

4.9 Survey for Year 7 to 12 students

We would like to know what you think about your school's Health Education program. **You do *not* need to write your name on the survey.** No-one at school or home will know that the answers you give have been written by you, so please be honest. This is ***not*** a test – there are no right or wrong answers.

The term drug in this survey includes; alcohol, cigarettes over the counter and illegal drugs.

ARE YOU: MALE or FEMALE

Please circle the correct details

What is your **YEAR LEVEL** at school?

Year 7 Year 8 Year 9
Year 10 Year 11 Year 12

1. Tick the topics you can remember learning about in health this year?

Resilience/Wellbeing	<input type="checkbox"/>
Drug Education	<input type="checkbox"/>
Road Safety	<input type="checkbox"/>
Physical Education	<input type="checkbox"/>
Sun Safety	<input type="checkbox"/>
Sexual Health	<input type="checkbox"/>
Healthy Eating	<input type="checkbox"/>

2. Overall, do you believe Health Education is important for you?

	Yes	No	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Do you know what support services are available for students at your school?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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4. Do you know what happens if you break the school rules?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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5. Does your school have a drug education policy or guidelines?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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4.9 Survey for Year 7 to 12 students cont.

Tick one box only in each line

- | | | Yes | No | Don't know |
|-----|--|-----------------------|-----------------------|-----------------------|
| 6. | Do you know the school's procedures if a student is found using drugs at school? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. | Do you know where to go to at school if you need help, have any problems or need someone to talk to? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. | Do you have good positive relationships with your teachers (eg respect and understanding)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. | Do you have the opportunity to participate actively in resilience/wellbeing, drug or road safety education (eg are you consulted on the content of resilience/wellbeing, drug or road safety lessons)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. | Do you have the opportunity to participate in or organise school activities that focus on drug education? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Tick one box only in each line

- | | | Always | Usually | Sometimes | Never |
|-----|-------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 11. | I feel happy at school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. | I feel safe at school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. | I have friends I can trust. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. | I know who can help me at school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. | I think the teachers care about me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

4.9 Survey for Year 7 to 12 students cont.

Tick one box only in each line

Drug Education

The Drug Education program at my school provides me with:

- | | Agree | Disagree | Don't know |
|---|-----------------------|-----------------------|-----------------------|
| 1. relevant information about all types of drugs and possible consequences of using them. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. an understanding of drug use why some people use drugs. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. skills and ideas to help me deal with issues related to drug use. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. the opportunity to discuss and consider my attitudes to drugs, drug use and people who use drugs. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. the opportunity to listen to other students attitudes to drugs, drug use and people who use drugs. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. information and strategies to help reduce the risk of harm from my own or someone else's drug use. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. learning opportunities to make informed decisions about my own lifestyle choices. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. awareness of who I can talk to in school if I am worried about my own or someone else's drug use. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Road Safety Education

- | | Yes | No | Don't know |
|---|-----------------------|-----------------------|-----------------------|
| 1. Do you feel road safety practices are well thought out and well managed around the school? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Does your school have a road safety education policy or guidelines? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Are you consulted on the type of road safety lessons your school offers? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Have you completed the <i>Keys for Life</i> pre-driver education program at your school? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

IF YES, please answer questions 5-10. If no please go to question 11.

4.9 Survey for Year 7 to 12 students cont.

Tick one box only in each line

How well does the *Keys for Life* pre-driver education program at your school:

Agree Disagree Don't know

- | | | | | |
|------------|---|-----------------------|-----------------------|-----------------------|
| 5. | provide you with relevant information about the relationship between alcohol, other drugs and road safety. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. | encourage the development of safe driving techniques including knowledge of road laws? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. | give you information about causes of common crashes involving young drivers and how these crashes can be prevented? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. | teach you the laws that apply to vehicle ownership? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. | provide you with the necessary skills and practice to plan your journeys using maps and timetables if necessary? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. | explain the benefits of supervised driving practice? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Tick one box only in each line

The Road Safety Education program at my school provides me with:

Agree Disagree Don't know

- | | | | | |
|------------|---|-----------------------|-----------------------|-----------------------|
| 11. | relevant information about staying safe as a passenger, pedestrian, driver or cyclist. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. | an understanding of road safety issues. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. | information and strategies to help avoid risk taking as a passenger, pedestrian, driver or cyclist. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. | information to make positive choices as a passenger, pedestrian, driver or cyclist. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |