

THIS SURVEY IS CONFIDENTIAL — PLEASE DO NOT PUT YOUR NAME ON THIS SURVEY



2016 YOUTH INSIGHTS SURVEY

**Please confirm that you agree to take part in this survey.
Your answers will be grouped with other students' answers
and nobody will be able to know your individual
answers in the survey reports.**

If you agree, please tick the box below

I agree to complete the survey

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 as best you can, and tell us what you really think and do.

There are seven 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.



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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



1 (Page)
START

5

10

15

20

25
FINISH

02 ABOUT YOU



3. Are you:

- Female
- Male

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. This question has been removed for copyright reasons.

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 don't normally spend time on 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 others 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*

20. During the past 30 days (one month), how often on the Internet have you seen cigarette brands, company names, logos or pictures?

PLEASE TICK ONE BOX ONLY

- Never
- Once
- Two or three times
- About once a week
- Several a week
- Most days
- Don't know

04 ABOUT SMOKING



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

- Yes
- No

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

PLEASE TICK ONE BOX ONLY

- I have never smoked cigarettes*
- 7 years old or younger
- 8 years old
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old or older

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

- I have never smoked cigarettes*
- Yes
- No

24. 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



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

PLEASE TICK ONE BOX ONLY

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

26. 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

27. 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 have never smoked cigarettes / I did not smoke cigarettes during the past 30 days*
- Less than 1 cigarette per day
- 1 cigarette per day
- 2-5 cigarettes per day
- 6-10 cigarettes per day
- More than 10 cigarettes per day

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

Brand 1:

Brand 2:

Brand 3:

Brand 4:

Brand 5:

OR *I can't name any brands of cigarettes / tobacco*

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

WRITE HERE:

OR I don't mind what brand I smoke

OR *I have never smoked cigarettes / I do not smoke now*

30. Thinking about the brand you **prefer to smoke** (in Q29), 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 do not smoke 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"/>

31. Do you **usually** smoke “ready made” or “roll your own” cigarettes?

PLEASE TICK ONE BOX ONLY

I have never smoked cigarettes / I do not smoke now

Ready made cigarettes

Roll your owns

Other

32. When you smoke, how often do you share a cigarette with others?

PLEASE TICK ONE BOX ONLY

I have never smoked cigarettes / I do not smoke now

Never

Sometimes

Usually

Always

33. 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 do not smoke 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

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

PLEASE TICK ALL THAT APPLY

- I have never smoked cigarettes / I do not smoke 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

35. 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 do not smoke now*
- I bought them from a shop
- I bought them from a friend / friends or person my age
- I gave a person 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)

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

- Yes
- No

37. 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"/>

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

PLEASE TICK ONE BOX ONLY

- I have not seen a pack or pouch of cigarettes/tobacco in the past month*
- Never
- Once
- Two or three times
- About once a week
- Several times a week
- Most days

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

PLEASE TICK ONE BOX ONLY

- I have never smoked cigarettes / I do not smoke now*
- I have not seen a pack or pouch of cigarettes/tobacco in the past month*
- Never
- Once
- Two or three times
- About once a week
- Several times a week
- Most days

40. In the past month (30 days), have you made any effort to avoid looking at or thinking about the warning labels on cigarette packs or tobacco 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 never smoked cigarettes / I do not smoke now*
- I have not seen a pack or pouch of cigarettes/tobacco in the past month
- Yes
- No

41. 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

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

PLEASE TICK ONE BOX ONLY

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

43. 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

44. 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

45. 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

46. Do you want to stop smoking now?

PLEASE TICK ONE BOX ONLY

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

47. 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

48. 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
- All occasions

49. How many of your five closest friends smoke?

PLEASE TICK ONE BOX ONLY

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

50. Which of the following people smoke?

PLEASE TICK ALL THAT APPLY

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

51. 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

52. 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

53. During the past 30 days (one month), have you noticed people smoking in the following places?

PLEASE TICK ONE BOX FOR EACH PLACE

	Yes	No	Didn't go there
1 Local parks or reserves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 At school or near the school gates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Outdoors at a marae	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Outside doorways to public buildings (eg, shops, office building)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Outdoor seating areas of bars, restaurants or cafes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Outdoors at a place of worship (eg, church, mosque)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

PLEASE TICK ONE BOX FOR EACH LINE

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

55. Electronic cigarettes are battery-powered devices that heat a liquid to release flavoured vapour as people inhale from them. The vapour may contain nicotine and may be flavoured. They are also sometimes known as **e-cigs**, **vapes** or personal **vaporisers**.

56. Have you ever tried an electronic cigarette (e-cig, vaporiser)?

- Yes
- No

57. The first time you tried an electronic cigarette (e-cig, vaporiser), where did you get it from?

PLEASE TICK ONE BOX ONLY

- I have never tried electronic cigarettes*
- A friend
- My parent or caregiver
- Another family member
- A taste station at a shop
- 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)

58. How often do you use electronic cigarettes (e-cigs, vaporisers) now?

PLEASE TICK ONE BOX ONLY

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

59. Why do you use electronic cigarettes (e-cigs, vaporisers) now?

PLEASE TICK ALL THAT APPLY

- I have never tried electronic cigarettes / I do not use electronic 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
- 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)

60. Thinking about the **last time** you used an electronic cigarette (e-cig, vaporiser), what flavour was the vapour?

PLEASE TICK ONE BOX ONLY

- I have never tried electronic 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

61. During the past 30 days (one month) how often did you use electronic cigarettes (e-cigs, vaporisers) that had **nicotine** in the vapour you inhaled?

PLEASE TICK ONE BOX ONLY

- I have never tried electronic cigarettes / I have never tried electronic 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

62. During the past 30 days (one month) how often did you use electronic cigarettes (e-cigs, vaporisers) that had **marijuana** or **hash oil** in the vapour you inhaled?

PLEASE TICK ONE BOX ONLY

- I have never tried electronic cigarettes / I have never tried electronic 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

63. During the past 30 days (one month), have you seen any advertising about electronic cigarettes (e-cigs, vaporizers)?

- Yes
- No

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

- Yes
- No



05 YOUR THOUGHTS



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

PLEASE TICK ONE BOX FOR EACH LINE

	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"/>

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

PLEASE TICK ONE BOX FOR EACH LINE

	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"/>				

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

PLEASE TICK ONE BOX FOR EACH LINE

	Agree	Disagree	Don't know
1 My parents or caregivers generally know what I spend 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"/>

68. 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?

PLEASE TICK ONE BOX ONLY

- Yes
- No
- 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 LINE

	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 Tobacco companies should not be allowed to promote cigarettes and tobacco with cool looking packs	<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 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. Have you **ever** had a drink of alcohol, more than a few sips?

- Yes
- No



71. Do you think that you will try alcohol soon?

PLEASE TICK ONE BOX ONLY

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

72. If one of your best friends offered you alcohol, would you drink it?

PLEASE TICK ONE BOX ONLY

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

73. At any time during the next year (12 months) do you think you will have a drink of alcohol?

PLEASE TICK ONE BOX ONLY

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

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

PLEASE TICK ONE BOX ONLY

- 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

75. 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

76. 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
- 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

77. During the past 30 days (one month), about how often did you have 5 or more alcohol 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

78. 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

79. Why do you drink alcohol?

PLEASE TICK ALL THAT APPLY

- I never drink alcohol*
- To relax
- To get drunk
- To forget about things
- Because my friends do
- To enjoy parties
- To make me feel more confident
- Because I am bored
- None of these things

80. 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



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

PLEASE TICK ALL THAT APPLY

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

82. 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

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

PLEASE TICK ONE BOX ONLY

- A lot
- Sometimes
- Never



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

PLEASE TICK ONE BOX FOR EACH STATEMENT

OR *I have not seen these ads*

	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"/>

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

**Please check that you have answered every question,
and ticked the consent box on the front page,**
then hand in your questionnaire and wait to hear what to do next.

