



2018 YOUTH INSIGHTS SURVEY

**Your answers will be grouped with other students' answers
and nobody will be able to know your individual
answers in the survey reports.**

WELCOME...

Welcome to the Youth Insights Survey 2018 and thank you for taking part. This is an opportunity for young people throughout New Zealand to tell us what they're thinking.

This survey helps us understand how young people are dealing with today's world. It's important for us to know what life is like for teens, so we can support you as much as possible.

Students from schools throughout New Zealand take part in this survey, which is completely anonymous. No one will know your answers are yours. There are no right or wrong answers – all you need to do is answer the questions as best you can.

There are eight 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

- ₀₁ Dogs
₀₂ Cats
₀₃ Fish
₀₄ None of these

Tick one
box only

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

PLEASE TICK ALL THAT APPLY

- ₀₁ No one in my family has any pets
₀₂ Dogs
₀₃ Cats
₀₄ Fish
₀₅ Other animals

Tick only this box

OR
as many of these boxes
that apply to you

3. How many of each of the following pets do you or your family have?

PLEASE TICK ONE BOX FOR EACH LINE

- | | Zero | One | Two | 3 or more |
|---------|---|---|--|--|
| 1 Dog/s | <input type="checkbox"/> ₀₁ | <input checked="" type="checkbox"/> ₀₂ | <input type="checkbox"/> ₀₃ | <input type="checkbox"/> ₀₄ |
| 2 Cat/s | <input checked="" type="checkbox"/> ₀₁ | <input type="checkbox"/> ₀₂ | <input type="checkbox"/> ₀₃ | <input type="checkbox"/> ₀₄ |
| 3 Fish | <input checked="" type="checkbox"/> ₀₁ | <input type="checkbox"/> ₀₂ | <input type="checkbox"/> ₀₃ | <input type="checkbox"/> ₀₄ |

For **each** line,
tick the box
that applies

Please answer all the questions.

If you make a mistake, simply scribble it out and tick the correct box like this:

- Yes
 No

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

01 YOUR INTERESTS



1. Which of the following activities are you interested in (including those things that interest you on TV, that you have read about in magazines or on the Internet, or participated in)?

PLEASE TICK ALL THAT APPLY

- Basketball
- BMXing
- Cricket
- Drama or theatre
- Fishing, diving or boating
- Football / soccer
- Graffiti art
- Graphics and design, painting, drawing, or sculpture
- Hip-hop, B-Boy / B-Girl
- Hockey
- Kapa Haka (eg, waiata, haka, poi)
- Martial arts (eg, karate)
- Motorsport
- Mountain biking
- Netball
- Online gaming
- Dance (eg, ballet, salsa, modern)
- Pacific Island cultural activities / Polyclub
- Photography
- Racket sports (eg, tennis, squash, badminton)
- Rowing
- Rugby league
- Rugby union
- Running or jogging
- Singing or performing music
- Skateboarding
- Snow sports
- Softball or baseball
- Surfing
- Swimming
- Touch rugby
- Tramping / hiking
- Volleyball
- Waka Ama
- Writing (eg, short stories, poems, blogging)
- I am interested in another activity or activities not listed here

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

PLEASE TICK ALL THAT APPLY

- I don't listen to any music*
- Alternative or Indie
- Cultural music
- Electronic (eg, Drum & Bass, Techno, Electronic, Dub Step)
- Heavy metal
- Hip-hop, Urban Pacifica or Rap
- Pop
- Punk
- Reggae, Ska, Dub or Roots
- Rock
- R&B
- Soul, Blues, Jazz or Funk
- I listen to other music not listed here



02 ABOUT YOU



3. Are you:

- Female
- Male
- Other

4. How old are you?

- 11 years old or younger
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old or older

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

TICK THE BOX OR BOXES THAT APPLY TO YOU

- New Zealand European
- Māori
- Samoan
- Cook Island Māori
- Tongan
- Niuean
- Other Pacific Island
- Chinese
- Indian
- Other Asian
- Other (Please write in)

6. Were you born in New Zealand?

- Yes
- No

7. Who are you sexually attracted to?

PLEASE TICK ONE BOX ONLY

- The opposite sex (eg, I am a male attracted to females or I am a female attracted to males)
- The same sex (eg, I am a male attracted to males or I am a female attracted to females)
- Both sexes (eg, I am attracted to males and females)
- Neither
- I am not sure

8. Thinking about your home where you normally live, who else lives with you? If you spend about the same time in more than one home, think about the home where you are going to stay tonight.

PLEASE TICK ALL THAT APPLY

- Mother
- Father
- Grandparents
- Other female caregiver (eg, step mother, foster mother)
- Other male caregiver (eg, step father, foster father)
- Mother's partner or father's partner
- Older brothers or sisters
- Younger brothers or sisters
- Step brothers / sisters or parent's partner's children
- Other people (eg, relatives, friends, flatmates, boarders)
- Don't know

9. In the past 7 days (one week), how much money did you get or earn (\$ per week)?

PLEASE TICK ONE BOX ONLY

- I did not get or earn any money
- \$1 to \$10
- \$11 to \$20
- \$21 to \$50
- Over \$50



10. Thinking about all the money that you spent of your own money in the past 7 days (one week), which of the following things did you spend your own money on?

PLEASE TICK ALL THAT APPLY

- I did not spend any of my own money in the past 7 days
- Clothes
- Snack food (eg, chips, chocolate bars)
- Fast food (eg, KFC, McDonald's, fish and chips)
- Soft drinks, energy drinks or sports drinks
- Alcohol
- Music
- Cigarettes
- Put money into a savings account
- Lotto or scratchies
- Online gaming virtual currency, items or contents (using real world money)
- I spent my own money on things not listed here

11. For each of the statements listed below, please indicate your level of agreement:

PLEASE TICK ONE BOX FOR EACH STATEMENT

	Strongly agree	Agree	Neither	Disagree	Strongly disagree
1 I like going to my school / kura	<input type="checkbox"/>				
2 I feel I am treated with as much respect as other students at school / kura	<input type="checkbox"/>				
3 I feel proud to say what school / kura I go to	<input type="checkbox"/>				
4 I have learned things at my school / kura that have put me off smoking	<input type="checkbox"/>				
5 I can trust my friends with personal problems	<input type="checkbox"/>				
6 My friends understand and accept me for who I am	<input type="checkbox"/>				

12. How important is it to you to attend church, a mosque or other place of worship?

PLEASE TICK ONE BOX ONLY

- Very important
- Somewhat important
- Not very important

13. How much do the teachings of your church, mosque or other place of worship affect the choices you make about things such as sex, smoking cigarettes and drinking alcohol?

PLEASE TICK ONE BOX ONLY

- I don't attend church, a mosque or other place of worship
- A lot
- Some
- Not at all

14. For each of the statements listed below, please tick whether you think that **for you** they are true, mostly true, sometimes true / sometimes false, mostly false or false:

PLEASE TICK ONE BOX FOR EACH STATEMENT

	True	Mostly true	Sometimes true/ sometimes false	Mostly false	False/ disagree
1 I do lots of important things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Overall I am no good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 In general I like being the way I am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Overall I have a lot to be proud of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 I can't do anything right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 I can do things as well as most other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Other people think I am a good person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 A lot of things about me are good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 I am as good as most other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 When I do something, I do it well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. For each of the questions listed below, please tick the box which best describes how things have been **for you** during the past month (30 days). How much of the time in the past month...

PLEASE TICK ONE BOX FOR EACH STATEMENT

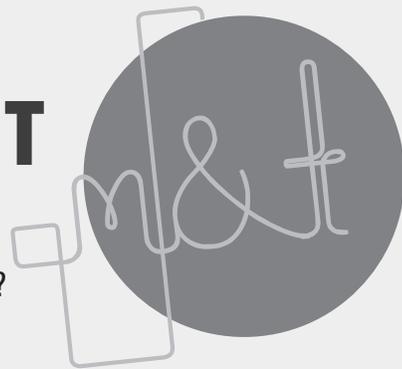
	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
1 Have you been a very nervous person?	<input type="checkbox"/>					
2 Have you felt so down in the dumps that nothing could cheer you up?	<input type="checkbox"/>					
3 Have you felt calm and peaceful?	<input type="checkbox"/>					
4 Have you felt downhearted and blue?	<input type="checkbox"/>					
5 Have you been a happy person?	<input type="checkbox"/>					

16. For each of the statements listed below, please tick whether you think that **for you** they are a lot like you, a bit like you, or not at all like you:

PLEASE TICK ONE BOX FOR EACH STATEMENT

	A lot like me	A bit like me	Not at all like me
1 I cut classes or skip school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 I make other people do what I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 I disobey my parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 I talk back to my teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 I get into fights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 I often say mean things to people to get what I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 I take things that are not mine from home, school, or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 I often do favours for people without being asked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 I often lend things to people without being asked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 I often help people without being asked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 I often compliment people without being asked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 I often share things with people without being asked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

03 USING THE INTERNET



17. On a normal day, how much time do you spend on the Internet?

PLEASE TICK ONE BOX ONLY

- 5 hours or more per day
- 3 to 4 hours per day
- 1 to 2 hours per day
- Less than 1 hour per day
- Less often than once a day
- I never use the Internet*

18. Which of the following activities have you used the Internet for during the past 7 days (one week)?

PLEASE TICK ALL THAT APPLY

- Status updates (eg, Facebook, Twitter)
- Uploading photos or videos (eg, Facebook, Instagram, Snapchat, YouTube)
- Downloading or listening to music
- Sharing music (eg, SoundCloud)
- Downloading or streaming TV programmes or movies
- Watching on-demand TV programmes (eg, On Demand, Catch Up)
- Watching videos (eg, YouTube, Vine)
- Online forums (eg, Gameplanet, Geekzone)
- Multiplayer online gaming (eg, League of Legends, Call of Duty)
- Singleplayer games (eg, NBA 2K, Fallout)
- Watching other people's online gaming (eg, Twitch, YouTube Gaming)
- Blogging
- Looking at blogs
- Looking for information about my personal health or wellbeing
- Finding out about news (eg, Stuff, Reddit)
- School work
- Online shopping (eg, Trade Me)
- Online gambling (eg, poker, sports betting)
- Other
- I have not used the Internet in the past 7 days*

19. Thinking about how you **communicate with others** online, which of the following have you used to communicate with during the past 7 days (one week)?

PLEASE TICK ALL THAT APPLY

- Facebook
- Twitter
- Email
- Online messaging or video calling (eg, Skype, WhatsApp, WeChat, Viber)
- Online gaming forums (eg, Gameplanet, Geekzone, Call of Duty)
- Snapchat
- Instagram
- Vine
- Blogs (eg, WordPress, Tumblr)
- Ask.fm
- Whisper
- I have not used any of these to communicate with others during the past 7 days*

04 ABOUT SMOKING



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

- Yes
- No

21. Did you try a cigarette / tobacco for the **first time** in the past year (12 months)?

- Yes
- No

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

PLEASE TICK ONE BOX ONLY

- None
- 1 to 10 cigarettes (includes just having a few puffs)
- 11 to 25 cigarettes
- 26 to 99 cigarettes
- 100 or more cigarettes

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

PLEASE TICK ONE BOX ONLY

- I have never smoked cigarettes / I am not a smoker now*
- At least once a day
- At least once a week
- At least once a month
- Less often than once a month

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

PLEASE TICK ONE BOX ONLY

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

25. 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)*
- Less than 1 cigarette per day
- 1 cigarette per day
- 2-5 cigarettes per day
- 6-10 cigarettes per day
- 11-20 cigarettes per day
- More than 20 cigarettes per day

26. Can you name five different brands of cigarettes / tobacco? Write as many brand names as you can (up to five) in the spaces below:

I can't name any brands of cigarettes / tobacco

OR

Brand 1:

Brand 2:

Brand 3:

Brand 4:

Brand 5:

27. If you smoke, which brand of tobacco / cigarettes do you **prefer** to smoke?

WRITE HERE:

OR *I have never smoked cigarettes / I am not a smoker now*

OR *I don't mind what brand I smoke*

28. Thinking about the brand you **prefer to smoke** (in Q27), how important are each of the following things in terms of your preference for that brand?

PLEASE ANSWER EVERY QUESTION
TICK ONE BOX ON EACH LINE

OR *I have never smoked cigarettes / I am not a smoker now*

	Not at all important	Slightly important	Moderately important	Very important
1 Price	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Taste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Easy to get	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 What the packet looks like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Brand name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Brand image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Harm to my health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. 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*
- Ready made cigarettes
- Roll your own
- Both
- Other

30. 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 / I am not a smoker now*
- No, I don't have or feel like having a cigarette first thing in the morning
- Yes, I sometimes have or feel like having a cigarette first thing in the morning
- Yes, I always have or feel like having a cigarette first thing in the morning

31. Where have you smoked in the past 30 days?

PLEASE TICK ALL THAT APPLY

- I have never smoked cigarettes / I am not a smoker now*
- At home
- On school grounds
- Outside the school gates
- At work
- At a friend or friends' houses
- At a social event or events (eg, parties, socials, dance parties, concerts)
- At a public place or places (eg, parks, in town)
- Other

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

PLEASE TICK ALL THAT APPLY

- I have never smoked / I am not a smoker now
- I bought them from a shop
- I bought them from a vending machine
- I bought them from a friend / friends or person my age
- I gave someone money to buy them for me
- A friend / friends or person my age gave them to me
- A parent or caregiver gave them to me
- I took them from my parent or caregiver without asking
- I got them from an older brother or sister
- I got them some other way (Please write in)

33. Sometimes shop owners break open a packet of cigarettes and sell single cigarettes. In the past 30 days (one month), have you bought cigarettes that were not in a full packet (eg, buying one or more cigarettes at a time)?

PLEASE TICK ONE BOX ONLY

- Yes
- No

34. Thinking about cigarette packs and tobacco pouches, do you agree or disagree that they:

PLEASE TICK ONE BOX FOR EACH STATEMENT

	Agree	Disagree	Don't know
1 Look cool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Are ugly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Look good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Look gross	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Make smoking look interesting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Look disgusting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Make smoking look exciting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Encourage me to buy a packet of cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Encourage me to start smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Look boring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35. In the past month (30 days), how often, if at all, have you read or looked closely at the warning labels on cigarette / tobacco packs or pouches?

PLEASE TICK ONE BOX ONLY

- I have not seen a pack or pouch of cigarettes / tobacco in the past month*
- Never
- Rarely
- Sometimes
- Often
- Every time I saw a packet or pouch of cigarettes / tobacco

36. In the past month (30 days), have you made any effort to avoid looking at or thinking about the warning labels on cigarette / tobacco packs or pouches? This could include covering the warnings up, keeping the pack out of sight, using a cigarette case or some other pack, or not buying packs with particular labels.

PLEASE TICK ONE BOX ONLY

- I have not seen a pack or pouch of cigarettes / tobacco in the past month*
- Yes
- No

37. In the past month (30 days), how often, if at all, have the warning labels stopped you from having a cigarette when you were about to smoke one?

PLEASE TICK ONE BOX ONLY

- I have never smoked / I am not a smoker now*
- Never
- Rarely
- Sometimes
- Often
- Every time I was about to smoke a cigarette

38. If you wanted to, do you think you could get cigarettes / tobacco from any of your friends?

PLEASE TICK ONE BOX ONLY

- Definitely not
- Probably not
- Probably yes
- Definitely yes

39. Do you think that you will try a cigarette soon?

PLEASE TICK ONE BOX ONLY

- Definitely not
- Probably not
- Probably yes
- Definitely yes

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

PLEASE TICK ONE BOX ONLY

- Definitely not
- Probably not
- Probably yes
- Definitely yes

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

PLEASE TICK ONE BOX ONLY

- Definitely not
- Probably not
- Probably yes
- Definitely yes

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

PLEASE TICK ONE BOX ONLY

- Definitely not
- Probably not
- Probably yes
- Definitely yes

43. Do you want to stop smoking now?

PLEASE TICK ONE BOX ONLY

- I have never smoked cigarettes / I am not a smoker now*
- Yes, I want to stop smoking
- No, I don't want to stop smoking

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

PLEASE TICK ONE BOX ONLY

- I have never smoked cigarettes*
- I did not smoke during the past year
- Yes, I have tried to stop smoking
- No, I have not tried to stop smoking

45. When you smoked cigarettes during the past year (12 months), how often did you drink alcohol on the same occasion that you smoked cigarettes?

PLEASE TICK ONE BOX ONLY

- I have never smoked cigarettes / I did not smoke during the past year*
- No occasions
- Some occasions
- Most occasions
- All occasions

46. How many of your five closest friends smoke?

PLEASE TICK ONE BOX ONLY

- None
- One
- Two
- Three
- Four
- Five

47. Which of the following people smoke?

PLEASE TICK ALL THAT APPLY

- Best friend
- Other close friends
- Boyfriend or girlfriend
- Father
- Mother
- Grandparent(s)
- Other close family
- A teacher at school
- Other caregiver (eg, step father or mother, foster parents)
- Older** brother(s)
- Older** sister(s)
- None of the above

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

PLEASE TICK ONE BOX ONLY

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

49. 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
- No
- I did not travel in a car or van during the past 7 days
- Not sure / don't know

50. During the past 30 days (one month), have you noticed people or characters smoking in...

PLEASE TICK ONE BOX FOR EACH LINE

	A lot	Yes	No	Didn't watch/play
1 TV shows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Movies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Video games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Music videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Other media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

51. E-cigarettes are battery-powered devices that release flavoured vapour as people inhale from them. They may or may not contain nicotine. They are also sometimes known as **e-cigs** or **vapes**.

52. Have you ever tried e-cigarettes (even just a single puff or vape)?

- Yes
- No

53. The first time you tried an e-cigarette (**e-cig, vape**), where did you get it from?

PLEASE TICK ONE BOX ONLY

- I have never tried e-cigarettes*
- A friend
- Someone in my social group
- My parent or caregiver
- Another family member
- I sampled it at a store
- A free starter kit
- A stall at a sponsored event
- A free mail sample
- I bought it from a shop
- I bought it online
- Other (please write in)

54. How often do you use e-cigarettes (**e-cigs, vapes**) now?

PLEASE TICK ONE BOX ONLY

- I have never tried e-cigarettes / I do not use e-cigarettes now*
- At least once a day
- At least once a week
- At least once a month
- Less often than once a month

55. Why do you use e-cigarettes (**e-cigs, vapes**) now?

PLEASE TICK ALL THAT APPLY

- I have never tried using e-cigarettes / I do not use e-cigarettes now*
- I want to quit smoking cigarettes completely
- I want to reduce the amount of tobacco I smoke, but not stop smoking completely
- I have made an attempt to quit smoking and I want a tool to help me stay smokefree
- I want to use them in places where smoking cigarettes is not allowed
- I like performing tricks with my vape
- I enjoy vaping with friends
- I like to video myself doing vape tricks
- Cheaper than tobacco cigarettes
- Less harmful to my health than tobacco cigarettes
- To avoid putting those around me at risk due to second-hand smoke
- I like the flavours / taste
- Cooler than tobacco cigarettes
- Smells better than tobacco cigarettes
- More convenient than tobacco cigarettes
- I like holding it / keeps my hands busy
- I am curious about them
- Another reason (Please write in)

56. Thinking about the **last time** you used an e-cigarette (**e-cig, vape**), what did it contain?

PLEASE TICK ONE BOX ONLY

- I have never tried e-cigarettes*
- Nicotine
- Just flavouring
- Nicotine plus flavour
- Marijuana or hash oil
- Other
- Don't know

57. Thinking about the **last time** you used an e-cigarette (**e-cig, vape**), what flavour was it?

PLEASE TICK ONE BOX ONLY

- I have never tried e-cigarettes*
- Fruit
- Candy
- Dessert
- Savoury snack or meal
- Alcoholic drink
- Sports or energy drink
- Coffee or tea
- Tobacco
- Menthol
- Tobacco and menthol
- Something else
- Don't know

58. During the past 30 days (one month) how often did you use e-cigarettes (**e-cigs, vapes**) that had **nicotine** in it?

PLEASE TICK ONE BOX ONLY

- I have never tried e-cigarettes / I have never tried e-cigarettes that had nicotine in the vapour*
- I don't know whether there was nicotine in the vapour
- In the past but not in the past 30 days
- Once in the past 30 days
- Two or three times in the past 30 days
- About once a week
- Several times a week
- Most days

59. During the past 30 days (one month) how often did you use e-cigarettes (**e-cigs, vapes**) that had **marijuana** or **hash oil** in it?

PLEASE TICK ONE BOX ONLY

- I have never tried e-cigarettes / I have never tried e-cigarettes that had marijuana or hash oil in the vapour*
- I don't know whether there was marijuana or hash oil in the vapour
- In the past but not in the past 30 days
- Once in the past 30 days
- Two or three times in the past 30 days
- About once a week
- Several times a week
- Most days

60. During the past 30 days (one month), have you seen any advertising about e-cigarettes (**e-cigs, vapes**)?

- Yes
- No
- Don't know

61. During the past month, where did you see advertising about e-cigarettes (**e-cigs, vapes**)?

PLEASE TICK ALL THAT APPLY

- I have not seen advertising about e-cigarettes*
- In newspapers and magazines
- On TV and radio
- On the internet
- On billboards
- Other media

62. During the past 30 days (one month) have you used any form of tobacco products **other than** cigarettes or e-cigarettes? This could include chewing tobacco, snuff, dip, cigars, cigarillos, little cigars or tobacco pipes?

- Yes
- No

63. For each of the statements listed below, please indicate your level of agreement. Some brands of cigarettes...

PLEASE TICK ONE BOX FOR EACH LINE

	Strongly agree	Agree	Neither	Disagree	Strongly disagree	Don't know
1 Are more satisfying to smoke than others	<input type="checkbox"/>					
2 Are more addictive than others	<input type="checkbox"/>					
3 Are more harmful to health than others	<input type="checkbox"/>					
4 Have cooler looking packs than others	<input type="checkbox"/>					

05 YOUR THOUGHTS



64. 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 dislike being around people who are smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 There is no harm in having a cigarette once in a while	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 I don't want to end up a smoker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Smoking is a waste of money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 By 2025, hardly anybody will be smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 I think I might enjoy smoking a cigarette	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Seeing a cigarette pack or pouch of tobacco makes me want to have a cigarette	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

65. For each of the statements listed below, please indicate your level of agreement:

PLEASE TICK ONE BOX FOR EACH STATEMENT

	Strongly agree	Agree	Neither	Disagree	Strongly disagree
1 I like to spend free time with my family / whānau	<input type="checkbox"/>				
2 We can easily think of things to do together as a family / whānau	<input type="checkbox"/>				
3 My family / whānau ask each other for help	<input type="checkbox"/>				

66. 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 generally know what I spend my pocket money on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 My parents or caregivers often have no idea of where I am, when I am away from my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 My parents or caregivers know about my school life (eg, my teachers, my academic achievement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 My parents or caregivers often have no idea about what I am posting online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 My parents or caregivers would be upset if I was caught smoking cigarettes / tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 If I break any important rules that my parents or caregivers have set I always get into trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

67. The government has a goal of a Smokefree New Zealand / Auahi Kore Aotearoa by 2025. This means that the country would essentially be smokefree, meaning that less than 5% of the population would be smokers. Before today, were you aware of this goal?

- Yes
- No
- Don't know

68. Do you support or oppose the Smokefree goal?

- Strongly support
- Support
- Oppose
- Strongly oppose
- Don't know

69. 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 Smoking in cars should be banned when children are in them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 I support a law that reduces the amount of nicotine in cigarettes and tobacco, to make them less addictive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 I want to live in a country where no one smokes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Smoking should be banned in all outdoor places where young people go	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 I support a law that bans all additives, including flavourings, in cigarettes and tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 There should be fewer places where cigarettes and tobacco can be sold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

06 ABOUT ALCOHOL & DRUGS

70. During the past 30 days (one month), how often did you drink alcohol?

PLEASE TICK ONE BOX ONLY

- I have never drunk alcohol / I do not drink alcohol now*
- Not at all in the past 30 days
- Once in the past 30 days
- Two or three times in the past 30 days
- About once a week
- Several times a week
- Most days



71. Out of your five closest friends, how many do you think drank alcohol in the past 30 days (one month)?

PLEASE TICK ONE BOX ONLY

- None
- One
- Two
- Three
- Four
- Five

72. Where have you had a drink of alcohol in the past 30 days (one month)?

PLEASE TICK ALL THAT APPLY

- I do not drink alcohol / I have not had a drink of alcohol in the past 30 days*
- At home
- On school grounds
- At work
- At a friend or friends' houses
- At a social event or events (eg, parties, socials, dance parties, concerts)
- At a public place or places (eg, parks, in town)
- Other

73. During the past 30 days (one month), about how often did you have 5 or more alcoholic drinks in one session? (Count one drink as one small glass of wine, one can or stubbie, one ready-made alcohol drink, eg, rum and Coke or one nip of spirits.)

PLEASE TICK ONE BOX ONLY

- I have never had 5 or more alcoholic drinks in one session*
- In the past but not in the past 30 days
- Once in the past 30 days
- Two or three times in the past 30 days
- About once a week
- Several times a week
- Most days

74. Thinking about all the times you have ever drunk alcohol, how often has this happened **without** your parents or caregivers knowing about it?

PLEASE TICK ONE BOX ONLY

- I have never had any alcohol*
- No occasions
- Some occasions
- All occasions

75. During the past 30 days (one month), how often did you smoke marijuana (pot, grass, weed, cannabis)?

PLEASE TICK ONE BOX ONLY

- I have never smoked marijuana*
- In the past but not in the past 30 days
- Once in the past 30 days
- Two or three times in the past 30 days
- About once a week
- Several times a week
- Most days



07 EVENTS & ADVERTISING



76. Which of these activities or events have you attended or taken part in?

PLEASE TICK ALL THAT APPLY

- Smokefreerockquest
- Smokefree Tangata Beats
- Stage Challenge
- Youth Week events
- Pasifika Festival
- Polyfest
- Tamararo or Te Matatini
- Kapa Haka competitions
- Waka Ama competitions
- None of these

77. Do you recall seeing or hearing any advertising **anywhere** in the past 30 days (one month) about smoking, quitting smoking or the harmful effects of smoking?

PLEASE TICK ONE BOX ONLY

- Yes
- No
- Don't know

78. During the past year (12 months), how often did you see advertisements or messages showing **a person dressed as a cigarette**, like the example shown?

PLEASE TICK ONE BOX ONLY

- A lot
- Sometimes
- Never



79. Thinking about these ads with the person dressed as a cigarette, please answer yes or no to the following statements:

PLEASE TICK ONE BOX FOR EACH STATEMENT

	Yes	No	Don't know
1 The ads are relevant to people my age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 The ads are boring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 The ads encourage people to smoke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 The ads put me off smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 The ads make me think about my future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 I talk to my family / whānau about these ads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 The ads show how easy it is to get hooked on smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

08 YOU & YOUR FRIENDS

Phew... you're almost finished!!

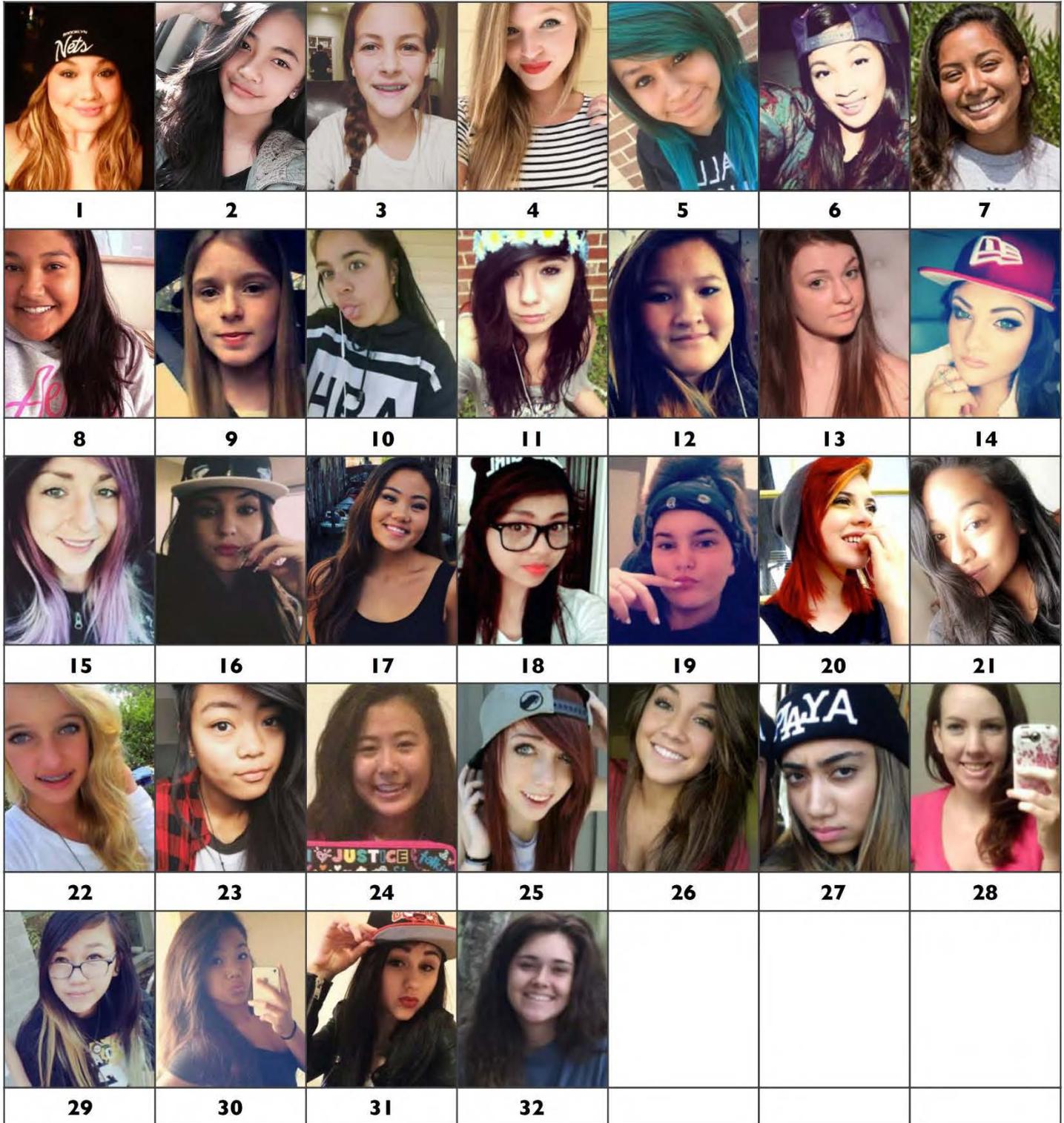
Now it's time for something completely different. Over the page, there are images of young people. Tell us which ones look like they would belong in your group of friends, and also which ones look like they wouldn't belong to your group of friends.

There are no right or wrong answers for this question. Pick the images that most closely represent your friends. It won't be a perfect fit as the question doesn't include photos of your actual friends.



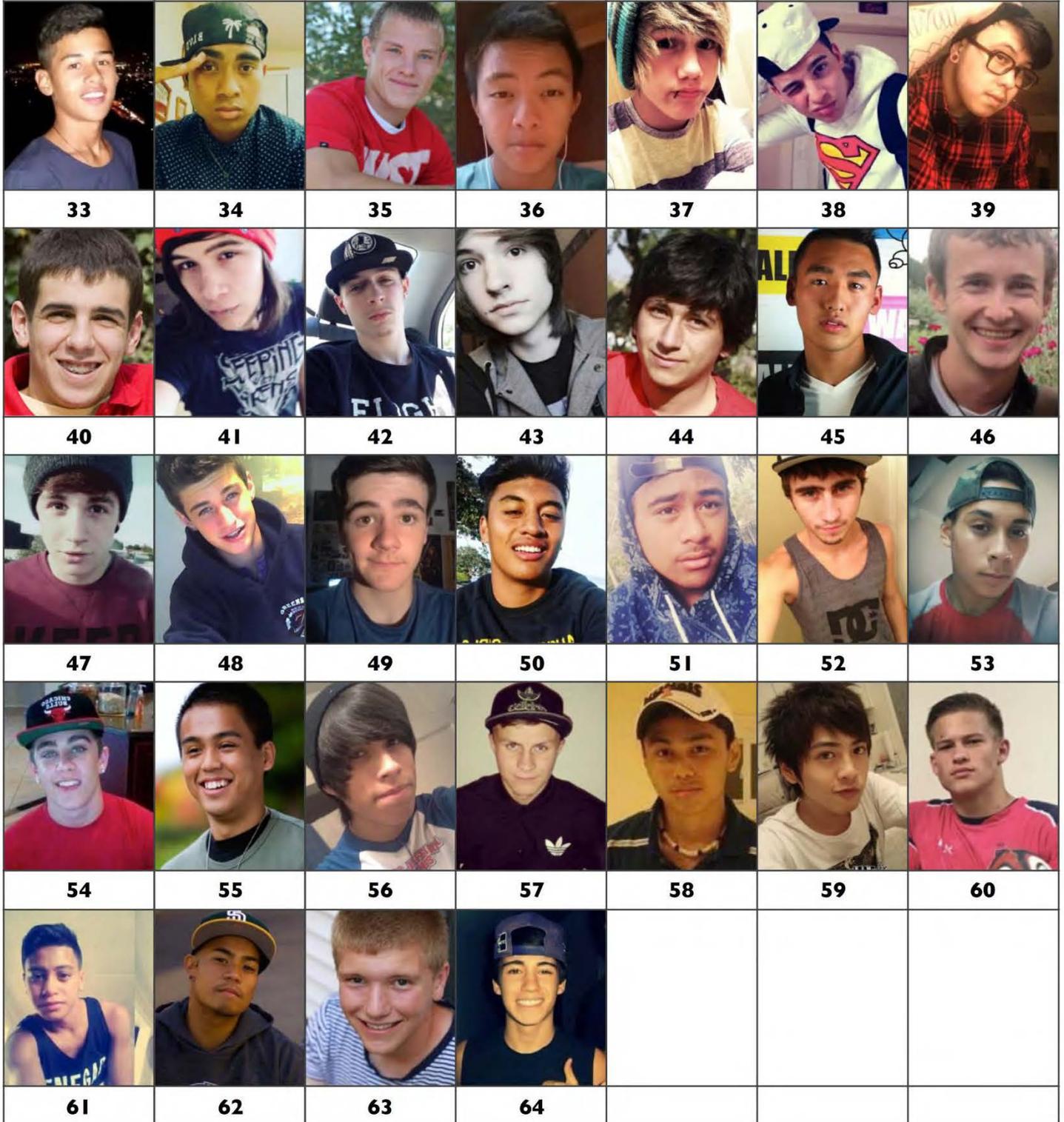
80. Pick <u>three</u> girls who would most likely fit in your main group of friends	1:
	2:
	3:

81. Pick <u>three</u> girls who would least likely fit in your main group of friends	1:
	2:
	3:



82. Pick <u>three</u> boys who would most likely fit in your main group of friends	1:
	2:
	3:

83. Pick <u>three</u> boys who would least likely fit in your main group of friends	1:
	2:
	3:



Congratulations – you have completed the Youth Insights Survey! Thank you for giving us your thoughts and opinions. We really appreciate the time you took to do this.

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

