
Auahi Kore	<input type="checkbox"/> 2
Quit / Me Mutu	<input type="checkbox"/> 3

None of these 4

75. And which of these activities or events have you attended or taken part in?

PLEASE TICK ALL THAT APPLY

- Smokefreerockquest 1
- NZ Schools Tour 2
- Smokefree Surfing Scholastics 3
- Smokefree Pacifica Beats 4
- None of these 5

76. During the past 7 days, have you seen read or heard an alcohol advertisement (e.g. about beer, wine, spirits, liqueur)...

PLEASE TICK ALL THAT APPLY

- On TV 1
- On radio 2
- On a billboard 3
- In a magazine 4
- In a newspaper 5
- At a sports event 6
- On the Internet 7
- Other (Please write in) 8
- None of the above 9

77. Thinking about your favourite alcohol advertisement, what brand of alcohol does it promote?

Write name of alcohol here: _____

OR, If you do not have a favourite advertisement or cannot recall an alcohol brand tick this box: 1

78. Do you think that people your age who drink alcohol (e.g. beer, wine, spirits, liqueur) are likely to be...

TICK ONE BOX TO INDICATE WHETHER YOU AGREE OR DISAGREE FOR EACH STATEMENT

- | | Agree | Disagree | Don't know |
|------------------------------------|----------------------------|----------------------------|----------------------------|
| 1 Popular with their friends | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 2 Attractive | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 3 Confident | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 4 Fun to be with | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 5 Drink a lot | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 6 Able to do their own thing | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

DO NOT COPY

That's the end of the questionnaire now!
Thank you for helping us.

Please check that you have answered every question, then
hand in your questionnaire and wait to hear
what you need to do next.

DO NOT COPY