



Australian Government
Department of Health and Ageing



THE UNIVERSITY OF
MELBOURNE

Roy Morgan
— Research —



The Australian Longitudinal
Study on Male Health

Australian Longitudinal Study on Male Health

10 – 14 Years Questionnaire

BODY MEASUREMENTS

First, I would like to ask you for your weight and body size.

1. How much do you weigh? abwwghtkgmd

_____kilograms OR _____stones & _____pounds OR _____pounds OR Don't know

2. How tall are you without shoes? abwhghtcmmd

_____centimetres OR _____feet & _____inches OR Don't know

3. What is your waist measurement? abwwstmcmdb

_____centimetres OR _____inches OR Don't know

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ABOUT YOU & YOUR FAMILY

The next section asks some general questions about you and your family.

4. How old are you? aseageownmd

- 10 years
- 11 years
- 12 years
- 13 years
- 14 years
- Other (please specify): _____

5. Looking at the options on SHOWCARD 5 - In what country were you born?

- A. Australia asecobownm
- B. England
- C. New Zealand
- D. Italy
- E. Vietnam
- F. India
- G. Scotland
- H. Other (please specify): _____

6. What language do you mainly speak at home? aselangh1u

- English *Go to Q7*
- Another language *Go to Q6a*
- English and another language about equally *Go to Q6a*

6a. What is the other language? aselangh4ud

- Italian
- Greek
- Cantonese
- Arabic
- Mandarin
- Vietnamese
- Other (please specify): _____

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7. Looking at the options on SHOWCARD 7 - Are you of Aboriginal or Torres Strait Islander origin? aseatsi00m

- A. No
- B. Aboriginal
- C. Torres Strait Islander
- D. Both

The next questions are about where and how you live.

8a. Do you currently live: asfnohomeu

- In one home only → *Continue*
- In two or more homes → *SKIP to question 9a*

8b. How many people usually live in this home, including yourself? asf1hmpplu

Number of people: _____ → *Go to Q11*

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ASK Q9 and Q10 ONLY IF CHILD LIVES IN TWO OR MORE HOMES. Otherwise, go to Q11.

The next few questions are about the homes you live in.

If you live in two or more homes, answer the following questions about the two homes you spend the most time in.

9a. Thinking about the home that you spend the most time in, how often do you usually live in this home? asfhm1ti4ud

Number: _____

- days
- weeks
- months

per

- week
- fortnight
- month
- year

9b. How many people usually live in that home, including yourself? asfhm1pplu

Number of people: _____

10 – 14 Years Questionnaire

10a. How often do you usually live in your second home? asfhm2ti4ud

Number: _____

- days
- weeks
- months

per

- week
- fortnight
- month
- year

10b. How many people usually live in this home, including yourself? asfhm2pplu

Number of people: _____

ASK ALL

ABOUT YOUR HEALTH & WELLBEING

Now I would like to ask about your health.

To start off, I'm going to ask you some questions about how you've felt over the past four weeks. For each question, please select the response from SHOWCARD 11 that best describes how you've felt over the past four weeks.

11. In the past four weeks, how much does this sound like you?

	Never (A)	Almost never (B)	Some times (C)	Often (D)	Almost always (E)
a. I feel happy. awpgwsi01u	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I feel good about myself. awpgwsi02u	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I feel good about my health. awpgwsi03u	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I get support from family or friends. awpgwsi04u	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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e. I think good things will happen to me.
 awpgwsi05u

f. I think my health will be good in the future.
 awpgwsi06u

12. In the past four weeks, in general, how was your health? Would you say it was:

- Bad ahsgwsghsu
- Fair
- Good
- Very Good
- Excellent

10 – 14 Years Questionnaire

For this question we'd like you to tell us how many serves of fruit you usually eat each day.

By fruit, we mean tinned, frozen, dried or fresh fruit. Looking at SHOWCARD 13 you will see some examples of some fruit serving sizes

Some examples of one serve of fruit are one medium-sized piece of fruit, like the apple in the picture.

Or two small pieces of fruit, like the apricots. Or one cup of diced fruit pieces, like in this picture.

These photos are all examples of one serve of fruit. So, if you eat twice as many grapes as shown in the picture, that would equal two serves of grapes.

Do you understand what I mean?

13. About how many serves of fruit do you usually eat each day?

abnfruit0m

Number of serves of fruit each day: _____

For this question we'd like you to tell us how many serves of vegetables you usually eat each day.

Vegetables can include tinned, fresh or frozen vegetables.

Looking at SHOWCARD 14 you will see some examples of vegetable serving sizes.

Some examples of one serve vegetables are half a cup of cooked vegetables or a full cup of salad vegetables.

These photos are all examples of one serve of vegetables. So, if you eat twice as much broccoli as shown in the picture, that would equal two serves of broccoli.

Do you understand what I mean?

14. About how many serves of vegetables do you usually eat each day?

abnveg000m

Number of serves of vegetables each day: _____

10 – 14 Years Questionnaire

For the next questions, I will ask about your physical activity.

Physical activity means any activity that makes your heart beat faster and makes you get out of breath some of the time. Some examples are running, fast walking, riding a bike, dancing, skateboarding, swimming, playing soccer, basketball, gym, football and surfing.

First, I'm going to ask you about physical activity you did on each of the past 7 days, counting back from yesterday.

15. Looking at SHOWCARD 15 - How many minutes of physical activity did you do on....

	Day	Minutes
abpactsunu	a. Sunday	
abpactsatu	b. Saturday	
abpactfri	c. Friday	
abpactthu	d. Thursday	
abpactwed	e. Wednesday	
abpacttue	f. Tuesday	
abpactmon	g. Monday	

16. In the past 7 days, did you do more or less physical activity than you would in a normal week? Would you say you did: abpactnoru

- More than usual
- Less than usual
- The same as usual

17. How much do you enjoy physical activity? Would you say: abpactenju

- Not at all
- A bit
- Quite a lot
- A lot

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18. Do you consider yourself to be: abwwghtprm

- An acceptable weight
- Underweight
- Overweight

The next questions are about changes that may be happening to your body. These changes start happening to different people at different ages.

I'll show you a card that has the answer categories on it. All you need to do is say the letter next to the best answer in your case. If you are unsure of which answer to choose, just give your best guess.

19. Looking at SHOWCARD 19 - Which letter on the card best describes your growth in height, or your growth spurt? ahbpds1gsb

- A. Has not started yet
- B. Has barely started
- C. Has definitely started
- D. Seems complete

20. Looking at the same SHOWCARD - Which letter best describes the growth of your body hair? That is, hair in any place other than your head, such as under your arms. ahbpds2bhb

- A. Has not started yet
- B. Has barely started
- C. Has definitely started
- D. Seems complete

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21. Looking at the same SHOWCARD - Which letter best describes the deepening of your voice? ahbpds4dvb

- A. Has not started yet
- B. Has barely started
- C. Has definitely started
- D. Seems complete

22. Still looking at SHOWCARD 19 - Which letter best describes the growth of hair on your face? ahbpds5fhb

- A. Has not started yet
- B. Has barely started
- C. Has definitely started
- D. Seems complete

23a. Looking at the same SHOWCARD - Which letter best describes any changes in your skin, especially pimples? ahbpds3scb

- A. Has not started yet
- B. Has barely started
- C. Has definitely started
- D. Seems complete

*Go to question 24 if 14 years old.
Otherwise, go to question 26a*

} *Continue*

23b. How often have you had pimples on your face? Would you say: ahbpimpfab

- Never
- Sometimes
- Often

23c. And how often have you had pimples on your back? Would you say: ahbpimpbab

- Never
- Sometimes
- Often

23d. Do you avoid social activities when you have pimples? Would you say: ahbpimpsab

- Never
- Sometimes
- Often

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ONLY ASK IF 14 YEARS OLD, otherwise go to Q26a.

The next few questions ask about places you go to for health information, and health services you might have used.

24. Looking at SHOWCARD 24 - Thinking about when you have a health concern, what do you do first to seek information - not including just finding out the address or contact details for a doctor or similar? aklinfos1b

- A. I ask a friend
- B. I ask my parents
- C. I ask other family members
- D. I see a doctor or nurse
- E. I search on the internet
- F. Other
- G. I don't seek any information
- H. I never have health concerns

25. In the past 12 months have you visited:

	Yes	No	How many times in the past 12 months?	
a. a family doctor or General Practitioner	<input type="checkbox"/>	<input type="checkbox"/>	ausgp012mu	___ ausgp0numu
b. a Drug or alcohol clinic	<input type="checkbox"/>	<input type="checkbox"/>	ausdac12mu	___ ausdacnumu
c. a Sexual health clinic	<input type="checkbox"/>	<input type="checkbox"/>	ausshc12mu	___ ausscnumu
d. a Youth clinic or youth health service	<input type="checkbox"/>	<input type="checkbox"/>	ausyhc12mu	___ ausyhcnmu
e. an Emergency Department	<input type="checkbox"/>	<input type="checkbox"/>	ausemd12mu	___ ausemdnumu

10 – 14 Years Questionnaire

ASK ALL

ABOUT YOUR FAMILY & FRIENDS

The next few questions are about your parents.

To answer these questions, please think about who you live with most of the time - this could include step-parents, foster parents or guardians.

26a. Looking at the options on SHOWCARD 26 - In which country was your mother born?

asemocob1m

- A. Australia
- B. England
- C. New Zealand
- D. Italy
- E. Vietnam
- F. India
- G. Scotland
- H. Other (please specify): _____
- I. Don't Know

26b. Still looking at SHOWCARD 26 - In which country was your father born?

asefacob1m

- A. Australia
- B. England
- C. New Zealand
- D. Italy
- E. Vietnam
- F. India
- G. Scotland
- H. Other (please specify): _____
- I. Don't Know

**IF CHILD AGED 10 OR 11 YEARS, GO TO Q30a
CONTINUE ONLY IF CHILD AGED 12 YEARS OR ABOVE**

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For the next couple of questions, please look at SHOWCARD 27 and say the answer that best fits

27. Looking at SHOWCARD 27 - How often does your mother smoke?

- A. Never
- B. Not now, but used to
- C. Occasionally
- D. Most days
- E. Every day
- F. Don't know

abtmocigu

28. Looking at the same SHOWCARD - How often does your father smoke?

- A. Never
- B. Not now, but used to
- C. Occasionally
- D. Most days
- E. Every day
- F. Don't know

abtfacigu

10 – 14 Years Questionnaire

For this next set of questions, please think of your four best friends.

That is, the four friends around your own age you feel closest to.

These questions will ask about things that these friends may have done in the past 12 months. We won't tell anybody else what you tell us about your friends and we don't need to know their names, so they won't get into trouble.

For each of these questions, please look at SHOWCARD 29 and say the letter next to the answer that best fits.

29a. In the past 12 months, how many of your 4 best friends have smoked cigarettes? abefricigb

29b. And in the past 12 months, how many of your 4 best friends have drunk alcohol when their parents didn't know about it? Please think about all types of alcohol, including beer, wine, spirits or pre-mixed drinks such as Bacardi Breezers or UDLs? abefrialcb

29c. And in the past 12 months, how many of your 4 best friends have used marijuana or cannabis, which is also called names like pot, weed or grass? abefrimarb

29d. And in the past 12 months, how many of your 4 best friends have used other illegal drugs, such as cocaine, heroin, LSD (which is sometimes called acid) or amphetamines (which is also called speed)? abefridrgb

	None of these friends (A)	1 of these friends (B)	2 of these friends (C)	3 of these friends (D)	All 4 of these friends (E)
29a. Smoked cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29b. Drank alcohol when their parents didn't know about it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29c. Used marijuana/cannabis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29d. Used other illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10 – 14 Years Questionnaire

ASK ALL

Looking at SHOWCARD 30 - Please say the answer that best describes how much you agree or disagree with the following statements. You only need to say the letter.

30a. I have an adult or adults that I trust and would turn to for advice if I was having problems.

asiadvadtu

- A. Very strongly disagree
- B. Strongly disagree
- C. Disagree
- D. Neither disagree or agree
- E. Agree
- F. Strongly agree
- G. Very strongly agree

30b. I have a friend or friends around my own age that I trust and would turn to for advice if I was having problems.

asiadvfrii

- A. Very strongly disagree
- B. Strongly disagree
- C. Disagree
- D. Neither disagree or agree
- E. Agree
- F. Strongly agree
- G. Very strongly agree

10 – 14 Years Questionnaire

ASK ALL

Sometimes people do things to others that are not very nice. The next questions are about things that may have happened to you, starting with bullying.

Bullying can occur at school or away from school, and can occur online, face to face or by telephone or text message.

(As necessary) Bullying could include being teased or called names, having rumours spread about you, being deliberately left out of things, being threatened physically or being hurt by someone else.”.

31a. Have you been bullied in the past 3 months? asibulvicu

- Yes *Continue*
- No *Go to question 32*

31b. Did this happen online in the past 3 months? asibulonlu

- Yes
- No

31c. Did this happen face to face in the past 3 months? asibulfacu

- Yes
- No

31d. Did this happen by using a phone including text messages, in the past 3 months? asibulphou

- Yes
- No

ABOUT SCHOOL

ASK ALL

Now for some questions about school and education.

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32a. What is the highest level of education you have completed?

aseeducomu

- Year 1
- Year 2
- Year 3
- Year 4
- Year 5
- Year 6
- Year 7
- Year 8
- Year 9
- Year 10
- Year 11
- Year 12

32b Are you still at school? aseeduschu

- Yes *GO to Q33*
- No *Continue to Q32c*

32c. Do you intend to do any more education or study in the future?

aseeduin1u

- Yes *Continue to question 33*
- No *Go to question 34a*

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33. Looking at SHOWCARD 33 - What is the highest level of education you would eventually like to get? Please select the best answer from the card

aseeduin2u

- A. Year 1
- B. Year 2
- C. Year 3
- D. Year 4
- E. Year 5
- F. Year 6
- G. Year 7
- H. Year 8
- I. Year 9
- J. Year 10
- K. Year 11
- L. Year 12
- M. Apprenticeship or similar
- N. Trade qualification
- O. TAFE Certificate
- P. University

10 – 14 Years Questionnaire

ASK ALL

ABOUT THINGS YOU MIGHT HAVE DONE

This section has some question about things you might have done including smoking or drinking alcohol.

Your answers will be used to help researchers understand how these things relate to boys' health. You do not have to answer any question you do not want to.

34a. Looking at SHOWCARD 34A - Have you ever smoked even part of a cigarette? You can just say the letter next to the best answer. abtcigevau

- | | | |
|--|---|--------------------------|
| <input type="checkbox"/> A. No | } | <i>Go to question 35</i> |
| <input type="checkbox"/> B. Yes, just a few puffs | | |
| <input type="checkbox"/> C. Yes, I have smoked fewer than 10 cigarettes in my life | | |
| <input type="checkbox"/> D. Yes, I have smoked more than 10 but fewer than 100 cigarettes in my life | } | <i>Continue</i> |
| <input type="checkbox"/> E. Yes, I have smoked more than 100 cigarettes in my life | | |

34b. How old were you when you smoked your first cigarette? abtcigagem

_____ years old

34c. Have you smoked cigarettes at any time in the past 12 months? abtcigp12u

- | | |
|------------------------------|--------------------------|
| <input type="checkbox"/> Yes | <i>Continue</i> |
| <input type="checkbox"/> No | <i>Go to question 35</i> |

34d. Have you smoked cigarettes at any time in the past 4 weeks? abtcigp4wu

- | | |
|------------------------------|--------------------------|
| <input type="checkbox"/> Yes | <i>Continue</i> |
| <input type="checkbox"/> No | <i>Go to question 35</i> |

34e. Looking at SHOWCARD 34E - on average, how many cigarettes have you smoked per day during the past 4 weeks? Please select the best answer from the card. abtcigf4wu

- A. Less than one cigarette per day
- B. 1-5 cigarettes per day
- C. 6-9 cigarettes per day
- D. 10 or more cigarettes per day

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ASK ALL

35. Have you **ever** had more than a sip or taste of an alcoholic drink at any time?

- Yes *Continue*
 No *if child aged 12 or above go to Q40*
if child aged 10 or 11 go to Q45

abaaIcevab

36. How old were you when you **first** drank more than just a sip or a taste of alcohol?

abaaIcagem

___ ___ years

37. Looking at SHOWCARD 37 - How often did you have more than a sip or taste of alcohol of **any kind** in the past 12 months? Please select the best answer from the card.

abaaIcp12m

- A. Every day
 B. 4 to 6 days a week
 C. 2 to 3 days a week
 D. Once a week
 E. 2 to 3 days a month
 F. About 1 day a month
 G. Less often than 1 day a month
 H. Never in the last 12 months *if child aged 12 or above Go to Q40*
if child aged 10 or 11 Go to Q45a

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ASK ONLY IF CHILD AGED 12 OR ABOVE (AND DID NOT SAY “NEVER IN LAST 12 MONTHS” AT Q37), otherwise go to Q45a

Alcoholic drinks come in various sizes and strengths. This often makes it hard to work out how much actual alcohol has been consumed.

Looking at the STANDARD DRINKS GUIDE - This card shows the alcohol content of different sizes and strengths of alcoholic drinks in terms of 'standard drinks'

For example, one full-strength stubby of beer contains 1.4 standard drinks, but the same size stubby of mid strength beer contains only 1 standard drink.

38. Looking at SHOWCARD 38, how many standard drinks do you typically have on a day when you are drinking alcohol?

abaadt002m

- A. 1 or 2
- B. 3 or 4
- C. 5 or 6
- D. 7 to 9
- E. 10 or more

39. Looking at SHOWCARD 39 - How often would you have 6 or more drinks on one occasion?

abaalc6omb

- A. Never
- B. Less often than once a month
- C. About once per month
- D. About once per fortnight
- E. About once per week
- F. A few times per week
- G. Daily or almost daily

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ASK ONLY IF CHILD AGED 12 OR ABOVE, otherwise go to Q45a

The next few questions are about drugs. Remember, you don't have to answer any question you don't want to.

For each question, please think about your entire lifetime.

40. Have you ever taken or used any substance apart from alcohol with the intention of getting high?

abdgethghb

- Yes *Continue*
- No *Go to Q45a*

41a. In your lifetime, have you ever smoked or used marijuana, which is sometimes called cannabis, pot, weed or grass?

abdmaruevu

- Yes *Continue*
- No *Go to question 42a*

41b. How old were you when you first smoked or used marijuana?

abdmaruagu

_____ years old

41c. Looking at SHOWCARD 41 AND the top section on the card - How many times have you smoked or used marijuana in your life?

abdmar2lfb

- A. Once or twice
- B. 3 to 5 times
- C. 6 to 9 times
- D. 10 -19 times
- E. 20-39 times
- F. 40 or more times

41d. Now looking at SHOWCARD 41 AND the bottom section on the card, how many times have you smoked or used marijuana in the past 4 weeks?

abdmarup4u

- G. None
- H. Once or twice
- I. 3 to 5 times
- J. 6 to 9 times
- K. 10 -19 times
- L. 20-39 times
- M. 40 or more times

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42a. In your lifetime, have you ever sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high?

- Yes *Continue*
 No *Go to question 43a*

abdgasevab

42b. How old were you when you first did this?

abdgasageb

_____ years old

42c. Still looking at SHOWCARD 41 AND the top section on the card - How many times have you done this in your life?

abdgas2lfb

- A. Once or twice
 B. 3 to 5 times
 C. 6 to 9 times
 D. 10 -19 times
 E. 20-39 times
 F. 40 or more times

42d. Still looking at SHOWCARD 44 AND now looking at the bottom section on the card - How many times have you done this in the past 4 weeks?

abdgas2p4b

- G. None
 H. Once or twice
 I. 3 to 5 times
 J. 6 to 9 times
 K. 10 -19 times
 L. 20-39 times
 M. 40 or more times

43a. In your lifetime, have you ever used phenoxydine, which is sometimes called pox, PX or breeze?

- Yes *Continue*
 No *Go to question 44a*

abdpoxevab

43b. How old were you when you first did this?

abdpoxageb

_____ years old

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43c. Still looking at SHOWCARD 41 AND looking at the top section on the card, how many times have you done this in your life?

abdpox2lfb

- A. Once or twice
- B. 3 to 5 times
- C. 6 to 9 times
- D. 10 -19 times
- E. 20-39 times
- F. 40 or more times

43d. Now looking at the bottom section on the same SHOWCARD, how many times have you done this in the past 4 weeks?

abdpox2p4b

- G. None
- H. Once or twice
- I. 3 to 5 times
- J. 6 to 9 times
- K. 10 -19 times
- L. 20-39 times
- M. 40 or more times

44a. In your lifetime, have you ever used any other illegal drugs, such as cocaine, heroin, ecstasy, speed or other amphetamines?

abdothevab

- Yes *Continue*
- No *Go to question 45a*

44b. How old were you when you first used any of these other illegal drugs?

abdothageb

_____ years old

44c. Looking at the top section on the same SHOWCARD - How many times have you used these other illegal drugs in your life?

abdoth2lfb

- A. Once or twice
- B. 3 to 5 times
- C. 6 to 9 times
- D. 10 -19 times
- E. 20-39 times
- F. 40 or more times

44d. Now looking at the bottom section on the same SHOWCARD - How many times have you used these other illegal drugs in the past 4 weeks?

abdoth2p4b

- G. None

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- H. Once or twice
- I. 3 to 5 times
- J. 6 to 9 times
- K. 10 -19 times
- L. 20-39 times
- M. 40 or more times

ASK ALL

The next few questions are about bullying. Bullying can occur at school or away from school, and can occur online, face to face or by telephone or text message.

(If required) Bullying” could include teasing or calling someone by names, spreading rumours about someone, deliberately leaving someone out of things, threatening someone physically or actually hurting someone.

45a. Have you taken part in bullying someone in the past 3 months? asibulperu

- Yes *Continue*
- No *Go to question 46*

45b. Did this happen online in the past 3 months? asibulpolu

- Yes
- No

45c. Did this happen face to face in the past 3 months? asibulpffu

- Yes
- No

45d. Did this happen by using a phone including text messages, in the past 3 months? asibulpphu

- Yes
- No

10 – 14 Years Questionnaire

ABOUT YOUR THOUGHTS & FEELINGS

ASK ALL

Sometimes people experience tough times. The next questions are about different problems you might have experienced during the past 2 weeks.

Please think about each statement that I read out, then say the answer from SHOWCARD 46 that best describes how often you felt that way. You can just say the letter for that answer.

46. In the past 2 weeks, how often have you been bothered by:

	Not at all (A)	Several days (B)	More than half the days (C)	Nearly every day (D)
a. Feeling down, depressed, irritable, or hopeless? awdph9m01u	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Little interest or pleasure in doing things? awdph9m02u	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Trouble falling asleep, staying asleep, or sleeping too much? awdph9m03u	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Poor appetite, weight loss, or overeating? awdph9m04u	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Feeling tired, or having little energy? awdph9m05u	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down? awdph9m06u	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Trouble concentrating on things like school work, reading, or watching TV? awdph9m07u	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual? awdph9m08u	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Thoughts that you would be better off dead, or of hurting yourself in some way? awdph9m09u	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF ‘NOT AT ALL’ IN EVERY CASE, GO TO QUESTION 48. OTHERWISE, CONTINUE

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47. Looking at SHOWCARD 47, how difficult have these problems made it for you to do your school or other work, take care of things at home, or get along with other people?

awdph9m10u

- A. Not difficult at all
- B. Somewhat difficult
- C. Very difficult
- D. Extremely difficult

**ASK ONLY IF CHILD AGED 14 .
IF CHILD IS 13 OR YOUNGER, GO TO Q54**

48. In the past 12 months have you ever deliberately hurt yourself or done anything that you knew might have harmed you or even killed you?

awsharm12u

- Yes *Continue*
- No *Go to question 50a*

49. What was it that you did the most recent time?

10 – 14 Years Questionnaire

Sometimes people feel so depressed about the future that they may consider attempting hurting themselves or attempting suicide.

The next questions ask about attempted suicide. You do not have to answer them if you don't want to.

50a. Have you ever seriously thought about killing yourself? awssuthevm

- Yes
- No *Go to Q51a*

50b. In the past 12 months have you seriously thought about killing yourself?

- Yes awssuth12u
- No

51a. Have you ever made a plan about how you would kill yourself? awssuplevm

- Yes
- No *Go to Q52a*

51b. In the past 12 months have you made a plan about how you would kill yourself? awssupl12u

- Yes
- No

52a. Have you ever tried to kill yourself? awssuatevm

- Yes
- No *Go to Q54*

52b. In the past 12 months have you tried to kill yourself? awssuat12u

- Yes
- No

awssumintm

53. Thank you for sharing that with me. I'd like you to read through the 3 statements on SHOWCARD 53, and tell me which best describes your situation when you made your most recent suicide attempt? Just say the letter next to the best answer.

- A. I made a serious attempt to kill myself and it was only luck that I did not die.
- B. I tried to kill myself, but knew that the method was not fool-proof.
- C. My attempt was a cry for help. I did not intend to die.

10 – 14 Years Questionnaire

ASK ALL

For the next question, we are going to use the scale shown on SHOWCARD 54, where 1 means not at all true, 4 means somewhat true and 7 means very true.

I'm going to read out a series of statements. For each statement, please think about how it relates to your life and then say the number on the scale that corresponds to how true it is for you.

For example, if you think a statement is only a little bit true, you might say 2, or maybe 3 depending on how true. Do you understand what I'm asking you to do?

54. Here's the first statement. Just say the number on the scale of 1 to 7 that best describes how true it is for you.

	Not at all true			Some what true			Very true
	1	2	3	4	5	6	7
a. I feel like I am free to decide for myself how to live my life asisdsi01u	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. People I know tell me I am good at what I do asisdsi02u	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I get along with people I come into contact with. asisdsi03u	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I generally feel free to express my ideas and opinions asisdsi04u	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I consider the people I regularly interact with to be my friends asisdsi05u	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. People in my life care about me asisdsi06u	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Most days I feel a sense of accomplishment from what I do asisdsi07u	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I feel like I can pretty much be myself in my daily situations asisdsi08u	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10 – 14 Years Questionnaire

ASK ALL

You are doing really well and we just have a few more questions to go.

The next questions are about times or situations where you might feel worried, scared or afraid. I'm going to read out a series of statements. Looking at SHOWCARD 55, please say how often each of these things happen to you or just read out the letter next to the answer that best fits

55. How often does this happen to you?

		Never (A)	Sometimes (B)	Often (C)	Always (D)
a. I worry about things	awdscas01u	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. When I have a problem, I get a funny feeling in my stomach	awdscas03u	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I feel afraid.	awdscas04u	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. When I have a problem, my heart beats really fast	awdscas20u	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I worry that something bad will happen to me	awdscas22u	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. When I have a problem I feel shaky	awdscas24u	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10 – 14 Years Questionnaire

ASK ALL

ABOUT YOUR LEISURE TIME

Now I will ask you a few questions about things that you might do in your free time.

56. About what time do you usually go to sleep on a school night? ahzslpsn5ud

_____AM/ PM

57. About what time do you usually wake up in the morning on a school day?

ahzwausd5ud

_____AM/ PM

58. About what time do you usually go to sleep on days when you do not have school the next day?

ahzslpns5ud

_____AM/ PM

59. About what time do you usually wake up in the morning on days when you do not have school?

ahzwauns5ud

_____AM/ PM

60. Looking at SHOWCARD 60 - How often do you attend religious services, such as going to church, temple, mosque, or other religious institutions or activities?

asirelserm

- A. Never
- B. About once or twice a year
- C. About once every few months
- D. About once or twice a month
- E. About once a week or more often

10 – 14 Years Questionnaire

The last few questions are about how much time you spend in front of a screen.

That is watching TV or DVDs, using a computer, using hand held devices such as an iPad or smart phone, playing video games such as Xbox, Wii or using any other device that has a screen.

61a. Looking at SHOWCARD 61 how many hours do you usually spend in front of a screen on a weekday – Monday to Friday? abrscrnwdu

Please think about all of the times you use a screen including before, during and after school hours on a typical weekday, add these up, and then say best answer from the card.

- A. None
- B. Less than one hour
- C. 1 to 2 hours
- D. 2 to 4 hours
- E. 4 to 6 hours
- F. More than 6 hours

61b. Still looking at SHOWCARD 61 - How many hours do you usually spend in front of a screen on a weekend day? abrscrnwdu

Please think about all the times you use a screen in the morning, afternoon or at night on a typical Saturday or Sunday, add these up, and then say the best answer from the card.

- A. None
- B. Less than one hour
- C. 1 to 2 hours
- D. 2 to 4 hours
- E. 4 to 6 hours
- F. More than 6 hours

62. Thank you for your time. Do you have any other information or comments you would like to share with us?