

# OUR LIVES

[www.uq.edu.au/ourlives](http://www.uq.edu.au/ourlives)

## Social Futures and Life Pathways of Young People in Queensland: A Longitudinal Project



BSP: 9999 - 1

Mr Sam Sample  
123 Smith Street  
SOMETOWN NSW 2222

**Have a 1 in 110 chance of  
winning one of four 8GB  
iPod Nanos, or one of forty  
\$50 iTunes gift cards.**

Login: <loginid>  
Password: <password>

Dear Student,

The first of the follow-up waves of the 'Our Lives' survey is taking place this year and as an original participant, we would be delighted if you could remain a part of this exciting project.

### What we would like you to do:

We would like you to fill in the enclosed questionnaire and return it in the reply paid envelope provided. Alternatively, the survey may be completed online at [www.uq.edu.au/ourlives](http://www.uq.edu.au/ourlives) by using the username and password above.

There are no right or wrong answers. We are interested in your opinions which will help us develop a clear picture of the values and behaviours of our participants as they grow older.

### Any questions?

Participation in this research is voluntary. If you would like your household to be removed from the mailing list for this research, please phone the survey hotline administered by the Social Research Centre on 1800 023 040. The Social Research Centre is the independent company engaged by the University of Queensland to manage the data collection component of the research.

If you have any questions about the research, please contact the Our Lives research team. For any privacy and confidentiality concerns, please contact the University of Queensland Ethics Officer (phone numbers provided overleaf).

**Your views are very important to us!** To assist us with this research, please keep this front page (this will help protect your privacy) and return the completed questionnaire within the next 7 days.

The cut off date for participation is Friday 5th December.

Yours sincerely

**Professor Zlatko Skrbis**  
The University of Queensland

**Professor Mark Western**  
The University of Queensland



**STRICTLY CONFIDENTIAL**

# How to fill out this form

## INSTRUCTIONS:

- Use a black or blue biro
- Do not fold or bend this survey

### Cross the boxes like this:

Do you have Internet access at home?

- Yes, through dial-up
- Yes, through broadband / ADSL
- No  ←

You would cross this box if you think you don't have internet access at home

### Print clearly in the boxes like this:

In total, how many people, besides you, live in the same house with you?

Number

### Correct mistakes like this:

In thinking about yourself and your future, how **IMPORTANT** are each of the following goals to you?



To get a job as soon as possible

    

If you make a mistake simply scribble it out and clearly mark the correct answer with a cross.

Sometimes you are asked to write an answer - in that case simply write your answer in the space provided. Please read each question carefully. Remember, there are no right or wrong answers. We want to know what you think, so please don't talk to anyone about your answers.

## Participating in The University of Queensland Our Lives Study

You can participate in the Our Lives survey by either:

- Completing the paper version of the questionnaire and returning it using the reply paid envelope to:  
The University of Queensland Our Lives Survey  
Reply Paid 84564  
HAWTHORN VIC 3122, or
- Completing the survey online at [www.uq.edu.au/ourlives](http://www.uq.edu.au/ourlives) (your login is next to the address panel on the front cover of this booklet)

For information about survey completion please contact the Social Research Centre on 1800 023 040

If you would like any further information about this research, please contact:

**Professor Zlatko Skrbis**  
Chief Investigator  
Ph: 3365 3176

**University of Queensland Ethics Officer**  
Ph: 3365 3924

### Participate and receive automatic entry into our prize draw!

Participate and have a 1 in 110 chance of winning one of four 8GB iPod Nanos, or one of forty \$50 iTunes gift cards! The prize draw will take place at the Social Research Centre, 262 Victoria St North Melbourne 3051 on Friday 30th January 2009. Winners will be notified by telephone.

**We hope you enjoy the questionnaire.  
And thank you very much for taking part in this study.**

## SECTION A: THE FUTURE

First, we would like to ask you some questions about your future plans.

**A1.** ***WHEN***, if ever, do you think these things might happen?

|  | Within 2 years of leaving school | Between 2 to 5 years of leaving school | More than 5 years after leaving school | Sometime in the future but I don't know when | Never                    |
|--|----------------------------------|--|--|--|--------------------------|
| a. Move to a different state               | <input type="checkbox"/>         | <input type="checkbox"/>               | <input type="checkbox"/>               | <input type="checkbox"/>                     | <input type="checkbox"/> |
| b. Move to a different country             | <input type="checkbox"/>         | <input type="checkbox"/>               | <input type="checkbox"/>               | <input type="checkbox"/>                     | <input type="checkbox"/> |
| c. Move somewhere else within Queensland   | <input type="checkbox"/>         | <input type="checkbox"/>               | <input type="checkbox"/>               | <input type="checkbox"/>                     | <input type="checkbox"/> |
| d. Have children                           | <input type="checkbox"/>         | <input type="checkbox"/>               | <input type="checkbox"/>               | <input type="checkbox"/>                     | <input type="checkbox"/> |
| e. Get married                             | <input type="checkbox"/>         | <input type="checkbox"/>               | <input type="checkbox"/>               | <input type="checkbox"/>                     | <input type="checkbox"/> |
| f. Live with someone without being married | <input type="checkbox"/>         | <input type="checkbox"/>               | <input type="checkbox"/>               | <input type="checkbox"/>                     | <input type="checkbox"/> |
| g. Get divorced                            | <input type="checkbox"/>         | <input type="checkbox"/>               | <input type="checkbox"/>               | <input type="checkbox"/>                     | <input type="checkbox"/> |
| h. Be unemployed                           | <input type="checkbox"/>         | <input type="checkbox"/>               | <input type="checkbox"/>               | <input type="checkbox"/>                     | <input type="checkbox"/> |
| i. Stay at home to look after children     | <input type="checkbox"/>         | <input type="checkbox"/>               | <input type="checkbox"/>               | <input type="checkbox"/>                     | <input type="checkbox"/> |

**A2.** In thinking about yourself and your future, how ***IMPORTANT*** are each of the following goals to you?

|   | Not very important       | Not important            | Somewhat important       | Important                | Very important           |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. To set my own goals                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. To be more self confident                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. To be a good person                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. To have time to think about myself and my life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. To have a sense of achievement                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. To find meaning in life                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. To have a sense of self respect                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**A3.** In thinking about yourself and your future, how ***IMPORTANT*** are each of the following goals to you?

|                                     | Not very important       | Not important            | Somewhat important       | Important                | Very important           |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. To leave school as soon as I can | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. To do a trade or apprenticeship  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. To go on to TAFE                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. To go on to university           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**A4.** In thinking about yourself and your future, how **IMPORTANT** are each of the following goals to you?

| Not very important | Not important | Somewhat important | Important | Very important |
|--------------------|---------------|--------------------|-----------|----------------|
|--------------------|---------------|--------------------|-----------|----------------|

- |  |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. To get a job as soon as possible                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. To get a job with good career prospects           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. To work in a job that interests me                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. To get a job that's close to where I now live     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. To get a job that helps other people              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. To get a job that allows me to make lots of money | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. To have enough money to do what I want            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**A5.** How much do the following people **INFLUENCE** your decisions about your future?

(N/A means Not Applicable – for example, if you don't have a brother or sister, etc.)

| Never | To some extent | A lot | N/A |
|-------|----------------|-------|-----|
|-------|----------------|-------|-----|

- |                                |                          |                          |                          |                          |
|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Mother or female carer      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Father or male carer        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Grandparents                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. A brother or sister         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Friend/s                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Teacher or School Counselor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**A6.** How **TRUE** are the following statements for you? I am **VERY SURE** about . . .

| Not true at all | Slightly true | Somewhat true | Quite true | Very true |
|-----------------|---------------|---------------|------------|-----------|
|-----------------|---------------|---------------|------------|-----------|

- |   |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. The kind of occupation I want                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. The values I believe in                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. What roles men and women should play             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. What kind of friends I want                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. What kind of person I want to be                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. What kind of relationships I want with my family | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. What kind of person I want as my partner         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Next, we'd like to ask you about your high school plans...**

**A7.** The Queensland Government has recently introduced a new senior school qualification, the Queensland Certificate of Education (QCE), for students in years 11 and 12. Have you heard of the QCE?

- Yes
- No

**A8.** What do you think you will mainly do for your Queensland Certificate of Education in years 11 and 12? (*Cross one only*)

- a. Study School subjects (e.g. Maths A, B or C, English, Physics, Accounting)
- b. Study Vocational education and training subjects at school (eg. TAFE subjects)
- c. Do a school-based traineeship or apprenticeship that may include on-the-job training
- d. Something else
- e. Don't Know

**We'd now like to ask some questions about your career plans...**

**A9.** If you could have **ANY JOB** as an adult, what would you **LIKE** it to be?

(Please write a specific job title only)

**A10.** In this package, there is a separate job categories sheet which is a list containing 10 broad categories and examples of jobs in each category. Please choose the category that **BEST DESCRIBES** the job you would LIKE to have as an adult.

(Cross number of category 1-10)

- |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**A11.** Will you work for yourself in your own business, or will you work for someone else?

Work for self

Work for someone else

**A12.** Will you supervise other people in this job (i.e. tell other workers what to do)?

Yes

No

**A13.** How **CONFIDENT** are you of getting this kind of job?

- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Not very confident       | Not confident            | Somewhat confident       | Confident                | Very confident           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**A14.** Now, thinking about this job you would really **LIKE** to have, do you think any of the following will make it **HARDER** for you to get this job? (Cross all options that apply to you)

- Not having the right education / qualifications
- Not being smart enough
- Not 'fitting in' with people
- Being from a different ethnic and / or language background
- Lack of family and friends' support to get this job
- My gender – males/females don't usually have this job
- Not having enough money
- Living too far away
- My health
- Nothing will make it harder for me
- Something else (please write brief description)

**A15.** Referring again to the list (job categories sheet included in the package), please choose the category that **BEST DESCRIBES** the job that, realistically speaking, you eventually **EXPECT** to get. (This can be different from the job you'd like to have).  
(Cross number of category 1-10)

- |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**A16.** What job do you think your parents want you to have as an adult?

**A17.** How **CONFIDENT** are you that . . . ?

- |  |                   |           |                       |                  |                       |
|--|-------------------|-----------|-----------------------|------------------|-----------------------|
|  | Very<br>confident | Confident | Somewhat<br>confident | Not<br>confident | Not very<br>confident |
|--|-------------------|-----------|-----------------------|------------------|-----------------------|

- |  |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. You can get a good education                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. You can get a job that pays well                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. You will have a job you will enjoy doing            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. You will have a happy family life                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. You will have good friends you can count on         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. You will earn the respect of others                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. You will achieve whatever you want in life          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. You will have a rewarding and meaningful life       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. You will have the kind of lifestyle you really want | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**A18.** In thinking about yourself and your future, how **IMPORTANT** are each of the following goals to you?

| Not very important | Not important | Somewhat important | Important | Very important |
|--------------------|---------------|--------------------|-----------|----------------|
|--------------------|---------------|--------------------|-----------|----------------|

- |   |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. To have lots of friends                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. To have really close friends               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. To have a close friend of the opposite sex | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. To have a close friend of the same sex     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. To spend lots of time with my friends      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. To look good                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. To eat healthy food                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. To be really fit                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. To be really good at sport                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**A19.** During the first 2 years after you leave school, **WHAT** do you plan to do?

*(Cross all options that apply to you)*

- Work in a paid job
- Work as an apprentice / trainee
- Work as a volunteer
- Attend TAFE
- Attend university
- Travel within Australia
- Travel overseas
- Join the Army, Navy or Air Force
- Take a year off
- Other
- Don't know

**And now, about your future family plans...**

**A20.** On a scale of 1 to 10, how strongly do you feel about having children later in life?

The more you want to have children, the higher the number you should cross.

| Definitely do not want to have children | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       | Definitely want to have children |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------------|
|   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                  |

**A21.** What would you consider an ideal number of children to have?

- a. Enter number of boys
- b. Enter number of girls

**A22.** Thinking about the kind of person you would like to marry, how ***IMPORTANT*** are the following things?

| Not very important | Not important | Somewhat important | Important | Very important |
|--------------------|---------------|--------------------|-----------|----------------|
|--------------------|---------------|--------------------|-----------|----------------|

- |  |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. They are from the same country as you | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. They are Australian                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. They share your religious beliefs     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. They are from the same culture as you | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. They are the same race as you         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. You love each other                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. They are financially successful       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. They are well-educated                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**A23.** ***WHEN*** did you make up your mind about the following things?

| In primary school | In Year 8 | In Year 9 | This year | Still undecided |
|-------------------|-----------|-----------|-----------|-----------------|
|-------------------|-----------|-----------|-----------|-----------------|

- |  |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. What you'll do after you leave school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. What kind of job you want             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. What level of education you want      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. How many children you want            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. What kind of partner you want         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**A24.** How important are the following to your ***FUTURE HAPPINESS?***

| Not very important | Not important | Somewhat important | Important | Very important |
|--------------------|---------------|--------------------|-----------|----------------|
|--------------------|---------------|--------------------|-----------|----------------|

- |   |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Getting married  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Having children  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Supporting your parents                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Having really good friends                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Learning a trade                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Getting a university degree                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Making lots of money                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Working in a job that really interests you             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Having a strong sense of achievement in your life      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Being able to choose the kind of life you want to live | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Being involved in your religion/spirituality           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Being involved in community or volunteer work          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



## SECTION B: ISSUES AND INTERESTS

**B1.** How **IMPORTANT** are the following to you?

Not very important    Not important    Somewhat important    Important    Very important

- |                                  |                          |                          |                          |                          |                          |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Being a good student          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Being the best person you can | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Being a good friend           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Being a good son or daughter  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**B2.** How many **HOURS PER WEEK**, on average, do you spend doing the following?

None    1-3 hours    4-6 hours    7-9 hours    10 or more hours

- |   |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Using the Internet to email or chat with friends                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Using the Internet to help with your homework                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Using the Internet for other things  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Doing homework   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Playing sports   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Doing chores at home   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Hanging out with friends outside of school                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Watching TV  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Playing computer games   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Participating in a community group<br>(e.g. Scouts, charity, church group) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Listening to music   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Reading books for fun  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Shopping   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Working in a part-time job   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**B3.** How often, on average, do you participate in the following school-based activities?

Everyday    Several times a week    At least once a week    Less than once a week    Never

- |   |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. School sport   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Band, music or choir   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Debating   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Performing arts (non-music)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Student government (e.g. school captain)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. School newspaper   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Academic, service, or hobby clubs<br>(e.g. Maths club, volunteer group, chess society) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**B4.** How often, on average, do you participate in the following activities outside of school?

| Everyday | Several times a week | At least once a week | Less than once a week | Never |
|----------|----------------------|----------------------|-----------------------|-------|
|----------|----------------------|----------------------|-----------------------|-------|

- |   |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Non-school sport                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Religious or church youth group          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Private academic lessons                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Private music lessons                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Performing arts or arts & crafts lessons | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Community / volunteer work               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Hobby or interest groups                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**B5.** When did you last attend or take part in the following events or activities?

| Within last week | Within last month | Within last 6 months | Within last year | Never |
|------------------|-------------------|----------------------|------------------|-------|
|------------------|-------------------|----------------------|------------------|-------|

- |  |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Visited public library  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Visited museum or art gallery   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Attended performing arts (e.g. play or dance performance) or classical music event. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Attended live music concert   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Went to the movies  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Attended a sporting event   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**B6.** How **OFTEN** do your parents do the following?

| Never | Rarely | Sometimes | Often |
|-------|--------|-----------|-------|
|-------|--------|-----------|-------|

- |  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Check if you have done your homework                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Help you with your homework   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Give you special privileges because of good grades                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Limit privileges because of poor grades                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Require you to do work or chores around the home                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Limit the amount of time you can spend watching TV or playing video games | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Limit the amount of time you go out with friends on school nights         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**B7.** How **IMPORTANT** are the following factors in succeeding at school?

| Not very important | Not important | Somewhat important | Important | Very important |
|--------------------|---------------|--------------------|-----------|----------------|
|--------------------|---------------|--------------------|-----------|----------------|

- |  |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Working hard                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Your own abilities and talents        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Competing with others                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Positive attitude towards school work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Doing what teachers want              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Being quick to adopt new things       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Being popular with other pupils       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Having rich parents                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Having a supportive family            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Having good habits                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Having highly-educated parents        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**B8.** Here are some statements about current cultural and political issues. Please indicate how strongly you agree or disagree with each of the following statements.

| Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Don't know |
|----------------|-------|----------------------------|----------|-------------------|------------|
|----------------|-------|----------------------------|----------|-------------------|------------|

- |   |                          |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Australia should take in more migrants                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Migrants should adapt to the Australian way of life          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Same-sex couples should be allowed to legally marry          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Women should be allowed to have an abortion if they want one | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Global warming is a serious threat to Australia              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## SECTION C: TECHNOLOGY

**C1.** Do you have a mobile phone?

- Yes
- No

**C2.** How many COMPUTERS (desktops and laptops) are there in your home?

- 0  1  2  3  4  5 or more

**C3.** Do you have access to computers in the following areas around your home?

Yes,  
for myself  
only

Yes,  
but I share  
it with  
others

No

- |                            |                          |                          |                          |
|----------------------------|--------------------------|--------------------------|--------------------------|
| a. In a study room         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. In family room / lounge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Games room/spare room   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. In your bedroom         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Somewhere else          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**C4.** Do you have Internet access at home?

- Yes, through dial-up
- Yes, through broadband / ADSL
- No

**C5.** How often, on average, do you access the Internet through each of following points?

Everyday

Several  
times a  
week

At least  
once a  
week

Less than  
once a  
week

Never

- |  |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Home computer or laptop   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. School computer   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Internet café, gaming lounge, or public library                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Mobile electronic device (e.g. mobile phone, PDA, or handheld gaming console) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Somewhere else  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**C6. Thinking about all the different ways you socialise or communicate with your friends, how often do you...?**

Everyday

Several times a week

At least once a week

Less than once a week

Never

- |  |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Spend time with friends, in person, doing social activities outside of school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Talk to friends on home telephone   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Send text messages to each other  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Talk to friends on a mobile phone   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Send instant messages to each other   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Send email to each other  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Send messages through social networking sites like MySpace or Facebook        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Chat to each other in an online computer or video game                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**C7. Thinking about the different ways you use the Internet, do you ever...?**

Yes

No

- |   |                          |                          |
|---|--------------------------|--------------------------|
| a. Look online for health, dieting or physical fitness information  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Go online to get news or information about current events  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Use social networking sites such as Myspace and Facebook   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Go online to get information about TAFE, university, traineeships / apprenticeships you are thinking about undertaking | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Watch a video on a video-sharing site like YouTube   | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Download media content such as movies, TV shows, music or podcasts, to watch or listen to at a later time?             | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Play online computer or videogames   | <input type="checkbox"/> | <input type="checkbox"/> |

**C8.** Scientists are increasingly able to use genetic information for many different things. How do you feel about the following applications of genetic technologies?

Never acceptable    Sometimes acceptable    Neutral    Usually acceptable    Always acceptable

- |    |   |                          |                          |                          |                          |                          |
|----|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. | To test whether an unborn baby has a genetic deficiency or disability e.g. Down's Syndrome or deafness          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | To reveal a person is at risk of developing serious health problems   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. | To produce crops with enhanced characteristics e.g. drought resistance, better taste, greater nutritional value | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. | To produce farm animals with enhanced characteristics e.g. improved health, better yield of meat, eggs, milk    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. | In allowing couples to choose characteristics in their future children such as height and intelligence          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## SECTION D: YOUR FRIENDS AND PERSONAL NETWORKS

**Next, we would like to ask some questions about your family.**

**D1.** Which of the following **BEST DESCRIBES** your present situation? (Please read the full list before crossing one only)

- |   |                          |
|---|--------------------------|
| I live with both my (biological or adoptive) mother and father                        | <input type="checkbox"/> |
| I live with my father and stepmother (or other female adult) all or most of the time  | <input type="checkbox"/> |
| I live with my mother and stepfather (or other male adult) all or most of the time    | <input type="checkbox"/> |
| I live with my father alone all or most of the time                                   | <input type="checkbox"/> |
| I live with my mother alone all or most of the time                                   | <input type="checkbox"/> |
| I fairly equally share living with my father and mother who are divorced or separated | <input type="checkbox"/> |
| I live with other adult guardians   | <input type="checkbox"/> |
| Other. Please explain: <input style="width: 400px; height: 20px;" type="text"/>       | <input type="checkbox"/> |

**D2.** Which of the following people, in addition to your parents or guardians, live with you, that is in the house where you spend most of your time? *(Please cross all that apply)*

- a. Brothers or step-brothers
- b. Sisters or step-sisters
- c. Grandfather or grandmother
- d. Uncles or aunts
- e. Other relatives
- f. Non-relatives

**D3.** In total, how many people, besides you, live in the same house with you?

Number

**D4.** Are you . . . *(Cross one only)*

- The oldest
- The youngest
- Somewhere in the middle
- An only child

**And now some questions about your friends and personal networks.**

**D5.** How **CONFIDENT** are you that the following people won't let you down?

|  |                |           |                    |               |                    |
|--|----------------|-----------|--------------------|---------------|--------------------|
|  | Very confident | Confident | Somewhat confident | Not confident | Not very confident |
|--|----------------|-----------|--------------------|---------------|--------------------|

- |                              |                          |                          |                          |                          |                          |
|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Your parents              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Your friends              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Your best friend          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Your brothers and sisters | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Your teachers             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Your neighbours           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**D6.** How much **TRUST** do you have in:

| A great deal of trust | Quite a lot of trust | Not very much trust | None at all |
|-----------------------|----------------------|---------------------|-------------|
|-----------------------|----------------------|---------------------|-------------|

- |  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Your school   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. What you see on television  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. What you see on the Internet  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. The police  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Politicians   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Church leaders  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Groups that are working to protect the environment (e.g. Greenpeace, etc) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Well known sporting figures   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Music, film and TV celebrities  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**D7.** Apart from family members, how **MANY** friends do you have?

| None | 1-3 friends | 4-6 friends | 7-9 friends | 10+ friends |
|------|-------------|-------------|-------------|-------------|
|------|-------------|-------------|-------------|-------------|

- |                       |                          |                          |                          |                          |
|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Close friends      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Friends in general | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**D8.** Thinking about your close friends, are they? (*Cross one only*)

- All girls
- Mostly girls
- About equal girls and boys
- Mostly boys
- All boys

**D9.** Thinking about the very best friend you have, not including family members or your boyfriend / girlfriend

a. How old is your best friend?  years old.

b. Is your best friend:

- Male
- Female



**D10.** What **CULTURE** do they come from? (For example, Australian, Lebanese, Australian-Irish, Vietnamese, Chinese-Australian, etc.) (Please write your response in the space provided.)

**D11.** What **COUNTRY** were they born in?

**D12.** Have the following events ever **HAPPENED** to you?

| Never | Within the last 6 months | Last year | More than a year ago |
|-------|--------------------------|-----------|----------------------|
|-------|--------------------------|-----------|----------------------|

- a. Death of a family member or friend
- b. Changed schools
- c. Separation/divorce of your parents
- d. Serious health problems
- e. Friendship problems
- f. Bullied by other kids
- g. Received poor grades at school
- h. Family problems
- i. Parent remarried
- j. Fell in love
- k. Got into trouble at school
- l. Broke up with boyfriend / girlfriend

|                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**D13.** To what extent do you **AGREE** or **DISAGREE** with the following?

| Strongly disagree | Mildly disagree | Neither agree nor disagree | Mildly agree | Strongly agree |
|-------------------|-----------------|----------------------------|--------------|----------------|
|-------------------|-----------------|----------------------------|--------------|----------------|

- a. My life is going well
- b. My life is just right
- c. I would like to change many things in my life
- d. I wish I had a different kind of life
- e. I have a good life
- f. I have what I want in life

|                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**D14.** All in all, how happy are you with your life these days? The happier you are, the higher the number you should cross.

|                      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                    |
|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------|
| Extremely<br>unhappy | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       | Extremely<br>happy |
|                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                    |

## SECTION E: ABOUT YOU

**E1.** Are you...

Male

Female

**E2.** What is the **MAIN LANGUAGE** spoken at home?

1. English only

2. English plus other (*specify other*)

3. Other (*specify*)

**E3.** How **IMPORTANT** are the following for you?

|  |                          |                  |                       |           |                   |
|--|--------------------------|------------------|-----------------------|-----------|-------------------|
|  | Not<br>very<br>important | Not<br>important | Somewhat<br>important | Important | Very<br>important |
|--|--------------------------|------------------|-----------------------|-----------|-------------------|

a. Being a member of your family

b. Being a part of your local community

c. Being a member of your school community

d. Being a Queenslander

e. Being Australian

f. Being a part of the global community

**E4. What is your religion or faith?** *(Cross one only)*

|   |  |
|---|--|
| No religion <input type="checkbox"/>                  |  |
| <b>Christian religions:</b>                           | <b>Other religions:</b>                                |
| Anglican (Church of England) <input type="checkbox"/> | Buddhism <input type="checkbox"/>                      |
| Baptist <input type="checkbox"/>                      | Hinduism <input type="checkbox"/>                      |
| Catholic <input type="checkbox"/>                     | Islam <input type="checkbox"/>                         |
| Lutheran <input type="checkbox"/>                     | Judaism <input type="checkbox"/>                       |
| Greek Orthodox <input type="checkbox"/>               | Other non-Christian religion: <input type="checkbox"/> |
| Other Orthodox <input type="checkbox"/>               | <i>(now please specify in the box below)</i>           |
| Presbyterian / Reformed <input type="checkbox"/>      | <input type="text"/>                                   |
| Uniting Church <input type="checkbox"/>               |  |
| Other Christian religion: <input type="checkbox"/>    |  |
| <i>(now please specify in the box below)</i>          |  |
| <input type="text"/>                                  |  |

**E5. On a scale from 0 to 10, how important is religion in your life? The more important it is, the higher the number you should cross.**

|                                     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                    |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------------|
| Least important<br>thing in my life | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       | Most important<br>thing in my life |
|                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    |

**E6. What was the HIGHEST level of education your parents or carers**

**EVER ACHIEVED?**

*(Please answer for parents or carers with whom you live most of the time).*

|   | Mother<br>or carer       | Father<br>or carer       |
|---|--------------------------|--------------------------|
| Less than Year 12 Certificate   | <input type="checkbox"/> | <input type="checkbox"/> |
| Year 12 Certificate   | <input type="checkbox"/> | <input type="checkbox"/> |
| Completed a trade qualification like a diploma, certificate or apprenticeship | <input type="checkbox"/> | <input type="checkbox"/> |
| Completed a university bachelors degree                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Completed post-graduate University study (e.g. Masters, PhD)                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Don't know  | <input type="checkbox"/> | <input type="checkbox"/> |

**E7. LAST WEEK, what were your parents or carers MAINLY doing?**  
 (Please answer for parents or carers with whom you live most of the time).

|                             | Mother or carer          | Father or carer          |
|-----------------------------|--------------------------|--------------------------|
| Working full-time           | <input type="checkbox"/> | <input type="checkbox"/> |
| Working part-time           | <input type="checkbox"/> | <input type="checkbox"/> |
| Unemployed/looking for work | <input type="checkbox"/> | <input type="checkbox"/> |
| Domestic duties             | <input type="checkbox"/> | <input type="checkbox"/> |
| Studying                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Other                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Don't know                  | <input type="checkbox"/> | <input type="checkbox"/> |

**E8. Do your parents or carers receive a Government pension, benefit or allowance because they are retired or unable to work for some reason?**

|            | Mother or carer          | Father or carer          |
|------------|--------------------------|--------------------------|
| Yes        | <input type="checkbox"/> | <input type="checkbox"/> |
| No         | <input type="checkbox"/> | <input type="checkbox"/> |
| Don't know | <input type="checkbox"/> | <input type="checkbox"/> |

**E9. The place where you live MOST OFTEN, is:**

|            |                          |
|------------|--------------------------|
| Owned      | <input type="checkbox"/> |
| Rented     | <input type="checkbox"/> |
| Don't know | <input type="checkbox"/> |

**E10. What is your father / carer's CURRENT occupation?** (Please indicate a specific job title)

**E11. From the separate job categories sheet included in this package, please select the category that best describes your father / carer's CURRENT occupation.**

(Cross number of category 1-10)

|                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**E12. Who does (did) your FATHER / CARER work for?**

Owns his own business and works on his own

Owns his own business with people working for him

Works for somebody else

Don't know

**E13. Does (did) your FATHER / CARER tell other people what to do at work?**

Yes

No

Don't know

**E14. What is your mother / carer's CURRENT occupation? (Please indicate a specific job title)**

**E15. From the separate job categories sheet included in this package, please select the category that best describes your mother / carer's CURRENT occupation.**

(Cross number of category 1-10)

1  2  3  4  5  6  7  8  9  10

**E16. Who does (did) your MOTHER / CARER work for?**

Owns her own business and works on her own

Owns her own business with people working for her

Works for somebody else

Don't know

**E17.** Does (did) your **MOTHER / CARER** tell other people what to do at work?

- Yes
- No
- Don't know

**E18.** How many **YEARS** have you attended your current school?

years

**E19.** Thinking about how well you do at school, are you:

- An excellent student
- A very good student
- A good student
- An average student
- A poor student

**E20.** This year, **HOW WELL** would other people think you were doing in the following subjects?

Very poorly   Poorly   OK   Well   Very well

- |  | Very poorly              | Poorly                   | OK                       | Well                     | Very well                |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Maths                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. English                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Science                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. SOSE / Social Studies / History / Geography | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. The Arts (Music, Drama, Dance)              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**E21.** How **HARD** do you **WORK** in the following subjects?

Not at all   A little   A fair bit   Very hard

- |  | Not at all               | A little                 | A fair bit               | Very hard                |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Maths                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. English                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Science                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. SOSE / Social Studies / History / Geography | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. The Arts (eg. Music, Drama, Dance)          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**E22.** How well does each of the following statements describe you? On this scale from 1 to 9, 1 means the statement doesn't describe you at all, and 9 means the statement describes you very well. (Cross one number in each line).

|  | Not at all | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | Very well |
|--|------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------|
| I'm considered exceptionally or unusually intelligent            |            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |
| I'm considered a very "brainy", scholarly person                 |            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |
| I'm considered extremely "gifted" or talented at academic things |            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |
| My school grades have usually been near the top of every class   |            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           |

**E23.** What is the ***NAME*** of your school?

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## SECTION F: ONGOING CONTACT

***This is a longitudinal study, which means that we will be in touch again in 2 years time. In order for us to keep in touch, please provide the following information:***

Your Name:

Address:

---

Email Address:

Phone number:

Name of one of your parents or carers:

Address: *(leave blank if same as above)*

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Email Address:

Phone number:

**Please be assured this information will remain CONFIDENTIAL.  
No one except the research team will see it,  
and it will be kept separately from the main survey.**

**That is the end of the questionnaire.  
Thank you for your participation!**