APPENDIX 1

YPoCOHS

YOUNG PEOPLE on COMMUNITY ORDERS HEALTH SURVEY 2003–2005

The University of Sydney
Department of Juvenile Justice
Corrections Health Service

THE FOLLOWING PEOPLE WERE INVOLVED IN THE DEVELOPMENT OF THIS SURVEY:

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PHYSICAL HEALTH ASSESSMENT

ID NUMBER..... ☐☐☐☐☐☐

INTERVIEWER'S INITIALS..... ☐☐

TIME COMMENCED..... ☐☐ ☐☐

TIME FINISHED..... ☐☐ ☐☐

TESTING LOCATION..... _____.

DATE..... ☐☐ ☐☐ ☐☐

1. PHYSICAL HEALTH CHECK

BP (SITTING)..... ☐☐☐ ☐☐☐

HEIGHT (NO SHOES) (CM)..... ☐☐☐

WEIGHT (NO SHOES, CLOTHED), (KG) ..... ☐☐☐

WAIST MEASUREMENT (CM)..... ☐☐☐

DIABETIC NO ☐ YES ☐

BLOOD SUGAR LEVEL ☐☐ ☐ M MOL/L

2. BLOOD SAMPLE

BLOOD SAMPLE TAKEN NO ☐ YES ☐

IF NO, WHY? [TICK AS MANY AS APPLY]

1. COULD NOT FIND VEINS ☐
2. REFUSED ☐
3. DISLIKE OF NEEDLES ☐
4. CONCERNED RE DNA ☐
5. CONCERNED RE DRUG TESTING ☐

3. VISUAL ACUITY

DO YOU CURRENTLY WEAR GLASSES OR CONTACT TO ENSES TO CORRECT, OR PARTIALLY CORRECT YOUR EYESIGHT?

NO ☐ YES ☐

IF YES, WHAT SIGHT PROBLEMS DO YOUR GLASSES OR CONTACT LENSES CORRECT OR PARTIALLY CORRECT?

[PLACE RELEVANT NUMBER IN BOX PROVIDED)

1. ASTIGMATISM ☐ 1
2. SHORT – SIGHTEDNESS ☐ 2
3. LONG – SIGHTEDNESS ☐ 3
4. DON'T KNOW ☐ 4
5. OTHER (SPECIFY)_____

MUST BE STANDING EXACTLY **6 METRES FROM CHART.**

[START AT BOTTOM OF CHART]	LEFT	RIGHT
LINE 8		
LINE 7		
LINE 6		
LINE 5		
LINE 4		
LINE 3		
LINE 2		
LINE 1		

[IF NORMALLY WEARS SPECTACLES TEST TO BE PERFORMED WITH GLASSES ON.]

CODE ANSWERS **YES/NO**

PHYSICAL HEALTH QUESTIONNAIRE

ID NUMBER..... ☐☐☐☐☐

INTERVIEWER'S INITIALS..... ☐☐

TIME COMMENCED..... ☐☐ ☐☐

TIME FINISHED..... ☐☐ ☐☐

TESTING LOCATION..... _____.

DATE..... ☐☐ ☐☐ ☐☐

HELLO, MY NAME IS .....

I WORK FOR THE YOUNG PEOPLE ON COMMUNITY ORDERS HEALTH SURVEY.

INTERVIEWERS INSTRUCTIONS

1. All UPPER CASE TEXT should be read ALOUD for each question.
2. All [text in square brackets] are guidelines for the interviewer
3. For all responses, mark the corresponding box with an **X**
4. Tick only one (1) answer box per question unless guidelines indicate otherwise.
5. All open responses, where a box is provided, should be written in the box
6. If the respondent is unsure how to respond, prompt without guiding the answer.
7. If the answer states ⇒, skip ahead to the indicated question.
8. When you see the following **(show Flash card #),** use the numbered flash card to assist the participant with his/her response.
9. Monitor concentration and attention, and offer short breaks if necessary.

1. DEMOGRAPHICS

1.1 IN WHAT TOWN OR SUBURB DO YOU SPEND MOST OF YOUR TIME? [CODE POSTCODE IF KNOWN IN THE BOXES PROVIDED]

SUBURB_____

POSTCODE ☐☐☐☐

STATE ☐☐☐

1.2 IN WHICH COUNTRY WERE YOU BORN?

AUSTRALIA ⇒1.4 ☐ 1

OTHER (SPECIFY)_____

1.3 IF BORN OVERSEAS, IN WHAT YEAR DID YOU FIRST ARRIVE IN AUSTRALIA?

☐☐☐☐

1.4 IN WHICH COUNTRY WAS YOUR MOTHER BORN?

AUSTRALIA ☐ 1
DON'T KNOW ☐ 2

OTHER (SPECIFY)_____

1.5 IN WHICH COUNTRY WAS YOUR FATHER BORN?

AUSTRALIA ☐ 1
DON'T KNOW ☐ 2

OTHER (SPECIFY)_____

1.6 WHAT LANGUAGE IS MAINLY SPOKEN IN YOUR HOME?

ENGLISH ☐ 1

OTHER (SPECIFY)_____

1.7 ARE YOU OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN?

NO ☐ 0
ABORIGINAL ☐ 1
TORRES STRAIT ISLANDER ☐ 2
ABORIGINAL & TORRES STRAIT ISLANDER ☐ 3

1.8 HOW MANY TIMES HAVE YOU BEEN IN CUSTODY?
[INCLUDES DETENTION, REMAND, LOCK-UP]

☐☐

1.9 DURING YOUR LIFETIME, WHAT IS THE TOTAL AMOUNT OF TIME YOU HAVE SPENT IN CUSTODY?

LESS THAN 6 MONTHS ☐ 1
6 MONTHS TO 1 YEAR ☐ 2
1 TO 2 YEARS ☐ 3
2 TO 5 YEARS ☐ 4
5 T0 10 YEARS ☐ 5
DON'T KNOW ☐ 6

1.10 DURING YOUR LIFETIME, HOW MANY COMMUNITY ORDERS HAVE YOU HAD? BY THIS I MEAN PAROLE, PROBATION, BOND OR RECOGNISANCE, COMMUNITY SERVICE ORDER WHERE YOU DO COMMUNITY WORK

☐☐

1.11 DURING YOUR LIFETIME, WHAT IS THE TOTAL LENGTH OF TIME YOU HAVE SPENT ON COMMUNITY ORDERS?

LESS THAN 6 MONTHS ☐ 1
6 MONTHS TO 1 YEAR ☐ 2
1 TO 2 YEARS ☐ 3
2 TO 5 YEARS ☐ 4
5 TO 10 YEARS ☐ 5
DON'T KNOW ☐ 6

2. EDUCATION/OCCUPATION

2.1 DO YOU CURRENTLY GO TO SCHOOL?

NO ☐ 0
YES ⇒2.4 ☐ 1

2.2 WHAT CLASS/YEAR WERE YOU IN WHEN YOU LEFT SCHOOL?

CLASS/YEAR ☐☐

2.3 AT WHAT AGE DID YOU LEAVE SCHOOL?

☐☐
(⇒2.4.1)

2.4 WHAT CLASS/YEAR ARE YOU IN?

CLASS/YEAR ☐☐

2.4.1 HOW MANY DIFFERENT SCHOOLS HAVE YOU BEEN TO?

☐☐

2.5 HOW OFTEN DO YOU/DID YOU JIG OR SKIP CLASS WITHOUT PERMISSION?

NEVER ☐ 1
ABOUT ONCE A MONTH ☐ 2
ABOUT ONCE A WEEK ☐ 3
2–3 TIMES A WEEK ☐ 4
MORE THAN 3 TIMES A WEEK ☐ 5

2.6 HAVE YOU EVER BEEN SUSPENDED FROM SCHOOL?

NO ☐ 0
YES ☐ 1

2.8 HAVE YOU EVER ATTENDED OR ARE YOU CURRENTLY ATTENDING A SPECIAL SCHOOL OR A SPECIAL CLASS AT SCHOOL?

NO ⇒2.10 ☐ 0
SPECIAL SCHOOL ☐ 1
SPECIAL CLASS ☐ 2

2.9 WHAT SPECIAL SCHOOLS OR SPECIAL CLASS ARE YOU ATTENDING/HAVE YOU ATTENDED? [SPECIFY CURRENT ATTENDANCE, IF APPLICABLE]

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

2.10 ARE YOU CURRENTLY GOING TO TAFE?

NO ⇒2.12 ☐ 0
YES ☐ 1

2.11 WHAT TYPE OF COURSE ARE YOU ENROLLED IN?

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

2.12 ARE YOU CURRENTLY WORKING?

NO ⇒2.15 ☐ 0
YES ☐ 1

2.13 WHAT IS YOUR CURRENT JOB?

.....
.....

2.14 IS THIS WORK [TICK ALL THAT APPLY]

FULL TIME ☐ 1
PART TIME ☐ 2
CASUAL ☐ 3
CDEP ☐ 4
VOLUNTEER WORK ☐ 5
WORK FOR THE DOLE ☐ 6

2.15 ARE YOU CURRENTLY RECEIVING ANY ALLOWANCES OR BENEFITS?

NO ⇒2.19 ☐ 0
YES ☐ 1

2.16 WHAT ALLOWANCES OR BENEFITS ARE YOU RECEIVING?

NEWSTART ☐ 1
YOUTH ALLOWANCE ☐ 2
AUSTUDY ☐ 3
ABSTUDY ☐ 4

OTHER (SPECIFY)_____

2.19 WHAT ARE YOUR PLANS FOR THE FUTURE?

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

3. LIVING ENVIRONMENT

3.1 WHO WAS/IS MAINLY RESPONSIBLE FOR RAISING YOU/LOOKING AFTER YOU WHEN YOU WERE GROWING UP? [TICK ALL THAT APPLY]

MOTHER ☐ 1
FATHER ☐ 2
STEPMOTHER ☐ 3
STEPFATHER ☐ 4
GRANDMOTHER ☐ 5
GRANDFATHER ☐ 6
AUNT ☐ 7
UNCLE ☐ 8
BROTHER(S) ☐ 9
SISTER(S) ☐ 10
STEP BROTHER(S)/SISTER(S) ☐ 11
FOSTER FAMILY ☐ 12

OTHER ADULTS (SPECIFY)_____

3.2 ARE YOUR (BIOLOGICAL) PARENTS, BY THIS I MEAN YOUR NATURAL PARENTS [TICK ALL THAT APPLY]

LIVING TOGETHER ☐ 1
SEPARATED OR DIVORCED ☐ 2
HAVE NEVER LIVED TOGETHER ☐ 3
ONE OR BOTH OF YOUR PARENTS HAVE DIED ☐ 4
YOU DON'T KNOW WHO YOUR PARENTS ARE ☐ 5

OTHER (SPECIFY)_____

3.3 [IF, PARENT OR PARENTS DECEASED], WHICH OF YOUR PARENTS HAS DIED?

MOTHER ☐ 1
FATHER ☐ 2
BOTH ☐ 3

3.4 HAVE ANY OF YOUR RELATIVES EVER BEEN IN PRISON? [TICK ALL THAT APPLY]

NO ⇒3.8 ☐ 0
YES [USE TABLE BELOW] ☐ 1

	3.5	3.7
(CODERS: IF 1&2 CODE=3)	PREVIOUSLY	CURRENTLY
1. (BIRTH) MOTHER		
2. (BIRTH) FATHER		
4. STEPMOTHER		
5. STEPFATHER		
6. BROTHER(S)		
7. SISTER(S)		
8. COUSIN(S)		
9. OTHER (SPECIFY: UNCLE/AUNT/ GRANDPARENTS etc		

3.8 WHAT TYPE OF ACCOMMODATION ARE YOU CURRENTLY LIVING IN ?

IN THE FAMILY HOME ☐ 1
RENTING ☐ 2
UNSETTLED LODGINGS
(EG. SQUAT, B&B, HOSTEL–REFUGE, CARAVAN) ☐ 3
SLEEPING ON THE STREETS ☐ 4
SHARING WITH FRIENDS ☐ 5

OTHER (SPECIFY)_____

3.9 BEFORE THE AGE OF 16, WERE YOU EVER PLACED IN CARE? (DID YOU SPEND ANY PART OF YOUR CHILDHOOD LIVING AWAY FROM YOUR NATURAL PARENTS?) [NOT INCLUDING DETENTION.]

NO ⇒3.13 ☐ 0
YES ☐ 1

3.10 WHERE WAS THIS PLACEMENT? [TICK ALL THAT APPLY]

FOSTER CARE ☐ 1
WITH OTHER FAMILY MEMBERS
(EG, AUNTS OR UNCLES, SIBLINGS, GRANDPARENTS) ☐ 2
IN A HOME ☐ 3
ADOPTED ☐ 4

OTHER CARE (SPECIFY)_____

3.11 HOW MANY TIMES WERE YOU PLACED IN CARE?

☐☐

3.12 HOW OLD WERE YOU WHEN YOU WERE FIRST PLACED IN CARE?

3B PARENTING

3.13 DO YOU HAVE ANY CHILDREN OF YOUR OWN? NO ⇒SECTION 4 ☐ 0 YES ☐ 1

3.14 HOW OLD WERE YOU WHEN YOUR FIRST CHILD WAS BORN? ☐☐

3.15 HOW MANY CHILDREN DO YOU HAVE? ☐☐

3.16/18/20 THINKING ABOUT YOUR [FIRST/SECOND/THIRD] CHILD, WHO HAVE THEY LIVED WITH SINCE THEY WERE BORN? 3.17/19/21 WHO IS YOUR [FIRST/SECOND/THIRD] CHILD CURRENTLY LIVING WITH?
[TICK ALL THAT APPLY]

	CHILD 1		CHILD 2		CHILD 3	
	3.16 EVER	3.17 CURRENT	3.18 EVER	3.19 CURRENT	3.20 EVER	3.21 CURRENT
YOUR PARTNER	☐ 0	☐ 0	☐ 0	☐ 0	☐ 0	☐ 0
PARTNER'S MOTHER &/OR FATHER	☐ 1	☐ 1	☐ 1	☐ 1	☐ 1	☐ 1
YOUR MOTHER &/OR FATHER	☐ 2	☐ 2	☐ 2	☐ 2	☐ 2	☐ 2
OTHER RELATIVES	☐ 3	☐ 3	☐ 3	☐ 3	☐ 3	☐ 3
YOUR FRIENDS	☐ 4	☐ 4	☐ 4	☐ 4	☐ 4	☐ 4
FOSTER FAMILY	☐ 5	☐ 5	☐ 5	☐ 5	☐ 5	☐ 5
ADOPTED FAMILY	☐ 6	☐ 6	☐ 6	☐ 6	☐ 6	☐ 6
CHILD WELFARE INSTITUTION	☐ 7	☐ 7	☐ 7	☐ 7	☐ 7	☐ 7
DON'T KNOW	☐ 8	☐ 8	☐ 8	☐ 8	☐ 8	☐ 8
YOU AND YOUR PARTNER	☐ 9	☐ 9	☐ 9	☐ 9	☐ 9	☐ 9
YOU	☐ 10	☐ 10	☐ 10	☐ 10	☐ 10	☐ 10
OTHER (SPECIFY) _____	☐ 11	☐ 11	☐ 11	☐ 11	☐ 11	☐ 11

4. FAMILY HISTORY

4.1 DOES ANYONE YOU LIVE WITH HAVE A PHYSICAL, MENTAL, OR EMOTIONAL PROBLEMS OR LIMITATIONS THAT AFFECTS THEIR DAILY LIFE?

NO ⇒SECTION 5 ☐ 0 YES ☐ 1

4.2 WHICH OF THESE PEOPLE YOU LIVE WITH HAVE A PROBLEM (S) OR LIMITATION?

	PERSON1	PERSON 2	PERSON 3
WHO HAS THE PROBLEM OR LIMITATION?			
WHAT PROBLEM/LIMITATION DO THEY HAVE? (INCLUDE DRUG/ALCOHOL ABUSE)			
HOW DOES THIS PROBLEM AFFECT THEM?			
WERE/ARE YOU RESPONSIBLE FOR HELPING TO LOOK AFTER THEM?	NO ☐ 0 YES ☐ 1	NO ☐ 0 YES ☐ 1	NO ☐ 0 YES ☐ 1
DO THESE PROBLEMS AFFECT YOU?	NO ☐ 0 YES ☐ 1	NO ☐ 0 YES ☐ 1	NO ☐ 0 YES ☐ 1
HOW DO THESE PROBLEMS AFFECT YOU?	....	....	....

5. HEALTH STATUS

5.1 HAVE YOU EVER BEEN TOLD BY A HEALTH PROFESSIONAL YOU HAVE HAD OR HAVE ANY OF THE FOLLOWING ILLNESSES/CONDITIONS? [TICK ALL THAT APPLY]

ALLERGY ☐ 1
(SPECIFY)_____
ASTHMA ☐ 2
DIABETES ☐ 3
EPILEPSY ☐ 4
HEART PROBLEMS ☐ 5
CANCER/TUMOURS ☐ 6
(SPECIFY)_____
HEPATITIS A ☐ 7
HEPATITIS B ☐ 8
HEPATITIS C ☐ 9
HIV ☐ 10
TONSILLITIS ☐ 11
BACK PROBLEMS ☐ 12
GASTROENTERITIS ☐ 13
EAR INFECTIONS ☐ 14
CHEST INFECTIONS ☐ 15
SKIN INFECTION ☐ 16
(SPECIFY)_____
PARASITIC INFESTATIONS ☐ 17
GERMAN MEASLES (RUBELLA) ☐ 18
MUMPS ☐ 19
MEASLES ☐ 20
CHICKEN POX ☐ 21
WHOOPING COUGH ☐ 22
GLANDULAR FEVER ☐ 23

OTHER (SPECIFY)_____

5.2 HAVE YOU HAD YOUR CHILDHOOD IMMUNISATIONS? BY THIS I MEAN IMMUNISATIONS YOU HAD WHEN YOU WERE UNDER FIVE AND AT ABOUT 12 YEARS OF AGE?

NO ☐ 1
YES, ONLY WHEN I WAS UNDER 5 YEARS ☐ 2
YES, ONLY WHEN I WAS **ABOUT** 12 YEARS ☐ 3
YES, UNDER 5 YEARS AND **ABOUT** 12 YEARS ☐ 4
DON'T KNOW ☐ 5

5.3

5.4 HAVE YOU HAD ANY OF THE FOLLOWING IMMUNISATIONS/ VACCINATIONS IN THE LAST 5 YEARS?

	YES	NO	DON'T KNOW
TETANUS BOOSTER	☐	☐	☐
RUBELLA (MMR)	☐	☐	☐
POLIO	☐	☐	☐
MENINGITIS	☐	☐	☐
CHICKEN POX	☐	☐	☐
WHOOPING COUGH	☐	☐	☐
HEPATITIS B	☐	☐	☐
MENINGOCOCCAL	☐	☐	☐

6. DISABILITY/HEALTH PROBLEMS

6.1 DO YOU CURRENTLY HAVE ANY HEALTH PROBLEMS OR DISABILITIES THAT HAVE TROUBLED YOU FOR ABOUT 6 MONTHS OR MORE?

NO ⇒SECTION 7 ☐ 0
YES ☐ 1

6.2 WHAT IS THIS HEALTH PROBLEM OR DISABILITY?
PROBLEM/DISABILITY 1

.....

6.3 HOW DOES THIS PROBLEM LIMIT YOUR ACTIVITIES?
[PROMPT IF NECESSARY EG. UNABLE TO EXERCISE. IF NOT LIMITING, WRITE NOT LIMITING]

.....

6.4 WHAT ACTIVITIES DID YOU CUT DOWN ON IN THE LAST 2 WEEKS, BECAUSE OF THIS PROBLEM?
[IF DIDN'T CUT DOWN, WRITE NOT APPLICABLE, N/A]

.....

6.5 IS THERE ANOTHER HEALTH PROBLEM OR DISABILITY YOU WOULD LIKE TO TELL ME ABOUT?

NO ⇒SECTION 7 ☐ 0
YES ☐ 1

6.6 WHAT IS THIS HEALTH PROBLEM OR DISABILITY?
PROBLEM/DISABILITY 2

.....

6.7 HOW DOES THIS PROBLEM LIMIT YOUR ACTIVITIES?
[PROMPT IF NECESSARY EG. UNABLE TO EXERCISE. IF NOT LIMITING, WRITE NOT LIMITING]

.....

6.8 WHAT ACTIVITIES DID YOU CUT DOWN ON IN THE LAST 2 WEEKS, BECAUSE OF THIS PROBLEM?
[IF DIDN'T CUT DOWN, WRITE NOT APPLICABLE, N/A]

.....

7. SYMPTOM CHECKLIST

7.1 IN THE LAST 4 WEEKS, HAVE YOU HAD ANY OF THE FOLLOWING SYMPTOMS?
[TICK ALL THAT APPLY]

TIREDNESS/ENERGY LOSS ☐ 1
POOR APPETITE ☐ 2
WEIGHT LOSS/UNDERWEIGHT ☐ 3
TROUBLE SLEEPING ☐ 4
FEVER ☐ 5
NIGHT SWEATS ☐ 6
SWOLLEN GLANDS ☐ 7
JAUNDICE/ YELLOWISH SKIN ☐ 8
BLEEDING EASILY ☐ 9
NOSE BLEEDS ☐ 10
BRUISING EASILY ☐ 11
TEETH PROBLEMS ☐ 12
VISION TROUBLES ☐ 13
HEARING TROUBLES ☐ 14
EYE PROBLEMS ☐ 15
EAR PROBLEMS ☐ 16
ABSCESSES/SKIN INFECTIONS ☐ 17
PROMINENT SCARRING/BRUISING ☐ 18
PERSISTENT COUGH ☐ 19
WHEEZING ☐ 20
SORE THROAT ☐ 21
SHORTNESS OF BREATH ☐ 22
CHEST PAIN ☐ 23
HEART RACING ☐ 24
PAINFUL URINATION ☐ 25
DISCHARGE FROM PENIS/VAGINA ☐ 26
RASH ON OR AROUND PENIS/VAGINA ☐ 27
JOINT PAINS/STIFFNESS ☐ 28
MUSCLE PAIN ☐ 29
HEADACHES ☐ 30
BLACKOUTS ☐ 31
TREMORS (SHAKES) ☐ 32
NUMBNESS/TINGLING ☐ 33
DIZZINESS ☐ 34
FORGETTING THINGS ☐ 35
HEARING VOICES ☐ 36
WANTING TO HARM YOURSELF ☐ 37
NAUSEA ☐ 38
VOMITING ☐ 39
STOMACH/ABDOMINAL PAINS ☐ 40
CONSTIPATION ☐ 41
DIARRHOEA ☐ 42
DARK URINE ☐ 43
ITCHINESS ☐ 44

8. MEDICATIONS

8.1 ARE YOU CURRENTLY TAKING ANY MEDICATIONS, WHICH HAVE BEEN GIVEN TO YOU BY A DOCTOR OR A NURSE? (EG: PILLS, CREAMS, AND LOTIONS ETC)

NO ⇒ SECTION 9 ☐ 0
YES ☐ 1

8.2 CAN YOU TELL ME WHAT MEDICATIONS YOU HAVE BEEN GIVEN BY THE DOCTOR OR NURSE IN THE LAST 2 WEEKS? [LEAVE BOXES FOR CODING]

_____ ☐☐☐☐☐ 1
_____ ☐☐☐☐☐ 2
_____ ☐☐☐☐☐ 3
_____ ☐☐☐☐☐ 4
_____ ☐☐☐☐☐ 5

9. ASTHMA

[IF RESPONDS YES HAS ASTHMA IN HEALTH STATUS SECTION, 5.1 ITEM 2, COMPLETE THIS SECTION.]

9.1 WHEN DID YOU LAST HAVE AN ASTHMA ATTACK OR DIFFICULTIES BREATHING?

LESS THAN 4 WEEKS AGO ☐ 1
BETWEEN 1 AND 3 MONTHS AGO ☐ 2
BETWEEN 3 AND 6 MONTHS AGO ☐ 3
BETWEEN 6 AND 12 MONTHS AGO ☐ 4
LESS THAN 1 YEAR AGO ☐ 5
DON'T KNOW ☐ 6

9.2 HAVE YOU EVER BEEN TO HOSPITAL FOR ASTHMA?

NO⇒9.4 ☐ 0
YES ☐ 1

9.3 HOW MANY TIMES HAVE YOU BEEN TO HOSPITAL FOR ASTHMA?

☐☐

9.4 HAVE YOU EVER BEEN PRESCRIBED MEDICATION FOR ASTHMA?

NO ☐ 0
YES ☐ 1

9.5 ARE YOU CURRENTLY TAKING ANY MEDICATION FOR ASTHMA?

NO ⇒ SECTION 9.7 ☐ 0
YES ☐ 1

9.6 WHAT MEDICATIONS ARE YOU TAKING AND HOW OFTEN DO YOU HAVE TO TAKE THEM? [TICK NUMBERED BOXES ONLY]

	MEDICATION 1	MEDICATION 2
	_____ □□□□□	_____ □□□□□
HOW OFTEN?	DAILY OR MORE ☐ 1 WEEKLY/MORE THAN 4X/MONTH ☐ 2 2–4 TIMES/MONTH ☐ 3 MONTHLY ☐ 4 LESS THAN MONTHLY ☐ 5	DAILY OR MORE ☐ 1 WEEKLY/MORE THAN 4X/MONTH ☐ 2 2–4 TIMES/MONTH ☐ 3 MONTHLY ☐ 4 LESS THAN MONTHLY ☐ 5

9.7 DO YOU HAVE A WRITTEN ASTHMA PLAN?

NO ☐ 0
YES ☐ 1

10. DENTAL HEALTH

10.1 DID YOU BRUSH YOUR TEETH YESTERDAY?

YES ☐ 1
NO ⇒10.4 ☐ 2

10.2 HOW MANY TIMES DID YOU BRUSH YOUR TEETH YESTERDAY?

☐☐

10. 3 DID YOU USE TOOTHPASTE?

NO ☐ 0
YES ☐ 1

10.4 IN THE LAST 12 MONTHS, HOW OFTEN HAVE YOU HAD A TOOTHACHE?

VERY OFTEN ☐ 1
OFTEN ☐ 2
SOMETIMES ☐ 3
HARDLY EVER ☐ 4
NEVER (DURING THE LAST 12 MONTHS) ☐ 5
DON'T KNOW ☐ 6

10.5 IN THE LAST 12 MONTHS, HAVE YOU HAD OTHER PROBLEMS WITH YOUR TEETH OR GUMS OTHER THAN A TOOTHACHE?

NO ⇒10.8 ☐ 0
YES ☐ 1
DON'T KNOW ⇒10.8 ☐ 2

10.6 WHAT PROBLEM(S) DID YOU HAVE (WITH YOUR TEETH OR GUMS)?

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

10.7 HAVE YOU SEEN A DENTAL PROFESSIONAL ABOUT ANY OF THESE PROBLEMS?

NO ☐ 0
YES ☐ 1

10.8 HOW LONG IS IT SINCE YOU LAST SAW ANYONE ABOUT YOUR TEETH OR GUMS?

2 WEEKS AGO OR LESS ☐ 1
MORE THAN 2 WEEKS AND LESS THAN 3 MONTHS ☐ 2
> 3 MONTHS AND < 6 MONTHS ☐ 3
> 6 MONTHS AND < 12 MONTHS ☐ 4
> 12 MONTHS AND < 2 YEARS ☐ 5
MORE THAN 2 YEARS AGO ☐ 6
NEVER ⇒10.12 ☐ 7
DON'T KNOW ⇒10.12 ☐ 8

10.9 THINKING OF YOUR LAST DENTAL VISIT, WHERE DID YOU ATTEND?

DENTIST IN CUSTODY ☐ 1
SCHOOL DENTAL CLINIC ☐ 2
AREA HEALTH SERVICE ☐ 3
AMS/ABORIGINAL DENTAL SERVICE ☐ 4
DENTAL HOSPITAL OR HOSPITAL SERVICE ☐ 5
PRIVATE DENTIST ☐ 6
ORTHODONTIST ☐ 7

OTHER (SPECIFY)_____

10.11 HOW MANY TIMES DID YOU SEE A DENTAL PROFESSIONAL ABOUT YOUR TEETH OR GUMS IN THE LAST 12 MONTHS?

NEVER ☐ 0
ONCE ☐ 1
TWICE ☐ 2
THREE TIMES ☐ 3
MORE THAN THREE TIMES ☐ 4

10.12 IF NEVER, WHAT IS THE MAIN REASON FOR NOT VISITING THE DENTIST IN THE LAST 12 MONTHS? [TICK ALL THAT APPLY.]

THE COST OF DENTAL VISITS ☐ 1
YOU BELIEVED NO TREATMENT WAS NEEDED ☐ 2
TRANSPORT IS A PROBLEM ☐ 3
YOU HAVE GIVEN UP GOING TO THE DENTIST ☐ 4
WAITING LIST/DIFFICULTY GETTING AN APPOINTMENT ☐ 5
YOU ARE NERVOUS ABOUT GOING TO THE DENTIST ☐ 6
YOU DID NOT HAVE A DENTIST OR KNOW WHERE TO FIND A CLINIC ☐ 7
YOU DID NOT THINK DENTAL VISITS VERY IMPORTANT ☐ 8
YOU WERE TOO BUSY ☐ 9
FORGOT/DIDN'T THINK/NO ONE REMINDED YOU ☐ 10

OTHER (SPECIFY)_____

11. PHYSICAL INJURY

11.1 have you <u>EVER</u> had any accidents or injuries for which you SAW a <u>DOCTOR OR NURSE</u> or <u>WENT TO HOSPITAL</u>? [IF > FOUR INJURIES INCLUDE THE FOUR MOST SERIOUS]

NO ⇒11.2 ☐ 0
YES ☐ 1

	INJURY 1(A)	INJURY 2 (B)	INJURY 3 (C)	INJURY 4 (D)
1. WHAT WAS THE INJURY? [PHYSICAL DESCRIPTION]				
2. HOW DID THE INJURY HAPPEN? [INJURY MECHANICS]				
3. WHAT WERE YOU DOING WHEN THE INJURY OCCURRED? [WHAT ACTIVITY]				
4. WHERE WERE YOU WHEN YOU WERE INJURED? [LOCATION]				
5. WHAT TREATMENT DID YOU RECEIVE?				
5.1 WAS THE INJURY INTENTIONAL OR ACCIDENTAL?	ACCIDENTAL ☐ 0 INTENTIONAL ☐ 1	ACCIDENTAL ☐ 0 INTENTIONAL ☐ 1	ACCIDENTAL ☐ 0 INTENTIONAL ☐ 1	ACCIDENTAL ☐ 0 INTENTIONAL ☐ 1
6. WHEN DID THIS INJURY OCCUR?	1-4 WKS AGO ☐ 1 1-6 MTHS AGO ☐ 2 >6 MTHS <2 YR AGO ☐ 3 > 2YRS & <5 YRS ☐ 4 > 5YRS ☐ 5	1-4 WKS AGO ☐ 1 1-6 MTHS AGO ☐ 2 >6 MTHS <2 YR AGO ☐ 3 > 2YRS & <5 YRS ☐ 4 > 5YRS ☐ 5	1-4 WKS AGO ☐ 1 1-6 MTHS AGO ☐ 2 >6 MTHS <2 YR AGO ☐ 3 > 2YRS & <5 YRS ☐ 4 > 5YRS ☐ 5	1-4 WKS AGO ☐ 1 1-6 MTHS AGO ☐ 2 >6 MTHS <2 YR AGO ☐ 3 > 2YRS & <5 YRS ☐ 4 > 5YRS ☐ 5
8. DO YOU HAVE ANY LASTING INJURY OR DISABILITY?	NO⇒INJURY 2 ☐ 0 YES ☐ 1 DON'T KNOW ☐ 2	NO⇒INJURY 3 ☐ 0 YES ☐ 1 DON'T KNOW ☐ 2	NO⇒INJURY 4 ☐ 0 YES ☐ 1 DON'T KNOW ☐ 2	NO⇒11.2 ☐ 0 YES ☐ 1 DON'T KNOW ☐ 2
9. WHAT ARE THESE LASTING INJURIES OR DISABILITIES?				

11.2 IN THE <u>PAST 12 MONTHS</u> HAVE YOU HAD A PHYSICAL INJURY THAT WAS DELIBERATELY CAUSED BY [TICK ALL THAT APPLY]

NO PHYSICAL INJURY IN LAST 12MONTHS ☐ 0
A DETAINEE IN CUSTODY ☐ 1
FATHER ☐ 2
MOTHER ☐ 3
POLICE ☐ 4
BOYFRIEND/GIRLFRIEND ☐ 5

ANOTHER PERSON (SPECIFY)_________________

11.3 IN THE <u>PAST 12 MONTHS</u>, DID ANY PERSON AFFECTED BY <u>ALCOHOL</u>…

	YES	NO
VERBALLY ABUSE YOU	☐ 1	☐ 0
PHYSICALLY ABUSE YOU	☐ 1	☐ 0
PUT YOU IN FEAR	☐ 1	☐ 0

11.4 IN THE <u>PAST 12 MONTHS</u>, DID ANY PERSON AFFECTED BY <u>DRUGS</u>…

	YES	NO
VERBALLY ABUSE YOU	☐ 1	☐ 0
PHYSICALLY ABUSE YOU	☐ 1	☐ 0
PUT YOU IN FEAR	☐ 1	☐ 0

12. HEAD INJURY

NEXT, WE WILL ASK YOU A FEW QUESTIONS ABOUT TIMES YOU MAY HAVE RECEIVED AN INJURY TO YOUR HEAD.
[NOTE THAT THIS CAN INCLUDE HEAD INJURIES ALREADY MENTIONED IN SECTION 11]

12.1 HAVE YOU EVER HAD A HEAD INJURY WHERE YOU BECAME UNCONSCIOUS OR "BLACKED OUT"?

NO ⇒SECTION 13 ☐ 0
YES ☐ 1

12.2 HOW MANY TIMES HAS THIS HAPPENED?

☐☐

NOW I WOULD LIKE YOU TO TELL ME ABOUT THE THREE WORST HEAD INJURIES YOU HAVE HAD.

	HEAD INJURY 1	HEAD INJURY 2	HEAD INJURY 3
12.3 WHAT CAUSED YOU TO BECOME UNCONSCIOUS? [SPECIFY NATURE, MECHANISM, AGENCY AND LOCATION OF INJURY, EG. CONCUSSION- BLOW TO HEAD BY BOTTLE DURING FIGHT]			
12.4 FOR HOW LONG WERE YOU UNCONSCIOUS? [UNPROMPTED]	BRIEF MOMENT ☐ 0 <10 MINUTES ☐ 1 >10 MINUTES ☐ 2 >30 MINUTES ☐ 3 >24 HOURS ☐ 4 DON'T KNOW ☐ 5	BRIEF MOMENT ☐ 0 <10 MINUTES ☐ 1 >10 MINUTES ☐ 2 >30 MINUTES ☐ 3 >24 HOURS ☐ 4 DON'T KNOW ☐ 5	BRIEF MOMENT ☐ 0 <10 MINUTES ☐ 1 >10 MINUTES ☐ 2 >30 MINUTES ☐ 3 >24 HOURS ☐ 4 DON'T KNOW ☐ 5
12.5 WHEN DID THIS OCCUR? [UNPROMPTED]	WITHIN LAST WEEK ☐ 1 1-4 WEEKS AGO ☐ 2 1-6 MONTHS AGO ☐ 3 >6MTH <2YR AGO ☐ 4 > 2 YEARS AGO ☐ 5 DON'T KNOW ☐ 6	WITHIN LAST WEEK ☐ 1 1-4 WEEKS AGO ☐ 2 1-6 MONTHS AGO ☐ 3 >6MTH <2YR AGO ☐ 4 > 2 YEARS AGO ☐ 5 DON'T KNOW ☐ 6	WITHIN LAST WEEK ☐ 1 1-4 WEEKS AGO ☐ 2 1-6 MONTHS AGO ☐ 3 >6MTH <2YR AGO ☐ 4 > 2 YEARS AGO ☐ 5 DON'T KNOW ☐ 6

12.14 DID YOU HAVE ANY PROBLEMS AS A RESULT OF THIS/THESE HEAD INJURIES? [TICK ALL THAT APPLY]	12.15 WHICH HAVE NOT GONE AWAY (RESOLVED)?
NO PROBLEMS ⇒12.16 ☐ 1	☐ 1
WEAKNESS IN ANY PART OF THE BODY ☐ 2	☐ 2
POOR CONCENTRATION ☐ 3	☐ 3
MEMORY LOSS ☐ 4	☐ 4
PROBLEMS FINDING RIGHT WORDS WHEN SPEAKING ☐ 5	☐ 5
PROBLEM W. COORDINATION/BALANCE ☐ 6	☐ 6
PERSONALITY/BEHAVIOURAL CHANGES ☐ 7	☐ 7
ANXIETY OR DEPRESSION ☐ 8	☐ 8
HEADACHE ☐ 9	☐ 8
OTHER (SPECIFY)_________________	☐ 10

12.16 HAVE YOU EVER HAD ANY TESTS OR SCANS AS A RESULT OF ANY HEAD INJURIES?

NO ⇒SECTION 13 ☐ 0
YES ☐ 1

12.17 CAN YOU TELL ME THE NAMES OF THESE TESTS?

....

12.18 CAN YOU TELL ME THE RESULTS IF YOU KNOW THEM?

....

13. SF-12

13.1 IN GENERAL, WOULD YOU SAY YOUR HEALTH IS:

EXCELLENT ☐ 1
VERY GOOD ☐ 2
GOOD ☐ 3
FAIR ☐ 4
POOR ☐ 5

THE FOLLOWING QUESTIONS ARE ABOUT ACTIVITIES YOU MIGHT DO DURING A TYPICAL DAY. DOES YOUR HEALTH NOW LIMIT YOU IN THESE ACTIVITIES? IF SO, HOW MUCH?

	YES, LIMITED A LOT	YES, LIMITED A LITTLE	NO, NOT LIMITED AT ALL
13.2 MODERATE ACTIVITIES, SUCH AS MOVING A TABLE, PUSHING A VACUUM CLEANER, BOWLING, OR PLAYING GOLF.	☐ 1	☐ 2	☐ 3
13.3 CLIMBING SEVERAL FLIGHTS OF STAIRS	☐ 1	☐ 2	☐ 3

DURING THE PAST 4 WEEKS HAVE YOU HAD ANY OF THE FOLLOWING PROBLEMS WITH YOUR WORK OR OTHER REGULAR DAILY ACTIVITIES AS A RESULT OF YOUR PHYSICAL HEALTH?

13.4 YOU ACCOMPLISHED LESS THAN YOU WOULD LIKE	YES ☐ 1	NO ☐ 0
13.5 YOU WERE LIMITED IN THE KIND OF WORK OR OTHER ACTIVITIES	YES ☐ 1	NO ☐ 0

DURING THE PAST 4 WEEKS, HAVE YOU HAD ANY OF THE FOLLOWING PROBLEMS WITH YOUR WORK OR OTHER REGULAR DAILY ACTIVITIES AS A RESULT OF ANY EMOTIONAL PROBLEMS (SUCH AS FEELING DEPRESSED OR ANXIOUS)?

13.6 YOU ACCOMPLISHED LESS THAN YOU LIKED	YES ☐ 1	NO ☐ 0
13.7 YOU DIDN'T DO WORK OR OTHER ACTIVITIES AS CAREFULLY AS USUAL	YES ☐ 1	NO ☐ 0

13.8 DURING THE PAST 4 WEEKS, HOW MUCH DID PAIN INTERFERE WITH YOUR NORMAL WORK (INCLUDING BOTH WORK OUTSIDE THE HOME AND HOUSEWORK)?

NOT AT ALL ☐ 1
A LITTLE BIT ☐ 2
MODERATELY ☐ 3
QUITE A BIT ☐ 4
EXTREMELY ☐ 5

THESE QUESTIONS ARE ABOUT HOW YOU FEEL AND HOW THINGS HAVE BEEN WITH YOU DURING THE PAST 4 WEEKS. FOR EACH QUESTION, PLEASE GIVE THE ONE ANSWER THAT COMES CLOSEST TO THE WAY YOU HAVE BEEN FEELING.

13.9 HOW MUCH OF THE TIME DURING THE PAST 4 WEEKS...

	ALL THE TIME	MOST OF THE TIME	SOME OF THE TIME	A LITTLE OF THE TIME	NONE OF THE TIME
A. HAVE YOU FELT CALM AND PEACEFUL?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
B. DID YOU HAVE A LOT OF ENERGY?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
C. HAVE YOU FELT DOWN HEARTED AND BLUE?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

13.10 DURING THE PAST 4 WEEKS, HOW MUCH OF THE TIME HAS YOUR PHYSICAL HEALTH OR EMOTIONAL PROBLEMS INTERFERED WITH YOUR SOCIAL ACTIVITIES (LIKE VISITING FRIENDS, RELATIVE, ETC)?

ALL OF THE TIME ☐ 1
MOST OF THE TIME ☐ 2
SOME OF THE TIME ☐ 3
A LITTLE OF THE TIME ☐ 4
NONE OF THE TIME ☐ 5

14. SMOKING

14.1 HAVE YOU EVER SMOKED A CIGARETTE?

NO ⇒14.18 ☐ 0
YES ☐ 1

14.2 HOW OLD WERE YOU WHEN YOU FIRST SMOKED A CIGARETTE?

☐☐

14.8 DO YOU CURRENTLY SMOKE CIGARETTES?

NO ⇒14.18 ☐ 0
YES ☐ 1

14.9 HOW OFTEN DO YOU CURRENTLY SMOKE?

ALMOST EVERYDAY OR EVERYDAY ☐ 1
3-4 DAYS A WEEK ☐ 2
1-2 DAYS A WEEK ☐ 3
FORTNIGHTLY ☐ 4
MONTHLY ☐ 5
LESS THAN ONCE A MONTH ☐ 6

14.10 ON THE DAYS THAT YOU SMOKE, ABOUT HOW MANY CIGARETTES DO YOU USUALLY SMOKE? ☐☐

14.13 DO YOU FEEL YOU NEED HELP TO QUIT SMOKING?

NO ⇒ 14.18 ☐ 0
YES ☐ 1

14.14 WHAT SORT OF ASSISTANCE WOULD HELP ?

.....
.....

14.18 DO EITHER OF YOUR PARENTS SMOKE CIGARETTES?

NO ☐ 0
YES – MOTHER ☐ 1
YES – FATHER ☐ 1

15. ALCOHOL

15.1 HAVE YOU EVER TRIED ALCOHOL?

NO ⇒SECTION 16 ☐ 0
YES ☐ 1

15.2 HAVE YOU EVER HAD A FULL SERVE OF ALCOHOL? (EG. A CAN OF BEER)

NO ⇒SECTION 16 ☐ 0
YES ☐ 1

15.3 HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST FULL SERVE OF ALCOHOL? ☐☐

15.4 IN THE LAST 12 MONTHS, HOW OFTEN DID YOU HAVE AN ALCOHOLIC DRINK (ANY KIND?)

NEVER ☐ 0
ALMOST EVERYDAY OR EVERYDAY ☐ 1
3–4 DAYS A WEEK ☐ 2
1–2 DAYS A WEEK ☐ 3
FORTNIGHTLY ☐ 4
MONTHLY ☐ 5
LESS THAN ONCE A MONTH ☐ 6

15.5 HAVE YOU EVER BEEN DRUNK?

NO ⇒15.8 ☐ 0
YES ☐ 1

15.6 HOW OLD WERE YOU WHEN YOU WERE DRUNK FOR THE FIRST TIME? ☐☐

CANNOT REMEMBER ☐ 1

15.7 IN THE LAST 12 MONTHS, HOW OFTEN WERE YOU DRUNK?

NEVER ☐ 0
ALMOST EVERYDAY OR EVERYDAY ☐ 1
3–4 DAYS A WEEK ☐ 2
1–2 DAYS A WEEK ☐ 3
FORTNIGHTLY ☐ 4
MONTHLY ☐ 5
LESS THAN ONCE A MONTH ☐ 6
CANNOT REMEMBER ☐ 7

15.8 WHEN YOU DRINK ALCOHOL, WHAT TYPE OF ALCOHOL WOULD YOU USUALLY HAVE TO DRINK? [UNPROMPTED, TICK ALL THAT APPLY]

CASK WINE ☐ 1
BOTTLED WINE ☐ 2
REGULAR STRENGTH BEER (>4% ALCM/VOL) ☐ 3
MID STRENGTH BEER (3–3.9% VOL/VOL) ☐ 4
LOW STRENGTH BEER (1–2.9% VOL/VOL) ☐ 5
PREMIXED SPIRITS IN A CAN (EG. UDL) ☐ 6
BOTTLED SPIRITS AND LIQUEURS ☐ 7
PREMIXED BOTTLES (EG. SUB–ZERO) ☐ 8
CIDER ☐ 9
HOME BREWED WINE ☐ 10
FORTIFIED WINE, PORT, VERMOUTH, SHERRY, ETC. ☐ 11
OTHER (SPECIFY)_____

15.9 HOW MANY STANDARD DRINKS DO YOU HAVE ON A TYPICAL DAY WHEN YOU ARE DRINKING? [SHOW FLASH CARD1. [RECORD VERBATIM ANSWER IN TEXT BOX]

..... ☐☐

15.10 HOW OFTEN DO YOU HAVE 6 OR MORE (MALES)/ 4 OR MORE (FEMALES) STANDARD DRINKS ON ONE OCCASION? [USE FLASH CARD1]

NEVER ☐ 0
ALMOST EVERYDAY OR EVERYDAY ☐ 1
3–4 DAYS A WEEK ☐ 2
1–2 DAYS A WEEK ☐ 3
FORTNIGHTLY ☐ 4
MONTHLY ☐ 5
LESS THAN ONCE A MONTH ☐ 6

HOW OFTEN IN THE LAST 12 MONTHS HAVE YOU…	NEVER	5–7D/WEEK	3–4	1–2	FORTNIGHTL	MONTHLY	<1X/ MTH
15.11 FOUND YOU WERE UNABLE TO STOP DRINKING ONCE YOU STARTED?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
15.12 FAILED TO DO WHAT WAS NORMALLY EXPECTED FROM YOU BECAUSE OF YOUR DRINKING?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
15.13 NEEDED A DRINK IN THE MORNING TO GET GOING?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

16. DRUG USE 16.1 TYPE OF DRUG	HAVE YOU EVER USED…? YES/NO	AGE FIRST USED IN YEARS	HOW OFTEN DID YOU USE IT IN THE LAST 12 MONTHS? [EG 3X/DAY, 1X, 2X/WEEK]	WHEN DID YOU LAST USE THIS DRUG? 1–4 WKS AGO ☐ 1 1–6 MTHS AGO ☐ 2 >6 MTHS <2YRS ☐ 3 >2YRS <5 YRS ☐ 4 >5YRS ☐ 5	HOW HAVE YOU USED IT? [NOTE ALL THAT APPLY] SMOKE ☐ 1 SNORT/SNIFF ☐ 2 SWALLOW/INGEST ☐ 3 INJECT ☐ 4 INHALE/CHASE ☐ 5 OTHER (SPECIFY) ☐ 6	16.2 WHICH IS YOUR DRUG OF FIRST CHOICE [TICK ONE BOX ONLY]
A **CANNABIS** (MARIJUANA, POT, HASH, WEED, YANDII)						
B. **HEROIN**						
C. **OTHER OPIATES**: (PETHIDINE, MORPHINE, OPIUM)						
D. **PRESCRIBED METHADONE**						
E. **NON PRESCRIBED METHADONE**						
F. **BENZODIAZEPINES** (SEROPAX, VALIUM)						
G. **AMPHETAMINES (SPEED, GEAR, GOEY)**: INCL. AMPHETAMINE, DEXIES (RITALIN), AND METHAMPHETAMINE (CRYSTAL METH OR ICE OR SHABU)						
H. **COCAINE** (COKE, CRACK)						
I. **OTHER AMPHETAMINE** RELATED SUB-STANCES: (EG. ECSTASY, DOB, DOM, MDA, MDEA, MDMA, PMA, TMA.						
J. **HALLUCINOGENS** (EG ACID, TRIPS, LSD, MAGIC MUSHROOMS, MESCALINE)						
K. **STEROIDS** (DECA, STANAZOL, SUSTENOL)						
L. **SOLVENTS / INHALANTS** (EG. PETROL, GLUE, AEROSOL, AMYL NITRATE)						
M. **PAIN KILLERS/ ANALGESICS** (EG: PANADOL / ASPRO)						
N. **OTHER DRUGS** (PLEASE SPECIFY)?						
					0. TOBACCO	
[N.B. IF PARTICIPANT HAS NOT INJECTED DRUGS ⇒16.14]					**P. ALCOHOL**	

16.3 ABOUT HOW OLD WERE YOU WHEN YOU FIRST INJECTED DRUGS? (THIS INCLUDES BEING INJECTED BY SOMEONE ELSE) ☐☐

16.4 HAVE YOU INJECTED DRUGS IN THE LAST 12 MONTHS?
NO ⇒16.16 ☐ 0
YES ☐ 1

16.5 HOW OFTEN DID YOU INJECT IN THE LAST MONTH?
NOT IN THE LAST MONTH ⇒ 16.11 ☐ 0
LESS THAN WEEKLY ☐ 1
MORE THAN WEEKLY, NOT DAILY ☐ 2
ONCE A DAY ☐ 3
2 TO 3 TIMES MOST DAYS ☐ 4
MORE THAN 3 TIMES MOST DAYS ☐ 5

16.6 TICK ALL PLACES WHERE YOU INJECTED IN THE LAST MONTH.

OWN HOME ☐ 1
FRIEND'S HOME ☐ 2
DEALER'S HOME ☐ 3
STREET, PARK OR BEACH ☐ 4
CAR ☐ 5
PUBLIC TOILET ☐ 6
COMMERCIAL "SHOOTING" ROOM ☐ 7
SQUAT ☐ 8
OTHER (SPECIFY)_____ ☐ 9

16.7 HOW OFTEN DID YOU USE A NEW FIT (STERILE NEEDLE AND SYRINGE) LAST MONTH?

ALL INJECTIONS ☐ 1
MOST OF THE TIME ☐ 2
HALF OF THE TIME ☐ 3
SOME OF THE TIME ☐ 4
NOT LAST MONTH ☐ 5

16.8 TICK ANY EQUIPMENT THAT YOU USED AFTER ANYONE ELSE LAST MONTH.

SPOON ☐ 1
WATER ☐ 2
FILTER ☐ 3
TOURNIQUET ☐ 4
DRUG MIX ☐ 5

16.9 HOW MANY TIMES LAST MONTH DID SOMEONE ELSE INJECT YOU AFTER INJECTING THEMSELVES OR OTHERS?

NONE ☐ 1
ONCE OR TWICE ☐ 2
3 TO 5 TIMES ☐ 3
MORE THAN 5 TIMES ☐ 4

16.10 HOW MANY TIMES LAST MONTH DID YOU REUSE A FIT (NEEDLE & SYRINGE) AFTER SOMEONE ELSE (INCLUDING YOUR SEX PARTNER) HAD USED IT (EVEN IF IT WAS CLEANED)?

NONE ⇒ 16.11 ☐ 1
ONCE ☐ 2
TWICE ☐ 3
3 TO 5 TIMES ☐ 4
MORE THAN 5 TIMES ☐ 5

16.11 HOW MANY PEOPLE, INCLUDING YOUR SEX PARTNER, SHARED A NEEDLE & SYRINGE WITH YOU IN THE LAST MONTH (EVEN IF CLEANED)?

1 PERSON ☐ 1
2 PEOPLE ☐ 2
3 TO 5 PEOPLE ☐ 3
MORE THAN 5 PEOPLE ☐ 4
DON'T KNOW HOW MANY ☐ 5

16.12 WHO WERE THESE PEOPLE?

REGULAR SEX PARTNER ☐ 1
CASUAL SEX PARTNER ☐ 2
CLOSE FRIEND ☐ 3
ACQUAINTANCE ☐ 4
OTHER (SPECIFY)_____ ☐ 5

16.13 IN THE LAST 12 MONTHS, HOW OFTEN DID YOU SHARE INJECTING EQUIPMENT (SYRINGE, SPOON, TOURNIQUET ETC) – EITHER USING SOMEONE ELSE'S OR LENDING YOURS TO ANOTHER PERSON?

NEVER ☐ 1
ONCE ☐ 2
A FEW TIMES ☐ 3
OFTEN ☐ 4

16.14 WHAT WAS THE LAST DRUG YOU INJECTED?

HEROIN ☐ 1
HEROIN + COCAINE TOGETHER ☐ 2
COCAINE ☐ 3
AMPHETAMINE ☐ 4
METHADONE ☐ 5
MORPHINE ☐ 6
ANABOLIC STEROIDS ☐ 7
BENZODIAZEPINES ☐ 8
OTHER (SPECIFY)_____ ☐ 9

16.15 WHEN DID YOU <u>LAST</u> SHARE NEEDLES OR INJECTING EQUIPMENT?

1–4 WEEKS AGO ☐ 1
1–6 MONTHS AGO ☐ 2
>6 MONTHS <2 YEAR AGO ☐ 3
> 2YRS AGO <5 YRS ☐ 4
> 5YRS ☐ 5

16.16 WHAT FACTORS INFLUENCED YOUR DECISION TO <u>FIRST</u> USE AN ILLICIT DRUG (INCLUDING CANNABIS)?
[TICK ALL THAT APPLY]

FRIENDS USED/OFFERED BY A FRIEND (PEER PRESSURE) ☐ 1
WANTED TO SEE WHAT IT WAS LIKE (CURIOSITY) ☐ 2
TO FEEL BETTER/TO STOP FEELING UNHAPPY ☐ 3
TO TAKE A RISK ☐ 4
TO DO SOMETHING EXCITING ☐ 5
FAMILY PROBLEMS (EG: PARENTS SEPARATED, DIDN'T GET ON WITH PARENTS) ☐ 6
WORK/SCHOOL/RELATIONSHIP PROBLEMS ☐ 7
TRAUMATIC EXPERIENCE (EG: SEXUAL OR PHYSICAL ASSAULT, DEATH OF SOMEONE CLOSE) ☐ 8
TO LOSE WEIGHT ☐ 9
DON'T KNOW ☐ 10

OTHER (SPECIFY)_____

16.17 HAS YOUR DRUG USE CAUSED YOU ANY PROBLEMS IN THE PAST YEAR? (EG.:WITH SCHOOL, FRIENDS, HEALTH, POLICE, PARENTS)

NO ☐ 0
YES ☐ 1

16.18 IF YES, TELL ME WHAT YOU MEAN

.....
.....

16.19 HAVE YOU EVER COMMITTED A CRIME TO GET DRUGS OR ALCOHOL?

NO ☐ 0
YES ☐ 1

16.20 FOR YOUR CURRENT OFFENCE, WERE YOU UNDER THE INFLUENCE OF DRUGS AT THE TIME OF THE OFFENCE?

NO ☐ 0
YES ☐ 1

16.21 FOR YOUR CURRENT OFFENCE, WERE YOU UNDER THE INFLUENCE OF ALCOHOL AT THE TIME OF THE OFFENCE?

NO ☐ 0
YES ☐ 1

16.22 DO ANY OF YOUR CLOSE RELATIVES ABUSE DRUGS OR ALCOHOL?

NO ☐ 0
YES ☐ 1

16.23

WHO(SPECIFY)	.1:	.2:	.3:
SUBSTANCE(S)			

16.24 HAVE YOU ATTEMPTED TO GIVE UP SUBSTANCE USE IN THE LAST 12 MONTHS?

NO ☐ 0
YES ☐ 1

16.25 DID YOU ACTUALLY GIVE UP?

NO ☐ 0
YES ☐ 1

17. DRUG TREATMENT

[THIS SECTION IS FOR YES RESPONSES TO ALCOHOL AND DRUG USE]

17.1 HAVE YOU EVER RECEIVED TREATMENT FOR A DRUG OR ALCOHOL PROBLEM (EG. GP, DETOX OR REHAB CENTRE, NARCOTICS ANONYMOUS, ALCOHOLICS ANONYMOUS)?

NO ⇒17.11 ☐ 0
YES ☐ 1

17.2 HAVE YOU EVER BEEN IN A DETOXIFICATION CENTRE FOR ALCOHOL OR DRUG PROBLEMS?

NO ⇒ 17.5 ☐ 0
YES ☐ 1

17.3 HOW MANY TIMES HAVE YOU BEEN IN A DETOX CENTRE FOR DRUG AND/OR ALCOHOL PROBLEMS?

☐☐

17.4 DID YOU COMPLETE ALL YOUR DETOX PROGRAMME(S)?

NO ☐ 0
YES ☐ 1

17.5 HAVE YOU EVER BEEN IN A REHABILITATION CENTRE FOR ALCOHOL OR DRUG PROBLEMS?

NO ⇒ 17.9 ☐ 0
YES ☐ 1

17.6 HOW MANY TIMES HAVE YOU BEEN IN A REHABILITATION CENTRE FOR DRUG AND/OR ALCOHOL PROBLEMS?

☐☐

17.7 DID YOU COMPLETE YOUR REHABILITATION PROGRAMME?

NO ☐ 0
YES ⇒17.9 ☐ 1

17.8 HOW LONG DID YOU STAY?

<4 WEEKS ☐ 1
>1 MONTH <3 MONTHS ☐ 2
> 3 MONTHS ☐ 3

17.9 FROM WHAT OTHER DRUG AND ALCOHOL SERVICES HAVE YOU RECEIVED HELP OR TREATMENT? [TICK ALL THAT APPLY]

GP ☐ 1
NARCOTICS ANONYMOUS ☐ 2
ALCOHOLICS ANONYMOUS ☐ 3
OUTPATIENT COUNSELLING ☐ 4
YOUTH WORKERS ☐ 5
PSYCHIATRIST ☐ 6
PSYCHOLOGIST ☐ 7
OTHER COUNSELLOR (SPECIFY) ☐ 8
OTHER (SPECIFY)_____________________________

17.10 WHAT HELP OR TREATMENT DID YOU RECEIVE?

....
....

17.11 HAVE YOU EVER RECEIVED HELP FOR A DRUG OR ALCOHOL PROBLEM FROM OTHER SOURCES? (EG. FAMILY, FRIENDS, PRIEST, SALVOS)?

NO ⇒17.14 ☐ 0
YES ☐ 1

17.12 FROM WHOM DID YOU SEEK HELP? [TICK ALL THAT APPLY]

FAMILY ☐ 1
FRIENDS ☐ 2
PRIEST ☐ 3
YOUTH WORKER ☐ 4
SALVATION ARMY ☐ 5
SYDNEY CITY MISSION ☐ 6
MISSION BEAT ☐ 7
OTHER COUNSELLOR (SPECIFY) ☐ 8
OTHER (SPECIFY)______________________

17.13 WHAT HELP DID YOU RECEIVE?

....
....

17.17 DO YOU THINK THAT YOU NEED HELP FOR YOUR DRUG AND/OR ALCOHOL PROBLEMS?

NO ⇒SECTION 18 ☐ 0
YES ☐ 1

17.19 HAVE YOU EVER HAD ANY OF THE FOLLOWING TREATMENTS: [TICK ALL THAT APPLY]

METHADONE ☐ 1
BUPRENORPHINE ☐ 2
DEXAMPHETAMINE ☐ 3
RITALIN ☐ 4
NALTREXONE ☐ 5
OTHER TREATMENT (SPECIFY) _______________ ☐ 6

18. SEXUAL HEALTH

18.1 HAVE YOU EVER HAD SEX? (BY THIS I MEAN ORAL, VAGINAL, OR ANAL SEX. THIS DOES NOT INCLUDE MASTURBATION)

NO ⇒SECTION 19 ☐ 0
YES ☐ 1

	ORAL	VAGINAL	ANAL
18.2 HOW OLD WERE YOU WHEN YOU FIRST HAD:			
18.3 HOW MANY TIMES HAVE YOU EVER HAD:	0 ☐ 0 1 ☐ 1 2 ☐ 2 3-5 ☐ 3 6-10 ☐ 4 11-20 ☐ 5 21-50 ☐ 6 51-100 ☐ 7 >100 ☐ 8	0 ☐ 0 1 ☐ 1 2 ☐ 2 3-5 ☐ 3 6-10 ☐ 4 11-20 ☐ 5 21-50 ☐ 6 51-100 ☐ 7 >100 ☐ 8	0 ☐ 0 1 ☐ 1 2 ☐ 2 3-5 ☐ 3 6-10 ☐ 4 11-20 ☐ 5 21-50 ☐ 6 51-100 ☐ 7 >100 ☐ 8
18.4 (/6/8) IN YOUR LIFETIME, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD:	0 ☐ 0 1 ☐ 1 2 ☐ 2 3-5 ☐ 3 6-10 ☐ 4 11-20 ☐ 5 21-50 ☐ 6 51-100 ☐ 7 >100 ☐ 8	0 ☐ 0 1 ☐ 1 2 ☐ 2 3-5 ☐ 3 6-10 ☐ 4 11-20 ☐ 5 21-50 ☐ 6 51-100 ☐ 7 >100 ☐ 8	0 ☐ 0 1 ☐ 1 2 ☐ 2 3-5 ☐ 3 6-10 ☐ 4 11-20 ☐ 5 21-50 ☐ 6 51-100 ☐ 7 >100 ☐ 8
18.5 (/7/9) WAS THIS WITH MALES OR FEMALES?	M ☐ 1 F ☐ 2 M+F ☐ 3	M ☐ 1 F ☐ 2 M+F ☐ 3	M ☐ 1 F ☐ 2 M+F ☐ 3
18.10 (/11) IN THE PAST 12 MONTHS, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD:	0 ☐ 0 1 ☐ 1 2 ☐ 2 3-5 ☐ 3 6-10 ☐ 4 11-20 ☐ 5 21-50 ☐ 6 51-100 ☐ 7 >100 ☐ 8	0 ☐ 0 1 ☐ 1 2 ☐ 2 3-5 ☐ 3 6-10 ☐ 4 11-20 ☐ 5 21-50 ☐ 6 51-100 ☐ 7 >100 ☐ 8	0 ☐ 0 1 ☐ 1 2 ☐ 2 3-5 ☐ 3 6-10 ☐ 4 11-20 ☐ 5 21-50 ☐ 6 51-100 ☐ 7 >100 ☐ 8

18.12 WHEN YOU HAVE SEX WITH CASUAL PARTNERS (E.G. A ONCE ONLY SEXUAL PARTNER OR A ONE-NIGHT STAND) HOW OFTEN DO YOU USE CONDOMS?

NEVER ☐ 0
LESS THAN HALF THE TIME ☐ 1
MORE THAN HALF THE TIME ☐ 2
ALWAYS ☐ 3

18.13 IF NEVER OR LESS THAN HALF THE TIME, THEN WHY?

....
....

18.14 WHEN YOU HAD/HAVE SEX WITH YOUR REGULAR PARTNER (IE SOMEONE YOU HAVE SEX WITH ON A REGULAR BASIS) DID/DO YOU USE CONDOMS?

NEVER ☐ 0
LESS THAN HALF THE TIME ☐ 1
MORE THAN HALF THE TIME ☐ 2
ALWAYS ☐ 3

18.15 IF NEVER OR LESS THAN HALF THE TIME, THEN WHY?

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

18.16 WHEN YOU HAVE SEX WHAT TYPES OF CONTRACEPTIVES DO YOU USE TO PREVENT PREGNANCY? [TICK ALL THAT APPLY]

NONE ☐ 1
ORAL CONTRACEPTIVES (PILLS) ☐ 2
CONDOM ☐ 3
DEPO PROVERA ☐ 4
INTRAUTERINE CONTRACEPTIVE DEVICE (IUCD) ☐ 5
DIAPHRAGM ☐ 6

OTHER (SPECIFY)_____

18.17 HAVE YOU EVER HAD SEX TO GET DRUGS OR MONEY?

NO ⇒18.19 ☐ 0
YES ☐ 1
DON'T WANT TO SAY ☐ 2
CAN'T REMEMBER ☐ 3

18.18 IN YOUR LIFETIME, HOW MANY TIMES HAS THIS HAPPENED? ☐☐

18.19 HAVE YOU EVER WORKED AS A SEX WORKER?

NO ⇒18.24 ☐ 0
YES ☐ 1

18.20 IN WHAT VENUES DID YOU WORK WHEN YOU WERE PAID TO HAVE SEX? [TICK ALL THAT APPLY]

STREET WORK ☐ 1
SMALL 'HOUSE' ☐ 2
ESCORT AGENCY ☐ 3
MASSAGE ☐ 4
BROTHEL ☐ 5
PRIVATE OPERATOR ☐ 6
PIMP/MADAM ☐ 7

OTHER (SPECIFY)_____

18.21 WHAT PERIOD OF TIME OVERALL WERE YOU WORKING AS A SEX WORKER?

LESS THAN 1 MONTH ☐ 1
1–6 MONTHS ☐ 2
6–12 MONTHS ☐ 3
1–2 YEARS ☐ 4
2–3 YEARS ☐ 5
3–5 YEARS ☐ 6
>5 YEARS ☐ 7

18.22 HOW OFTEN DID YOU USE CONDOMS WHILE WORKING AS A SEX WORKER WHEN HAVING VAGINAL OR ANAL SEX?

NEVER ☐ 0
LESS THAN HALF THE TIME ☐ 1
MORE THAN HALF THE TIME ☐ 2
ALWAYS ☐ 3

18.23 IF NEVER OR LESS THAN HALF THE TIME, THEN WHY?

.....
.....

18.24 HAVE YOU EVER HAD ANY OF THE FOLLOWING?

CONDITION	HAVE YOU RECEIVED TREATMENT FOR THIS PROBLEM?
A. COLD SORES NO ☐ 0 YES ☐ 1	NO ☐ 0 YES ☐ 1
B. GENITAL WARTS NO ☐ 0 YES ☐ 1	NO ☐ 0 YES ☐ 1
C. CHLAMYDIA NO ☐ 0 YES ☐ 1	NO ☐ 0 YES ☐ 1
D. GENITAL HERPES NO ☐ 0 YES ☐ 1	NO ☐ 0 YES ☐ 1
E. PUBIC LICE OR CRABS NO ☐ 0 YES ☐ 1	NO ☐ 0 YES ☐ 1
F. GONORRHOEA NO ☐ 0 YES ☐ 1	NO ☐ 0 YES ☐ 1
G. HIV NO ☐ 0 YES ☐ 1	NO ☐ 0 YES ☐ 1
H. SYPHILIS NO ☐ 0 YES ☐ 1	NO ☐ 0 YES ☐ 1
J. OTHER (SPECIFY)	NO ☐ 0 YES ☐ 1

18.25 DO YOU HAVE ANY SYMPTOMS AT THE MOMENT THAT MAKE YOU THINK YOU MAY HAVE AN SEXUALLY TRANSMITTED INFECTION?

NO ⇒18.27 ☐ 0
YES ☐ 1
DON'T KNOW ☐ 2
DON'T WANT TO SAY ☐ 3

18.26 WHAT SYMPTOMS ARE THEY?

.....
.....

18.27 HAVE YOU EVER HAD SEX AGAINST YOUR WILL?

NO ⇒ 18.30 ☐ 0
YES ☐ 1
DON'T WANT TO SAY ☐ 2

18.27.1

Please describe this/these experiences:

.....
.....

18.30 HOW WOULD YOU DESCRIBE YOURSELF?

[TICK ALL THAT APPLY]

HETEROSEXUAL (STRAIGHT) ☐ 0
HOMOSEXUAL (GAY OR LESBIAN) ☐ 1
BISEXUAL ☐ 2
TRANSSEXUAL ☐ 3
TRANSGENDER ☐ 4
OTHER: (SPECIFY)_____

19. WOMENS HEALTH (FEMALES ONLY)

19.1 HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST MENSTRUAL PERIOD? ☐☐

HAVE NOT STARTED MENSTRUATING⇒19.6 ☐ 0

19.2 ARE YOUR PERIODS REGULAR?

NO ☐ 0
YES ☐ 1

19.3 WHEN WAS YOUR LAST PERIOD?

<1 MONTH AGO ☐ 0
BETWEEN 1 AND 2 MONTHS AGO ☐ 1
>3 BUT < 4 MONTHS AGO ☐ 2
>4 BUT< 6 MONTHS AGO ☐ 3
>6 BUT <12 MONTHS ☐ 4
>12 MONTHS AGO ☐ 5

19.4 ARE YOU CURRENTLY PREGNANT?

NO ☐ 0
YES ☐ 1
UNSURE ☐ 2

19.5 DO YOUR PERIODS NORMALLY CAUSE YOU TO HAVE PAIN, DISCOMFORT, OR ANY OTHER PROBLEMS?

NO PROBLEMS ☐ 1
HEAVY ☐ 2
PAINFUL ☐ 3
HEAVY AND PAINFUL ☐ 4
OTHER PROBLEMS (SPECIFY)_____

19.6 HAVE YOU EVER HAD A PAP SMEAR?

NO ⇒19.11 ☐ 0
YES ☐ 1

19.7 HOW OFTEN DO YOU HAVE A PAP SMEAR?

ONCE ONLY ☐ 1
TWICE A YEAR ☐ 2
YEARLY ☐ 3
ONCE EVERY TWO YEARS ☐ 4
OTHER (SPECIFY)_____

19.8 WHERE WAS YOUR LAST PAP SMEAR DONE?

IN CUSTODY ☐ 1
IN THE COMMUNITY ☐ 2

19.9 WHEN WAS YOUR LAST PAP SMEAR?

IN THE LAST SIX MONTHS ☐ 1
> 6 MONTHS AND <12 MONTHS ☐ 2
>12 MONTHS AND <2 YEARS ☐ 3
>2 YEARS AND <4 YEARS ☐ 4
>4 YEARS ☐ 5
CAN'T REMEMBER ☐ 6

19.10 DO YOU KNOW WHAT THE RESULT OF THE PAP SMEAR WAS?

NORMAL ☐ 1
ABNORMAL ☐ 2
DON'T KNOW ☐ 3

19.11 HAVE YOU EVER HAD A TERMINATION OF PREGNANCY?

NO ⇒19.14 ☐ 0
YES ☐ 1

19.12 HOW MANY TERMINATIONS HAVE YOU HAD? ☐☐

19.13 HOW OLD WERE YOU WHEN YOU FIRST HAD A TERMINATION OF PREGNANCY ? ☐☐

19.14 HAVE YOU EVER HAD ANY MISCARRIAGES?

NO ⇒ SECTION 20 ☐ 0
YES ☐ 1

19.15 HOW MANY? ☐☐

20. GAMBLING

THE NEXT FEW QUESTIONS ARE ABOUT GAMBLING. FOR THIS SURVEY, "GAMBLING" IS DEFINED AS BETTING OR PLAYING GAMES OF CHANCE FOR MONEY OR TO WIN SOMETHING EVEN THOUGH YOU HAVE A STRONG CHANCE OF LOSING (E.G. POKER MACHINES, BETTING ON HORSES/DOGS).

20.1 IN THE LAST 12 MONTHS, HOW OFTEN HAVE YOU THOUGHT ABOUT GAMBLING OR PLANNING TO GAMBLE?

NEVER ⇒ SECTION 21 ☐ 1
ONCE OR TWICE ☐ 2
SOMETIMES ☐ 3
OFTEN ☐ 4

20.2 DURING THE COURSE OF THE LAST 12 MONTHS, HAVE YOU NEEDED TO GAMBLE WITH MORE AND MORE MONEY TO GET THE AMOUNT OF EXCITEMENT YOU WANT?

NO ☐ 0
YES ☐ 1

IN THE LAST 12 MONTHS…	NEVER	ONCE/TWICE	SOMETIMES	OFTEN
20.4 HAVE YOU FELT BAD OR FED UP WHEN TRYING TO CUT DOWN OR STOP GAMBLING?	☐ 1	☐ 2	☐ 3	☐ 4
20.3 HAVE YOU EVER SPENT MUCH MORE THAN YOU PLANNED TO ON GAMBLING?	☐ 1	☐ 2	☐ 3	☐ 4
20.5 HOW OFTEN HAVE YOU GAMBLED TO HELP YOU TO ESCAPE FROM PROBLEMS OR WHEN YOU ARE FEELING BAD?	☐ 1	☐ 2	☐ 3	☐ 4
20.6 AFTER LOSING MONEY GAMBLING, HAVE YOU RETURNED ANOTHER DAY TO TRY AND WIN BACK THE MONEY YOU LOST?	☐ 1	☐ 2	☐ 3	☐ 4
20.7 HAS YOUR GAMBLING EVER LED TO LIES TO YOUR FAMILY?	☐ 1	☐ 2	☐ 3	☐ 4
20.8 HAS YOUR GAMBLING EVER LED TO LIES TO YOUR FRIENDS?	☐ 1	☐ 2	☐ 3	☐ 4

20.9 IN THE LAST 12 MONTHS, HAVE YOU TAKEN MONEY FROM THE FOLLOWING WITHOUT PERMISSION TO SPEND ON GAMBLING…

	NEVER	ONCE/TWICE	SOMETIMES	OFTEN
… A. SCHOOL LUNCH MONEY OR FARE MONEY?	☐ 1	☐ 2	☐ 3	☐ 4
… B. MONEY FROM YOUR FAMILY?	☐ 1	☐ 2	☐ 3	☐ 4
… C. MONEY FROM OUTSIDE THE FAMILY?	☐ 1	☐ 2	☐ 3	☐ 4

20.10 IN THE LAST 12 MONTHS, HAS YOUR GAMBLING EVER LED TO…

	NEVER	ONCE/TWICE	SOMETIMES	OFTEN
… A. ARGUMENTS WITH FAMILY?	☐ 1	☐ 2	☐ 3	☐ 4
… B. ARGUMENTS WITH FRIENDS OR OTHERS?	☐ 1	☐ 2	☐ 3	☐ 4
… C. MISSING SCHOOL?	☐ 1	☐ 2	☐ 3	☐ 4

20.11 WHAT TYPE OF GAMBLING DO YOU ENGAGE IN MOST OFTEN?

POKIES ☐ 1
SCRATCHIES ☐ 2
LOTTERY TICKETS ☐ 3
GAMES OF CHANCE WITH CARDS ☐ 4
BETTING ON HORSES ☐ 5
BETTING ON DOGS ☐ 6

OTHER: (SPECIFY):_____

21. TATTOOING & BODY PIERCING

21.1 DO YOU HAVE ANY BODY PIERCING OR TATTOOS?
[INCLUDES EAR PIERCINGS]

NO ⇒SECTION 22 ☐ 0
YES – BOTH ☐ 1
YES – TATTOOS ONLY ☐ 2
YES – PIERCINGS ONLY ☐ 3

	TATTOOS	BODY PIERCINGS
21.1.2 HOW MANY		
21.1.3 WHERE WERE THEY DONE?	CUSTODY ☐ 1 COMMUNITY ☐ 2 BOTH ☐ 3	CUSTODY ☐ 1 COMMUNITY ☐ 2 BOTH ☐ 3
21.1.4 WHO DID THEM?	PROFESSIONAL ⇒ 21.2 ☐ 0 NON–PROFESSIONAL ☐ 1 BOTH ☐ 2	PROFESSIONAL ⇒ 21.2 ☐ 0 NON–PROFESSIONAL ☐ 1 BOTH ☐ 2
21.2 (/.5) WHEN DONE BY A NON PROFESSIONAL, WAS EQUIPMENT CLEANED BEFORE USE?	NEW EQUIPMENT ⇒ 21.5 ☐ 1 CLEANED ☐ 2 NOT CLEANED ⇒ 21.4 ☐ 3 DON'T KNOW ⇒ 21.5 ☐ 4	NEW EQUIPMENT ⇒ 21.5 ☐ 1 CLEANED ☐ 2 NOT CLEANED ⇒ 21.4 ☐ 3 DON'T KNOW ⇒ 21.5 ☐ 4
21.3 (/.6) IF CLEANED HOW WAS THIS DONE? [TICK ALL THAT APPLY]	WIPED ☐ 1 BLEACH ☐ 2 BOILING WATER ☐ 3 COLD WATER ☐ 4 OTHER (SPECIFY) _____	WIPED ☐ 1 BLEACH ☐ 2 BOILING WATER ☐ 3 COLD WATER ☐ 4 OTHER (SPECIFY) _____
21.4 (/.7) IF NOT CLEANED, WHY WAS IT NOT CLEANED? [TICK ALL THAT APPLY]	NOT ENOUGH TIME ☐ 1 NOTHING TO CLEAN IT WITH ☐ 2 DIDN'T THINK IT WAS NECESSARY ☐ 3 OTHER (SPECIFY) _____	NOT ENOUGH TIME ☐ 1 NOTHING TO CLEAN IT WITH ☐ 2 DIDN'T THINK IT WAS NECESSARY ☐ 3 OTHER (SPECIFY) _____

22. HEALTH EDUCATION

22.10 CAN YOU TELL ME THREE WAYS YOU CAN CATCH HEPATITIS B AND HIV?

1. .....
2. .....
3. .....

22.20 CAN YOU TELL ME THREE WAYS YOU CAN CATCH HEPATITIS C?

1. .....
2. .....
3. .....

23. PHYSICAL ACTIVITY

23.1 How OFTEN do you play sport or do exercises?

Never ☐ 1
Less than once a week ☐ 2
Two or more times a week ☐ 3
Everyday ☐ 4

23.2 When you do vigorous exercises, how long do you usually spend?

Less than 21 minutes ☐ 1
21–39 minutes ☐ 2
40–60 minutes ☐ 3
More than 1 hour ☐ 4

23.3 In the LAST 2 WEEKS how often have you exercised or played sport or games that made you sweat and breathe hard (eg: basketball, netball, football, soccer, jogging or similar activities)?

Daily ☐ 1
Three or more times a week ☐ 2
Once a week ☐ 3
Not at all ☐ 4

23.4 Over the past 12 MONTHS, not counting physical education classes at school, did you take part in an organised sport?

No ☐ 0
Yes ☐ 1

23.5 Do you feel that there are enough recreational activities available for you to do in your free time, like movies, disco, sports, and places to go?

No ☐ 0
Yes ☐ 1

23.6 What do you like to do in your free time?

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

24. SUN PROTECTION

Thinking about sunny days in summer, when you are outside for an hour or more between 11am and 3pm, how often would you do any of the following? Could you answer them as Never, Rarely, Sometimes, Usually, Always.

	Never	Rarely	Sometimes	Usually	Always
24.1 wear a hat or cap?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
24.2 wear clothes covering most of your body (including arms and legs?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
24.3 deliberately wear less or briefer clothing so as to get some sun on your skin?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
24.4 wear maximum protection sunscreen (30+)?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
24.5 wear sunglasses?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
24.6 stay mainly in the shade?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
24.7 How Often Would You Spend Most Of Your Time Inside?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

24.8 What is the SPF (Sun Protection Factor) of the sunscreen you usually use on a sunny day in summer?

Don't use sunscreen ☐ 0
SPF 12 or lower ☐ 1
SPF 15 ☐ 2
SPF 30+ ☐ 3
Can't remember/don't know ☐ 4

24.10 If never, rarely or sometimes why do you not use sun block?

.....
.....

24.11 On AVERAGE how many hours do you spend outside each day?

None ☐ 0
< 1 hour ☐ 1
1–2 hours ☐ 2
>2 hours less <4 hours ☐ 3
>4 hours <6 hours ☐ 4
>6 hours ☐ 5

24.12 Over the LAST SUMMER, did you get sunburn that was sore or tender the next day?

Not at all ☐ 0
Yes, just once ☐ 1
Yes, two or more times ☐ 2
Yes, 4 or more times ☐ 3

25. NUTRITION

THESE QUESTIONS ARE ABOUT WHAT YOU NORMALLY EAT

25.1 HOW MANY TIMES A WEEK DO YOU EAT BREAKFAST?

NEVER ☐ 1
1 OR 2 TIMES A WEEK ☐ 2
3 OR 4 TIMES A WEEK ☐ 3
EVERY DAY ☐ 4

25.2 HOW MANY TIMES A WEEK A WEEK DO YOU EAT FRESH FRUIT?

NEVER ☐ 1
1 OR 2 TIMES A WEEK ☐ 2
3 OR 4 TIMES A WEEK ☐ 3
EVERY DAY ☐ 4

25.3 HOW MANY TIMES A WEEK DO YOU DRINK FRUIT JUICE?

NEVER ☐ 1
1 OR 2 TIMES A WEEK ☐ 2
3 OR 4 TIMES A WEEK ☐ 3
EVERY DAY ☐ 4

25.4 HOW MANY TIMES A WEEK DO YOU EAT GREEN SALAD?

NEVER ☐ 1
1 OR 2 TIMES A WEEK ☐ 2
3 OR 4 TIMES A WEEK ☐ 3
EVERY DAY ☐ 4

25.5 HOW MANY TIMES A WEEK DO YOU EAT FRESH VEGETABLES?

NEVER ☐ 1
1 OR 2 TIMES A WEEK ☐ 2
3 OR 4 TIMES A WEEK ☐ 3
EVERY DAY ☐ 4

25.6 HOW MANY TIMES A WEEK DO YOU EAT A MEAT PIE, HAMBURGER, HOT DOG OR SAUSAGE?

NEVER ☐ 1
1 OR 2 TIMES A WEEK ☐ 2
3 OR 4 TIMES A WEEK ☐ 3
EVERY DAY ☐ 4

25.7 HOW MANY TIMES A WEEK DO YOU EAT POTATO CHIPS OR CRISPS?

NEVER ☐ 1
1 OR 2 TIMES A WEEK ☐ 2
3 OR 4 TIMES A WEEK ☐ 3
EVERY DAY ☐ 4

25.8 HOW MANY TIMES A WEEK DO YOU EAT BISCUITS, DOUGHNUTS, CHOCOLATE BARS, ICE CREAM, PIE OR CAKE?

NEVER ☐ 1
1 OR 2 TIMES A WEEK ☐ 2
3 OR 4 TIMES A WEEK ☐ 3
EVERY DAY ☐ 4

25.9 HOW MANY TIMES A WEEK DO YOU EAT TAKEAWAY FOOD?

NEVER ☐ 1
1 OR 2 TIMES A WEEK ☐ 2
3 OR 4 TIMES A WEEK ☐ 3
EVERY DAY ☐ 4

25.10 HOW MANY TIMES A WEEK DO YOU DRINK MILK?

NEVER ☐ 1
1 OR 2 TIMES A WEEK ☐ 2
3 OR 4 TIMES A WEEK ☐ 3
EVERY DAY ☐ 4

25.11 WHEN YOU ARE THIRSTY, WHAT DO YOU USUALLY DRINK?

WATER ☐ 1
SOFT DRINK ☐ 2
FRUIT JUICE ☐ 3
CORDIAL ☐ 4
MILK ☐ 5
OTHER (SPECIFY)_____

26. LIFESTYLE

26.1 HOW MANY BEST MATES OR CLOSE FRIENDS DO YOU HAVE, BY THIS I MEAN THE PEOPLE THAT YOU TRUST AND CONFIDE IN. THEY CAN INCLUDE COUSINS, BROTHERS AND SISTERS. [RECORD NUMBER] ☐☐

26.4 HOW MANY OF THEM:	NONE	FEW	MOST	ALL
A. SMOKE CIGARETTES?	☐ 1	☐ 2	☐ 3	☐ 4
B. DRINK ALCOHOL?	☐ 1	☐ 2	☐ 3	☐ 4
C. HAVE TRIED MARIJUANA?	☐ 1	☐ 2	☐ 3	☐ 4
D. HAVE TRIED DRUGS OTHER THAN MARIJUANA?	☐ 1	☐ 2	☐ 3	☐ 4
E. BREAK THE LAW? (IN WAYS OTHER THAN ILLICIT DRUG USE)	☐ 1	☐ 2	☐ 3	☐ 4
F. HAVE BEEN IN CUSTODY?	☐ 1	☐ 2	☐ 3	☐ 4

26.5 HOW MANY OF THEM:	NONE	FEW	MOST	ALL
A. CUT OR SKIPPED SCHOOL WITHOUT PERMISSION?	☐ 1	☐ 2	☐ 3	☐ 4
B. DROPPED OUT OF SCHOOL?	☐ 1	☐ 2	☐ 3	☐ 4
C. BEEN SUSPENDED FROM SCHOOL?	☐ 1	☐ 2	☐ 3	☐ 4
D. WORKED FOR AN EMPLOYER OR AT ODD JOBS?	☐ 1	☐ 2	☐ 3	☐ 4

26. 6 HOW TRUE ARE THE FOLLOWING STATEMENTS, WITH RESPECT TO YOUR SITUATION WITH YOUR FRIENDS	TRUE	MOSTLY TRUE	MOSTLY FALSE	FALSE
A. MY FRIENDS PUSH ME TO SUCCEED AND TO DO INTERESTING THINGS THAT I WOULD NOT DO BY MYSELF.	☐ 1	☐ 2	☐ 3	☐ 4
B. WHEN I MAKE A ECISION, I TAKE MY FRIENDS' OPINION INTO ACCOUNT.	☐ 1	☐ 2	☐ 3	☐ 4
C. MY FRIENDS SOMETIMES PUSH ME TO DO FOOLISH OR STUPID THINGS.	☐ 1	☐ 2	☐ 3	☐ 4

26.7 HOW OFTEN DO YOU TALK TO YOUR FRIENDS ABOUT YOURSELF OR YOUR PROBLEMS?

NEVER ☐ 0
ONCE IN A WHILE (ONCE OR TWICE A MONTH) ☐ 1
OFTEN (ONCE OR TWICE A WEEK) ☐ 2
NEARLY EVERY DAY ☐ 3

26.8 OTHER THAN YOUR FRIENDS, DO YOU HAVE ANYONE ELSE IN PARTICULAR YOU CAN TALK TO ABOUT YOURSELF OR YOUR PROBLEMS?

NO⇒26.10 ☐ 0
YES ☐ 1

26.9 WHAT IS THEIR RELATIONSHIP TO YOU?
[TICK ALL THAT APPLY]

MOTHER ☐ 1
FATHER ☐ 2
STEPMOTHER ☐ 3
STEPFATHER ☐ 4
BROTHER ☐ 5
SISTER ☐ 6
GRANDPARENT ☐ 7
OTHER RELATIVE ☐ 8
A FRIEND OF THE FAMILY OR A FRIEND'S PARENT ☐ 9
PARENTS' BOYFRIEND/GIRLFRIEND ☐ 10
TEACHER ☐ 11
COACH OR LEADER (EG: SCOUT, GUIDE OR CHURCH LEADER) ☐ 12
OTHER (EG: FAMILY DOCTOR) ☐ 13
GIRLFRIEND/ BOYFRIEND ☐ 14

26.10 IN THE LAST 6 MONTHS, HOW OFTEN HAVE YOU BEEN IN A PHYSICAL FIGHT?

NEVER ⇒26.13 ☐ 1
ONCE ☐ 2
2 OR 3 TIMES ☐ 3
4 OR 5 TIMES ☐ 4
6 OR MORE TIMES ☐ 5

26.11 THE LAST TIME YOU WERE IN A PHYSICAL FIGHT, WHO DID YOU FIGHT WITH?
[TICK ALL THAT APPLY]

A STRANGER ☐ 1
A FRIEND OR SOMEONE I KNOW ☐ 2
A BOYFRIEND OR GIRLFRIEND ☐ 3
PARENT/BROTHER/SISTER/OTHER FAMILY MEMBER ☐ 4
SOMEONE ELSE (UNSPECIFIED) ☐ 5

26.12 DID YOU NEED TO BE TREATED BY A DOCTOR OR NURSE BECAUSE OF ANY OF THE FIGHTS YOU HAD IN THE LAST 6 MONTHS?

NO ☐ 0
YES ☐ 1

BULLYING IS WHEN ANOTHER PERSON OR A GROUP OF PEOPLE, PICK ON SOMEONE, OR SAY NASTY AND UNPLEASANT THINGS, HITS, KICKS, THREATENS, SENDS NASTY NOTES, IGNORES THEM AND THINGS LIKE THAT.

26.13 HAVE YOU EVER BEEN BULLIED AT SCHOOL?

NO ⇒ 26.17 ☐ 0
YES ☐ 1

26.14 AT YOUR LAST SCHOOL HOW OFTEN WERE YOU BULLIED?

NEVER ⇒ 26.17 ☐ 0
ONCE IN A WHILE (ONCE OR TWICE A MONTH) ☐ 1
OFTEN (ONCE OR TWICE A WEEK) ☐ 2
NEARLY EVERY DAY ☐ 3

26.15 WHEN DID THIS HAPPEN?
[TICK ALL THAT APPLY]

BEFORE/AFTER SCHOOL ☐ 1
BETWEEN CLASSES ☐ 2
IN CLASS TIME ☐ 3
AT RECESS/ LUNCHTIME ☐ 4

26.16 WHO BULLIED YOU?
[TICK ALL THAT APPLY]

YOUNGER MALES ☐ 1
SAME AGE MALES ☐ 2
OLDER MALES ☐ 3
YOUNGER FEMALES ☐ 4
SAME AGE FEMALES ☐ 5
OLDER FEMALES ☐ 6

26.17 HAVE YOU BEEN BULLIED IN THE LAST 6 MONTHS (EITHER IN OR OUT OF SCHOOL)?

NO ⇒ 26.21 ☐ 0
YES ☐ 1

26.18 HOW OFTEN WERE YOU BULLIED IN THE LAST 6 MONTHS?

ONCE IN A WHILE (ONCE OR TWICE A MONTH) ☐ 1
OFTEN (ONCE OR TWICE A WEEK) ☐ 2
NEARLY EVERY DAY ☐ 3

26.21 HOW DID YOU FEEL ABOUT BEING BULLIED?

MADE YOU SAD ☐ 1
MADE YOU ANGRY ☐ 2
DOESN'T BOTHER YOU ☐ 3
STRESSED YOU OUT ☐ 4
OTHER (SPECIFY)_____

26.22 HAVE YOU EVER BULLIED OTHER KIDS?

NO ⇒SECTION 27 ☐ 0
YES ☐ 1

26.23 HOW OFTEN HAVE YOU BULLIED OTHER KIDS?

ONCE IN A WHILE ☐ 1
OFTEN ☐ 2
NEARLY EVERY DAY ☐ 3

26.25 WHO DID YOU BULLY? [TICK ALL THAT APPLY]

YOUNGER MALES ☐ 1
SAME AGE MALES ☐ 2
OLDER MALES ☐ 3
YOUNGER FEMALES ☐ 4
SAME AGE FEMALES ☐ 5
OLDER FEMALES ☐ 6

26.26 HOW DID YOU FEEL WHEN YOU BULLLIED OTHER KIDS?

.....
.....

27. BODY IMAGE

27.1 HOW DO YOU DESCRIBE YOUR WEIGHT?

VERY UNDERWEIGHT ☐ 1
SLIGHTLY UNDERWEIGHT ☐ 2
ABOUT THE RIGHT WEIGHT ☐ 3
SLIGHTLY OVERWEIGHT ☐ 4
VERY OVERWEIGHT ☐ 5

27.2 WHICH OF THE FOLLOWING ARE YOU TRYING TO DO ABOUT YOUR WEIGHT?

LOSE WEIGHT ☐ 1
GAIN WEIGHT ☐ 2
STAY THE SAME WEIGHT ☐ 3
NOT TRYING TO DO ANYTHING ABOUT MY WEIGHT ☐ 4

27.3 DURING THE LAST 4 WEEKS , DID YOU EAT LESS FOOD, FEWER CALORIES, OR FOODS LOW IN FAT TO LOSE WEIGHT OR TO KEEP FROM GAINING WEIGHT?

NO⇒ 27.5 ☐ 0
YES ☐ 1

27.4 ON HOW MANY DAYS IN THE LAST 4 WEEKS HAVE YOU DONE THIS?

☐☐

27.5 DURING THE LAST 4 WEEKS (30 DAYS), DID YOU GO WITHOUT EATING FOR 24 HOURS OR MORE (ALSO CALLED FASTING) TO LOSE WEIGHT OR TO KEEP FROM GAINING WEIGHT?

NO⇒ 27.7 ☐ 0
YES ☐ 1

27.6 ON HOW MANY DAYS IN THE LAST 4 WEEKS HAVE YOU DONE THIS?

☐☐

27.7 DURING THE LAST 4 WEEKS (30 DAYS) DID YOU VOMIT OR TAKE LAXATIVES TO LOSE WEIGHT OR TO KEEP FROM GAINING WEIGHT?

NO ⇒ SECTION 28 ☐ 0
YES ☐ 1

27.8 ON HOW MANY DAYS IN THE LAST 4 WEEKS HAVE YOU DONE THIS?

☐☐

28. MENTAL HEALTH

28.1 HAVE YOU EVER BEEN TOLD BY A HEALTH PROFESSIONAL (E.G. DOCTOR, PSYCHIATRIST, COUNSELLOR) THAT YOU HAVE OR HAVE HAD A MENTAL HEALTH OR BEHAVIOURAL PROBLEM? [PROVIDE EXPLANATION IF REQUIRED]

NO⇒ SECTION 29 ☐ 0
YES ☐ 1

28.3 WHAT PROBLEM (S) HAVE YOU HAD TREATMENT OR COUNSELLING FOR?

CONDITION	WHO DID YOU SEE ABOUT THIS PROBLEM?	WHAT TREATMENT DID YOU RECEIVE?	WHEN WAS THE LAST TIME YOU SAW SOMEONE ABOUT THIS PROBLEM?	WAS THIS IN CUSTODY OR IN THE COMMUNITY?
ANXIETY DISORDERS			PAST 12 MONTHS ☐ 1 1 -5 YEARS ☐ 2 OVER 5 YEARS AGO ☐ 3 CAN'T REMEMBER ☐ 4	CUSTODY ☐ 1 COMMUNITY ☐ 2 BOTH ☐ 3
ATTENTION DEFICIT/HYPERACTIVITY DISORDER (ADHD OR ADD OR HYPERACTIVITY)			PAST 12 MONTHS ☐ 1 1 -5 YEARS ☐ 2 OVER 5 YEARS AGO ☐ 3 CAN'T REMEMBER ☐ 4	CUSTODY ☐ 1 COMMUNITY ☐ 2 BOTH ☐ 3
CONDUCT DISORDER (OR OPPOSITIONAL–DEFIANT DISORDER)			PAST 12 MONTHS ☐ 1 1 -5 YEARS ☐ 2 OVER 5 YEARS AGO ☐ 3 CAN'T REMEMBER ☐ 4	CUSTODY ☐ 1 COMMUNITY ☐ 2 BOTH ☐ 3
DEPRESSION			PAST 12 MONTHS ☐ 1 1 -5 YEARS ☐ 2 OVER 5 YEARS AGO ☐ 3 CAN'T REMEMBER ☐ 4	CUSTODY ☐ 1 COMMUNITY ☐ 2 BOTH ☐ 3
OTHER MOOD DISORDER (NON DEPRESSIVE/WITH ELEVATED MOOD)			PAST 12 MONTHS ☐ 1 1 -5 YEARS ☐ 2 OVER 5 YEARS AGO ☐ 3 CAN'T REMEMBER ☐ 4	CUSTODY ☐ 1 COMMUNITY ☐ 2 BOTH ☐ 3
INTELLECTUAL DISABILITY OR LEARNING DIFFICULTIES			PAST 12 MONTHS ☐ 1 1 -5 YEARS ☐ 2 OVER 5 YEARS AGO ☐ 3 CAN'T REMEMBER ☐ 4	CUSTODY ☐ 1 COMMUNITY ☐ 2 BOTH ☐ 3
SCHIZOPHRENIA OR OTHER DISORDERS WITH PROMINENT PSYCHOTIC SYMPTOMS			PAST 12 MONTHS ☐ 1 1 -5 YEARS ☐ 2 OVER 5 YEARS AGO ☐ 3 CAN'T REMEMBER ☐ 4	CUSTODY ☐ 1 COMMUNITY ☐ 2 BOTH ☐ 3
STRESS DISORDERS (ACUTE STRESS DISORDER OR POST–TRAUMATIC STRESS DISORDER [PTSD])			PAST 12 MONTHS ☐ 1 1 -5 YEARS ☐ 2 OVER 5 YEARS AGO ☐ 3 CAN'T REMEMBER ☐ 4	CUSTODY ☐ 1 COMMUNITY ☐ 2 BOTH ☐ 3
OTHER			PAST 12 MONTHS ☐ 1 1 -5 YEARS ☐ 2 OVER 5 YEARS AGO ☐ 3 CAN'T REMEMBER ☐ 4	CUSTODY ☐ 1 COMMUNITY ☐ 2 BOTH ☐ 3

28.8 IF YOU HAVE NOT SOUGHT HELP FOR A PROBLEM, WHY HAVE YOU NOT ACCESSED SERVICES? [TICK ALL THAT APPLY]

DID NOT KNOW WHO TO GO AND SEE ☐ 1
AFRAID OF WHAT THE DOCTOR WOULD SAY OR DO ☐ 2
THOUGHT THE PROBLEM WOULD GO AWAY ☐ 3
DIDN'T HAVE TIME ☐ 4
TOO EMBARRASSED ☐ 5
DIDN'T THINK ANYONE COULD HELP ☐ 6
OTHER (SPECIFY)_____

29. K10

INSTRUCTIONS: THE FOLLOWING TEN QUESTIONS ASK ABOUT HOW YOU HAVE BEEN FEELING IN THE LAST 4 WEEKS. [FOR EACH QUESTION, MARK THE BOX UNDER THE OPTION THAT BEST DESCRIBES THE AMOUNT OF TIME THE SUBJECT FELT THAT WAY)

IN THE LAST 4 WEEKS, ABOUT HOW OFTEN DID YOU FEEL.....?	NONE OF THE TIME	A LITTLE OF THE TIME	SOME OF THE TIME	MOST OF THE TIME	ALL OF THE TIME
A. TIRED OUT FOR NO GOOD REASON?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
B. NERVOUS?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
C. SO NERVOUS THAT NOTHING COULD CALM YOU DOWN?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
D. HOPELESS?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
E. RESTLESS OR FIDGETY?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
F. SO RESTLESS YOU COULD NOT SIT STILL?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
G. DEPRESSED?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
H. EVERYTHING WAS AN EFFORT?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
I. SO SAD THAT NOTHING COULD CHEER YOU UP?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
J. WORTHLESS	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

30. SUICIDE AND SELF HARM

I AM GOING TO ASK YOU SOME QUESTIONS ABOUT SELF-HARM AND SUICIDE. THE ACT OF TRYING TO KILL YOURSELF IS ALSO CALLED ATTEMPTING SUICIDE. QUESTIONS ABOUT SUICIDE WILL BE ASKED SHORTLY. FIRST I AM GOING TO ASK YOU SOME QUESTIONS ABOUT SELF-HARM, WHICH IS THE ACT OF DELIBERATELY HURTING OR INJURING YOURSELF, BUT NOT TRYING TO KILL YOURSELF.

30.1 HAVE YOU EVER SERIOUSLY CONSIDERED HURTING OR INJURING YOURSELF?

NO ⇒30.14 ☐ 0
YES ☐ 1

30.2 DID YOU SERIOUSLY CONSIDER HURTING OR INJURING YOURSELF IN THE LAST 12 MONTHS?

NO⇒30.5 ☐ 0
YES ☐ 1

30.3 DID YOU MAKE A PLAN ABOUT HOW YOU WOULD HURT OR INJURE YOURSELF IN THE LAST 12 MONTHS?

NO ☐ 0
YES ☐ 1

30.4 IN THE LAST 12 MONTHS HAVE THE TIMES THAT YOU HAVE CONSIDERED OR PLANNED TO HURT OR INJURE YOURSELF:

GREATLY DECREASED ☐ 1
SOMEWHAT DECREASED ☐ 2
STAYED THE SAME ☐ 3
SOMEWHAT INCREASED ☐ 4
GREATLY INCREASED ☐ 5

30.5 HAVE YOU EVER INTENTIONALLY OR DELIBERATELY HURT OR INJURED YOURSELF?

NO ⇒30.14 ☐ 0
YES ☐ 1

30.6 DID YOU INTENTIONALLY OR DELIBERATELY HURT OR INJURED YOURSELF IN THE LAST 12 MONTHS?

NO ⇒30.14 ☐ 0
YES ☐ 1

30.7 DURING THE LAST 12 MONTHS HOW MANY TIMES DID YOU ACTUALLY HURT OR INJURE YOURSELF?

NEVER ☐ 1
1 TIME ☐ 2
2 OR 3 TIME ☐ 3
4 OR 5 TIMES ☐ 4
6 OR MORE TIMES ☐ 5
DON'T KNOW ☐ 6

30.8 WHAT METHODS DID YOU USE IN THE LAST 12 MONTHS TO DELIBERATELY HURT OR INJURE YOURSELF?
[INTERVIEWERS: UNPROMPTED. TICK ALL THAT APPLY AND RECORD ANY OTHERS NOT LISTED]

EATING FOREIGN OBJECTS ☐ 1
CIGARETTE BURNS ☐ 2
LIGHTER BURNS (SMILIES) ☐ 3
CUTTING OF SKIN ☐ 4
BITING OF SKIN ☐ 5
ATTEMPTING TO CUT OFF OXYGEN ☐ 6
BANGING HEAD ☐ 7
PUNCHING/KICKING THINGS REPEATEDLY ☐ 8
STABBING SELF ☐ 9

OTHER (SPECIFY)_____

30.9 DID YOU TELL ANYONE THAT YOU WERE THINKING OF HARMING YOURSELF?

NO ☐ 0
YES ☐ 1

30.10 WHO DID YOU TELL?

.....
.....

30.11 IF YOU HAVE HURT OR INJURED YOURSELF IN THE LAST 12 MONTHS DID ANY ATTEMPT RESULT IN AN INJURY, POISONING OR OVERDOSE THAT HAD TO BE TREATED BY A DOCTOR , NURSE OR AN AMBULANCE OFFICER?

NO ☐ 0
YES ☐ 1

30.12

30.13 IN THE LAST 12 MONTHS HAVE THE TIMES THAT YOU HAVE DELIBERATELY HURT OR INJURED YOURSELF:

GREATLY DECREASED ☐ 1
SOMEWHAT DECREASED ☐ 2
STAYED THE SAME ☐ 3
SOMEWHAT INCREASED ☐ 4
GREATLY INCREASED ☐ 5

NOW WE ARE GOING ON TO TALK ABOUT ATTEMPTED SUICIDE, WHICH IS THE ACT OF ATTEMPTING TO KILL YOURSELF

30.14 HAVE YOU EVER SERIOUSLY CONSIDERED ATTEMPTING SUICIDE?

NO ⇒30.26 ☐ 0
YES ☐ 1

30.15 DURING THE LAST 12 MONTHS, DID YOU SERIOUSLY CONSIDER ATTEMPTING SUICIDE?

NO ☐ 0
YES ☐ 1

30.16 HAVE YOU EVER MADE A PLAN ABOUT HOW YOU WOULD ATTEMPT SUICIDE?

NO⇒30.18 ☐ 0
YES ☐ 1

30.17 DURING THE LAST 12 MONTHS HAVE YOU MADE A PLAN ABOUT HOW YOU WOULD ATTEMPT SUICIDE?

NO ☐ 0
YES ☐ 1

30.18 HAVE YOU EVER ATTEMPTED SUICIDE?

NO ⇒30.26 ☐ 0
YES ☐ 1

30.19 DURING THE LAST 12 MONTHS HOW MANY TIMES DID YOU ACTUALLY ATTEMPT SUICIDE?

NEVER ☐ 1
1 TIME ☐ 2
2 OR 3 TIMES ☐ 3
4 OR 5 TIMES ☐ 4
6 OR MORE TIMES ☐ 5
DON'T KNOW ☐ 6

30.20 DESCRIBE WHAT METHODS YOU HAVE USED TO ATTEMPT SUICIDE? [INTERVIEWERS: UNPROMPTED, TICK RESPONSES AND RECORD ANY OTHERS NOT LISTED]

EATING FOREIGN OBJECTS (METAL ETC) ☐ 1
SWALLOWING POISONS ☐ 2
BANGING HEAD ☐ 3
PUNCHING/KICKING THINGS REPEATEDLY ☐ 4
ATTEMPTED HANGING ☐ 5
ATTEMPTED TO CUT OFF OXYGEN ☐ 6
ATTEMPTED OVERDOSE (ALCOHOL) ☐ 7
ATTEMPTED OVERDOSE (DRUGS) _____ ☐ 8
ATTEMPTED OVERDOSE (HEROIN) ☐ 9
ATTEMPTED OVERDOSE (OTHER) ☐ 10
ATTEMPTED OVERDOSE (POLYDRUG) ☐ 11
FIREARMS/GUNSHOT ☐ 12
STABBING SELF ☐ 13
SLASHING WRISTS/OTHER BODY PARTS ☐ 14
JUMPING FROM A HEIGHT ☐ 15
CAR CRASH ☐ 16

OTHER (SPECIFY)_____

30.21 DID YOU TELL ANYONE THAT YOU WERE THINKING OF COMMITTING SUICIDE?

NO ⇒30.23 ☐ 0
YES ☐ 1

30.22 WHO DID YOU TELL?

.....
.....

30.23 IF YOU HAVE ATTEMPTED SUICIDE IN THE LAST 12 MONTHS DID ANY ATTEMPT RESULT IN AN INJURY, POISONING OR OVERDOSE THAT HAD TO BE TREATED BY A DOCTOR OR A NURSE?

NO ☐ 0
YES ☐ 1

(30.24)

30.25 IN THE LAST 12 MONTHS, HAVE THE TIMES THAT YOU HAVE ATTEMPTED SUICIDE:

GREATLY DECREASED ☐ 1
SOMEWHAT DECREASED ☐ 2
STAYED THE SAME ☐ 3
SOMEWHAT INCREASED ☐ 4
GREATLY INCREASED ☐ 5

30.26 HAS ANYONE IN YOUR SCHOOL COMMITTED SUICIDE?

NO, NEVER ☐ 0
YES, WITHIN THE LAST YEAR ☐ 1
YES, MORE THAN A YEAR AGO ☐ 2
I DON'T KNOW ☐ 3

30.27 HAVE ANY FAMILY MEMBERS OR ANYONE THAT YOU KNOW PERSONALLY COMMITTED SUICIDE?

NO, NEVER ☐ 0
YES, WITHIN THE LAST YEAR ☐ 1
YES, MORE THAN A YEAR AGO ☐ 2
I DON'T KNOW ☐ 3

SPECIFY WHO_____

31. COMMUNITY HEALTH SERVICES

31.1 WHILE IN THE COMMUNITY, IF YOU FEEL SICK OR NEED HEALTH CARE, WHO DO YOU USUALLY GO TO SEE?

NEVER GET SICK OR NEED HEALTH CARE ☐ 0
FAMILY DOCTOR ☐ 1
GP (LOCAL DOCTOR/MEDICAL CENTRE) ☐ 2
LOCAL HOSPITAL ☐ 3
COMMUNITY NURSE ☐ 4
ABORIGINAL MEDICAL SERVICE ☐ 5
CHEMIST ☐ 6
NO-ONE ☐ 7

OTHER (SPECIFY)_____

31.2 WHEN WAS THE LAST TIME YOU SAW A DOCTOR IN THE COMMUNITY ABOUT YOUR OWN HEALTH?

WITHIN THE PAST 3 MONTHS ☐ 1
4-6 MONTHS AGO ☐ 2
7-9 MONTHS AGO ☐ 3
10-12 MONTHS AGO ☐ 4
MORE THAN 1 YEAR AGO BUT LESS THAN 2 YEARS ☐ 5
2 YEARS AGO OR LONGER ☐ 6
NEVER SEEN A DOCTOR ☐ 7
CAN'T REMEMBER ☐ 8

31.3 WHAT WAS THE MAIN REASON YOU WENT TO THE DOCTOR OR NURSE?

ILLNESS ☐ 1
INJURY OR ACCIDENT ☐ 2
VACCINE OR INNOCULATION ☐ 3
ROUTINE CHECK UP OR PHYSICAL ☐ 4

OTHER (SPECIFY)_____

31.4 WHERE DID YOU GO?

FAMILY DOCTOR ☐ 1
GP (LOCAL DOCTOR/MEDICAL CENTRE) ☐ 2
LOCAL HOSPITAL ☐ 3
COMMUNITY NURSE ☐ 4
ABORIGINAL MEDICAL SERVICE ☐ 5
CHEMIST ☐ 6

OTHER (SPECIFY)_____

31.5 HAVE YOU EVER HAD PROBLEMS SEEING A DOCTOR IN THE COMMUNITY, WHEN YOU FELT YOU NEEDED TO?

NO⇒31.7 ☐ 0
YES ☐ 1

31.6 STATE REASONS:

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

31.7 HAS THERE BEEN A TIME IN THE LAST 12 MONTHS WHEN YOU THOUGHT YOU SHOULD GET MEDICAL CARE, BUT DID NOT?

NO⇒ 31.10 ☐ 0
YES ☐ 1

31.8 WHAT TYPES OF PROBLEMS WERE YOU HAVING AT THE TIME? [TICK ALL THAT APPLY.]

NEEDED A ROUTINE CHECK-UP ☐ 1
RAN OUT OF PRESCRIPTION MEDICATION ☐ 2
FELT SICK OR HAD SYMPTOMS OF A HEALTH PROBLEM ☐ 3
WERE INJURED BY AN ACCIDENT ☐ 4
WERE INJURED DURING A PHYSICAL FIGHT ☐ 5
HAD A PROBLEM RELATED TO HAVING SEX ☐ 6
HAD A PROBLEM THAT RELATED TO SEVERE STRESS, DEPRESSION OR NERVOUSNESS ☐ 7
HAD A PROBLEM RELATED TO USING, TOBACCO, ALCOHOL OR OTHER DRUGS ☐ 8
HAD A PROBLEM RELATED TO THE WAY I FELT, THOUGHT OR BEHAVED ☐ 9

OTHER (SPECIFY)_____

31.9 WHAT KEPT YOU FROM SEEING A HEALTH PRO-FESSIONAL WHEN YOU NEEDED TO? [TICK ALL THAT APPLY.]

DID NOT KNOW WHO TO GO AND SEE ☐ 1
HAD NO TRANSPORTATION ☐ 2
NO ONE WAS AVAILABLE TO GO ALONG ☐ 3
PARENT OR GUARDIAN WOULD NOT GO WITH YOU ☐ 4
DIDN'T WANT PARENTS TO KNOW ☐ 5
DIFFICULT TO MAKE APPOINTMENT ☐ 6
AFRAID OF WHAT THE DOCTOR WOULD SAY OR DO ☐ 7
THOUGHT THE PROBLEM WOULD GO AWAY ☐ 8
COULDN'T PAY ☐ 9
DIDN'T HAVE TIME ☐ 10
THOUGHT THE DOCTOR WOULD TELL YOUR PARTNER/PARENTS ☐ 11
TOO EMBARRASSED ☐ 12
THOUGHT THE DOCTOR WOULD REPORT SOMETHING TO THE POLICE OR OTHER LEGAL AUTHORITIES ☐ 13
DIDN'T THINK A HEALTH PROFESSIONAL COULD HELP ☐ 14

OTHER (SPECIFY)_____

31.10 IN THE LAST 12 MONTHS, DID A HEALTH PROBLEM GET WORSE BECAUSE YOU DID NOT GET CARE THAT YOU THOUGHT YOU SHOULD?

NO ☐ 0
YES ☐ 1

31.11 HOW MANY TIMES HAVE YOU BEEN TO A HOSPITAL EMERGENCY DEPARTMENT (CASUALTY) OR THE OUTPATIENTS CLINIC AT A HOSPITAL ABOUT YOUR OWN HEALTH BUT DID NOT STAY OVERNIGHT?

☐☐

31.12 HOW MANY TIMES HAVE YOU BEEN TO A HOSPITAL EMERGENCY DEPARTMENT (CASUALTY) OR THE OUTPATIENTS CLINIC AT A HOSPITAL ABOUT YOUR OWN HEALTH AND STAYED OVERNIGHT OR LONGER?

☐☐

	1.	2.	3.
31.13 THINKING ABOUT THE THREE MOST RECENT PROBLEMS, WHAT DID YOU GO TO HOSPITAL FOR?			
31.14 DID YOU STAY OVERNIGHT OR LONGER?	NO ☐ 0 YES ☐ 1	NO ☐ 0 YES ☐ 1	NO ☐ 0 YES ☐ 1
31.15 IF ADMITTED HOW MANY DAYS WERE YOU IN HOSPITAL, THE LAST TIME YOU WERE IN HOSPITAL?	☐☐	☐☐	☐☐

	31.16 DO YOU KNOW ABOUT ANY OF THE FOLLOWING?	**31.17 HAVE YOU EVER USED ANY OF THESE SERVICES?**
A. KIDS HELP LINE	NO ☐ 0 YES ☐ 1	NO ☐ 0 YES ☐ 1
B. LIFE LINE	NO ☐ 0 YES ☐ 1	NO ☐ 0 YES ☐ 1
C. SALVO LINE	NO ☐ 0 YES ☐ 1	NO ☐ 0 YES ☐ 1
D. ADIS	NO ☐ 0 YES ☐ 1	NO ☐ 0 YES ☐ 1
E. THE G LINE	NO ☐ 0 YES ☐ 1	NO ☐ 0 YES ☐ 1
F. HEP C HELP LINE	NO ☐ 0 YES ☐ 1	NO ☐ 0 YES ☐ 1
G. QUIT LINE	NO ☐ 0 YES ☐ 1	NO ☐ 0 YES ☐ 1
H. FAMILY SUPPORT	NO ☐ 0 YES ☐ 1	NO ☐ 0 YES ☐ 1
I. 1800 MENTAL HEALTH LINE	NO ☐ 0 YES ☐ 1	NO ☐ 0 YES ☐ 1
J. INTERNET HELP LINES	NO ☐ 0 YES ☐ 1	NO ☐ 0 YES ☐ 1
K. ANY OTHER? (SPECIFY)_____		NO ☐ 0 YES ☐ 1

32. HEALTH SERVICES

THE FOLLOWING QUESTIONS RELATE TO SERVICES YOU MAY HAVE USED.	DOCTOR	PSYCHIA-TRIST	PSYCHOL-OGIST	NURSE	DRUG AND ALCOHOL WORKER	SEXUAL HEALTH WORKER
32.1 HAVE YOU SEEN <u>ANY</u> OF THE FOLLOWING HEALTH CARE PROFESSIONALS?	NO ☐ 0 YES ☐ 1	NO ☐ 0 YES ☐ 1	NO ☐ 0 YES ☐ 1	NO ☐ 0 YES ☐ 1	NO ☐ 0 YES ☐ 1	NO ☐ 0 YES ☐ 1
32.3 THINKING ABOUT YOUR <u>LAST VISIT</u> TO THE ..... HOW WOULD YOU RATE THE HEALTH CARE YOU RECEIVED?	GOOD ☐ 1 OK ☐ 2 BAD ☐ 3	GOOD ☐ 1 OK ☐ 2 BAD ☐ 3	GOOD ☐ 1 OK ☐ 2 BAD ☐ 3	GOOD ☐ 1 OK ☐ 2 BAD ☐ 3	GOOD ☐ 1 OK ☐ 2 BAD ☐ 3	GOOD ☐ 1 OK ☐ 2 BAD ☐ 3
32.4 HOW <u>MANY TIMES</u> HAVE YOU SEEN THE.....ABOUT YOUR HEALTH? [00 IF NONE]	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
32.7 DID YOU FEEL THE ..... WHO YOU WENT TO FOR HELP OR TREATMENT, EXPLAINED THINGS IN A WAY YOU COULD UNDERSTAND?	NEVER ☐ 1 SOMETIMES ☐ 2 ALWAYS ☐ 3	NEVER ☐ 1 SOMETIMES ☐ 2 ALWAYS ☐ 3	NEVER ☐ 1 SOMETIMES ☐ 2 ALWAYS ☐ 3	NEVER ☐ 1 SOMETIMES ☐ 2 ALWAYS ☐ 3	NEVER ☐ 1 SOMETIMES ☐ 2 ALWAYS ☐ 3	NEVER ☐ 1 SOMETIMES ☐ 2 ALWAYS ☐ 3
32.8 DID THE..... GIVE YOU AS MUCH INFORMATION AS YOU WANTED ABOUT WHAT YOU COULD DO TO MANAGE YOUR CONDITION?	NEVER ☐ 1 SOMETIMES ☐ 2 ALWAYS ☐ 3	NEVER ☐ 1 SOMETIMES ☐ 2 ALWAYS ☐ 3	NEVER ☐ 1 SOMETIMES ☐ 2 ALWAYS ☐ 3	NEVER ☐ 1 SOMETIMES ☐ 2 ALWAYS ☐ 3	NEVER ☐ 1 SOMETIMES ☐ 2 ALWAYS ☐ 3	NEVER ☐ 1 SOMETIMES ☐ 2 ALWAYS ☐ 3

33. HOW DO YOU FEEL ABOUT YOUR LIFE AS A WHOLE, TAKING INTO ACCOUNT WHAT HAS HAPPENED IN THE LAST YEAR AND WHAT YOU EXPECT TO HAPPEN IN THE FUTURE? TELL ME THE NUMBER THAT MOST CORRESPONDS TO HOW YOU FEEL?

DELIGHTED ☐ 1
PLEASED ☐ 2
MOSTLY SATISFIED ☐ 3
MIXED ☐ 4
MOSTLY DISSATISFIED ☐ 5
UNHAPPY ☐ 6

34. THINKING ABOUT THE PHYSICAL AND MENTAL HEALTH PROBLEMS THAT YOU HAVE TOLD ME ABOUT TODAY, WHAT DO YOU THINK IS THE MOST IMPORTANT?

_____

_____

NOTES

APPENDIX 2

Publications and presentations arising from YPiCHS and YPoCOHS

Book

1. Kenny, D.T. & Nelson, P.K. (2008). Young offenders on community orders: Health, welfare and criminogenic needs. Sydney, Australia: Sydney University Press.

Book chapter

2. Kenny, D. T. & Lennings, C. J. & Nelson, P. (in press). Mental health of young offenders serving orders in the community: Implications for rehabilitation. In Daniel W. Phillips III (Edited). Mental Health Issues in the Criminal Justice System. New York: Hawthorne Press Inc.

Refereed Journals

3. Kenny, D. T., Lennings, C. J., & Press, A. (in press). The relationship between head injury and violent offending in juvenile offenders. *Criminal Justice and Behavior*.
4. Kenny, D. T., Denney-Wilson, E., Nelson., P. & Hardy, L. (in press). Eating habits and associations with physical activity and body mass index of young offenders on community orders. *Nutrition and Dietetics.*
5. Ashkar, P. & Kenny, D.T. (in press). Young offenders' subjective experiences of incarceration. *Journal of Criminology and Offender Therapy*.
6. Butler, T., Belcher, J.M., Champion, U., Kenny, D.T., Allerton, M. & Fasher, M. (in press). The physical health status of young Australian offenders. *Australian and New Zealand Journal of Public Health*.
7. Kenny, D. T. & Lennings, C. J. (2007). Cultural group differences in social disadvantage, offence characteristics, experience of childhood trauma and psychopathology in incarcerated juvenile offenders in NSW, Australia: Implications for service delivery. Psychology, *Psychiatry and the Law, 14*, 2, 294-305.
8. Kenny, D. T. & Lennings, C. J. & Nelson, P. (2007). Mental health of young offenders serving orders in the community: Implications for rehabilitation. *Journal of Offender Rehabilitation, 45*, (1 and 2).
9. Van der Poorten D, Kenny, D. T., Butler, T. & George J. (2007). Liver disease in adolescents: A cohort study of high risk individuals. *Hepatology, 46*, 6, 1750-1758.
10. Denney-Wilson, E., Kenny, D.T., Hardy, L., & Nelson, P. (2007). Associations between overweight and obesity and risk factors for cardiovascular disease and fatty liver in young offenders serving community orders. *Vulnerable Children and Youth Studies, 2*, 2, 165-172.
11. Kenny, D. T. & Grant, J. (2007). Reliability of self-report of health in adolescent offenders. *Vulnerable Children and Youth Studies, 2*, 2, 127-142.
12. Lennings, C. J. & Kenny, D.T., Howard, J., Arcuri, A., Mackdacy, L. (2007). The relationship between substance abuse and delinquency in female adolescents in Australia. *Psychiatry, Psychology and the Law, 14*, 100–110.
13. Cechaviciute, I. & Kenny, D.T. (2007). Neutralizations and delinquent self-concept in young offenders on community orders. *Criminal Justice and Behavior, 34*, 108-118.
14. Ashkar, P. & Kenny, D.T. (2007). Moral reasoning of adolescent male offenders: Comparison of sexual and nonsexual offenders. *Criminal Justice and Behavior, 34*, 108-118.
15. Lennings, C., Kenny, D.T., Nelson, P. (2006). Substance use and treatment seeking in young offenders on community orders. *Journal of Substance Abuse Treatment, 31*(4), 425-432.

16. Kenny, D.T., & Press, A. L. (2006). Impact of violence classification of young offenders on observed relationships with psychological measures and mental and physical health indicators. *Psychology, Public Policy and Law, 12*(1), 86–105.

Monograph

17. Kenny, D.T., & Lennings, C. (2007). Relationship between head injury and violent offending in young offenders. *Crime and Justice Bulletin*, NSW Bureau of Crime Statistics and Research, March, No 107, p 1-15.

Invited Submission to Government Inquiry

18. Kenny, D. T. & Lennings, C. (2007). *Provisional sentencing of serious young offenders.* NSW Sentencing Council, Attorney General's Department, NSW Government.

Invited presentations

19. Kenny, D.T. (2007, June). *Juvenile sex offenders: Theory into practice*. Australian and New Zealand Association for the Treatment of Sex Abuse, Blacktown, Sydney, 21 June.

20. Kenny, D.T. (2007, June). *Cognitive and educational problems of young offenders.* School Education Directors of Education Twilight Seminars, Sydney, 26 June.

21. Kenny, D.T. (2006, August). *Strategic planning for research into young offenders*. Disability Strategic Group, NSW Department of Juvenile Justice.

22. Kenny, D.T. (2005, February). *Impact of violence classification on its relationship to psychological factors and mental health.* Prisoner health research symposium. JustcieHealth, Sydney, 18 February, Australia.

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ABOUT THE BOOK

This unique book examines the characteristics of young offenders serving community orders and provides detailed comparisons with young offenders in custody and same-aged adolescents in the general population. It offers a wide-ranging assessment of their physical and mental health needs, cognitive function and educational achievement and offence profiles that can inform treatment planning and service delivery. Departments of Juvenile Justice and Corrective Services around Australia and internationally, developmental and forensic psychologists and researchers will find this book an invaluable resource.

ABOUT THE AUTHORS

Dianna Kenny, Professor of Psychology, University of Sydney, has had a longstanding professional and research interest in disadvantaged youth and has been engaged in research on young offenders for the past 10 years. She is the author of over 150 scholarly journal articles, monographs and book chapters. Paul Nelson was the Project Manager of the *Young People on Community Orders Health Survey* (2003-2006) and is currently a PhD candidate at The University of Sydney.

REVIEWS

This comprehensive research work gives us a snapshot of an important and relatively little researched component of Australia's criminal justice system. It arms us with the empirical knowledge to profile young offenders on community orders, enabling us to reflect in an empirically informed way on what we can do to reduce their criminality by better understanding and addressing the causes of their offending.

Dr Ian Freckelton Barrister and Professor of Law, University of Sydney; Editor, Journal of Law and Medicine.

If as Dostoevsky said, the way society treats its offenders characterises the level of its civilization, then the landmark research of Professor Kenny and her colleagues now provides us with the scientific basis on which to proceed. Their painstaking research shows that young offenders have significant health and mental health problems, without help for which, many will be at high risk of re-offending. The implications of their research are far reaching and should be essential reading for forensic psychologists, criminologists and criminal justice system professionals.

Dr Timothy Keogh Former Director, Psychological and Specialist Programs, NSW Department of Juvenile Justice

This detailed and comprehensive book offers deep insights into the complex myriad of social, familial and personal factors that characterize young offenders on community orders. I have no doubt that the research reported in this book will be influential in directing public health policies to improve the physical and mental health of this at-risk and disadvantaged adolescent population. The imperative to address the distressingly disproportionate representation of indigenous adolescent offenders is clearly highlighted as a targeted area of need.

Dr Alex Blaszczynski Professor of Psychology, University of Sydney

It is impossible to develop effective juvenile crime prevention policy without a sound understanding of the characteristics and causes of juvenile delinquency. Research in Australia on this issue generally lags far behind similar research in the United States and Britain. This book on young offenders is therefore especially welcome, not only because it helps fill a significant void in Australian research on juvenile delinquency, but also because it is wide-ranging, insightful and multidisciplinary in outlook. The book should be of great interest to policy makers, administrators and researchers.

Dr Don Weatherburn Director, Bureau of Crime Statistics and Research, NSW, Australia

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