



2014 YOUTH INSIGHTS SURVEY

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

If you agree, please tick the box below ☒

☐

I agree to complete the survey

QUESTIONS YOU MIGHT HAVE...

Why are we doing this study?

This survey is to help us understand how young people deal with today's changing world. It will also tell us more about young people's interests, how they use their spare time, and the issues they face.

Schools throughout New Zealand are taking part in this survey. The answers you give will be anonymous. No one will know what you write. There are no right or wrong answers. Please answer all the questions as best you can, and tell us what you really think and do.

There are seven sections. Please answer all of the questions. Each section has a number of questions with instructions in **BOLD TYPE** that tell you how to answer the question.

Here are some examples:

1. Which of the following common family pets is your favourite?

PLEASE TICK ONE BOX ONLY

☐ Dogs

☒ Cats

☐ Fish

☐ None of these

Tick **one**
box only

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

PLEASE TICK ALL THAT APPLY

☒ No one in my family has any pets

☒ Dogs

☐ Cats

☒ Fish

☐ Other animals

Tick only this box

OR

as many of these boxes
that apply to you

3. How many of each of the following pets do you or your family have?

PLEASE TICK ONE BOX FOR EACH LINE

	Zero	One	Two	3 or more
1 Dogs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Cats	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Fish	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For **each** line,
tick the box
that applies

Please answer **all** the questions.

If you make a mistake, simply scribble it out and tick the correct box like this:

☒ Yes

☒ No

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



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START

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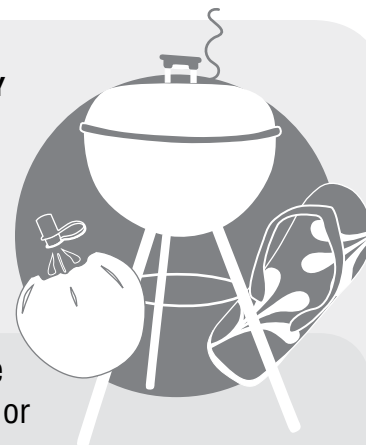
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FINISH

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

01 YOUR INTERESTS



1. Which of the following activities are you interested in (including those things that interest you on TV, that you have read about in magazines or on the Internet, or participated in)?

PLEASE TICK ALL THAT APPLY

- ☐ I am not interested in any activities
- ☐ Basketball
- ☐ BMXing
- ☐ Cricket
- ☐ Drama or theatre
- ☐ Fishing, diving or boating
- ☐ Football / soccer
- ☐ Graffiti art
- ☐ Graphics and design, painting, drawing, or sculpture
- ☐ Hip-hop, B-Boy / B-Girl
- ☐ Hockey
- ☐ Kapa Haka (eg, waiata, haka, poi)
- ☐ Martial arts (eg, karate)
- ☐ Motorsport
- ☐ Mountain biking
- ☐ Netball
- ☐ Online gaming
- ☐ Other dance (eg, ballet, salsa, modern)
- ☐ Pacific Island cultural activities / Polyclub
- ☐ Photography
- ☐ Racket sports (eg, tennis, squash, badminton)
- ☐ Rowing or Waka Ama
- ☐ Rugby league
- ☐ Rugby union
- ☐ Singing or performing music
- ☐ Skateboarding
- ☐ Snow sports
- ☐ Softball or baseball
- ☐ Surfing
- ☐ Swimming
- ☐ Touch rugby
- ☐ Tramping / hiking
- ☐ Volleyball
- ☐ Writing (eg, short stories, poems)
- ☐ I am interested in another activity or activities not listed here

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

PLEASE TICK ALL THAT APPLY

- ☐ I don't listen to any music
- ☐ Alternative or Indie
- ☐ Cultural music
- ☐ Electronic (eg, Drum & Bass, Techno, Electronic, Dub Step)
- ☐ Heavy metal
- ☐ Hip-hop, Urban Pacifica or Rap
- ☐ Pop
- ☐ Reggae, Ska, Dub or Roots
- ☐ Rock
- ☐ R&B
- ☐ Soul, Blues, Jazz or Funk
- ☐ I listen to other music not listed here



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FINISH

02 ABOUT YOU



3. Are you:

- ☐ Female
☐ Male

4. How old are you?

- ☐ 11 years old or younger
☐ 12 years old
☐ 13 years old
☐ 14 years old
☐ 15 years old
☐ 16 years old
☐ 17 years old
☐ 18 years old or older

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

TICK THE BOX OR BOXES THAT APPLY TO YOU

- ☐ New Zealand European
☐ Māori
☐ Samoan
☐ Cook Island Māori
☐ Tongan
☐ Niuean
☐ Other Pacific Island
☐ Chinese
☐ Indian
☐ Other Asian
☐ Other (Please write in)

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

PLEASE TICK ALL THAT APPLY

- ☐ Mother
- ☐ Father
- ☐ Grandparents
- ☐ Other female caregiver (eg, step mother, foster mother)
- ☐ Other male caregiver (eg, step father, foster father)
- ☐ Mother's partner or father's partner
- ☐ Older brothers or sisters
- ☐ Younger brothers or sisters
- ☐ Step brothers / sisters or parent's partner's children
- ☐ Other people (eg, relatives, friends, flatmates, boarders)
- ☐ Don't know

7. How many children aged **five years or younger** live with you at home where you normally live?

HOW MANY?: children
(PLEASE WRITE IN)

8. In the past 7 days (one week), how much money did you get or earn (\$ per week)?

PLEASE TICK ONE BOX ONLY

- ☐ I did not get or earn any money
- ☐ \$1 to \$5
- ☐ \$6 to \$10
- ☐ \$11 to \$15
- ☐ \$16 to \$20
- ☐ \$21 to \$30
- ☐ \$31 to \$40
- ☐ \$41 to \$50
- ☐ Over \$50

9. In the past month (30 days), have you seen cigarette or tobacco packs being displayed, including on the shelves or on the counter?

PLEASE TICK ONE BOX ONLY

- ☐ Yes
- ☐ No
- ☐ Don't know



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

PLEASE TICK ONE BOX FOR EACH STATEMENT

	Strongly agree	Agree	Neither	Disagree	Strongly disagree
1 I feel I am treated with as much respect as other students at school / kura	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 I like going to my school / kura	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 I feel proud to say what school / kura I go to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 My school / kura provides mostly healthy options in the canteen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 I have learned things at my school / kura that have put me off smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 I can trust my friends with personal problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 My friends understand and accept me for who I am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. For each of the statements listed below, please tick whether you think that **for you** they are true, mostly true, sometimes true / sometimes false, mostly false or false:

PLEASE TICK ONE BOX FOR EACH STATEMENT

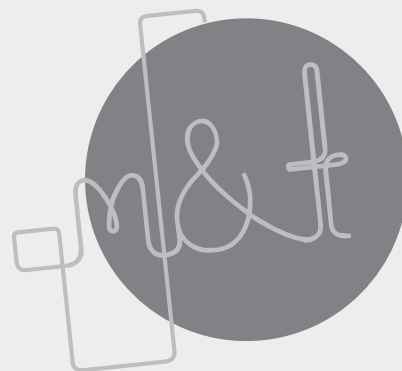
	True	Mostly true	Sometimes true / sometimes false	Mostly false	False
1 I do lots of important things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Overall I am no good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 In general I like being the way I am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Overall I have a lot to be proud of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 I can't do anything right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 I can do things as well as most other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Other people think I am a good person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 A lot of things about me are good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 I am as good as most other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 When I do something, I do it well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 I like the way I look	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. For each of the questions listed below, please tick the box which best describes how things have been **for you** during the past month (30 days). How much of the time in the past month...

PLEASE TICK ONE BOX FOR EACH STATEMENT

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
1 Have you been a very nervous person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Have you felt so down in the dumps that nothing could cheer you up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Have you felt calm and peaceful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Have you felt downhearted and blue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Have you been a happy person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

03 USE OF MEDIA & TECHNOLOGY



13. Which of the following magazines do you regularly read, either in print or online?

PLEASE TICK ALL THAT APPLY

- ☐ I don't regularly read **any** magazines
- ☐ Auto Trader
- ☐ Cleo
- ☐ Cosmopolitan
- ☐ Creme
- ☐ Curl
- ☐ Dolly
- ☐ Girlfriend
- ☐ M2
- ☐ Mana
- ☐ Manual
- ☐ New Idea
- ☐ NZ Rugby World
- ☐ NZ Performance Car
- ☐ NZ Surfing
- ☐ NZ Women's Weekly
- ☐ Rip It Up / Groove Guide
- ☐ Tearaway
- ☐ TV Hits
- ☐ Woman's Day
- ☐ I regularly read other magazine(s) not listed here

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

PLEASE TICK ALL THAT APPLY

- ☐ Reality TV or game shows (eg, X Factor, The Block)
- ☐ Soap operas (eg, Shortland Street, Home and Away)
- ☐ Current affairs (eg, News, 3rd Degree)
- ☐ Comedy shows (eg, Big Bang Theory, The Simpsons)
- ☐ Drama (eg, CSI, Walking Dead)
- ☐ Music TV (eg, C4, Juice TV)
- ☐ Sports (eg, The Crowd Goes Wild, sports games)
- ☐ None of these

15. How often do you watch...

PLEASE TICK ONE BOX FOR EACH LINE

	3 times a week or more	1-2 times a week	2-3 times a month	Less often than once a month
1 TV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Movies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Movies that are R-rated (either R16 or R18)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 On-demand TV programmes (eg, On Demand, Catch Up)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Online videos (eg, on YouTube, Vine)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. On a normal day, how much time do you spend on the Internet?

PLEASE TICK ONE BOX ONLY

- ☐ 5 hours or more per day
- ☐ 3 to 4 hours per day
- ☐ 1 to 2 hours per day
- ☐ Less than 1 hour per day
- ☐ Less often than once a day
- ☐ I never use the Internet

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

PLEASE TICK ONE BOX ONLY

- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never
- ☐ Don't know

18. Have you used the Internet for any of the following during the past 7 days (one week)?

PLEASE TICK ALL THAT APPLY

- ☐ Facebook
- ☐ Twitter
- ☐ Online chat, instant messaging or Skype
- ☐ E-mail
- ☐ Uploading content (eg, photos, videos, writing)
- ☐ Downloading or listening to music
- ☐ YouTube
- ☐ Downloading or streaming TV programmes or movies
- ☐ Watching on-demand TV programmes (eg, On Demand, Catch Up)
- ☐ School work
- ☐ Online shopping and trading (eg, Trade Me)
- ☐ Google Plus
- ☐ Looking for information to do with health or wellbeing
- ☐ Finding out about music, sports, hobbies or interests
- ☐ Looking at blogs
- ☐ Tumblr
- ☐ Snapchat
- ☐ Pinterest
- ☐ Instagram
- ☐ Ask.fm
- ☐ Vine
- ☐ Online gaming (eg, League of Legends, World of Warcraft)
- ☐ Online casino games (eg, poker, slots)
- ☐ Other
- ☐ I have not used the Internet in the past 7 days

19. Thinking about your Internet use in your household, do your parents or caregivers restrict you from:

PLEASE TICK ONE BOX FOR EACH STATEMENT

	Always	Often	Some times	Not often	Never
1 The kinds of websites you go to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 The time you spend on the Internet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. In the past 30 days (one month), how often did you access apps (applications) on your mobile phone or other portable device in each of the following ways:

PLEASE TICK ONE BOX FOR EACH STATEMENT

	Most days	Once a week	2-3 times	Once	Not at all
1 Downloaded a free app?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Paid to download an app?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Made an in-app purchase (eg, paid real money for tokens, coins, game money, credits, or bonus items, levels or maps)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

04 ABOUT SMOKING



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

- ☐ Yes
- ☐ No

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

PLEASE TICK ONE BOX ONLY

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

23. If you have tried a cigarette / tobacco, were you drinking alcohol at the same time you **first** tried it?

- ☐ *I have never smoked cigarettes*
- ☐ Yes
- ☐ No

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

- ☐ *I have never smoked cigarettes*
- ☐ Yes
- ☐ No

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

PLEASE TICK ONE BOX ONLY

- ☐ None
- ☐ 1 to 10 cigarettes (includes just having a few puffs)
- ☐ 11 to 25 cigarettes
- ☐ 26 to 99 cigarettes
- ☐ 100 or more cigarettes

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

PLEASE TICK ONE BOX ONLY

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

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

PLEASE TICK ONE BOX ONLY

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

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

PLEASE TICK ONE BOX ONLY

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

29. Can you name five different brands of cigarettes / tobacco?

Write as many brand names as you can (up to five) in the spaces below:

Brand 1:

Brand 2:

Brand 3:

Brand 4:

Brand 5:

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

30. During the past year (12 months), which of the following things have you said or done with other students at your school?

PLEASE TICK ALL THAT APPLY

- ☐ Offered to share my cigarette with them
- ☐ Gave them a cigarette
- ☐ Told them that I like smoking
- ☐ Told them that they should try smoking
- ☐ None of the above

31. During the past year (12 months), which of the following things have you said or done to encourage other students at your school to **not** smoke?

PLEASE TICK ALL THAT APPLY

- ☐ Told them they should stop smoking
- ☐ Told them that smoking is bad for their health or fitness
- ☐ Told them that smoking is a waste of money
- ☐ Told them that I don't like smoking
- ☐ Told them I would help them give up smoking
- ☐ Taken or kept cigarettes away from them
- ☐ Something else
- ☐ I have thought about doing something but I haven't done it
- ☐ None of the above

32. During the past 30 days (one month) how did you **usually get** your own cigarettes?

PLEASE TICK ALL THAT APPLY

- ☐ *I have never smoked cigarettes / I am not a smoker now*
- ☐ I bought them from a shop
- ☐ I bought them from a vending machine
- ☐ I bought them from a friend / friends or person my age
- ☐ A friend / friends or person my age gave them to me
- ☐ A parent or caregiver gave them to me
- ☐ I took them from a parent or caregiver without asking
- ☐ I got them from an older brother or sister
- ☐ I got them some other way (Please write in)

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

PLEASE TICK ONE BOX ONLY

- ☐ *I have never smoked cigarettes / I am not a smoker now*
- ☐ Always
- ☐ Usually
- ☐ Sometimes
- ☐ Never

34. Which brand of tobacco / cigarettes do you **prefer** to smoke?

WRITE HERE:

- OR** ☐ I don't mind / care what brand I smoke
- OR** ☐ *I have never smoked cigarettes / I am not a smoker now*

35. Thinking about the brand you **prefer to smoke** (in Q34), how important are each of the following things in terms of your preference for that brand?

PLEASE ANSWER EVERY QUESTION

TICK ONE BOX ON EACH LINE

OR ☐ *I have never smoked cigarettes / I am not a smoker now*

	Not at all important	Slightly important	Moderately important	Very important
1 Price	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Taste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Easy to get	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 The packet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Brand name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Brand image	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36. For each of the packs shown below, please name the brand of cigarette / tobacco:



Brand 1: **OR** ☐ I don't know



Brand 2: **OR** ☐ I don't know



Brand 3: **OR** ☐ I don't know



Brand 4: **OR** ☐ I don't know



Brand 5: **OR** ☐ I don't know

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

PLEASE TICK ONE BOX ONLY

- ☐ *I have never smoked cigarettes / I am not a smoker now*
- ☐ Ready made cigarettes
- ☐ Roll your owns
- ☐ Other

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

- ☐ Yes
- ☐ No

39. Electronic cigarettes are battery-powered devices that look like a cigarette. They do not contain tobacco, but they release flavours as people inhale from them. Have you ever tried electronic cigarettes?

- ☐ Yes
- ☐ No

40. Why did you try using electronic cigarettes?

PLEASE TICK ALL THAT APPLY

- ☐ *I have never tried using electronic cigarettes*
- ☐ I wanted to quit smoking cigarettes completely
- ☐ I wanted to replace smoking cigarettes some of the time
- ☐ I wanted to smoke in places where smoking cigarettes is not allowed
- ☐ Cheaper than tobacco cigarettes
- ☐ Safer than tobacco cigarettes
- ☐ I was curious
- ☐ Someone recommended electronic cigarettes to me
- ☐ Another reason

41. How often do you use electronic cigarettes now?

PLEASE TICK ONE BOX ONLY

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

42. During the past 30 days (one month), have you seen any commercial advertising about electronic cigarettes?

- ☐ Yes
☐ No

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

PLEASE TICK ALL THAT APPLY

- ☐ *I have never smoked cigarettes / I am not a smoker now*
☐ At home
☐ At school
☐ At work
☐ At a friend or friends' houses
☐ At a social event or events (eg, parties, socials, dance parties, concerts)
☐ At a public place or places (eg, parks, in town)
☐ Other

44. Do you ever have a cigarette or feel like having a cigarette first thing in the morning?

PLEASE TICK ONE BOX ONLY

- ☐ *I have never smoked cigarettes / I am not a smoker now*
☐ No, I don't have or feel like having a cigarette first thing in the morning
☐ Yes, I sometimes have or feel like having a cigarette first thing in the morning
☐ Yes, I always have or feel like having a cigarette first thing in the morning

45. If you wanted to, do you think you could get cigarettes / tobacco from any of your friends?

PLEASE TICK ONE BOX ONLY

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

46. If you wanted to, do you think you could get cigarettes / tobacco from anyone in your family / whānau, or from your home?

PLEASE TICK ONE BOX ONLY

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

47. If you wanted to, do you think you could buy cigarettes / tobacco from a shop (eg, dairy)?

PLEASE TICK ONE BOX ONLY

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

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

PLEASE TICK ONE BOX ONLY

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

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

PLEASE TICK ONE BOX ONLY

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

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

PLEASE TICK ONE BOX ONLY

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

51. Have you ever been curious about smoking a cigarette?

PLEASE TICK ONE BOX ONLY

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

52. Do you think you will be smoking cigarettes five years from now?

PLEASE TICK ONE BOX ONLY

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

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

PLEASE TICK ONE BOX ONLY

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

54. Do you want to stop smoking now?

PLEASE TICK ONE BOX ONLY

- ☐ *I have never smoked cigarettes / I am not a smoker now*
- ☐ Yes, I want to stop smoking
- ☐ No, I don't want to stop smoking

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

PLEASE TICK ONE BOX ONLY

- ☐ *I have never smoked cigarettes*
- ☐ I did not smoke during the past year
- ☐ Yes, I have tried to stop smoking
- ☐ No, I have not tried to stop smoking

56. Which of the following people smoke?

PLEASE TICK ALL THAT APPLY

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

57. How many of your five closest friends smoke?

PLEASE TICK ONE BOX ONLY

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

58. Out of 100 people **your age**, how many do you think smoke cigarettes...

PLEASE WRITE IN

1 At least once a month?: /100

2 At least once a day?: /100

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

PLEASE TICK ONE BOX ONLY

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

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

PLEASE TICK ALL THAT APPLY

- ☐ *No one smoked around me in my home in the past 7 days*
- ☐ Best friend
- ☐ Other close friends
- ☐ Boyfriend or girlfriend
- ☐ Father
- ☐ Mother
- ☐ Grandparent(s)
- ☐ Other caregiver (eg, step father or mother, foster parents)
- ☐ **Older** brother(s) and / or sister(s)
- ☐ **Younger** brother(s) and / or sister(s)
- ☐ Auntie(s) and / or uncle(s)
- ☐ Cousin(s)
- ☐ Other family member(s)
- ☐ Other people not mentioned above (eg, visitors)

61. During the past 7 days, who of the following people smoked around you in places other than in your home?

PLEASE TICK ALL THAT APPLY

- ☐ *No one smoked around me in places other than my home in the past 7 days*
- ☐ Best friend
- ☐ Other close friends
- ☐ Boyfriend or girlfriend
- ☐ Father
- ☐ Mother
- ☐ Grandparent(s)
- ☐ Other caregiver (eg, step father or mother, foster parents)
- ☐ **Older** brother(s) and / or sister(s)
- ☐ **Younger** brother(s) and / or sister(s)
- ☐ Auntie(s) and / or uncle(s)
- ☐ Cousin(s)
- ☐ Other family member(s)
- ☐ Teacher(s) at school
- ☐ A stranger (eg, someone down the street)
- ☐ Other people not mentioned above (eg, workmates, other students at school)

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

PLEASE TICK ONE BOX ONLY

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

63. During this school year, were you taught in any of your classes about being smokefree?

PLEASE TICK ONE BOX ONLY

- ☐ Yes
- ☐ No
- ☐ Not sure



05 YOUR THOUGHTS



64. 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 dislike being around people who are smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 There is no harm in having a cigarette once in a while	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 I don't want to end up a smoker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 By 2025, hardly anybody will be smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 I don't want adults telling me how to keep myself safe or healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

PLEASE TICK ONE BOX FOR EACH STATEMENT

	Strongly agree	Agree	Neither	Disagree	Strongly disagree
1 I like to spend free time with my family / whānau	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 We can easily think of things to do together as a family / whānau	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 My family / whānau ask each other for help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

66. 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 My parents or caregivers generally know what I spend my pocket money on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 My parents or caregivers often have no idea of where I am, when I am away from my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 My parents or caregivers know about my school life (eg, my teachers, my grades)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 My parents or caregivers would be upset if I was caught smoking cigarettes / tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 If I break any important rules that my parents or caregivers have set I always get into trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

67. The government has a goal of a Smokefree New Zealand / Auahi Kore Aotearoa by 2025. This means that the country would essentially be smokefree, meaning that less than 5% of the population would be smokers. Before today, were you aware of this goal?

PLEASE TICK ONE BOX ONLY

- ☐ Yes
☐ No
☐ Don't know

68. 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 Smoking in cars should be banned when children are in them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Tobacco companies should not be allowed to promote cigarettes and tobacco with cool looking packs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 It's not okay for other people to smoke around me where I can breathe their smoke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Cigarettes and tobacco should not be sold in NZ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 I want to live in a country where no one smokes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Smoking should be banned in all outdoor places where young people go	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

69. 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 Cigarettes and tobacco should cost so much that young people can't afford them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 There should be fewer places where cigarettes and tobacco can be sold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Tax on cigarettes and tobacco should be increased every year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Movies and TV programmes that show people smoking should be rated R18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Schools should provide mostly healthy options in canteens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



06 ABOUT ALCOHOL & DRUGS



70. During the past 30 days (one month), how often did you smoke marijuana (pot, grass, weed, cannabis)?

PLEASE TICK ONE BOX ONLY

- ☐ *I have never smoked marijuana*
- ☐ In the past but not in the past 30 days
- ☐ Once in the past 30 days
- ☐ Two or three times in the past 30 days
- ☐ About once a week
- ☐ Several times a week
- ☐ Most days

71. When you smoked marijuana during the past 30 days (one month), how often did you smoke it as a joint (spliff, reefer) prepared with **both** marijuana and tobacco?

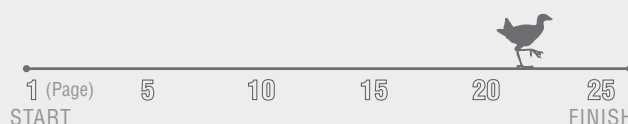
PLEASE TICK ONE BOX ONLY

- ☐ *I have never smoked marijuana / I did not smoke marijuana in the past month*
- ☐ Always
- ☐ Usually
- ☐ Sometimes
- ☐ Never

72. During the past 30 days (one month), how often did you use any form of legal high (eg, synthetic cannabis, party pills, herbal highs)?

PLEASE TICK ONE BOX ONLY

- ☐ *I have never used any form of legal high*
- ☐ In the past but not in the past 30 days
- ☐ Once in the past 30 days
- ☐ Two or three times in the past 30 days
- ☐ About once a week
- ☐ Several times a week
- ☐ Most days



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

PLEASE TICK ONE BOX ONLY

- ☐ Not at all in the past 30 days
- ☐ Once in the past 30 days
- ☐ Two or three times in the past 30 days
- ☐ About once a week
- ☐ Several times a week
- ☐ Most days

74. During the past 30 days (one month), how often do you think **most other people your age** drank alcohol?

PLEASE TICK ONE BOX ONLY

- ☐ Not at all in the past 30 days
- ☐ Once in the past 30 days
- ☐ Two or three times in the past 30 days
- ☐ About once a week
- ☐ Several times a week
- ☐ Most days

75. During the past 30 days (one month), about how often did you have 5 or more alcohol drinks in one session? (Count one drink as one small glass of wine, one can or stubbie, or one ready-made alcohol drink, eg, rum and Coke or one nip of spirits.)

PLEASE TICK ONE BOX ONLY

- ☐ *I have never had 5 or more alcoholic drinks in one session*
- ☐ In the past but not in the past 30 days
- ☐ Once in the past 30 days
- ☐ Two or three times in the past 30 days
- ☐ About once a week
- ☐ Several times a week
- ☐ Most days

76. During the past 30 days (one month), how often do you think **most other people your age** drank 5 or more alcohol drinks in one session?

PLEASE TICK ONE BOX ONLY

- ☐ Most other people my age have never had 5 or more alcoholic drinks in one session
- ☐ In the past but not in the past 30 days
- ☐ Once in the past 30 days
- ☐ Two or three times in the past 30 days
- ☐ About once a week
- ☐ Several times a week
- ☐ Most days

77. Thinking about all the times you have ever drunk alcohol, how often has this happened without your parents or caregivers knowing about it?

PLEASE TICK ONE BOX ONLY

- ☐ *I have never had any alcohol*
- ☐ No occasions
- ☐ Some occasions
- ☐ All occasions

78. Why do you drink alcohol?

PLEASE TICK ALL THAT APPLY

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

07 EVENTS & ADVERTISING



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

PLEASE TICK ALL THAT APPLY

- ☐ Smokefreerockquest
- ☐ Smokefree Pacifica Beats
- ☐ Stage Challenge
- ☐ Youth Week events
- ☐ Pasifika Festival
- ☐ Polyfest
- ☐ Tamararo or Te Matatini
- ☐ None of these

80. Do you recall seeing or hearing any advertising **anywhere** in the past 30 days (one month) about smoking, quitting smoking or the harmful effects of smoking?

PLEASE TICK ONE BOX ONLY

- ☐ Yes
- ☐ No
- ☐ Don't know

81. In the past 30 days (one month), have you seen or heard any news stories about smoking on TV, radio, on the Internet or in the newspaper?

- ☐ Yes
- ☐ No
- ☐ Don't know

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

PLEASE TICK ONE BOX ONLY

- ☐ A lot
- ☐ Sometimes
- ☐ Never



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FINISH



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

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

