

OUR LIVES

www.uq.edu.au/ourlives

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

Pantone 564C

Black



CHECK GO TO!!

How to fill out this form

- Please cross boxes like this: Yes
- Correct mistakes like this:
(If you make a mistake, simply scribble it out and mark the correct answer with a cross).
- Use a ballpoint blue or black pen (do not use a felt tipped pen).
- Some boxes have 'Go to' instructions that look like this: 1 → Go to A7
Please follow the 'Go to' even if you miss out on some questions.
- Where exact information is not known, please give the best answer you can
- Where a written answer is required, please write clearly in the boxes provided.

Example:

E3. In total, how many people, besides you, live in the same house with you?

For information regarding the ethics of this research please contact the University of Queensland Ethics Officer on (07) 3365 3924.

PRIZE DRAW TERMS AND CONDITIONS OF ENTRY

Method of entry:

Entry open to Our Lives sample members who complete the Our Lives Wave 3 survey by hardcopy and return it in the reply paid booklet provided or who complete online at www.uq.edu.au/ourlives by 6 PM AEST 5th November 2010.

Duration of entry period:

The entry period for inclusion in the prize draw is from 30th September 2010 until 6 PM AEST 5th November 2010.

Details of prizes and prize values:

The first 5 entries drawn in the prize draw will each receive 1 x WISH giftcard to the value of \$200.

The next 80 entries drawn will each receive 1 x WISH giftcard to the value of \$20. The total prize pool value is \$2600.

Date, time method and place of draw:

The prize draw will be conducted at 12 PM AEST on Monday 9th November 2010 at The Social Research Centre Level 1 262 Victoria St North Melbourne Victoria 3051. Winners will be selected through a random computer generated draw.

Method of notification:

Winners will be notified by telephone or email and in writing.

SECTION A: THE FUTURE

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

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

	Within 2 years of leaving school	Between 2 to 5 years of leaving school	More than 5 years after leaving school	Sometime in the future but I don't know when	Never
Move to a different state	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Move to a different country	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Move somewhere else within Queensland	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Have children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Get married	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Live with someone without being married	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Get divorced	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Be unemployed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Stay at home to look after children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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

	Not very important	Not important	Somewhat important	Important	Very important
To set my own goals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
To be more self confident	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
To be a good person	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
To have time to think about myself and my life	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
To have a sense of achievement	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
To find meaning in life	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
To have a sense of self respect	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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

	Not very important	Not important	Somewhat important	Important	Very important
To leave school as soon as I can	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
To do a trade or apprenticeship	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
To go on to TAFE	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
To go on to university	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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

	Not very important	Not important	Somewhat important	Important	Very important
To get a job as soon as possible	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
To get a job with good career prospects	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
To work in a job that interests me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
To get a job that's close to where I now live	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
To get a job that helps other people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
To get a job that allows me to make lots of money	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
To have enough money to do what I want	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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

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

	Never	To some extent	A lot	N/A
Mother or female carer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Father or male carer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Grandparents	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
A brother or sister	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Friend/s	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Teacher or School Counsellor	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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

	Not true at all	Slightly true	Somewhat true	Quite true	Very true
The kind of occupation I want	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
The values I believe in	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
What roles men and women should play	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
What kind of friends I want	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
What kind of person I want to be	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
What kind of relationships I want with my family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
What kind of person I want as my partner	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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

A7. Are you currently doing a Queensland Certificate of Education (QCE), a Queensland Certification of Individual Achievement (QCIA), or something else?

Queensland Certificate of Education (may include Vocational Education and Training (VET) courses) 1 → Go to A7a

Queensland Certificate of Individual Achievement 2

Vocational Education and Training (VET) course not contributing to QCE 3 → Go to A8

Paid employment 4
Something else (please specify) 5

Text input box for specifying something else.

A7a. What are you mainly doing for your Queensland Certificate of Education in years 11 and 12?

Please select one option only

School subjects (e.g. Maths A, B or C, English, Physics, Accounting) 1

Vocational education and training subjects at school (e.g. TAFE subjects) 2

School-based traineeship or apprenticeship that may include on-the-job training 3

Other (please specify) 4

Text input box for specifying other options.

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

A8. If you could have ANY JOB as an adult, what would you LIKE it to be?

Please write a specific job title only – if you are unsure write 'don't know'

Text input box for writing a specific job title.

A9. At the back of this survey booklet is a list containing 10 broad categories and examples of jobs in each category. Please choose the category that BEST DESCRIBES the job you would LIKE to have as an adult.

Select the number of category 1-10

- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7
- 8 8
- 9 9
- 10 10

A10. Will you work for yourself in your own business, or will you work for someone else?

Work for self 1

Work for someone else 2

A11. Will you supervise other people in this job (i.e. tell other workers what to do)?

Yes	<input type="checkbox"/>	1
No	<input type="checkbox"/>	2

A12. How CONFIDENT are you of getting this kind of job?

↓ Not very confident	↓ Not confident	↓ Somewhat confident	↓ Confident	↓ Very confident
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

A13. From the list of job categories at the back of the survey booklet, please choose the category that BEST DESCRIBES the job that, realistically speaking, you eventually EXPECT to get (this can be different from the job you'd like to have).

Select the number of category 1-10

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

A14. What job do you think your parents or carers want you to have as an adult?

A15. How CONFIDENT are you that . . .

	↓ Very confident	↓ Confident	↓ Somewhat confident	↓ Not very confident	↓ Not at all confident
You can get a good education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You can get a job that pays well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You will have a job you will enjoy doing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You will have a happy family life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You will have good friends you can count on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You will earn the respect of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You will achieve whatever you want in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You will have a rewarding and meaningful life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You will have the kind of lifestyle you really want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A16. During the first 2 years after you leave school, WHAT do you plan to do?

Please select all options that apply to you

- Work in a paid job 1
- Work as an apprentice / trainee 2
- Work as a volunteer 3
- Attend TAFE 4
- Attend university 5
- Travel within Australia 6
- Travel overseas 7
- Join the Army, Navy or Air Force 8
- Take a year off 9
- Other 10
- Don't know 11

And now, about your future family plans...

A17. How important are the following to your FUTURE HAPPINESS?

	Not very important	Not important	Somewhat important	Important	Very important
Getting married	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Having children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Supporting your parents or carers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Having really good friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Learning a trade	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Getting a university degree	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Making lots of money	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Working in a job that really interests you	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Having a strong sense of achievement in your life	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Being able to choose the kind of life you want to live	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Being involved in your religion/spirituality	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Being involved in community or volunteer work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

SECTION B: ISSUES AND INTERESTS

B1. How many HOURS PER WEEK, on average, do you spend doing the following?

	None	1-3 hours	4-6 hours	7-9 hours	10 or more hours
Using the internet to email or chat with friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Using the internet to help with your homework	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Using the internet for other things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Doing homework	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Playing sports	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Doing chores at home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Hanging out with friends outside of school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Watching TV	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Playing computer games	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Participating in a community group (e.g. Scouts, charity, church group)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Listening to music	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Reading books for fun	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Shopping	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Working in a part-time job	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Working in a full-time job	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

SECTION C: TECHNOLOGY

C1. How many COMPUTERS (desktops and laptops) are there in your home?

0	1	2	3	4	5 or more
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

C2. Do you have your own mobile phone?

Mobile phone with internet access	<input type="checkbox"/> 1
Mobile phone with no internet access (able to make calls and SMS only)	<input type="checkbox"/> 2
No mobile phone	<input type="checkbox"/> 3

C3. Overall, how often do you use the internet (anywhere)?

Several times a day	<input type="checkbox"/> 1
About once a day	<input type="checkbox"/> 2
Several times a week	<input type="checkbox"/> 3
About once a week	<input type="checkbox"/> 4
Less often	<input type="checkbox"/> 5
Never	<input type="checkbox"/> 6
Don't know	<input type="checkbox"/> 7

C4. On a typical day, how much of your time do you spend on the internet?

No time spent on internet	<input type="checkbox"/> 1
Up to 30 minutes	<input type="checkbox"/> 2
Up to 1 hour	<input type="checkbox"/> 3
Up to 3 hours	<input type="checkbox"/> 4
Up to 5 hours	<input type="checkbox"/> 5
More than 5 hours	<input type="checkbox"/> 6
Don't know	<input type="checkbox"/> 7

C5. How good are you at using the internet? Do you think you are...

Beginner	<input type="checkbox"/> 1
Intermediate	<input type="checkbox"/> 2
Advanced	<input type="checkbox"/> 3
Expert	<input type="checkbox"/> 4
Don't know	<input type="checkbox"/> 5

SECTION D: YOUR FRIENDS AND PERSONAL NETWORKS

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

D1. Which of the following **BEST DESCRIBES** your present situation?

Please read the full list before selecting one only

- I live with both my (biological or adoptive) mother and father 1
- I live with my father and stepmother (or other female adult) all or most of the time 2
- I live with my mother and stepfather (or other male adult) all or most of the time 3
- I live with my father alone all or most of the time 4
- I live with my mother alone all or most of the time 5
- I fairly equally share living with my father and mother who are divorced or separated 6
- I live with other adult guardians 7
- Other. Please explain: 8

D2. How many of each of the following people, *in addition to your parents or carers*, live with you, that is in the house where you spend most of your time?

If none, please enter "0" for a particular category

Number
↓

- Brothers or step-brothers
- Sisters or step-sisters
- Grandfather or grandmother
- Uncles or aunts
- Other relatives
- Non-relatives

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

D4. Are you . . .

Please select one option only

- The oldest 1
- The youngest 2
- Somewhere in the middle 3
- An only child 4

And now some questions about your friends and personal networks.

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

	↓ Very confident	↓ Confident	↓ Somewhat confident	↓ Not very confident	↓ Not at all confident
Your parents or carers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Your friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Your best friend	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Your brothers and sisters	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Your teachers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Your neighbours	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

D6. How much TRUST do you have in:

	↓ A great deal of trust	↓ Quite a lot of trust	↓ Not very much trust	↓ None at all
Your school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
What you see on television	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
What you see on the internet	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
The police	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Politicians	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Religious leaders	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Groups that are working to protect the environment (e.g. Greenpeace, etc)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Well known sporting figures	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Music, film and TV celebrities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Australian Government	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Courts and the legal system	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Banks and financial institutions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Universities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
What you hear on radio or read in newspapers / magazines	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
People of another religion	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
People from another country	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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



Close friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Friends in general	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

D8. Thinking about the very best friend you have, not including family members or your boyfriend / girlfriend...

How old is your best friend? years old.

Is your best friend:

Male 1

Female 2

D9. What CULTURE do they come from?

D10. What COUNTRY were they born in?

Australia	<input type="checkbox"/> 1
New Zealand	<input type="checkbox"/> 2
United Kingdom	<input type="checkbox"/> 3
China	<input type="checkbox"/> 4
Vietnam	<input type="checkbox"/> 5
Philippines	<input type="checkbox"/> 6
India	<input type="checkbox"/> 7
Hong Kong	<input type="checkbox"/> 8
Korea, Republic of (South)	<input type="checkbox"/> 9
Other (<i>please specify</i>)	<input type="checkbox"/> 10

D11. Have the following events ever HAPPENED to you?

	Never	Within the last 6 months	Within the last year	More than a year ago
Changed schools	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Separation / divorce of your parents or carers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Serious health problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Friendship problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Bullied by other kids	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Received poor grades at school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Family problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Parent / carer remarried	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Fell in love	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Got into trouble at school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Broke up with boyfriend / girlfriend	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Death of a family member or friend	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

D12. To what extent do you AGREE or DISAGREE with the following?

	Strongly disagree	Mildly disagree	Neither agree nor disagree	Mildly agree	Strongly agree
My life is going well	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My life is just right	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I would like to change many things in my life	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I wish I had a different kind of life	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I have a good life	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I have what I want in life	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

D13. All in all, how happy are you with your life these days? Please answer on a scale of 1 to 10. The happier you are, the higher the number you should select.

Extremely unhappy 1 2 3 4 5 6 7 8 9 10 Extremely happy

SECTION E: ABOUT YOU

E1. Are you...

Male 1

Female 2

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

Please select one only

English **only** 1

English plus **other** (*specify other*) 2

Other (*specify*) 3

E3. What is your religion or faith?

Please select one option only

No religion 1

Christian religions:

Anglican (Church of England) 2

Baptist 3

Catholic 4

Lutheran 5

Greek Orthodox 6

Other Orthodox 7

Presbyterian / Reformed 8

Uniting Church 9

Other Christian religion: 10

(please specify)

Other religions:

Buddhism 11

Hinduism 12

Islam 13

Judaism 14

Other non-Christian religion: 15

(please specify)

E4. What was the HIGHEST level of education your parents or carers EVER ACHIEVED?

Please answer for parents or carers with whom you live most of the time

	↓ Mother or carer	↓ Father or carer
Less than Year 12 Certificate	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Year 12 Certificate	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Completed a trade qualification like a diploma, certificate or apprenticeship	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Completed a university bachelors degree	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Completed post-graduate University study (e.g. Masters, PhD)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Don't know	<input type="checkbox"/> 1	<input type="checkbox"/> 2

E5. LAST WEEK, what were your parents or carers MAINLY doing?

Please answer for parents or carers with whom you live most of the time

	↓ Mother or carer	↓ Father or carer
Working full-time	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Working part-time	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Unemployed / looking for work	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Domestic duties	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Studying	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Other	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Don't know	<input type="checkbox"/> 1	<input type="checkbox"/> 2

E6. Do your parents or carers receive a Government pension, benefit or allowance because they are retired or unable to work for some reason?

	↓ Mother or carer	↓ Father or carer
Yes	<input type="checkbox"/> 1	<input type="checkbox"/> 2
No	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Don't know	<input type="checkbox"/> 1	<input type="checkbox"/> 2

E7. The place where you live MOST OFTEN, is:

Owned	<input type="checkbox"/> 1
Rented	<input type="checkbox"/> 2
Don't know	<input type="checkbox"/> 3

E8. What is your father's / carer's CURRENT occupation?

Please indicate a specific job title - if they are not working state what they are mainly doing
If you are unsure write 'don't know'

E9. From the list of job categories at the back of the survey booklet, please choose the category that BEST DESCRIBES your father's / carer's CURRENT occupation.

Select number of category 1-10

1	2	3	4	5	6	7	8	9	10	Not working	Don't know
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12

E10. Who does (did) your FATHER / CARER work for?

- 1 Owns his own business and works on his own
- 2 Owns his own business with people working for him
- 3 Works for somebody else
- 4 Don't know

E11. Does (did) your FATHER / CARER tell other people what to do at work?

- 1 Yes
- 2 No
- 3 Don't know

E12. What is your mother's / carer's CURRENT occupation?

Please indicate a specific job title - if they are not working state what they are mainly doing
If you are unsure write 'don't know'

E13. From the list of job categories at the back of the survey booklet, please choose the category that BEST DESCRIBES your mother's / carer's CURRENT occupation.

Select number of category 1-10

1	2	3	4	5	6	7	8	9	10	Not working	Don't know
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12

E14. Who does (did) your MOTHER / CARER work for?

- 1 Owns her own business and works on her own
- 2 Owns her own business with people working for her
- 3 Works for somebody else
- 4 Don't know

E15. Does (did) your MOTHER / CARER tell other people what to do at work?

- 1 Yes
- 2 No
- 3 Don't know

E16. How many YEARS have you attended your current school? years

E17. Thinking about how well you do at school, are you:

- 1 An excellent student
- 2 A very good student
- 3 A good student
- 4 An average student
- 5 A poor student

E18. This year, HOW WELL would other people think you were doing in the following subjects?

	↓ Very Poorly	↓ Poorly	↓ OK	↓ Well	↓ Very Well	↓ N/A
Maths	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
English	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Science	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
SOSE / Social Studies / History / Geography	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
The Arts (e.g. Music, Drama, Dance)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

E19. How ***HARD*** do you ***WORK*** in the following subjects?

	Not at all	A little	A fair bit	Very hard	N/A
Maths	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
English	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Science	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
SOSE / Social Studies / History / Geography	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
The Arts (e.g. Music, Drama, Dance)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

E20. How well does each of the following statements describe you on a scale from 1 to 9 where 1 means the statement doesn't describe you at all, and 9 means the statement describes you very well.

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

E21. What is the ***NAME*** of your school?

SECTION F: ONGOING CONTACT

Please update your contact details, these will be used to get in touch with you for Wave Four of Our Lives in 2 years time, and also to contact you if you are successful in the prize draw!

Your contact details:

Please print clearly

First name:

Last name:

Email Address: @

Mobile number: (please enter 10 digits)

Street address:

Suburb: State / Territory:

Post code:

Home Phone number: () (please enter 10 digits including area code)

Contact details of one of your parents or carers:

First name:

Last name:

As above

Street address:

Suburb: State / Territory:

Post code:

Email Address: @

Mobile number: (please enter 10 digits)

Home Phone number: () (please enter 10 digits including area code)

Thank you for completing Wave 3 of the Our Lives survey. Please return the form in the envelope (no stamp required) to Our Lives Project Reply Paid 83628 HAWTHORN VIC 3122

List of Job Categories for Questions A9, E9 and E13

<Barcode>

Senior executives & elected officials

- Politician, judge, magistrate, coroner
- General manager/Chief Executive Officer, senior manager of large organisation
- 1** • Senior manager in public service, regional director, health services manager, school principal
- Commissioned officers in Defence Forces (i.e. Lieutenant, Captain, Major)

Business owners & managers

- Bank manager, finance/insurance broker, stockbroker/trader, investment adviser
- Sales and marketing manager, production manager, project manager/administrator
- 2** • Owner/manager of: shop, restaurant, crop and/or livestock farm, manufacturing company, transport company, real estate agency
- Construction project manager, project builder

Writers, artists & professional sports persons

- Journalist, publisher/author, musician, actor, dancer, painter, photographer.
- 3** • Sportsman/woman, coach, trainer, sports official

Professionals

- Architect, engineer, urban/regional planner
- School teacher/university lecturer, librarian
- Social worker, Counsellor, psychologist, nurse, doctor (GP), dentist, optometrist, veterinarian
- 4** • Computer programmer/designer
- Lawyer/barrister/solicitor
- Scientist (chemist, physicist, botanist, zoologist, social scientist)
- Business consultant, accountant, tax agent
- Pilot, air traffic controller, ship captain/officer

Technicians, designers & officers

- Construction supervisor, architectural/engineering design draftsman
- Designer (interior, fashion, graphic)
- 5** • Computing support technician, dental technician, technical sales representative
- Senior non-commissioned Defence Forces officer (i.e. Sergeant, Petty Officer), police officer, ambulance officer, welfare/parole officer, fire fighter, safety inspector, health worker

Tradespersons

- Fitter/turner, welder, aircraft mechanic, locksmith
- Hairdresser, jeweller, dressmaker, florist
- 6** • Plumber, electrician, bricklayer, auto-mechanics, panel beater, carpenter, painter, signwriter
- Butcher, baker, chef, animal trainer
- Driller, power plant operator

Senior clerical, sales & service workers

- Office/bank clerk, bookkeeper, insurance agent, real estate agent, government inspector (customs, tax, licenses, transport), secretary
- 7** • Sales representative, travel agent, flight attendant, postal delivery/courier, beautician, fitness instructor
- Childcare worker, aged/disabled person care worker

Assistants, aides & hospitality workers

- Sales assistant, checkout operator, cashier, motor vehicle/parts salesman, other sales staff
- Typist, receptionist, dental assistant, veterinary nurse, education aide, nursing assistant
- 8** • Hospitality industry staff, waiter, bar staff
- Trades assistant, animal carer, home helper, housekeeper, cook, kitchenhand

Drivers, miners & machinery operators

- Truck/train/bus driver, taxi driver, delivery driver
- Miner, dragline operator, heavy machinery operator, bulldozer/bobcat/loader operator
- 9**



Process workers & other labourers

- Defence Forces employee not included above
- Factory hands, process workers, product packagers, railway labourer, construction worker, freight handler
- 10** • Farmhand, gardener, fisherman, forestry worker
- Cleaner, caretaker, storeman, garbage collector

