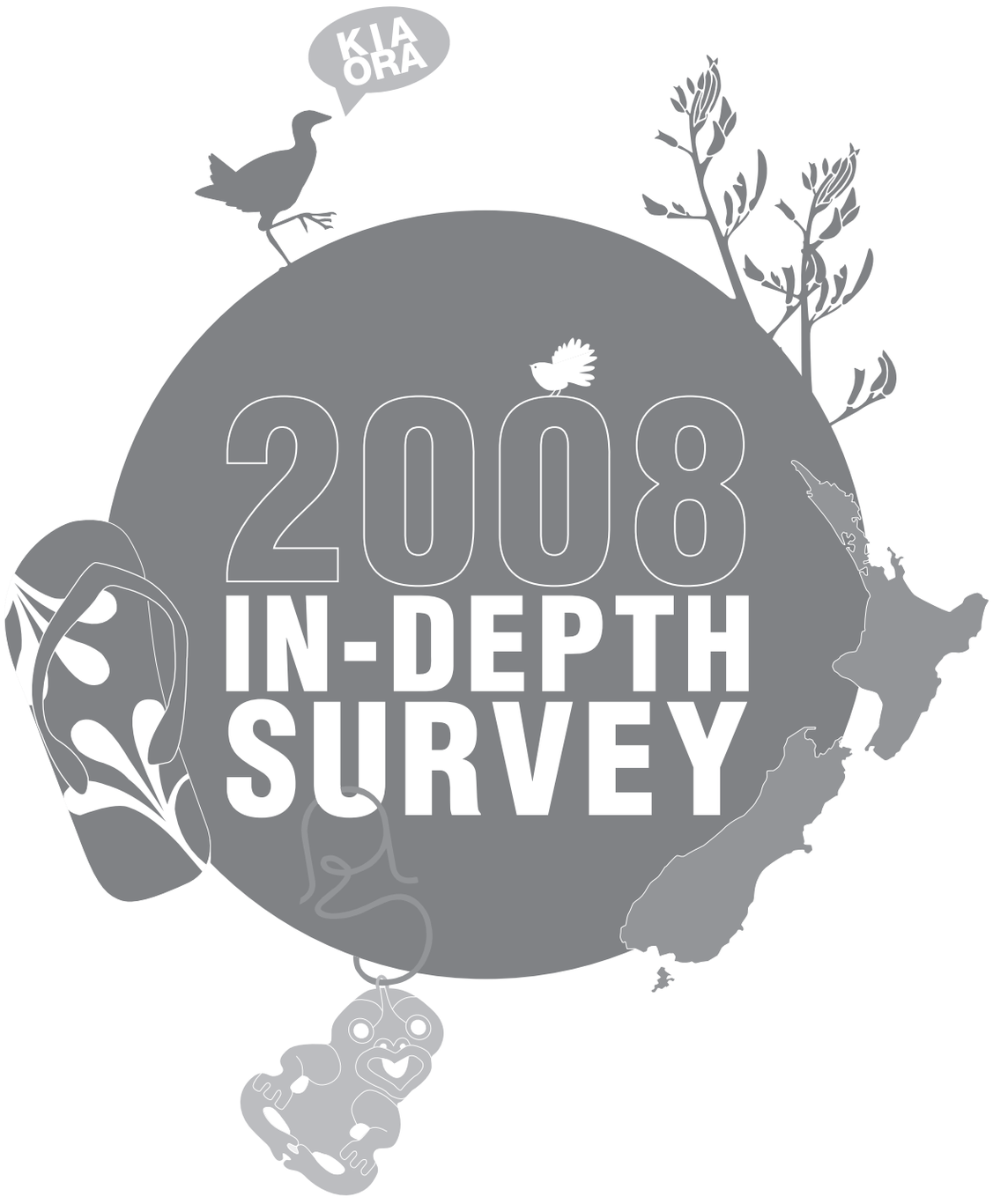
THIS SURVEY IS CONFIDENTIAL — DO NOT PUT YOUR NAME ON THIS SURVEY



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 and tell us what you really think and do.

What do you do?

There are five 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

   Dogs ☐ 1
   Cats ☐ 2
   Rabbits ☐ 3
   Fish ☐ 4
   I do not like any of these pets ☐ 5

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

   PLEASE TICK ALL THAT APPLY

   No one in my family has any pets ☐ 1
   Dogs ☑ 2
   Cats ☐ 3
   Rabbits ☑ 4
   Fish ☐ 5
   Other animals ☐ 6

   Tick only this box
   OR
   as many of these boxes that apply to you

The second example question above is shaded. This tells you that you can tick **more than one** box for this question. For all other questions, you can only tick **one** box.

Please answer all the questions.

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

Throughout the questionnaire you will see a Pukeko wandering along a line at the bottom of each page to guide your progress; the further the Pukeko gets along the line, the closer you are to the end of the questionnaire!

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01 ABOUT YOU

1. Are you:
   - Female ☐ 1
   - Male ☐ 2

2. How old are you?
   - 11 years old or younger ☐ 1
   - 12 years old ☐ 2
   - 13 years old ☐ 3
   - 14 years old ☐ 4
   - 15 years old ☐ 5
   - 16 years old ☐ 6
   - 17 years old ☐ 7
   - 18 years old or older ☐ 8

3. What class year are you in?
   - Year 9 ☐ 1
   - Year 10 ☐ 2
   - Year 11 ☐ 3
   - Other (Please write in) ☐ 4

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

   TICK THE BOX OR BOXES THAT APPLY TO YOU
   - New Zealand European ☐ 01
   - Māori ☐ 02
   - Samoan ☐ 03
   - Cook Island Māori ☐ 04
   - Tongan ☐ 05
   - Niuean ☐ 06
   - Other Pacific Island ☐ 07
   - Chinese ☐ 08
   - Indian ☐ 09
   - Other Asian ☐ 10
   - Other (Please write in) ☐ 11

5. Thinking about your home where you normally live, who else lives with you?

PLEASE TICK ALL THAT APPLY

- Mother ☐ 1
- Father ☐ 2
- Grandparents ☐ 3
- Other female caregiver (e.g. step mother, foster mother) ☐ 4
- Other male caregiver (e.g. step father, foster father) ☐ 5
- Older brother or sisters ☐ 6
- Younger brother or sisters ☐ 7
- Other people (e.g. relatives, friends, flatmates) ☐ 8
- Don't know ☐ 9

6. In the last 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
- $1 to $5 ☐ 2
- $6 to $10 ☐ 3
- $11 to $15 ☐ 4
- $16 to $20 ☐ 5
- $21 to $30 ☐ 6
- $31 to $40 ☐ 7
- $41 to $50 ☐ 8
- Over $50 ☐ 9

7. Thinking about breakfast during the week, how often do you usually eat or drink something…

PLEASE TICK ONE BOX FOR EACH STATEMENT

	Everyday	Most days	Never
1 …at home before you leave for school?	☐ 1	☐ 2	☐ 3
2 …on your way to school?	☐ 1	☐ 2	☐ 3

8. Thinking about the food and drink you have at school, is the food and drink you have while you are at school…

PLEASE TICK ONE BOX FOR EACH STATEMENT

	Most of it	Some of it	None	Don't know
1 …brought from home?	☐ 1	☐ 2	☐ 3	☐ 4
2 …bought from a local shop / dairy / takeaway?	☐ 1	☐ 2	☐ 3	☐ 4
3 …bought from the school canteen or tuckshop?	☐ 1	☐ 2	☐ 3	☐ 4

9. Please think about **all the money that <u>you spent</u> in the last week**, how many dollars did you spend on…

PLEASE TICK <u>ONE</u> BOX ONLY FOR <u>EACH</u> LINE

	Spent nothing	$1–10	$11–20	Over $20
1 …clothes?	☐ 1	☐ 2	☐ 3	☐ 4
2 …going out (e.g. movies)?	☐ 1	☐ 2	☐ 3	☐ 4
3 …sporting activities?	☐ 1	☐ 2	☐ 3	☐ 4
4 …alcohol?	☐ 1	☐ 2	☐ 3	☐ 4
5 …cell phones / text messaging?	☐ 1	☐ 2	☐ 3	☐ 4
6 …cigarettes?	☐ 1	☐ 2	☐ 3	☐ 4
7 …school lunches from tuck shop?	☐ 1	☐ 2	☐ 3	☐ 4
8 …fast food (e.g. KFC, McDonalds)?	☐ 1	☐ 2	☐ 3	☐ 4
9 …music?	☐ 1	☐ 2	☐ 3	☐ 4

10. Please indicate whether you have spent any money during the past year (12 months) on the activities listed below.

PLEASE TICK <u>ALL</u> THAT APPLY

- Lotto ☐ 1
- Scratchies ☐ 2
- Raffles ☐ 3
- Pokie machines ☐ 4
- Other gambling (e.g. private bets, horse racing) ☐ 5
- I have not spent money on any of these activities ☐ 6

11. When do you plan to leave school?

PLEASE TICK <u>ONE</u> BOX ONLY

I plan to leave school after:

- Year 10 ☐ 1
- Year 11 ☐ 2
- Year 12 ☐ 3
- Year 13 ☐ 4
- I'm not sure when I'll leave school yet ☐ 5

12. In general, how do you rate your performance in your school subjects compared with the average student in your year?

PLEASE TICK <u>ONE</u> BOX ONLY

- Much better than average ☐ 1
- Better than average ☐ 2
- Average ☐ 3
- Below average ☐ 4
- Much below average ☐ 5

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

PLEASE TICK <u>ONE</u> BOX FOR <u>EACH</u> STATEMENT

	Strongly agree	Agree	Neither	Disagree	Strongly disagree
1 I feel I am treated with as much respect as other students at school / kura	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
2 Adults in my school / kura trust me with responsibility	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
3 Adults in my school / kura give me opportunities to make decisions for myself	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4 I like going to my school / kura	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
5 I feel proud about my school / kura	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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

PLEASE TICK <u>ONE</u> BOX FOR <u>EACH</u> STATEMENT

	Strongly agree	Agree	Neither	Disagree	Strongly disagree
1 My friends and I help each other out	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
2 I can trust my friends with personal problems	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
3 My friends understand and accept me for who I am	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

15. During the past 30 days (one month), how many times have you done the following…

PLEASE TICK <u>ONE</u> BOX ONLY FOR <u>EACH</u> ACTIVITY

	Never	Once	2–3 times	4 times or more
1 …gone to a hair salon / hairdressers?	☐ 1	☐ 2	☐ 3	☐ 4
2 …gone to a marae (including school marae)?	☐ 1	☐ 2	☐ 3	☐ 4
3 …gone to the movies?	☐ 1	☐ 2	☐ 3	☐ 4
4 …gone to a place of worship (e.g. church or mosque)?	☐ 1	☐ 2	☐ 3	☐ 4
5 …gone to a skate park?	☐ 1	☐ 2	☐ 3	☐ 4
6 …played team sports in the weekend or after school?	☐ 1	☐ 2	☐ 3	☐ 4
7 …did voluntary work?	☐ 1	☐ 2	☐ 3	☐ 4
8 …gone to a music event / concert?	☐ 1	☐ 2	☐ 3	☐ 4

02 YOUR INTERESTS

16. Now we'd like you to think about activities like sport and things you like to do. Which of the following activities are you **interested** in (including watching on TV, reading about in newspapers or magazines, and participating in)?

PLEASE TICK ALL THAT APPLY

- Basketball ☐ 01
- Cricket ☐ 02
- Dragon boating ☐ 03
- Extreme sports ☐ 04
- Hockey ☐ 05
- Māori martial arts / weaponry (e.g. taiaha / mau rakau) ☐ 06
- Martial arts (e.g. karate) ☐ 07
- Mountain biking ☐ 08
- Netball ☐ 09
- Rugby league ☐ 10
- Rugby union ☐ 11
- Skateboarding ☐ 12
- Soccer ☐ 13
- Softball or baseball ☐ 14
- Surfing ☐ 15
- Tennis ☐ 16
- Touch rugby ☐ 17
- Tramping / hiking ☐ 18
- Volleyball ☐ 19
- Break dancing ☐ 20
- Other dance (e.g. ballet, salsa, modern) ☐ 21
- Drama or theatre ☐ 22
- Graffiti / tag art ☐ 23
- Graphics & design, painting, drawing, or sculpture ☐ 24
- Kapa haka (e.g. waiata, haka) ☐ 25
- Pacific Island cultural activities ☐ 26
- Photography ☐ 27
- Traditional Asian dance (e.g. Chinese, Indian) ☐ 28
- Other (please write) ☐ 29
- Not interested in any of these ☐ 30

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

PLEASE TICK <u>ALL</u> THAT APPLY

- Classical ☐ 01
- Electronic (e.g. new age, techno, dance, electronica, house, trance) ☐ 02
- Pop / rock ☐ 03
- Heavy metal ☐ 04
- Hip hop / urban Pacifica / rap ☐ 05
- Alternative ☐ 06
- Reggae / ska / dub ☐ 07
- Rhythm & blues (R&B) ☐ 08
- Soul / blues / jazz / funk ☐ 09
- Other ☐ 10
- Not interested in any of these ☐ 11

03 USE OF MEDIA AND TECHNOLOGY

18. Which of the following magazines or newspapers do you regularly read?

PLEASE TICK ALL THAT APPLY

- Auto Trader ☐ 01
- Back2Basics ☐ 02
- Cleo ☐ 03
- Cosmopolitan ☐ 04
- Creme ☐ 05
- Dolly ☐ 06
- Girlfriend ☐ 07
- Jet ☐ 08
- Mana ☐ 09
- Net Guide ☐ 10
- New Zealand Skateboarder ☐ 11
- NZ Performance Car ☐ 12
- NZ Women's Weekly ☐ 13
- Pavement ☐ 14
- Pulp ☐ 15
- Real Groove ☐ 16
- Rip It Up ☐ 17
- Tearaway ☐ 18
- TV Hits ☐ 19
- Vice ☐ 20
- Woman's Day ☐ 21
- Tick here if you don't regularly read any of these magazines ☐ 22

19. On an average weekday, how many hours do you spend watching TV?

PLEASE TICK ONE BOX ONLY

- I do not watch TV on an average week day ☐ 1
- Up to 1 hour ☐ 2
- Up to 2 hours ☐ 3
- Up to 3 hours ☐ 4
- Up to 4 hours ☐ 5
- More than 4 hours ☐ 6

20. Which of the following types of TV programmes have you watched during the past 7 days (one week)?

PLEASE TICK <u>ALL</u> THAT APPLY

- Reality TV (e.g. Survivor, Project Runway) ☐ 1
- Soap operas (e.g. Shortland St, Coronation St) ☐ 2
- Current affairs (e.g. News, 60 Minutes) ☐ 3
- Cartoons ☐ 4
- Music (e.g. music videos, C4, Juice) ☐ 5
- Comedy shows (not including cartoons) ☐ 6
- Sports ☐ 7
- Drama / thrillers ☐ 8
- None of these ☐ 9

21. How often do you watch movies…

PLEASE TICK <u>ONE</u> BOX FOR EACH TYPE

	3 times a week or more	1–2 times a week	2–3 times a month	Once a month	Less than monthly	Never
1 …at a movie theatre?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
2 …on a DVD or video?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
3 …on television (e.g. TV2, Sky)?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
4 …that are R-rated (e.g. R16, R18)?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	

22. How often do you use the Internet?

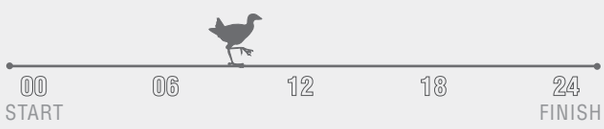
PLEASE TICK <u>ONE</u> BOX ONLY

- At least once a day ☐ 1
- At least once a week ☐ 2
- At least once a month ☐ 3
- Less often ☐ 4
- Never ☐ 5

23. Where do you use the Internet?

PLEASE TICK <u>ALL</u> THAT APPLY

- I don't use it ☐ 1
- At school ☐ 2
- At home ☐ 3
- At a friend's house ☐ 4
- In a cyber or Internet café ☐ 5
- At a library ☐ 6
- Other ☐ 7



24. Have you used the Internet for any of the following during the past 30 days (one month)?

PLEASE TICK <u>ALL</u> THAT APPLY

- Social networking sites (e.g. Bebo, MySpace) ☐ 01
- Buying things ☐ 02
- Chat rooms ☐ 03
- Downloading music ☐ 04
- E-mail ☐ 05
- Instant messaging ☐ 06
- Looking for information for school ☐ 07
- Looking for information to do with health ☐ 08
- Blogs ☐ 09
- Podcasts ☐ 10
- Other ☐ 11
- I have not used the Internet in the past 30 days ☐ 12

25. Do you own a cell phone?

- Yes ☐ 1
- No ☐ 2

26. How many texts do you **send** on cell phones on an average weekday (i.e. Monday to Friday)?

PLEASE TICK <u>ONE</u> BOX ONLY

- I do not use cell phones to send texts ☐ 1
- 1 to 5 ☐ 2
- 6 to 10 ☐ 3
- 11 to 20 ☐ 4
- 21 to 50 ☐ 5
- 51 to 100 ☐ 6
- 100 or more ☐ 7

04 ABOUT SMOKING

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

Yes	☐ 1
No	☐ 2

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

PLEASE TICK ONE BOX ONLY

I have never smoked cigarettes	☐ 01
7 years old or younger	☐ 02
8 years old	☐ 03
9 years old	☐ 04
10 years old	☐ 05
11 years old	☐ 06
12 years old	☐ 07
13 years old	☐ 08
14 years old	☐ 09
15 years old	☐ 10
16 years old or older	☐ 11

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

PLEASE TICK ONE BOX ONLY

None	☐ 1
1 to 10 cigarettes (includes just having a few puffs)	☐ 2
11 to 100 cigarettes	☐ 3
100 or more cigarettes	☐ 4

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

PLEASE TICK ONE BOX ONLY

I have never smoked cigarettes / I am not a smoker now	☐ 1
At least once a day	☐ 2
At least once a week	☐ 3
At least once a month	☐ 4
Less often	☐ 5

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

PLEASE TICK <u>ONE</u> BOX ONLY

- 0 days ☐ 1
- 1 or 2 days ☐ 2
- 3 to 5 days ☐ 3
- 6 to 9 days ☐ 4
- 10 to 19 days ☐ 5
- 20 to 29 days ☐ 6
- All 30 days ☐ 7

32. During the past 30 days (one month), on the days you smoked, how many cigarettes did you **usually** smoke?

PLEASE TICK <u>ONE</u> BOX ONLY

- I did not smoke cigarettes during the past 30 days (one month) ☐ 1
- Less than 1 cigarette per day ☐ 2
- 1 cigarette per day ☐ 3
- 2-5 cigarettes per day ☐ 4
- 6-10 cigarettes per day ☐ 5
- 11-20 cigarettes per day ☐ 6
- More than 20 cigarettes per day ☐ 7

33. During the past 30 days (one month), from which of these places did you get your own cigarettes?

PLEASE TICK <u>ALL</u> THAT APPLY

- I did not get any cigarettes in the past 30 days (one month) ☐ 01
- I bought them from a shop ☐ 02
- I bought them from another person ☐ 03
- I got them from friends ☐ 04
- A parent or caregiver gave them to me ☐ 05
- I took them from a parent or caregiver without asking ☐ 06
- I stole them ☐ 07
- I got them from another adult in my family / whānau or household ☐ 08
- Someone else bought them for me ☐ 09
- I got them some other way ☐ 10

34. Which places did you **buy** cigarettes from in the past 30 days (one month)?

PLEASE TICK <u>ONE</u> BOX FOR <u>EACH</u> TYPE OF PLACE (tick the 'never' box if you didn't buy cigarettes in the past month or if you do not smoke)

	Never	Once	2–3 times	4 times or more
1 Dairy	1	2	3	4
2 Liquor store / hotel	1	2	3	4
3 Service station	1	2	3	4
4 Supermarket	1	2	3	4
5 Takeaway shop	1	2	3	4
6 Vending machine	1	2	3	4
7 Other shop (Please write in):	1	2	3	4

35. When you bought, or tried to buy cigarettes, in a store during the past 30 days (one month), were you ever asked to show proof of age (ID)?

PLEASE TICK <u>ONE</u> BOX ONLY

- I did not try to buy cigarettes in a store during the past 30 days ☐ 1
- Yes, I was asked to show proof of age (ID) ☐ 2
- No, I was not asked to show proof of age (ID) ☐ 3

36. During the past 30 days (one month), has anybody refused to sell you cigarettes because of your age?

PLEASE TICK <u>ONE</u> BOX ONLY

- I have not tried to buy cigarettes during the past 30 days ☐ 1
- Yes, someone refused to sell me cigarettes because of my age ☐ 2
- No, my age did not keep me from buying cigarettes ☐ 3

37. Do you **usually** smoke "ready made" or "roll your own" cigarettes?

PLEASE TICK <u>ONE</u> BOX ONLY

- I have never smoked cigarettes / I am not a smoker now ☐ 1
- Ready made cigarettes ☐ 2
- Roll your owns ☐ 3
- Other ☐ 4

38. What type of tobacco do you prefer to smoke?

PLEASE TICK <u>ALL</u> THAT APPLY

- I have never smoked cigarettes / I am not a smoker now ☐ 1
- Light, Low Tar or Mild ☐ 2
- Regular (full flavour) ☐ 3
- Menthol ☐ 4
- I have no preference ☐ 5

39. During the past 30 days (one month), have you ever used any form of tobacco products other than cigarettes (e.g. chewing tobacco, snuff, dip, cigars, cigarillos, little cigars, pipe)?

- Yes ☐ 1
- No ☐ 2

40. Where do you **usually** smoke?

PLEASE TICK ONE BOX ONLY

- I have never smoked cigarettes / I am not a smoker now ☐ 1
- At home ☐ 2
- At school ☐ 3
- At work ☐ 4
- At friend's houses ☐ 5
- At social events (e.g. parties, socials, dance parties, concerts) ☐ 6
- At public places (parks, in town) ☐ 7
- Other ☐ 8

41. 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 ☐ 1
- I no longer smoke cigarettes ☐ 2
- No, I don't have or feel like having a cigarette first thing in the morning ☐ 3
- Yes, I sometimes have or feel like having a cigarette first thing in the morning ☐ 4
- Yes, I always have or feel like having a cigarette first thing in the morning ☐ 5

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

PLEASE TICK ONE BOX ONLY

- Definitely not ☐ 1
- Probably not ☐ 2
- Probably yes ☐ 3
- Definitely yes ☐ 4

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

PLEASE TICK ONE BOX ONLY

- Definitely not ☐ 1
- Probably not ☐ 2
- Probably yes ☐ 3
- Definitely yes ☐ 4

44. Do you think you will be smoking cigarettes 5 years from now?

PLEASE TICK <u>ONE</u> BOX ONLY

Definitely not ☐ 1
Probably not ☐ 2
Probably yes ☐ 3
Definitely yes ☐ 4

45. Do you think cigarette smoking is harmful to your health?

PLEASE TICK <u>ONE</u> BOX ONLY

Definitely not ☐ 1
Probably not ☐ 2
Probably yes ☐ 3
Definitely yes ☐ 4

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

PLEASE TICK <u>ONE</u> BOX ONLY

Definitely not ☐ 1
Probably not ☐ 2
Probably yes ☐ 3
Definitely yes ☐ 4

47. Do you want to stop smoking now?

PLEASE TICK <u>ONE</u> BOX ONLY

I have never smoked cigarettes ☐ 1
I have smoked in the past but don't smoke now ☐ 2
Yes, I want to stop smoking ☐ 3
No, I don't want to stop smoking ☐ 4

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

PLEASE TICK <u>ONE</u> BOX ONLY

I have never smoked cigarettes ☐ 1
I did not smoke during the past year ☐ 2
Yes, I have tried to stop smoking ☐ 3
No, I have not tried to stop smoking ☐ 4

49. Do you think you would be able to stop smoking if you wanted to?

PLEASE TICK <u>ONE</u> BOX ONLY

- I have never smoked cigarettes ☐ 1
- I have already stopped smoking cigarettes ☐ 2
- Yes, I think I would be able to stop smoking ☐ 3
- No, I don't think I would be able to stop smoking ☐ 4

50. Please indicate whether you have done any of the following in the past year (12 months).

PLEASE TICK <u>ALL</u> THAT APPLY

- Called the Quitline ☐ 01
- Attended a school programme to stop smoking ☐ 02
- Got help to stop smoking through a text-to-quit service ☐ 03
- Got help to stop smoking from a doctor or other health professional ☐ 04
- Got help to stop smoking on the Internet ☐ 05
- Got help to stop smoking from a friend ☐ 06
- Got help to stop smoking from a family / whānau member ☐ 07
- Used NRT (nicotine replacement therapy) (e.g. patches or gum) ☐ 08
- Used the Allen Carr book / course ☐ 09
- I have not done any of these in the past year ☐ 10

51. Which of the following people smoke?

PLEASE TICK <u>ALL</u> THAT APPLY

- Best friend ☐ 01
- Other close friends ☐ 02
- Father ☐ 03
- Mother ☐ 04
- Grandparents ☐ 05
- A teacher at school ☐ 06
- Other caregiver (e.g. step father or mother, foster parents) ☐ 07
- **Older** brother(s) ☐ 08
- **Older** sister(s) ☐ 09
- None of the above ☐ 10

52. Do any of your favourite musicians smoke?

PLEASE TICK <u>ONE</u> BOX ONLY

- Yes ☐ 1
- No ☐ 2
- Don't know ☐ 3

53. Do any of your favourite actors / actresses smoke?

PLEASE TICK <u>ONE</u> BOX ONLY

- Yes ☐ 1
- No ☐ 2
- Don't know ☐ 3

54. During the past 30 days (one month), how often did you see people smoking cigarettes or cigarette brands on television?

PLEASE TICK <u>ONE</u> BOX ONLY

- I did not watch television in the past 30 days ☐ 1
- A lot ☐ 2
- Sometimes ☐ 3
- Never ☐ 4

55. During the past 30 days (one month), how often did you see pictures or read about people smoking cigarettes in newspapers or magazines?

PLEASE TICK <u>ONE</u> BOX ONLY

- I did not read a newspaper or magazine in the past 30 days ☐ 1
- A lot ☐ 2
- Sometimes ☐ 3
- Never ☐ 4

56. Out of 100 people **your age**, how many do you think smoke cigarettes at least once a day?

PLEASE TICK <u>ONE</u> BOX ONLY

- None (0) ☐ 1
- About a quarter (25) ☐ 2
- About half (50) ☐ 3
- About three-quarters (75) ☐ 4
- Everyone (100) ☐ 5

57. Do you think the smoke from other people's cigarettes is harmful to you?

PLEASE TICK <u>ONE</u> BOX ONLY

- Definitely not ☐ 1
- Probably not ☐ 2
- Probably yes ☐ 3
- Definitely yes ☐ 4

58. Out of 100 **adults in New Zealand**, how many do you think smoke cigarettes at least once a day?

PLEASE TICK <u>ONE</u> BOX ONLY

- None (0) ☐ 1
- About a quarter (25) ☐ 2
- About half (50) ☐ 3
- About three-quarters (75) ☐ 4
- Everyone (100) ☐ 5

59. During this school year, were you taught in any of your classes about the dangers of smoking tobacco?

PLEASE TICK <u>ONE</u> BOX ONLY

- Yes ☐ 1
- No ☐ 2
- Not sure ☐ 3

60. During this school year, did you discuss in any of your classes the reasons why people your age smoke?

PLEASE TICK <u>ONE</u> BOX ONLY

- Yes ☐ 1
- No ☐ 2
- Not sure ☐ 3

61. Do people smoke inside your home?

PLEASE TICK <u>ONE</u> BOX ONLY

- Yes ☐ 1
- No ☐ 2
- Sometimes ☐ 3

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

PLEASE TICK <u>ONE</u> BOX ONLY

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

63. Who was smoking around you in your home during the past 7 days?

PLEASE TICK <u>ALL</u> THAT APPLY

- No one smoked around me in my home during the past 7 days ☐ 01
- Best friend ☐ 02
- Other close friends ☐ 03
- Father ☐ 04
- Mother ☐ 05
- Grandparents ☐ 06
- Other caregiver (e.g. step father or mother, foster parents) ☐ 07
- **Older** brother(s) ☐ 08
- **Older** sister(s) ☐ 09
- Other people not mentioned above (e.g. visitors) ☐ 10

64. At your home, is smoking allowed anywhere **inside**, only in set **inside** areas, or nowhere **inside** your home?

PLEASE TICK <u>ONE</u> BOX ONLY

- Anywhere inside ☐ 1
- In set inside areas ☐ 2
- Nowhere inside ☐ 3

65. At your home, is smoking allowed anywhere **outside**, only in set **outside** areas, or nowhere **outside** your home?

PLEASE TICK <u>ONE</u> BOX ONLY

- Anywhere outside ☐ 1
- In set outside areas ☐ 2
- Nowhere outside ☐ 3

66. During the past 7 days, on how many days have people smoked in your presence in places other than in your home?

PLEASE TICK <u>ONE</u> BOX ONLY

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

67. During the past 7 days, did anyone smoke in your presence while you were travelling in cars or vans?

PLEASE TICK <u>ONE</u> BOX ONLY

- Yes ☐ 1
- No ☐ 2
- I did not travel in a car / van during the past 7 days ☐ 3
- Not sure / don't know ☐ 4

68. During the past 7 days, which of the following people smoked around you while you were traveling in cars or vans?

PLEASE TICK <u>ALL</u> THAT APPLY

- No one smoked around me while travelling in cars or vans ☐ 01
- Best friend ☐ 02
- Other close friends ☐ 03
- Father ☐ 04
- Mother ☐ 05
- **Older** brother(s) ☐ 06
- **Older** sister(s) ☐ 07
- Other caregiver or relatives who live with you (e.g. grandparents) ☐ 08
- Family friends ☐ 09
- Other people not mentioned above ☐ 10

69. During the past month (30 days), how often have you noticed people smoking in the following places?

PLEASE TICK <u>ONE</u> BOX FOR <u>EACH</u> PLACE

	A lot	Sometimes	Never	Didn't go there
1 Local parks or reserves	☐ 1	☐ 2	☐ 3	☐ 4
2 Outdoor children's playgrounds	☐ 1	☐ 2	☐ 3	☐ 4
3 At school	☐ 1	☐ 2	☐ 3	☐ 4
4 Outdoor sports fields or courts	☐ 1	☐ 2	☐ 3	☐ 4
5 Outdoors at a marae	☐ 1	☐ 2	☐ 3	☐ 4
6 Outside doorways to public buildings	☐ 1	☐ 2	☐ 3	☐ 4
7 Beaches	☐ 1	☐ 2	☐ 3	☐ 4
8 Outdoor seating areas of bars / restaurants / cafés	☐ 1	☐ 2	☐ 3	☐ 4

70. For each of the statements listed below, please indicate what you think about them.

PLEASE TICK <u>ONE</u> BOX FOR <u>EACH</u> STATEMENT

	Yes	No	Don't know
1 Should smoking be allowed around children **at home**?	☐ 1	☐ 2	☐ 3
2 Should smoking be allowed around children **in cars**?	☐ 1	☐ 2	☐ 3
3 Should smoking be allowed in **movies** watched by young people?	☐ 1	☐ 2	☐ 3
4 Should smoking be allowed in pictures or ads in **magazines**?	☐ 1	☐ 2	☐ 3
5 Should smoking be allowed on TV and in **music videos** watched by young people?	☐ 1	☐ 2	☐ 3

05 YOUR THOUGHTS

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

PLEASE TICK ONE BOX FOR EACH STATEMENT

	Agree	Disagree	Don't know
1 Smokers are more popular	☐ 1	☐ 2	☐ 3
2 Smoking helps people forget their worries	☐ 1	☐ 2	☐ 3
3 Non-smokers dislike being around people who are smoking	☐ 1	☐ 2	☐ 3
4 Smoking shows people you can do what you want	☐ 1	☐ 2	☐ 3
5 Smokers find it hard to get dates	☐ 1	☐ 2	☐ 3
6 Smoking helps people feel more comfortable at parties	☐ 1	☐ 2	☐ 3
7 Smokers are tough	☐ 1	☐ 2	☐ 3
8 Smoking is something you need to try before deciding to do it or not	☐ 1	☐ 2	☐ 3
9 Smokers are more confident	☐ 1	☐ 2	☐ 3
10 Smoking makes people look more grown up	☐ 1	☐ 2	☐ 3
11 Smokers who quit have something to be proud of	☐ 1	☐ 2	☐ 3
12 Smoking helps people relax	☐ 1	☐ 2	☐ 3
13 Seeing someone smoking turns me off	☐ 1	☐ 2	☐ 3
14 Smokers are often stressed	☐ 1	☐ 2	☐ 3
15 Smoking helps people keep their weight down	☐ 1	☐ 2	☐ 3
16 Smoking is enjoyable	☐ 1	☐ 2	☐ 3
17 Smoking makes people look sexy	☐ 1	☐ 2	☐ 3
18 Smokers are often depressed	☐ 1	☐ 2	☐ 3
19 Smoking helps people meet and talk to other people	☐ 1	☐ 2	☐ 3

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

PLEASE TICK ONE BOX FOR EACH STATEMENT

	Strongly agree	Agree	Neither	Disagree	Strongly disagree
1 A ban on cigarette displays in shops would make children **less** likely to smoke	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
2 Advertising of unhealthy foods should be banned at times when children watch TV	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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

PLEASE TICK ONE BOX FOR EACH STATEMENT

	Agree	Disagree	Don't know
1 My parents or caregivers have set rules with me about not smoking cigarettes / tobacco	☐ 1	☐ 2	☐ 3
2 My parents or caregivers generally know what I spend my pocket money on	☐ 1	☐ 2	☐ 3
3 My parents or caregivers have rules about when I can go out with my friends	☐ 1	☐ 2	☐ 3
4 My parents or caregivers often have no idea of where I am, when I am away from my home	☐ 1	☐ 2	☐ 3
5 My parents or caregivers know about my school life (e.g. my teachers, my grades)	☐ 1	☐ 2	☐ 3
6 My parents or caregivers would be upset if I was caught smoking cigarettes / tobacco	☐ 1	☐ 2	☐ 3
7 If I break any important rules that my parents or caregivers have set I always get into trouble	☐ 1	☐ 2	☐ 3

74. For each of the statements listed below, please indicate how often they apply to your family / whānau.

PLEASE TICK ONE BOX FOR EACH STATEMENT

	Never / almost never	Not often	Sometimes	Often	Always / almost always
1 For my family / whānau, spending time together is very important	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
2 We can easily think of things to do together as a family / whānau	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
3 My family / whānau likes to spend free time together	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4 My family / whānau ask each other for help	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
5 We like to do things just as a family / whānau	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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

PLEASE TICK ONE BOX FOR EACH STATEMENT

	Agree	Disagree	Don't know
1 I support government laws that control what tobacco companies do	☐ 1	☐ 2	☐ 3
2 I would trust what tobacco companies say about the harmful / health effects of smoking	☐ 1	☐ 2	☐ 3
3 Tobacco companies are responsible for people starting to smoke	☐ 1	☐ 2	☐ 3
4 Tobacco companies should not be allowed to sell their products in the dairy at the checkout	☐ 1	☐ 2	☐ 3
5 Tobacco companies try to get young people to start smoking	☐ 1	☐ 2	☐ 3
6 I would believe it if a tobacco company said they had made a safer cigarette	☐ 1	☐ 2	☐ 3

76. Which of these have you heard of?

PLEASE TICK <u>ALL</u> THAT APPLY

- Smokefree ☐ 1
- Auahi Kore ☐ 2
- Quit / Me Mutu ☐ 3
- None of these ☐ 4

77. And which of these activities or events have you attended or taken part in?

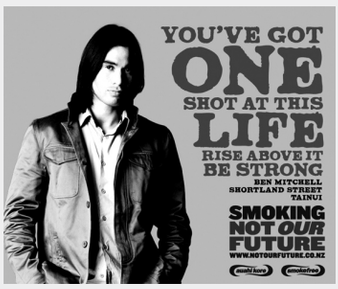
PLEASE TICK <u>ALL</u> THAT APPLY

- Smokefreerockquest ☐ 1
- NZ Schools Tour ☐ 2
- Smokefree Surfing Scholastics ☐ 3
- Smokefree Pacifica Beats ☐ 4
- None of these ☐ 5

78. During the past year (12 months), how often did you see ads or messages showing different **celebrities talking about smoking, being smokefree, and quitting smoking**, like the example shown?

PLEASE TICK <u>ONE</u> BOX ONLY

- A lot ☐ 1
- Sometimes ☐ 2
- Never ☐ 3



79. Thinking about these ads, please answer each question below.

PLEASE TICK <u>ONE</u> BOX FOR <u>EACH</u> STATEMENT

	Yes	No	Don't know
1 Do these ads give some good reasons not to smoke?	☐ 1	☐ 2	☐ 3
2 Did you talk to your friends or family / whānau about these ads at all?	☐ 1	☐ 2	☐ 3
3 Do the ads make smoking seem less cool?	☐ 1	☐ 2	☐ 3
4 Have the ads led some young people you know to try to quit smoking?	☐ 1	☐ 2	☐ 3
5 Did the ads put you off smoking?	☐ 1	☐ 2	☐ 3

80. During the past year (12 months), how often did you see or hear **'auahi kore' messages at events** like kapa haka, waka ama, or other places?

PLEASE TICK ONE BOX ONLY

- A lot ☐ 1
- Sometimes ☐ 2
- Never ☐ 3

81. Thinking about when you saw or heard the auahi kore message, please answer each question below.

PLEASE TICK ONE BOX FOR EACH STATEMENT

	Yes	No	Don't know
1 Did you talk to friends or family / whānau about the message at all?	☐ 1	☐ 2	☐ 3
2 Did seeing auahi kore messages put you off smoking?	☐ 1	☐ 2	☐ 3
3 Has the auahi kore message led some young people you know to try to quit?	☐ 1	☐ 2	☐ 3
4 Does seeing or hearing about auahi kore at events like these make the auahi kore message more relevant to people like you?	☐ 1	☐ 2	☐ 3

82. During the past six months, how often did you see advertisements or messages about **not smoking when in the car**?

PLEASE TICK ONE BOX ONLY

- A lot ☐ 1
- Sometimes ☐ 2
- Never ☐ 3

83. Thinking about these ads, please answer each question below.

PLEASE TICK ONE BOX FOR EACH STATEMENT

	Yes	No	Don't know
1 Did you talk to your friends or family / whānau about these ads at all?	☐ 1	☐ 2	☐ 3
2 Did the ads put you off smoking?	☐ 1	☐ 2	☐ 3

84. During the past 30 days (one month), how often, if at all, did you notice the picture warning labels on cigarette and tobacco packages?

PLEASE TICK ONE BOX ONLY

- A lot ☐ 1
- Sometimes ☐ 2
- Never ☐ 3

85. Thinking about these warning labels, please answer each question below.

PLEASE TICK ONE BOX FOR EACH STATEMENT

	Yes	No	Don't know
1 Did the picture warning labels make you think about the health risks of smoking?	☐ 1	☐ 2	☐ 3
2 Did the picture warning labels put you off smoking?	☐ 1	☐ 2	☐ 3

That's the end of the questionnaire now!
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.