

TVW Telethon Institute for Child Health Research

PRINCESS MARGARET HOSPITAL FOR CHILDREN
 Perth Western Australia
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YSR - I

Assignment No.				
File No.				
CD				
Dwelling				
Household				
Family				
Person				

WA Aboriginal Child Health Survey

IN CONFIDENCE

YOUTH QUESTIONNAIRE (12 - 17 YEARS)

A Introductory Statement

We are speaking to hundreds of young people like yourself all over Western Australia as part of this important survey of Aboriginal health. The questions on this form will help us to understand how things are for young people. The information collected will be used to improve health, education and other services for Aboriginal youth and to improve the future for them.

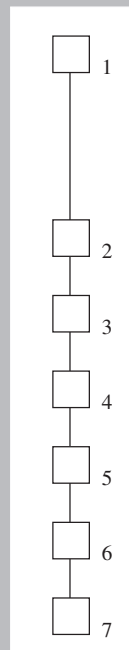
B Confidentiality

Taking part in the survey is voluntary and it is OK if there are some questions you would prefer not to answer. All information you give will be kept private by the research team from Princess Margaret Hospital. When we have finished the interview I will seal your answers in a confidentiality envelope so that they are not seen by anyone except the people at the survey office.

C Fully Responding

Non-Response

- Full refusal
- Part refusal
- Full non-contact
- Part non-contact
- Language problem
- Death/illness



1a What is your full name?

.....

1b How old are you?

..... years and months

1c Sex?

Circle one answer

(i) Male

(ii) Female

1d What is your date of birth?

...../...../.....

1e How long have you been living at your present address?

..... months **(if more than 6 months then go to Q1g)**

..... years **(go to Q1g)**

1f You said you have been living at this address for less than six months. Where were you living before?

(Suburb/town)

.....

1g What is the name of the main adult that looks after you at home?

.....

1h What relationship are they to you (Mum, Dad, Gran)?

.....

1i What is the main language you speak at home?

Circle one answer

- (i) English
- (ii) Broken English
- (iii) Aboriginal English
- (iv) Pidgin English
- (v) Creole
- (vi) Aboriginal Language
- (vii) Other (Please specify)

.....

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1j Do you speak or understand an Aboriginal language?

Circle one answer

- (i) No
- (ii) Yes, (A few words)
- (iii) Yes, (A conversation)

2a How much do you know about Aboriginal culture and heritage?

Circle one answer

Interviewer: Please use EQUIVALENCE SCALE prompt card

- (i) Not at all
- (ii) A little
- (iii) Some
- (iv) Quite a lot
- (v) Very much

2b Would you like to learn more about Aboriginal culture and heritage?

Circle one answer

- 1 No
- 2 Yes

2c How much is/was taught about Aboriginal culture and heritage at your school?

Circle one answer

Interviewer: Please use EQUIVALENCE SCALE prompt card

- (i) Not at all
- (ii) A little
- (iii) Some
- (iv) Quite a lot
- (v) Very much

3a In the past 6 months have people ever treated you badly or refused to serve you because you are Aboriginal?

Circle one answer

- 1 No (Go to Q4a)
- 2 Yes

3b At the following places, how often has racism happened to you?

Circle one answer/number on each line

Interviewer: Please use FREQUENCY SCALE prompt card

	<i>Never</i>	<i>Hardly ever</i>	<i>Once in a while</i>	<i>Quite often</i>	<i>Almost always</i>
(i) At school - from other kids	1	2	3	4	5
(ii) At school - from teachers	1	2	3	4	5
(iii) In shops/shopping centres	1	2	3	4	5
(iv) On public transport	1	2	3	4	5
(v) In the street	1	2	3	4	5
(vi) At home	1	2	3	4	5
(vii) When playing sport	1	2	3	4	5

4a Have you smoked cigarettes more than just once or twice?

Circle one answer

1 No (**Go to Q4c**)

2 Yes

4b How old were you the first time you smoked daily for a month or longer?

..... years and months

4c Do either of your parents smoke cigarettes?

Circle one answer

1 No

2 Yes

5a Do you drink alcohol?

Circle one answer

1 No (**Go to Q5c**)

2 Yes

5b During the past 6 months have you drunk so much that you threw up/vomited?

Circle one answer

1 Never

2 Yes, (once or twice)

3 Yes, (more than twice)

5c In the past 6 months have you been a passenger in a car when the driver was drunk?

Circle one answer

1 No

2 Yes

5d Does alcohol cause problems at your house?

Circle one answer

1 No

2 Yes

6a How often have you used any of the following?

Circle one answer/number on each line

Interviewer: Please use TIME SCALE prompt card

	1	Never	Over a year ago	Less than monthly	About weekly	Daily	Don't know
(i) Marijuana/Gunjah	1	2	3	4	5	99	
(ii) Inhalants (glue, paint, petrol)	1	2	3	4	5	99	
(iii) Speed/amphetamines	1	2	3	4	5	99	
(iv) Heroin	1	2	3	4	5	99	
(v) Trips or mushies	1	2	3	4	5	99	

6b Have you ever shared needles?

Circle one answer

1 No

2 Yes

6c Do either of your parents use drugs?

Circle one answer

1 No

2 Yes

99 Don't know

The next questions are about your sexual knowledge and experience

7a Have you ever had sex?

Circle one answer

1 No (Go to Q8a)

2 Yes

7b How old were you the first time you had sex?

..... years old

7c The last time you had sex, what one method did you use to stop pregnancy?

Circle one answer

- (i) Nothing
- (ii) Birth control pills
- (iii) Condoms
- (iv) Withdrawal
- (v) Some other method
- (vi) Not sure

7d The last time you had sex, what one method did you use to stop getting an sexually transmitted disease (STD)?

Circle one answer

- (i) Nothing
- (ii) Birth control pills
- (iii) Condoms
- (iv) Withdrawal
- (v) Some other method
- (vi) Not sure

8a Have you ever been taught how to avoid AIDS/HIV or other sexually transmitted diseases?

Circle one answer

- 1 No (**Go to Q8c**)
- 2 Yes
- 9 Not sure (**Go to Q8c**)

8b Where did you learn about this?

Circle your answer/s

- (i) From family
- (ii) From friends
- (iii) From a nurse
- (iv) From school
- (vii) Other (Please specify)

.....

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8c Do you identify yourself as being:

Circle one answer

- (i) Straight?
- (ii) Gay/lesbian?
- (iii) Bisexual?
- (iv) Not sure?

Interviewer: If answered 'no' in Q7a then go to Q9a

Question for females only

8d Have you ever been pregnant?

Circle one answer

- 1 No
- 2 Once
- 3 More than once

The next questions are about what you eat and drink on a normal day

9a What type of milk do you usually drink?

Circle one answer

- (i) Full cream milk (normal milk)
- (ii) Low/reduced fat (eg HiLo)
- (iii) Skim
- (iv) Evaporated or sweetened condensed
- (v) Powdered
- (vi) UHT/Long life
- (vii) Soy
- (viii) Flavoured milk
- (ix) Don't drink milk
- (x) None of the above
- (99) Don't know

9b When you are thirsty what do you usually drink?

Circle one answer

- (i) Water (**Go to Q9d**)
- (ii) Soft drink
- (iii) Fruit juice
- (iv) Cordial
- (v) Other (Please specify)

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9c You have mentioned that you usually drink something other than water when you are thirsty. Why is that?

Circle one answer

- (i) Water is not drinkable
- (ii) Don't like the taste
- (iii) Like other drinks better
- (iv) Other (Please specify)

.....

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9d Do you usually eat fresh vegies each day?

Circle one answer

- 1 No (**Go to Q9g**)
- 2 Yes

9e What fresh vegies do you usually eat?

.....
.....
.....
.....

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9f If you put together all the fresh vegies that you eat for the whole day, would they fill half a cup?

Circle one answer

- 1 No
- 2 Yes

9g Do you usually eat fruit each day?

Circle one answer

- 1 No (**Go to Q10a**)
- 2 Yes

9h What fresh fruit do you usually eat?

.....
.....
.....
.....

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9i If you put together all the fresh fruit you eat for the whole day, how many pieces would that be?

..... quarters

..... halves

..... whole pieces

The next questions are about asthma and breathing

10a Have you ever had asthma?

Circle one answer

1 No

2 Yes

10b Have you ever had hayfever?

Circle one answer

1 No

2 Yes

10c In the past 12 months has your chest sounded wheezy during or after exercise?

Circle one answer

1 No

2 Yes

10d Have you ever had wheezing or whistling in your chest?

Circle one answer

1 No

2 Yes

The next questions are about how things are at home with your parents (or the people looking after you).

12 How often do these things happen to you:

Circle one answer/number on each line

	<i>Never</i>	<i>Sometimes</i>	<i>Often</i>	<i>Very often</i>
(i) your parents smile at you?	1	2	3	4
(ii) your parents want to know exactly where you are and what you are doing?	1	2	3	4
(iii) your parents soon forget a rule they have made?	1	2	3	4
(iv) your parents threaten punishment more than they use it?	1	2	3	4
(v) your parents praise you for the good things you do?	1	2	3	4
(vi) your parents let you go out any night you want?	1	2	3	4
(vii) your parents only keep rules when it suits them?	1	2	3	4
(viii) your parents hit you or threaten to do so?	1	2	3	4
(ix) your parents seem proud of the things you do?	1	2	3	4
(x) your parents give you lots of help when something is worrying you?	1	2	3	4

The next questions are about your behaviour and how you get along with other people.

13 Thinking about your behaviour over the past 6 months?

Circle one answer/number on each line

Interviewer: Use SDQ prompt card

	<i>No</i>	<i>Yes</i>	<i>Sometimes</i>
(i) Were you trying to be nice to other people and caring about their feelings	1	2	3
(ii) Were you unable to stay still for long	1	2	3
(iii) Were you getting a lot of headaches, stomach aches or sickness	1	2	3
(iv) Were you usually sharing things with others (food, games, money, pens/pencils)	1	2	3
(v) Were you getting very angry and often losing your temper	1	2	3
(vi) Were you usually on your own or usually playing by yourself and keeping to yourself	1	2	3
(vii) Were you usually doing as you were told	1	2	3
(viii) Were you worrying a lot	1	2	3
(ix) Were you helpful if someone was hurt, upset or feeling sick	1	2	3
(x) Were you having trouble sitting still	1	2	3
(xi) Did you have at least one good friend	1	2	3
(xii) Were you fighting or were you making other people do what you want	1	2	3
(xiii) Were you often unhappy, feeling down or tearful	1	2	3
(ivx) Did other people your age usually like you	1	2	3
(xv) Were you easily distracted or finding it hard to concentrate	1	2	3
(xvi) Were you nervous in new situations	1	2	3

Question 13 Continued

	No	Yes	Sometimes
(xvii) Were you kind to younger children	1	2	3
(xviii) Were you often accused of lying or cheating	1	2	3
(xix) Did other kids or young people pick on you or bully you	1	2	3
(xx) Did you often volunteer to help others (parents, teachers, children)	1	2	3
(xxi) Did you think before you did things	1	2	3
(xxii) Did you take things that were not yours from school, home or somewhere else	1	2	3
(xxiii) Did you get on better with adults than with kids	1	2	3
(xxiv) Did you have many fears, or were you easily scared	1	2	3
(xxv) Did you trust the work you were doing and was your attention good	1	2	3
(xxvi) Were you often feeling bored	1	2	3

14a So, all up (overall) do you think you were having difficulties with your emotions, concentrating or coping?

Circle one answer

1 No (**Go to Q15a**)

2 Yes

14b How much of a problem is it?

Circle one answer

(i) A minor problem

(ii) A definite problem

(iii) A severe problem

14c How long has it been going on?

Circle one answer

- (i) Less than a month
- (ii) 1 - 5 months
- (iii) 6 - 12 months
- (iv) Over a year

14d Does it bother you?

Circle one answer

- (i) Not at all
- (ii) Only a little
- (iii) Quite a lot
- (iv) A great deal

14e Does it cause you any hassles with:

Circle one answer/number on each line

Interviewer: Please use Hassle Scale prompt card

	<i>Not at all</i>	<i>A little</i>	<i>Quite a lot</i>	<i>Very much</i>
(i) Home Life	1	2	3	4
(ii) Friendships	1	2	3	4
(iii) Learning	1	2	3	4
(iv) Free time activities	1	2	3	4

14f Does it cause hassles for the people around you, like your family, your mates or your teachers?

Circle one answer

- 1 No
- 2 Yes

Sometimes, people feel really down and so depressed they feel they can't cope anymore. Sometimes they might think about hurting themselves or even killing themselves.

15a During the past 12 months have you ever seriously thought about ending your own life?

Circle one answer

- 1 No
- 2 Yes

15b In the past 12 months have you tried to end your own life?

Circle one answer

- 1 No
- 2 Yes

15c Have any of your friends tried this in the past 12 months?

Circle one answer

- 1 No
- 2 Yes

The next questions ask about how you feel about yourself

16a How much do these statements sound like you?

Circle one answer/number on each line

Interviewer: Please use EQUIVALENCE

SCALE prompt card

	<i>Not at all</i>	<i>A little</i>	<i>Some</i>	<i>Quite a lot</i>	<i>Very much</i>
(i) I like to play sport	1	2	3	4	5
(ii) I find it easy to make friends	1	2	3	4	5
(iii) I like most things about about myself	1	2	3	4	5
(iv) I feel proud of how I am	1	2	3	4	5
(v) I can usually sort out my own problems	1	2	3	4	5
(vi) I wish I had more respect for myself	1	2	3	4	5
(vii) When I try, I can make good things happen for me	1	2	3	4	5
(viii) No matter how bad I feel I know that I will feel better eventually	1	2	3	4	5

The next questions are about things which can upset you and how you feel about those things

17a What does family violence mean to you?

Circle one answer/number on each line

	<i>No</i>	<i>Yes</i>
(i) Parents yelling and shouting	1	2
(ii) Parents hitting their kids too hard	1	2
(iii) People fighting when they are drunk	1	2
(iv) Family fights where people get pushed around or hit	1	2
(v) Other (Please specify)	1	2

.....

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17b Have you ever been in a one of the situations listed above?

Circle one answer

- 1 No (**Go to Q18a**)
- 2 Yes

17c How did you feel about the situation?

Circle your answer/s

- (i) Made you sad
- (ii) Made you angry
- (iii) Didn't care
- (iv) Didn't bother you
- (v) Stressed you out
- (vi) Other

.....

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18a During the past 6 months, have you been in a physical fight?

Circle one answer

- (i) Never (**Go to Q19a**)
- (ii) Once
- (iii) 2 or 3 times
- (iv) 4 or 5 times
- (v) 6 or more times

18b The last time you were in a physical fight, who did you fight with?

Circle one answer

- (i) A stranger
- (ii) A friend or someone I know
- (iii) A boyfriend or girlfriend
- (iv) A parent, brother, sister or other family member
- (v) Someone else

18c Did you need to be treated by a doctor or nurse because of any of the fights you had in the past 6 months?

Circle one answer

- 1 No
- 2 Yes

19a In the past 6 months, have you been questioned by the police about something they thought you might have done?

Circle one answer

- 1 No
- 2 Yes

19b In the past 6 months, have you been to the Children's Panel or had a warning from the police for anything you have done?

Circle one answer

- 1 No
- 2 Yes

19c In the past 6 months, have you been in the Children’s Court or some other court for any thing you have done?

Circle one answer

1 No

2 Yes

19d Have you ever been sentenced to spend time in a prison or juvenile detention centre?

Circle one answer

1 No

2 Yes

19e Have any of your friends ever been sentenced to spend time in a prison or juvenile detention centre?

Circle one answer

1 No

2 Yes

The next questions are about schools

20a Do you still go to school?

Circle one answer

1 No (**Go to Q23a**)

2 Yes

20b At your school how much do kids:

Circle one answer/number on each line

Interviewer: Please use EQUIVALENCE SCALE prompt card

(i) use drugs before and after school?

Not at all 1 *A little* 2 *Some* 3 *Quite a lot* 4 *Very much* 5

(ii) destroy things (vandalism)?

1 2 3 4 5

(iii) drink beer/wine/spirits?

1 2 3 4 5

(iv) get into fights?

1 2 3 4 5

(v) steal things?

1 2 3 4 5

(vi) threaten or bully?

1 2 3 4 5

20c How important is it for you to:
Circle one answer/number on each line

**Interviewer: Please use EQUIVALENCE
SCALE prompt card**

	<i>Not at all</i>	<i>A little</i>	<i>Some</i>	<i>Quite a lot</i>	<i>Very much</i>
(i) have good marks at school?	1	2	3	4	5
(ii) attend school regularly?	1	2	3	4	5
(iii) Finish Year 12?	1	2	3	4	5

20d Are you doing OK at school?
Circle one answer

- 1 No
- 2 Yes (**Go to Q20g**)

20e Has it always been like that?
Circle one answer

- 1 No
- 2 Yes

20f Why do you think you are not doing OK at school?

.....

.....

.....

.....

Go to Q20h

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20g What do you think has helped you to do OK at school?

.....

.....

.....

.....

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20h What do you like about school (eg activities, subjects, friends, teachers)?

.....

.....

.....

.....

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20i What do you dislike about school?

.....

.....

.....

.....

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The next questions are about bullying at school.

Bullying is when someone is picked on by another person, or a group of people say nasty and unpleasant things to him or her. It is also when someone is hit, kicked, threatened, sent nasty notes, when no one talks to them and things like that.

21a Have you ever been bullied at school?

Circle one answer

1 No (**Go to Q23a**)

2 Yes

21b Has this happened at the school you go to now?

Circle one answer

1 No (**Go to Q21d**)

2 Yes

21c Was this in the past 3 months?

Circle one answer

1 No (**Go to Q21e**)

2 Yes (**Go to Q21e**)

21d At your last school how often were you bullied?

Circle one answer

- (i) Never
- (ii) Once in a while (once or twice a month)
- (iii) Often (once or twice a week)
- (iv) Nearly every day

21e When did this happen?

Circle your answer/s

- (i) Before/after school
- (ii) Between classes
- (iii) In class time
- (iv) At recess/lunch time

21f Who bullied you?

Circle your answer/s

- (i) Males
- (ii) Females
- (iii) Younger kids
- (iv) Older kids
- (v) Other people not from my school
- (vi) Teachers

21g How did you feel about being bullied?

Circle your answer/s

- (i) Made you sad
- (ii) Made you angry
- (iii) Doesn't bother you
- (iv) Stressed you out
- (v) Other (Please specify)

.....

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21h Have you ever bullied other kids?

Circle one answer

1 No (**Go to Q21j**)

2 Yes

21i How often have you bullied other kids?

Circle one answer

1 Once in a while

2 Often

3 Nearly every day

21j Are you satisfied with the way the school handles bullying?

Circle one answer

Interviewer: Please use SATISFACTION SCALE prompt card

(i) Very satisfied

(ii) Fairly satisfied

(iii) Unsatisfied (The school could do a lot more)

(iv) Very unsatisfactory (The school did/is doing nothing about it)

The next questions are about physical fitness and how often you do serious/strong/hard exercise

23a Over the past 7 days, have you exercised or played sport or games that made you sweat and breath hard (eg basketball, netball, football, riding a bike, running)?

Circle one answer

1 No (**Go to Q23c**)

2 Yes

23b How often do you do this?

Circle one answer

1 Daily

2 Once a week

3 Three or more times a week

23c Over the past 12 months, not counting physical education classes at school, did you take part in any organised sports?

Circle one answer

1 No

2 Yes

23d Are you happy with what is available for you to do in your free time, like movies, disco, sports, places to go?

Circle one answer

Interviewer: Please use SATISFACTION SCALE prompt card

1 Very unhappy

2 A little bit unhappy

3 Neither happy nor unhappy

4 A little bit happy

5 Very happy

23e What do you like to do in your free time?

.....
.....
.....
.....

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23f Does someone or a group coordinate and organise these activities?

Circle one answer

1 No

2 Yes (Who is that?)

.....

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The next questions are about how safe you feel

24a How safe do you feel in each of the following situations:

Circle one answer/number on each line

Interviewer: Please use EQUIVALENCE SCALE prompt card

	<i>Not at all</i>	<i>A little</i>	<i>Some</i>	<i>Quite a lot</i>	<i>Very much</i>
(i) Being at home by yourself during the day?	1	2	3	4	5
(ii) Being at home by yourself after dark?	1	2	3	4	5
(iii) Walking in the area near your home during the day	1	2	3	4	5
(iv) Walking in the area near your home after dark?	1	2	3	4	5
(v) Travelling on public transport during the day?	1	2	3	4	5
(vi) Travelling on public transport after dark?	1	2	3	4	5

25a How important is religion/spiritual beliefs in your life?

Circle one answer

Interviewer: Please use EQUIVALENCE SCALE prompt card

- 1 Not at all
- 2 A little
- 3 Some
- 4 Quite a lot
- 5 Very much

25b How often do you participate in religious services with other people (eg going to church)?

Circle one answer

- (i) Daily
- (ii) Weekly
- (iii) Monthly
- (iv) Once or twice a year
- (v) Never

The next questions are about family support and encouragement for your education

26 How much encouragement do you get from your parents and family to:

Circle one answer/number on each line

Interviewer: Please use SCHOOL prompt card

	<i>None</i>	<i>A little</i>	<i>Some</i>	<i>Quite a lot</i>	<i>Very much</i>
(i) have good marks at school?	1	2	3	4	5
(ii) attend school regularly?	1	2	3	4	5
(iii) finish year 12	1	2	3	4	5

The next questions are about you and your friends and how you get along together

27a Do you have a special friend or a really close mate?

Circle one answer

- 1 No
- 2 Yes

27b Does your friend/mate:

Circle one answer/number on each line

	No	Yes
(i) take an active part in school/community sports, clubs or activities?	1	2
(ii) have plans to further their education or do an apprenticeship?	1	2
(iii) still go to school?	1	2
(iv) use drugs other than alcohol?	1	2
(v) get drunk?	1	2
(vi) like to spend lots of time with his/her own family?	1	2
(vii) get into fights?	1	2
(viii) go to church?	1	2
(ix) get into trouble with the police?	1	2
(x) support and encourage you?	1	2

28 If you had a problem, is there anyone you can yarn to?

Circle one answer

1 No

2 Yes

29 Is there anything we haven't asked, but which is important for us to know about young people?

Circle one answer

1 No (**No more questions**)

2 Yes (Please specify)

A large white rectangular area with horizontal dashed lines, intended for writing an answer to question 29.

**THANK YOU
NO MORE QUESTIONS**