Australian Government
Department of Health

THE UNIVERSITY OF MELBOURNE

Roy Morgan Research

TEN TO MEN
The Australian Longitudinal Study on Male Health

WAVE 2

SURVEY – YOUNG MEN

HOW TO COMPLETE THIS QUESTIONNAIRE

Use only **black** pen. Do not mark any areas outside the box. Most questions are answered by marking a **cross** in one or more boxes, like this:	**Right** ☒ **Wrong** ☐ ☑ ☒ ☐ ☑
If you need to change an answer, completely fill in the wrong box and put a **cross** in the box that you do want to answer, like this:	**Wrong box** ■ **Right box** ☒
Some questions are answered by writing a number inside one or more boxes, like this: Where there is more than one box and your answer is just a single digit, you do not need to insert zeros in front of your answer:	24 8
If a box you have marked has a 'Go to' instruction alongside it: Please go straight to the question indicated. In all other cases, just go to the next question.	Yes ☐ → Continue No ☐ → Go to Q10
Other questions will ask you to write your answer in the box provided. Please ensure that you print your answers like this: **Please do not write or make marks elsewhere on this form, except where indicated.**	Last year I went to Bali

The survey covers a range of subjects that are related to health and wellbeing. Some of these are sensitive or very personal.You do not have to answer any question you do not want to. Your answers will help improve the health of men and boys across Australia.

We will protect your anonymity and the confidentiality of your responses to the fullest possible extent, within the limits of the law.

By returning your completed survey by mail or to the Roy Morgan staff member you acknowledge that you have read and understand the information in the Study Brochure and consent to continue to participate in Ten to Men.

If you are concerned about your physical or emotional health, you may like to contact:
- your nearest Community Health Centre;
- your General Practitioner for advice about who would be the best person in your community for you to talk to;
- Lifeline 131 114 (local call). Available 24 hours.

Respondent ID

19 Oct 2015 R08661-ADOL

ABOUT YOU AND YOUR FAMILY

1. How old are you?

☐☐ years

If you are younger than 15 or older than 17, please stop here and call 1800 700 086 to discuss how you can participate in the Ten to Men study.

2. What is the highest level of education you have <u>completed</u>?
Do not include a year started but not actually completed.

- Year 7 ☐
- Year 8 ☐
- Year 9 ☐
- Year 10 ☐
- Year 11 ☐
- Year 12 ☐
- Apprenticeship or similar ☐
- Trade qualification ☐
- TAFE Certificate ☐

3. Are you still at school or any other educational institution (including distance education)?

- Yes ☐ → Go to Q5
- No ☐ → Continue

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

- Yes ☐ → Continue
- No ☐ → Go to Q6

5. What is the highest level of education you would eventually like to get?

- Year 7 ☐
- Year 8 ☐
- Year 9 ☐
- Year 10 ☐
- Year 11 ☐
- Year 12 ☐
- Apprenticeship or similar ☐
- Trade qualification ☐
- TAFE Certificate ☐
- University ☐

B

6. In the <u>past</u> <u>12</u> <u>months</u> did you do any work for pay?

- Yes ☐ → Continue
- No ☐ → Go to Q9

7. If yes, was it:
(Mark all that apply)

- Full-time work ☐
- Part-time work ☐
- Casual work ☐
- Self-employed ☐

8. <u>In</u> <u>total</u>, how much time did you spend working for pay in the <u>past</u> <u>12</u> <u>months</u>?

Count all the time for which you had a paid job, including when you were temporarily absent from your job(s) due to holidays, sick leave, etc.

(Mark <u>one</u> answer only)

- 12 months ☐
- 6 to 11 months ☐
- 3 to 5 months ☐
- 1 to 2 months ☐
- Less than 1 month ☐

Reminder:
Are you using a black ballpoint pen?

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9. Which best describes where you currently live?

In one home only ☐ → Continue

In two (or more) homes ☐ → Go to Q11

IF you live in <u>one</u> <u>home</u> <u>only</u> answer question 10, otherwise GO TO question 11.

10. How many people usually live in this home (including yourself)?

Number of people: ☐☐ → Go to Q15

IF you live in <u>two</u> <u>or</u> <u>more</u> homes answer questions 11 to 14, otherwise GO TO question 15.

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

11. How often do you usually live in the <u>first</u> home?
Please write a number and mark the appropriate box for each column.

For example, if you live 10 days per fortnight in the first home, your answer would be:

Write number: 10

days ☒ weeks ☐ months ☐ per week ☐ fortnight ☒ month ☐ year ☐

Write number: ☐☐☐

days ☐ weeks ☐ months ☐ per week ☐ fortnight ☐ month ☐ year ☐

12. How many people usually live in the <u>first</u> home (including yourself)?

Number of people: ☐☐

13. How often do you usually live in the <u>second</u> home?
Please write a number and mark the appropriate box for each column.

Write number: ☐☐☐

days ☐ weeks ☐ months ☐ per week ☐ fortnight ☐ month ☐ year ☐

14. How many people usually live in the <u>second</u> home (including yourself)?

Number of people: ☐☐

<u>EVERYONE PLEASE ANSWER</u>

15. How many bedrooms are there in your home?
If you live in more than one home, answer for the home you spend the most days in each month.

Number of bedrooms: ☐☐
(Write 0 if none, e.g. studio apartment, caravan, etc.)

16. How would you describe your home?

Single/free-standing house ☐ → Go to Q18

Semi-detached row or terrace house/ town house:
- One storey ☐
- Two or more storeys ☐

→ Go to Q18

Flat or apartment:
- In a one or two storey block ☐ → Go to Q18
- In a three storey block ☐
- In a four or more storey block ☐

→ Continue

- Attached to a house ☐ → Go to Q18
- Caravan, cabin, houseboat ☐
- Improvised home, tent, camping out ☐
- House or flat attached to a shop or office, etc. ☐

→ Go to Q18

17. What floor is your flat/apartment on?

Floor number: ☐☐
(Write 0 if ground floor)

Reminder:

Are you filling in the boxes correctly?

Right	Wrong
☒	- ✓ ✗ - ✓

Are you shading the boxes fully for any mistakes?

Wrong box ■

Right box ☒

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ABOUT YOUR HEALTH & WELLBEING

18. In the past 4 weeks, how much does this sound like you?
(Mark one answer in each row)

	Never	Almost never	Sometimes	Often	Almost always
I feel happy	☐	☐	☐	☐	☐
I feel good about myself	☐	☐	☐	☐	☐
I feel good about my health	☐	☐	☐	☐	☐
I get support from family or friends	☐	☐	☐	☐	☐
I think good things will happen to me	☐	☐	☐	☐	☐
I think my health will be good in the future	☐	☐	☐	☐	☐

19. In the past 4 weeks, in general, how was your health?

Bad	Fair	Good	Very good	Excellent
☐	☐	☐	☐	☐

20. Have you had the following health conditions?
For each health condition listed below, answer either YES or NO in both column 1 and column 2 below.

	Column 1 Has a doctor or other health professional ever told you that you had this condition?		**Column 2** Have you been treated for or had any symptoms of this condition in the past 12 months?	
	Yes	No	Yes	No
Eczema	☐	☐	☐	☐
Asthma	☐	☐	☐	☐
Diabetes Type 1	☐	☐	☐	☐
Depression	☐	☐	☐	☐
Anxiety disorders	☐	☐	☐	☐
Schizophrenia	☐	☐	☐	☐
ADHD	☐	☐	☐	☐
Autism Spectrum Disorder	☐	☐	☐	☐
Conduct Disorder	☐	☐	☐	☐
Idiopathic scoliosis (curvature of the spine)	☐	☐	☐	☐
Drug and/or alcohol problems	☐	☐	☐	☐
An eating disorder	☐	☐	☐	☐
Dyslexia (or learning disabilities)	☐	☐	☐	☐
Expressive or receptive language disorder	☐	☐	☐	☐
Hearing impairment	☐	☐	☐	☐
Vision impairment	☐	☐	☐	☐
Intellectual disability	☐	☐	☐	☐

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21. Has a doctor or health professional ever told you that you have a food allergy?

Yes ☐ → Continue
No ☐ → Go to Q25

22. Which food are you allergic to?
(Mark all that apply)

Peanut ☐
Treenut ☐
Cow's milk ☐
Eggs ☐
Soy ☐
Wheat ☐
Fish/shellfish ☐
Other ☐

23. Do you have an adrenaline auto-injector pen, such as an EpiPen® or Anapen®?

Yes ☐
No ☐

24. Have you ever had an episode of anaphylaxis?

Yes ☐
No ☐

EVERYONE PLEASE ANSWER

25. Do you have difficulty:
(Mark one answer in each row)

	No – no difficulty	Yes – some difficulty	Yes – a lot of difficulty	Cannot do at all
Seeing, even if wearing glasses	☐	☐	☐	☐
Hearing, even if using a hearing aid	☐	☐	☐	☐
Walking or climbing steps	☐	☐	☐	☐
Remembering or concentrating	☐	☐	☐	☐
With self-care such as washing all over or dressing	☐	☐	☐	☐
Understanding or being understood while using your usual (customary) language	☐	☐	☐	☐

Reminder:

Are you filling in the boxes correctly?

Right ☒ **Wrong** ☐ ☑ ☐ ☐ ☑

Are you shading the boxes fully for any mistakes?

Wrong box ■
Right box ☒

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26. In the last two years, did you have an injury that required professional medical treatment?

No ☐ → Go to Q30

Yes, one injury ☐

Yes, ☐☐ injuries (write number)

If you had more than one injury that required medical treatment in the past two years, think about the most severe injury for the rest of the questions in this section.

27. Do you currently live with the physical or mental effects of that injury?

Yes ☐ → Continue

No ☐ → Go to Q30

28. Do the effects of that injury currently limit you in performing your duties and activities (e.g. going to work or school, doing work around the house, etc.)?

Yes, fully ☐

Yes, but only partially ☐

No ☐

29. Was this injury an accident, did someone else hurt you deliberately, or did you deliberately hurt yourself?

It was an accident (unintentional) ☐

Someone else did it to me deliberately (intentional) ☐

I did it to myself deliberately (self-inflicted) ☐

Don't know ☐

EVERYONE PLEASE ANSWER

If you have access to scales and a tape measure please use them for the following measurements.

30. How tall are you without shoes?

☐☐☐ centimetres OR ☐ feet and ☐☐ inches

Don't know ☐

31. How much do you weigh?

☐☐☐ kilograms OR ☐☐ stones and ☐☐ pounds OR ☐☐☐ pounds only

Don't know ☐

32. Compared to other boys of your age, would you say that your body changes because of puberty (such as hair on your face or body, deepening voice, or growth spurt) started:

Much earlier (more than 2 years) ☐

A bit earlier ☐

Around the same time ☐

A bit later ☐

Much later (more than 2 years) ☐

33. How often have you had acne or pimples on your:
(Mark one answer in each row)

	Never	Sometimes	Often
Face	☐	☐	☐
Back	☐	☐	☐

Reminder:
Are you using a black ballpoint pen?

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34. In the past 12 months, have you visited any of these services?

Please answer either YES or NO for each row. If YES for any service, please also state how many times.

	Yes	No	How many times in the past 12 months?
A family doctor/General Practitioner (GP)	☐	☐	☐☐
Emergency Department	☐	☐	☐☐
Other (please specify): 1	☐	☐	☐☐

35. How easy or difficult are the following tasks for you to do now?
(Mark one answer in each row)

	Cannot do	Very difficult	Quite difficult	Quite easy	Very easy
Finding information about health problems	☐	☐	☐	☐	☐
Find health information from several different places	☐	☐	☐	☐	☐
Get information about health so you are up to date with the best information	☐	☐	☐	☐	☐
Get health information in words you understand	☐	☐	☐	☐	☐
Get health information by yourself	☐	☐	☐	☐	☐

Reminder:

Are you filling in the boxes correctly?

Right ☒ **Wrong** ☐ ☑ ☐ ☐ ☑

Are you shading the boxes fully for any mistakes?

Wrong box ■

Right box ☒

1

OFFICE USE ONLY ☐☐

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RELATIONSHIPS & SEX

This section asks about your experiences and attitudes to sex and relationships. Your answers will help researchers better understand men and boys' views on sex and relationships and how this affects their wellbeing. You do not have to answer any question you don't want to – just skip to the next question or section.

36. Which of these statements best describes your sexual feelings at this time in your life?

- I'm attracted only to girls ☐
- I'm attracted to girls and guys ☐
- I'm attracted only to guys ☐
- I'm not sure whom I am attracted to ☐
- I don't feel any attraction to others ☐

37. Do you think of yourself as:

- Heterosexual/straight ☐
- Bisexual ☐
- Homosexual/gay ☐
- Not sure ☐
- Other ☐

38. Which of these statements best describes you?

- I have never had sex ☐ → Go to Q43
- I have had sex with both guys and girls ☐
- I've only had sex with girls ☐
- I've only had sex with guys ☐

→ Continue

39. How old were you when you first had oral sex with someone?
Write your age in years and months.

I was ☐☐ years and ☐☐ months old

Haven't had oral sex: ☐

40. How old were you when you first had vaginal or anal sex with someone?
Write your age in years and months.

I was ☐☐ years and ☐☐ months old

Haven't had vaginal or anal sex: ☐

41. In the past 12 months, how many different girls and/or guys have you had sex with (vaginal, oral or anal sex)?

Please include everyone you have had oral, vaginal or anal sex with, whether it was just once, a few times, or with a regular partner (e.g. girlfriend/ boyfriend).

Be as accurate as you can: give your best estimate if you can't remember exactly.

Write 0 if you have not had sex with a person of a particular gender in the past 12 months (or ever).

Number of girls: ☐☐

Number of guys: ☐☐

42. In the past 12 months when you had sex, how often were condoms used?

- Always ☐
- Most times ☐
- About half the time ☐
- Rarely ☐
- Never ☐
- I didn't have sex in the past 12 months ☐

EVERYONE PLEASE ANSWER

43. Are you currently in a relationship?

- Yes ☐ → Continue
- No ☐ → Go to Q45

44. If Yes, for how long have you been in this relationship?

☐☐ years and ☐☐ months

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FAMILY & FRIENDS

In this section, when we ask about your mother/father, we want you to think about who you live with most of the time – this could include step-parents, foster parents or guardians.

45. Does your mother smoke?

- Never ☐
- Not now, but used to ☐
- Occasionally ☐
- Most days ☐
- Every day ☐
- Don't know ☐

46. Does your father smoke?

- Never ☐
- Not now, but used to ☐
- Occasionally ☐
- Most days ☐
- Every day ☐
- Don't know ☐

47. How would you rate your relationship with your father/father figure?

Poor	Fair	Good	Very good	Excellent
☐	☐	☐	☐	☐

I do not have a father/father figure ☐ → Go to Q49

48. How strongly do you agree or disagree with the following statements about the relationship between you and your father/father figure?
(Mark one answer in each row)

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
He understands my problems or worries	☐	☐	☐	☐	☐
I can confide in him about things that are bothering me	☐	☐	☐	☐	☐
He gives me the love and affection I need	☐	☐	☐	☐	☐
He gives me time and attention when I need it	☐	☐	☐	☐	☐
He makes sure I have a good upbringing	☐	☐	☐	☐	☐
He teaches me about life	☐	☐	☐	☐	☐

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For questions 49 and 50 please mark the box that indicates how much you agree with the statement.

49. I have an adult/adults that I trust and would turn to for advice if I was having problems.

- Very strongly disagree ☐
- Strongly disagree ☐
- Disagree ☐
- Neither agree nor disagree ☐
- Agree ☐
- Strongly agree ☐
- Very strongly agree ☐

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

- Very strongly disagree ☐
- Strongly disagree ☐
- Disagree ☐
- Neither agree nor disagree ☐
- Agree ☐
- Strongly agree ☐
- Very strongly agree ☐

51. Have you been bullied in the <u>past</u> <u>3</u> <u>months</u>?
(Mark <u>all</u> that apply)

- No, never ☐
- Yes, online ☐
- Yes, face-to-face ☐
- Yes, using a phone (including text messages) ☐

YOUR LIFESTYLE

When answering questions 52 and 53, please refer to the Show Card in the Study Information booklet that came with your study materials.

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

By "fruit", we mean tinned, frozen, dried or fresh fruit, but not fruit juice. Some examples of a serve of fruit are 1 medium-sized piece of fruit such as an apple, 2 small fruits like a kiwi fruit, 1 cup diced/ canned fruit or 1½ tablespoons of dried fruit.

Number of serves of fruit each day: ☐☐
(Write 0 if you eat less than one serve a day)

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

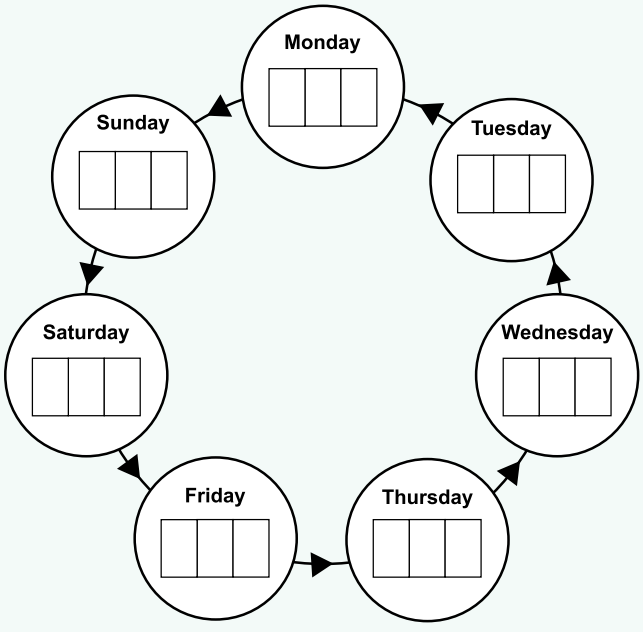
A serve is for example 1 potato (not counting chips/ fries), or 1 cup of salad vegetables, or ½ cup cooked vegetables, or ½ cup cooked dried beans (e.g. peas, or lentils).

Number of serves of vegetables each day: ☐☐
(Write 0 if you eat less than one serve a day)

The next questions ask about physical activity. Physical activity means any activity that increases your heart rate and makes you get out of breath some of the time. Some examples are: running, fast walking, riding a bike, dancing, skateboarding, swimming, soccer, basketball, gym, football & surfing.

54. How many minutes of physical activity did you do over the <u>past</u> <u>7</u> <u>days</u> counting back from yesterday?

For example, if today is a Wednesday start counting from yesterday, which would be Tuesday, and write the minutes of physical activity you did that day in the boxes in the circle marked "Tuesday". If you did not do any physical activity that day, write 0 in the boxes in the circle. Then do the same for the Monday (two days ago from today) and continue until you have completed the full circle.



55. In the <u>past</u> <u>7</u> <u>days</u>, did you do more or less physical activity than you would in a normal week?

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

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56. How much do you enjoy physical activity?

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

57. Have you ever smoked even part of a cigarette?

- No ☐
- Yes, just a few puffs ☐
- Yes, I have smoked fewer than 10 cigarettes in my life ☐

→ Go to Q62

- Yes, I have smoked more than 10 but fewer than 100 cigarettes in my life ☐
- Yes, I have smoked more than 100 cigarettes in my life ☐

→ Continue

58. How old were you when you smoked your first cigarette?

I was ☐☐ years old

59. Have you smoked cigarettes at any time in the past 12 months?

- Yes ☐ → Continue
- No ☐ → Go to Q62

60. Have you smoked cigarettes at any time in the past 4 weeks?

- Yes ☐ → Continue
- No ☐ → Go to Q62

61. On average, how many cigarettes have you smoked per day during the past 4 weeks?

- Less than 1 cigarette per day ☐
- 1 – 5 cigarettes per day ☐
- 6 – 9 cigarettes per day ☐
- 10 or more cigarettes per day ☐

EVERYONE PLEASE ANSWER

62. Have you ever had an alcoholic drink of any kind?

- Yes ☐ → Continue
- Yes, but just a sip or taste ☐
- No ☐

→ Go to Q70a

63. How old were you when you first began drinking more than just a sip or a taste of alcohol?

I was ☐☐ years old

64. How often did you have more than a sip or taste of alcohol of any kind in the past 12 months?

- Every day ☐
- 4 to 6 days a week ☐
- 2 to 3 days a week ☐
- Once a week ☐
- 2 to 3 days a month ☐
- About 1 day a month ☐
- Less often than 1 day a month ☐

→ Continue

- Never in the past 12 months ☐ → Go to Q70a

65. How many standard drinks do you typically have on a day when you are drinking alcohol?

For standard drink size, please refer to the examples/pictures of drink sizes in the Study Information booklet that came with your study materials.
(Mark one answer only)

- 1 or 2 ☐
- 3 or 4 ☐
- 5 or 6 ☐
- 7 to 9 ☐
- 10 or more ☐

66. How often do you have 6 or more drinks on one occasion?
(Mark the one best answer below)

- Never ☐
- Less than monthly ☐
- Monthly ☐
- Weekly ☐
- Daily or almost daily ☐

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67. How often during the past 12 months have you:
(Mark the one best answer in each row)

	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
Found that you were not able to stop drinking once you had started	☐	☐	☐	☐	☐
Failed to do what was normally expected from you because of your drinking	☐	☐	☐	☐	☐
Needed an alcoholic drink in the morning to get yourself going after a heavy drinking session	☐	☐	☐	☐	☐
Had a feeling of guilt or regret after drinking	☐	☐	☐	☐	☐
Been unable to remember what happened the night before because you had been drinking	☐	☐	☐	☐	☐

68. Have you or someone else been injured as a result of your drinking?

No ☐
Yes, but not in the past 12 months ☐
Yes, during the past 12 months ☐

69. Has a relative, friend, doctor or other health worker been concerned about your drinking, or suggested you cut down?

No ☐
Yes, but not in the past 12 months ☐
Yes, during the past 12 months ☐

EVERYONE PLEASE ANSWER

70a. Have you ever smoked or used marijuana/cannabis (grass, hash, dope, pot)?

Yes ☐ → Continue
No ☐ → Go to Q71

70b. How old you were when you first did this?

I was ☐☐ years old

How many times have you smoked or used marijuana/cannabis:
(Mark one answer in each row)

	None	Once or twice	3 - 5 times	6 - 9 times	10 - 19 times	20 - 39 times	40 or more times
70c. In the past four weeks	☐	☐	☐	☐	☐	☐	☐
70d. In the past year	☐	☐	☐	☐	☐	☐	☐

71. Have you ever used any other type of drug with the intention of getting high?

Yes ☐ → Continue
No ☐ → Go to Q75 on page 14

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72a. Have you ever used or taken amphetamines (speed, crystal methamphetamine, methamphetamine, ice) other than for medical reasons?

Yes ☐ → Continue
No ☐ → Go to Q73a

72b. How old you were when you first did this?

I was ☐☐ years old

How many times have you used or taken amphetamines:
(Mark one answer in each row)

	None	Once or twice	3 - 5 times	6 - 9 times	10 - 19 times	20 - 39 times	40 or more times
72c. In the past four weeks	☐	☐	☐	☐	☐	☐	☐
72d. In the past year	☐	☐	☐	☐	☐	☐	☐

73a. Have you ever used or taken ecstasy (E, ecci, X, bickies)?

Yes ☐ → Continue
No ☐ → Go to Q74a

73b. How old you were when you first did this?

I was ☐☐ years old

How many times have you used or taken ecstasy:
(Mark one answer in each row)

	None	Once or twice	3 - 5 times	6 - 9 times	10 - 19 times	20 - 39 times	40 or more times
73c. In the past four weeks	☐	☐	☐	☐	☐	☐	☐
73d. In the past year	☐	☐	☐	☐	☐	☐	☐

74a. Have you ever used or taken cocaine?

Yes ☐ → Continue
No ☐ → Go to Q75

74b. How old you were when you first did this?

I was ☐☐ years old

How many times have you used or taken cocaine:
(Mark one answer in each row)

	None	Once or twice	3 - 5 times	6 - 9 times	10 - 19 times	20 - 39 times	40 or more times
74c. In the past four weeks	☐	☐	☐	☐	☐	☐	☐
74d. In the past year	☐	☐	☐	☐	☐	☐	☐

If you would like to talk to someone about these issues you can ring Lifeline on 131 114 (local call)

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EVERYONE PLEASE ANSWER

75. Have you taken part in bullying someone in the past 3 months?
(Mark all that apply)

- No, never ☐
- Yes, online ☐
- Yes, face-to-face ☐
- Yes, using a phone (including text messages) ☐

76. In the past 12 months, have you experienced any of the following events?
(Mark one answer in each row)

	Yes	No
You suffered a serious illness, injury or an assault	☐	☐
One of your close relatives suffered a serious illness, injury or an assault	☐	☐
Your parent, brother, sister or girlfriend/boyfriend died	☐	☐
A close friend or other relative (e.g. grandparent, cousin, aunt, etc.) died	☐	☐
Your parents separated or divorced	☐	☐
You split up with a girlfriend/boyfriend	☐	☐
You had a serious problem with a friend, neighbour or relative	☐	☐
You failed an important exam or got seriously behind in your schoolwork	☐	☐
You were suspended from school, or left school because things were not going well	☐	☐
You or your family had a major financial crisis	☐	☐
Your family moved to a new home	☐	☐

Reminder:

Are you filling in the boxes correctly?

Right ☒ **Wrong** ☐ ☑ ☒ ☐ ☑

Are you shading the boxes fully for any mistakes?

Wrong box ■

Right box ☒

YOUR THOUGHTS & FEELINGS

77. How often, if at all, have you been bothered by each of the following problems during the past 2 weeks?
For each row, mark the box beneath the answer that best describes how often you have been feeling like this.

	Not at all	Several days	More than half the days	Nearly every day
Feeling down, depressed, irritable, or hopeless	☐	☐	☐	☐
Little interest or pleasure in doing things	☐	☐	☐	☐
Trouble falling asleep, staying asleep, or sleeping too much	☐	☐	☐	☐
Poor appetite, weight loss, or overeating	☐	☐	☐	☐
Feeling tired, or having little energy	☐	☐	☐	☐
Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down	☐	☐	☐	☐
Trouble concentrating on things like school work, reading, or watching TV	☐	☐	☐	☐
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	☐	☐	☐	☐
Thoughts that you would be better off dead, or of hurting yourself in some way	☐	☐	☐	☐

IF "Not at all" in every row above, GO TO question 79, otherwise continue.

78. If you experienced any of the problems above, how difficult have these problems made it for you to do your work (e.g. school work), take care of things at home, or get along with other people?
(Mark one answer only)

- Not difficult at all ☐
- Somewhat difficult ☐
- Very difficult ☐
- Extremely difficult ☐

Reminder:
Are you using a black ballpoint pen?

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EVERYONE PLEASE ANSWER

79. 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?

Yes ☐ → Continue
No ☐ → Go to Q81

80. What was it that you did the most recent time?
Please write a description in the space below.

Sometimes people feel so depressed about the future that they may consider hurting themselves or attempting suicide. The next questions are about attempted suicide. Remember you do not have to answer any question you do not want to – just skip to the next question or section.

81. Have you seriously thought about killing yourself?
(Mark one answer in each row)

	Yes	No
81a. Ever in your life	☐	☐
81b. In the past 12 months	☐	☐

82. Have you made a plan about how you would kill yourself?
(Mark one answer in each row)

	Yes	No
82a. Ever in your life	☐	☐
82b. In the past 12 months	☐	☐

83. Have you tried to kill yourself?
(Mark one answer in each row)

	Yes	No	
83a. Ever in your life	☐	☐	→ If NO to both 83a and 83b, Go to Q85, otherwise continue
83b. In the past 12 months	☐	☐	

84. Which one of the three statements best describes your situation when you made your most recent suicide attempt?

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

If you are feeling upset and would like to talk to someone you can ring Lifeline on 131 114 (local call)

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Comments made ☐

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85. Thinking about your life, how true is each of the following statements?

Using a scale where an answer of 1 means “Not at all true”, 4 means “Somewhat true” and 7 means “Very true”, please mark one answer in each row below.

	Not at all true 1	2	3	Somewhat true 4	5	6	Very true 7
I feel like I am free to decide for myself how to live my life	☐	☐	☐	☐	☐	☐	☐
People I know tell me I am good at what I do	☐	☐	☐	☐	☐	☐	☐
I get along with people I come into contact with	☐	☐	☐	☐	☐	☐	☐
I generally feel free to express my ideas and opinions	☐	☐	☐	☐	☐	☐	☐
I consider the people I regularly interact with to be my friends	☐	☐	☐	☐	☐	☐	☐
People in my life care about me	☐	☐	☐	☐	☐	☐	☐
Most days I feel a sense of accomplishment from what I do	☐	☐	☐	☐	☐	☐	☐
I feel like I can pretty much be myself in my daily situations	☐	☐	☐	☐	☐	☐	☐

86. Thinking about your life, how often do the following things happen to you?
(Mark one answer in each row)

	Never	Sometimes	Often	Always
I worry about things	☐	☐	☐	☐
When I have a problem, I get a funny feeling in my stomach	☐	☐	☐	☐
I feel afraid	☐	☐	☐	☐
I feel scared when I have to take a test	☐	☐	☐	☐
I feel afraid if I have to use public toilets or bathrooms	☐	☐	☐	☐
I feel afraid that I will make a fool of myself in front of people	☐	☐	☐	☐
I worry that I will do badly at my school work	☐	☐	☐	☐
When I have a problem, my heart beats really fast	☐	☐	☐	☐
I worry that something bad will happen to me	☐	☐	☐	☐
When I have a problem I feel shaky	☐	☐	☐	☐
I worry what other people think of me	☐	☐	☐	☐
I feel afraid if I have to talk in front of my class	☐	☐	☐	☐

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87. If you were having a personal or emotional problem, how likely is it you would seek help from the following people?

Using a scale of 1 – 7 where 1 is "Extremely unlikely", 3 is "Unlikely", 5 is "Likely" and 7 is "Extremely likely", please mark <u>one</u> answer in each row below.

	Extremely unlikely 1	2	**Unlikely** 3	4	**Likely** 5	6	**Extremely likely** 7
Intimate partner (e.g. girlfriend, boyfriend, husband, wife, de facto)	☐	☐	☐	☐	☐	☐	☐
Friend (not related to you)	☐	☐	☐	☐	☐	☐	☐
Parent	☐	☐	☐	☐	☐	☐	☐
Other relative/family member	☐	☐	☐	☐	☐	☐	☐
Mental health professional (i.e. psychologist, social worker, counsellor)	☐	☐	☐	☐	☐	☐	☐
Phone helpline (e.g. Lifeline)	☐	☐	☐	☐	☐	☐	☐
Doctor/GP	☐	☐	☐	☐	☐	☐	☐
Minister or religious leader (e.g. Priest, Rabbi, Chaplain)	☐	☐	☐	☐	☐	☐	☐
I would not seek help from anyone	☐	☐	☐	☐	☐	☐	☐
I would seek help from another source not listed above. Please specify: 2 [ ]	☐	☐	☐	☐	☐	☐	☐

88. Please indicate how much you agree with the following statements as they apply to you over the <u>last</u> <u>month</u>. If a particular situation has not occurred recently, answer according to how you think you would have felt.

(Mark <u>one</u> answer in each row)

	Not true at all	Rarely true	Sometimes true	Often true	True nearly all the time
I am able to adapt when changes occur	☐	☐	☐	☐	☐
I can deal with whatever comes my way	☐	☐	☐	☐	☐
I try to see the humorous side of things when I am faced with problems	☐	☐	☐	☐	☐
Having to cope with stress can make me stronger	☐	☐	☐	☐	☐
I tend to bounce back after illness, injury or hardship	☐	☐	☐	☐	☐
I believe I can achieve my goals, even if there are obstacles	☐	☐	☐	☐	☐
Under pressure, I stay focused and think clearly	☐	☐	☐	☐	☐
I am not easily discouraged by failure	☐	☐	☐	☐	☐
I think of myself as a strong person when dealing with life's challenges and difficulties	☐	☐	☐	☐	☐
I am able to handle unpleasant or painful feelings like sadness, fear and anger	☐	☐	☐	☐	☐

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LEISURE TIME

For questions 89 to 92 inclusive, please write a time and then mark the box to indicate whether this time is AM or PM. For example, you would write 8.45 at night as follows:

8 : 45 AM ☐ PM ☒

89. About what time do you usually go to sleep at night on a school/work night?

: AM ☐ PM ☐

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

: AM ☐ PM ☐

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

: AM ☐ PM ☐

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

: AM ☐ PM ☐

93. How many hours do you usually spend in front of a screen each day? That is, watching TV and/or DVDs, using a computer, using hand held devices such as an iPad or smart phone, or playing video games such as Xbox, Wii etc.?

(Mark one answer in each row)

	None	Less than 1 hour	1 to 2 hours	2 to 4 hours	4 to 6 hours	More than 6 hours
On a weekday (Monday to Friday. Include time before, after, and during school or work hours)	☐	☐	☐	☐	☐	☐
On a weekend day (Saturdays and Sundays)	☐	☐	☐	☐	☐	☐

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Did we miss anything?

If you have any other information or comments you would like to share with us please write them in the space below.
If you are concerned about your physical or emotional health, information on support services is available at tentomen.org.au

As a thank you for participating we would like to offer you a choice of one of the gifts below. The gift will be sent to you once you have completed the questionnaire and we have obtained consent from your parent/guardian.

Please select a gift:

$20 Coles/Myer gift card ☐

$20 iTunes gift card ☐

Thank you for completing this survey.

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Comments made ☐

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