

**PLEASE KEEP THIS PAGE FOR YOUR RECORDS**

ID Number:



**June 2009**

**FINAL FIELD VERSION**

The Youth in Focus survey is led by researchers at the Australian National University.  
Roy Morgan Research is conducting the survey on behalf of the University.  
Major funding is provided by the Australian Government Department of Education, Employment and Workplace Relations and the Australian Research Council.

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***INTRODUCTION:***

**Thank you for agreeing to participate in the Youth in Focus survey, and for taking part in the recent telephone interview. Could you now please complete this next part of the survey? It should only take about 10 minutes.**

**As we mentioned during the telephone interview, your answers will be kept confidential.**

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***RETURNING THE SURVEY TO ROY MORGAN RESEARCH***

Please post the survey back to Roy Morgan Research within the next 2-3 days.  
For your convenience, we have supplied you with a postage paid envelope to use.

Thank you again for agreeing to participate in this important research. If you have any questions or would like to notify us of any change to your contact details, please call 1800 647 466 or email [yif@roymorgan.com](mailto:yif@roymorgan.com).

Once we have received your completed questionnaire we will send you a \$15 cheque as thanks for participating in the survey.



***INSTRUCTIONS:***

Please read each question and select the answer which best indicates your situation.

Please complete the survey carefully using **black ballpoint pen** (not felt).  
Alternatively use blue pen.

For most of the questions, you will be asked to record your answer by writing an “X” in the appropriate box as shown below.

*(example)*

Please do not mark any areas outside the box.

Other questions will require a numeric answer and can be filled in like this:

*(example)*

If you make a mistake, shade out the box completely and cross the appropriate one.

*(example)*

If you see an instruction like this (Go to A7), you should follow the direction.

For example, (Go to A7) means that you should miss all the questions after the one you have just answered until you come to the question marked A7. If you do not see a (Go to) instruction, just answer the next question.

Please answer each section and follow the instructions as required.

**WAVE 2**

# LIFESTYLE AND HEALTH

A1. Here is a list of forms of leisure and recreation. Look through the list and mark how often you have done each activity in the last 6 months.

Mark one box for each activity.

	Never	Sometimes	Often
Watching television or videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to the movies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to concerts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to a pub or club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading a book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading newspapers/magazines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visiting friends or having friends visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visiting family or having family visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car driving/riding for pleasure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going for a walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to the gym	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jogging/power walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aerobics or swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skateboarding, roller skating, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bicycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surfing, sailing and other water sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snow skiing/snowboarding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing sport (tennis, golf, football, netball, squash, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participating in music, drama, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watching sport on television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watching sport live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hobbies (painting, craft, collecting, sewing, photography, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking for pleasure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to the beach, bushwalking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playing board games, computer games or cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us if there are leisure and recreational activities that you have done often in the last 6 months which are not on the list:

1	
2	
3	

OFFICE USE ONLY  
1 2 3

## LIFESTYLE AND HEALTH continued

**A2. The following statements describe the way some people feel about how much control they have over their lives. How strongly do you agree or disagree with the following statements?**

	Strongly disagree	Disagree	Agree	Strongly agree
a. There is really no way I can solve some of the problems I have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Sometimes I feel that I'm being pushed around in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I have little control over the things that happen to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I can do just about anything I really set my mind to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I often feel helpless in dealing with the problems of life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. What happens to me in the future mostly depends on me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. There is little I can do to change many of the important things in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A3. In general, how often do you participate in moderate or intensive physical activity for at least 30 minutes?**

Moderate level physical activity will cause a slight increase in breathing and heart rate, such as brisk walking. Mark one box only.

- Not at all
- Less than once a week
- 1 – 2 times a week
- 3 times a week
- More than 3 times a week (but not every day)
- Every day

**A4. Do you smoke cigarettes or any other tobacco products?**

Mark one box only.

- No, I have never smoked  (Go to A7)
- No, I no longer smoke  (Go to A7)
- Yes, I smoke daily
- Yes, I smoke at least weekly (but not daily)
- Yes, I smoke less often than weekly

**A5. How many cigarettes do you usually smoke each week?**

Please convert cigar/pipe/loose tobacco to a number of cigarettes.

Total number smoked:

**A6. Do you smoke more than you want to?**

- Yes                       No

# LIFESTYLE AND HEALTH continued

## EVERYONE PLEASE ANSWER

### A7. Do you drink alcohol?

Mark one box only.

- No, I have never drunk alcohol  (Go to A12)
- No, I no longer drink alcohol  (Go to A12)
- Yes, I drink alcohol every day
- Yes, I drink alcohol 5 – 6 days per week
- Yes, I drink alcohol 3 – 4 days per week
- Yes, I drink alcohol 1 – 2 days per week
- Yes, I drink alcohol 2 – 3 days per month
- Yes, but only rarely

### A8. On a day that you would have an alcoholic drink, how many standard drinks do you usually have?

For example a standard drink is a small glass of wine, a 285ml glass of regular beer, a nip/shot of spirits, or a mixed drink, or an equivalent amount of alcohol.

Mark one box only.

- 13 or more standard drinks
- 11 – 12 standard drinks
- 9 – 10 standard drinks
- 7 – 8 standard drinks
- 5 – 6 standard drinks
- 3 – 4 standard drinks
- 1 – 2 standard drinks

### A9. Do you drink more than you want to?

- Yes  No

### A10. Where do you usually drink?

Mark all that apply.

- Your home
  - Relative's home
  - Friend's home
  - Parties
  - Pub, bar, club, etc.
  - Restaurant
  - Park or street
  - Other (please specify)
- 4
- 5

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4 5

## LIFESTYLE AND HEALTH continued

### A11. Who do you usually drink with?

Mark all that apply.

- Parents
- Partner
- Friends
- Workmates
- Alone
- Other (please specify)
- 6

### A12. Are you currently an active member of a sporting, hobby or community-based club or organisation?

Yes  No

### A13. Do you have access to a car or a motorcycle?

- Yes, own car
- Yes, own motorcycle
- Yes, car/motorcycle provided by employer
- Yes, car/motorcycle belonging to another family member
- Yes, car/motorcycle belonging to someone else  
(please specify the car-owner's relationship to you)
- 7
- No, but have a driver's licence
- No, don't have a driver's licence

## LIFESTYLE AND HEALTH continued

EVERYONE PLEASE ANSWER

**A14. Have you tried any of the following?  
(PLEASE TICK ONE BOX IN EACH LINE)**

	Never used	Used more than one year ago	Used in the past year but NOT past month	Used in the past month
<b>Marijuana</b>				
<b>Ecstasy</b>				
<b>Cocaine</b> (any kind – including powder, freebase, or crack cocaine)				
<b>Amphetamines/methamphetamines</b> (speed, crystal meth, base, ice)				
<b>Hallucinogens</b> (LSD, acid, magic mushrooms, mescaline, angel dust)				

**A15. On how many occasions have you used or tried any of the following in your lifetime?  
(PLEASE TICK ONE BOX IN EACH LINE)**

	Never used or tried	1-2 times	3-19 times	20-49 times	50-149 times	150+ times
<b>Marijuana</b>						
<b>Ecstasy</b>						
<b>Cocaine</b> (any kind – including powder, freebase, or crack cocaine)						
<b>Amphetamines/methamphetamines</b> (speed, crystal meth, base, ice)						
<b>Hallucinogens</b> (LSD, acid, magic mushrooms, mescaline, angel dust)						

**A16. On how many occasions have you used or tried any of the following in the past year?  
(PLEASE TICK ONE BOX IN EACH LINE)**

	Did not use or try in the past year	1-2 times	3-19 times	20-49 times	50-149 times	150+ times
<b>Marijuana</b>						
<b>Ecstasy</b>						
<b>Cocaine</b> (any kind – including powder, freebase, or crack cocaine)						
<b>Amphetamines/methamphetamines</b> (speed, crystal meth, base, ice)						
<b>Hallucinogens</b> (LSD, acid, magic mushrooms, mescaline, angel dust)						

**A17. On how many occasions have you used any of the following in the past month?**

Mark one box in each line

	Did not use in the past month	1-2 times	3-19 times	20-49 times	50-149 times	150+ times
<b>Marijuana</b>						
<b>Ecstasy</b>						
<b>Cocaine</b> (any kind – including powder, freebase, or crack cocaine)						
<b>Amphetamines/methamphetamines</b> (speed, crystal meth, base, ice)						
<b>Hallucinogens</b> (LSD, acid, magic mushrooms, mescaline, angel dust)						

**A18. How old were you the when you used or tried any of the following for the first time?**

Please write age in years. Leave blank if never used.

	Age of first use
<b>Marijuana</b>	
<b>Ecstasy</b>	
<b>Cocaine</b> (any kind – including powder, freebase, or crack cocaine)	
<b>Amphetamines/methamphetamines</b> (speed, crystal meth, base, ice)	
<b>Hallucinogens</b> (LSD, acid, magic mushrooms, mescaline, angel dust)	

**A19. How old were you the when you last/most recently used or tried any of the following?**

Please write age in years. Leave blank if never used.

	Age of last/most recent use
<b>Marijuana</b>	
<b>Ecstasy</b>	
<b>Cocaine</b> (any kind – including powder, freebase, or crack cocaine)	
<b>Amphetamines/methamphetamines</b> (speed, crystal meth, base, ice)	
<b>Hallucinogens</b> (LSD, acid, magic mushrooms, mescaline, angel dust)	



# ATTITUDES TO RISK

EVERYONE PLEASE ANSWER

**B1. How do you see yourself:**

Are you generally a person who is fully prepared to take risks or do you try to avoid taking risks?

Please tick a box on the scale, where the value *0* means: **“AVOID TAKING RISKS”** and the value *10* means: **“FULLY PREPARED TO TAKE RISKS”**.

You can use values in between to make your estimate.

<b>Avoid taking risks</b>						..... boxes.....					<b>Fully prepared to take risks</b>
0	1	2	3	4	5	6	7	8	9	10	

**B2. People can behave differently in different situations.**

How would you rate your willingness to take risks in the following areas?

Please mark one box in each line of the scale.

How is it...	Avoid taking risks					Fully prepared to take risks					
	0	1	2	3	4	5	6	7	8	9	10
- While driving ?	..... boxes .....										
- In financial matters?	..... boxes .....										
- During leisure and sport?	..... boxes .....										
- In your occupation?	..... boxes .....										
- With your health?	..... boxes .....										
- With your faith in other people?	..... boxes .....										

**B3. Please consider what you would do in the following situation:**

Imagine that you had won 100,000 dollars in the lottery. Almost immediately after you collect the winnings, you receive the following financial offer from a reputable bank, the conditions of which are as follows:

There is the chance to double the money within two years.  
It is equally possible that you could lose half the amount invested.

You have the opportunity to invest the full amount part of the amount or reject the offer.

What share of your lottery winnings would you be prepared to invest in this financially risky, yet lucrative investment?

- 100,000
- 80,000
- 60,000
- 40,000
- 20,000
- Nothing, I would decline the offer

# EXPECTATIONS

EVERYONE PLEASE ANSWER

**C1. Do you expect to be married/partnered by the time you are 30 years old?**

Yes

No

**C2. In your lifetime, how many children do you expect to have in total?**

Number of children:

**C3. At what age do you expect to have your first child?**

If you already have children, please put the age at which you had your first child  
If you do not intend to have children, please leave blank

Age in years:

# LIFE EVENTS

**EVERYONE PLEASE ANSWER**

**D1. Different life events may bring about changes in the lives of those who experience them. Please look at the table below and for those events that have occurred *after you turned 18*, rate the extent to which you view the event as having either a positive or negative impact on your life at the time the event occurred.**

Please mark one box in each line.

If an event did not happen to you, mark the last box in the line.

	Extremely negative impact on life	Somewhat negative impact	No impact	Somewhat positive impact	Extremely positive impact	Did not happen to me
Marriage or setting up household with a partner						
Engagement						
Breaking up with boyfriend/girlfriend						
Reconciliation (making up) with boyfriend/girlfriend						
Separation from spouse/partner (due to work, travel, etc)						
Relationship problems with boyfriend/girlfriend						
You or your spouse/partner got pregnant						
You or your spouse/partner had an abortion						
Trouble with the police						
Your were arrested/attended court due to offending/put in jail						
Significant financial improvement (not related to work )						
Major financial loss (not related to work)						
Foreclosure on mortgage or loan						
Borrowing more than \$10,000 (buying home, business, etc)						
Borrowing less than \$10,000 (buying car, getting school loan, etc)						
New job						
Changed work situation (different work responsibility, major change in working conditions, hours, etc)						
Trouble with employer (in danger of losing job, being fired, suspended, demoted, etc)						
Change in spouse/partner's work (loss of job, beginning new job, etc)						
Trouble with in-laws						
Major change in closeness of family members (increased or decreased closeness)						
Death of a spouse/partner						
Death of a close friend or family member						
Major personal illness or injury						
Someone close to you had a serious injury or illness						
Major change in eating habits (much more or less food intake, change in diet, etc)						
Change of residence						
Leaving home for the first time						
Outstanding personal achievement						

	Extremely negative impact on life	Somewhat negative impact	No impact	Somewhat positive impact	Extremely positive impact	Did not happen to me
Increased social or church activities						
Decreased social or church activities						
You had an alcohol problem						
You had a drug abuse problem						
You were a victim of crime (assault, robbery, etc)						
You were treated for a mental or emotional issue						
Someone close to you had an alcohol problem						
Someone close to you had a drug abuse problem						

**E1. Is there anything about your past or current situation we have not covered in the telephone interview or in this survey, that you would like to tell us?**


**Thank you for your help with the survey.  
Please return the survey in the pre-paid envelope provided.**