



Victorian Student Health and Wellbeing Survey 2023-24

Victorian Department of Education



Accreditations

Wallis Social Research achieved accreditation to the International Standard ISO20252 in September 2007. The Company is committed to maintaining administrative and operational procedures which comply with these accreditation requirements and to improving its performance in all aspects of the service it delivers to its customers.

In 2020 Wallis sought and attained certification to ISO 27001. This is the highest standard for information and data security. Wallis made the strategic decision to become certified to ISO 27001 because we recognise the absolute necessity for our clients to be assured that their data is secure. Wallis is one of the first research companies in Australia to achieve certification to this standard.

Wallis is an active participant in the market research industry, with senior staff making significant contributions to the Research Society (TRS) and the Australian Data and Insights Association (ADIA). As such we actively pursue the ethical objectives of the industry.

In addition to having attained the highest Industry accreditation, Wallis also participates in the Australian Achiever Awards, which recognises the customer service excellence of Australian companies. The Company has been awarded a high commendation every year since the inception of these awards in 1999.

Wallis is an acknowledged leader in data protection and privacy. Our system is regularly subjected to external penetration testing and we are a Privacy Awareness Week supporter – committed to sharing our knowledge with others. Wallis is also active member of the Australian Cyber Security Centre (ACSC) Partnership Program.

Victorian Student Health and Wellbeing Survey (VSHAWS) List of Survey Questions

Please note the VSHAWS has been conducted previously in Victorian schools and has changed over time. Inconsistency in question numbers is a reflection of questions been removed and added between iterations. All questions asked are included in this list.

Demographics

Q1 Please confirm what your school is.

Drop down list

Q2 What is your date of birth?

Month and year only

Q3 What year are you in?

Multiple choice

Q4 Are you...

Select sex

Q5 In which country were you born?

Multiple choice

Q6 In which country was your mother born?

Multiple choice

Q7 In which country was your father born?

Multiple choice

Q8 Are you of Aboriginal or Torres Strait Islander origin?

Multiple choice

Q9 What language do you mostly speak at home?

Multiple choice

Q10 What other language(s) do you speak? (If applicable)

Multiple choice

Nutrition and eating habits

Q11 How often do you usually have breakfast (more than a glass of milk or fruit juice)?

Multiple choice

Q12a How many serves of fruit do you usually have per day?

Multiple choice

Q12b How many serves of vegetables do you usually have per day?

Multiple choice

Q12c How many times a week do you usually eat sweets (lollies or chocolates)?

Multiple choice

Q12d How many times a week do you usually drink sugar-sweetened soft drinks, cordials, fruit drinks, vitamin waters, energy or sports drinks?

Multiple choice

Oral Health

Q13. How often do you brush your teeth?

Frequency response

General Health

Q20 In general (usually), how would you describe your health?

Multiple choice

Medicine and health services (Years 8 & 11 Only)

Q22 Do you currently need to take prescription medicine (other than vitamins)?

Multiple choice

Q23 Is this because of any medical, mental health or other health conditions? (If applicable)

Multiple choice

Q24 Is this a condition that has lasted or is expected to last at least 12 months? (If applicable)

Multiple choice

Q25 Do you need or use medical care, mental health or other health services on a regular basis?

Multiple choice

Q26 Is this because of any medical, mental health or other health conditions? (If applicable)

Multiple choice

Q27 Is this a condition that has lasted or is expected to last at least 12 months? (If applicable)

Multiple choice

Q28 Do you have difficulty doing or need assistance to do day-to-day activities?

Multiple choice

Q29 Is this because of any medical, mental health or other health conditions? (If applicable)

Multiple choice

Q30 Is this a condition that has lasted or is expected to last at least 12 months? (If applicable)

Multiple choice

Q31 Do you need or get therapy from a specialist (for example: support for physical, occupational, speech or respiratory therapy)?

Multiple choice

Q32 Is this because of any medical, mental health or other health conditions? (If applicable)

Multiple choice

Q33 Is this a condition that has lasted or is expected to last at least 12 months? (If applicable)

Multiple choice

Q34 Do you need or get treatment or counselling for any kind of mental health, substance abuse or emotional problem?

Multiple choice

Q35 Has this problem lasted or is it expected to last at least 12 months? (If applicable)

Multiple choice

Q36a Please select the option that best shows how often you see the following health care professionals.

- a. A local community doctor or nurse not based in your school (i.e. your local GP)
- b. A community-based social worker or counsellor/psychologist/psychiatrist not based in your school (i.e. support services like Headspace, Kids Helpline and Beyond Blue)
- c. A local community-based speech pathologist
- d. A SCHOOL-BASED doctor (GP) or nurse
- e. A SCHOOL-BASED social worker or counsellor/psychologist/psychiatrist
- f. A SCHOOL-BASED speech pathologist
- g. Dentist
- h. Orthodontist
- i. Optometrist (eye specialist)
- j. A physiotherapist/osteopath/chiropractor
- k. Medical specialist

Q36b What is the medical specialist you see for? (If applicable)

Multiple choice

Q36c Did you or your family think you should have seen any of the above health care professionals more often? (If applicable)

Multiple choice

Q36d Please tell us who you felt you should have seen more often? (If applicable)

- a. A local community doctor or nurse not based in your school (i.e. your local GP)
- b. A community-based social worker or counsellor/psychologist/psychiatrist not based in your school (i.e. support services like Headspace, Kids Helpline and Beyond Blue)
- c. A local community-based speech pathologist
- d. A SCHOOL-BASED doctor (GP) or nurse
- e. A SCHOOL-BASED social worker or counsellor/psychologist/psychiatrist
- f. A SCHOOL-BASED speech pathologist
- g. Dentist
- h. Orthodontist
- i. Optometrist (eye specialist)

- j. A physiotherapist/osteopath/chiropractor
- k. Medical specialist
- l. Prefer not to answer

Q36e What was the reason you did not see the above health care professional more often? (If applicable)

Multiple choice

Sleep

Q40 Is sleep a problem for you?

Multiple choice

Q41 Do any of the following happen to you four or more nights a week?

- a. I find it hard to fall asleep
- b. I need someone next to me (e.g. mum or dad) to fall asleep
- c. I need something on (e.g. TV) to fall asleep
- d. I get in and out of bed more than twice before I fall asleep
- e. Worrying about things (e.g. school problems, friends, family) stops me from getting to sleep
- f. I wake up once or more at night and find it hard to get back to sleep
- g. Someone has to wake me up to start the day

Q42 In an average week, how many times do you fall asleep during school?

Frequency response

Sun Protection

Q43. Thinking about sunny days in summer, when you are outside for an hour or more between 11 am and 3 pm, and you are not at school, how often would you do the following?

- a. Wear a hat
- b. Wear clothes covering most of your body (including arms and legs)
- c. Deliberately wear less or briefer clothing so as to get some sun on your skin
- d. Wear maximum protection sunscreen (at least SPF 30+)
- e. Wear sunglasses
- f. Stay mainly in the shade

Physical activity

Q44 For this question, add up all the time you spent in physical activity each day. Over the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day?

Frequency choice

Sedentary behaviours (use of electronic devices)

- Q47** About how many hours a day do you usually spend watching TV, playing computer or video games, or using a computer?
- Watch television (including DVDs and videos, or downloaded shows or movies) in your free time on weekdays
 - Watch television (including DVDs and videos or downloaded shows or movies) in your free time during on the weekend
 - Play games on a computer or a handheld device e.g. a mobile phone or tablet, or games console (PlayStation, Xbox etc.) in your free time on weekdays
 - Play games on a computer or a handheld device e.g. a mobile phone or tablet, or games console (PlayStation, Xbox etc.) in your free time on the weekend
 - Use a computer (or a handheld device e.g. a mobile phone or tablet) for chatting online, internet, emailing etc. in your free time on weekdays
 - Use a computer (or a handheld device e.g. a mobile phone or tablet) for chatting online, internet, emailing etc. in your free time on the weekend

Bullying and social exclusion

Q50a Has anyone teased or called you names recently?

Multiple choice

Q50b How often have you been teased or called names recently? (If applicable)

Frequency choice

Q50d Has anyone spread rumours about your recently?

Multiple choice

Q50e How often have spread rumours about you recently? (If applicable)

Frequency choice

Q50f Were you upset or angry when it happened? (If applicable)

Multiple choice

Q50g Have you been deliberately left out of things recently?

Multiple choice

Q50h How often have you been deliberately left out of things recently? (If applicable)

Frequency choice

Q50i Were you upset or angry when it happened? (If applicable)

Multiple choice

Q50j Have you been threatened physically or actually hurt by another student recently?

Multiple choice

Q50k How often have you been threatened physically or actually hurt by another student recently? (If applicable)

Frequency choice

Q50l Were you upset or angry when it happened? (If applicable)

Multiple choice

Q51a I have been bullied at my school this term

Multiple choice

Q51 Cyberbullying is when someone repeatedly makes fun of another person online or repeatedly picks on another person through email or text message or when someone posts something inappropriate online about another person that they don't like.

How often in the last 30 days have you experienced the following cyberbullying behaviours?

- a. *Been made fun of in a chatroom?*
- b. *Received an email from someone you know that made you really mad*
- c. *Received an email from someone you didn't know that made you really mad*
- d. *Someone posted something on your online social networking page (i.e. Facebook, Twitter, Instagram) that made you upset or uncomfortable*
- e. *Someone posted something on another web page that made you upset or uncomfortable?*
- f. *Received an instant message that made you upset or uncomfortable*
- g. *Been bullied or picked on by another person while online*
- h. *Been afraid to go on the computer*
- i. *Had anyone post anything about you online that you didn't want others to see*

Weight control and body image

Q52 At present are you on a diet or doing something else to lose weight?

Multiple choice

Q53 How do you feel about your weight at the moment? (Years 8 & 11 Only)

Multiple choice

Subjective physical and mental health, body image

Q54 Imagine a ladder where the top of the ladder "10" is the best possible life for you and the bottom of the ladder "0" is the worst possible life for you. In general, where on the ladder do you feel you stand at the moment?

Scale response

Q55 Please read each of the following statements about how you feel about yourself and your relationships, then select how true it is for you.

- a. *I feel like I am free to decide for myself how to live my life*
- b. *People I know tell me I am good at what I do*
- c. *I get along with people I come into contact with*
- d. *I generally feel free to express my ideas and opinions*
- e. *I consider the people I regularly interact with to be my friends*
- f. *People in my life care about me*
- g. *Most days I feel a sense of accomplishment from what I do*
- h. *I feel like I can pretty much be myself in my daily situations*
- i. *I often do not feel very capable*

Q56 Have you had the following mental or physical symptoms

- a. Headache
- b. Stomach ache
- c. Backache
- d. Feeling low (sad)
- e. Irritability or bad temper
- f. Feeling nervous
- g. Difficulty getting to sleep
- h. Feeling dizzy

Q57 How true or untrue are the following statements relating to mental health and self-worth. In the past 30 days

- a. I felt miserable or unhappy
- b. I didn't enjoy anything at all
- c. I felt so tired I just sat around and did nothing
- d. I was very restless
- e. I felt I was no good anymore
- f. I cried a lot
- g. I found it hard to think properly or concentrate
- h. I hated myself
- i. I was a bad person
- j. I thought nobody really loved me
- k. I thought I could never be as good as other kids
- l. I did everything wrong
- m. I felt lonely

Student relations**Q65a Here are some statements about the students in your class(es). Please show how much you agree or disagree with each one.**

- a. The students in my class(es) enjoy being together
- b. The students in my class(es) are kind and helpful
- c. Other students accept me as I am

Community experience**Q66 How much do you agree with the following statements relating to safety in your neighbourhood**

- a. I feel safe in my neighbourhood
- b. There are fights in my neighbourhood
- c. There is crime and/or drug selling in my neighbourhood
- d. There is affordable and regular public transport in this neighbourhood

Smoking and vaping**Q73 Have you ever smoked tobacco?**

Multiple choice

Q74 How often do you smoke tobacco at present? (If applicable)

Frequency choice

Q75 On how many occasions (if any) have you smoked cigarettes in the last 30 days? (If applicable)

Frequency choice

Q76a Have you ever used an e-cigarette or vaping device?

Multiple choice

Q76b How recently have you used an e-cigarette or vaping device? (If applicable)

Multiple choice

Q76c During the past 30 days, how many times did you use an e-cigarette or vaping device? (If applicable)

Frequency choice

Alcohol consumption (Years 8 & 11 Only)

Q77 In your lifetime have you ever had more than just a few sips of an alcoholic beverage (like beer, wine, spirits or pre-mixed drinks such as Bacardi Breezers or UDLs)?

Multiple choice

Q78 At present, how often do you drink anything alcoholic, such as beer, wine, or spirits or pre-mixed drinks such as Bacardi Breezers or UDLs? Try to include even those times when you only drink a small amount.

Frequency choice

Illicit drug use (Years 8 & 11 Only)

Q81b In the past 30 days have you used any of the following illicit drugs:

- a. Marijuana/cannabis (pot, weed, grass)
- b. Sniffed glue, breathed the contents of an aerosol spray can or inhaled other gases (i.e Amyl Nitrate, poppers) or sprays, in order to get high
- c. Used phenoxydine (pox, PX, breeze)
- d. Used other illegal drugs (like ecstasy, amphetamines/speed/ice, hallucinogens/LSD)?

Family Affluence

Q86 Some young people go to school or to bed hungry because there is not enough food at home. How often does this happen to you?

Frequency choice

Q102 Thinking about how you spend your time after school and on the weekends, in the past 2 weeks did you which of the following leisure activities did you take part in

- a. Participate in organised sports (such as football, hockey, netball, basketball, dancing, swimming and soccer)
- b. Participate in an interest group or hobby with others (such as music classes, language classes, art group, gaming, skateboarding and surfing)
- c. Hang out with friends

Family relationships and Family Risk (Years 8 & 11 Only)

Q87 How much do you agree or disagree with the following statement about you:

I have an adult(s) that I trust and would turn to for advice if I was having problems.

Scale response

Q103 Now some statements about family relationships. For each of the following statements pick an option that you feel best describes your family (whatever your definition of family is)

- a. *Planning family activities is difficult because we misunderstand each other.*
- b. *In time of crisis we can turn to each other for support.*
- c. *We cannot talk to each other about sadness we feel.*
- d. *Individuals are accepted for what they are.*
- e. *We avoid discussing our fears and concerns.*
- f. *We can express feelings to each other.*
- g. *There are lots of bad feelings in the family.*
- h. *We feel accepted for what we are.*
- i. *Making decisions is a problem for our family.*
- j. *We are able to make decisions about how to solve problems.*
- k. *We don't get along well together.*
- l. *We confide in each other*

Perceptions of school

Q63 Now, thinking back over this year at school, and your level of enjoyment of it, how often did you:

- a. *Enjoy being in school*
- b. *Hate being in school*
- c. *Try to do your best work in school*

Q64 During the last four weeks you have been at school, how many whole days have you missed because you skipped or wagged?

Multiple choice

Positive peer relationships

Q96 How easy is it for you to talk to the following people about things that really bother you ...

- a. *Best friend*
- b. *Friend of the same sex*
- c. *Friend of the opposite sex*

Q101 The next questions are about how you get along with others and manage your feelings. How are you at:

- a. *Letting friends know you like them by telling them or showing them?*
- b. *Introducing yourself to someone for the first time?*
- c. *Helping someone feel better when they are upset?*
- d. *Showing that you care when someone talks about their problems?*
- e. *Letting someone really get to know you?*
- f. *Staying friends with people?*

At the end of the survey, students will be provided with the following contact numbers should they need to access support

Headspace: 1800 650 890 or <https://www.eheadspace.org.au/>

Youth Help Line: 1300 131 719

Kids Help Line: 1800 551 800

Lifeline: 13 11 14

Eating Disorders Victoria: 1300 550 236

Butterfly foundation: 1800 33 4673

13 Yarn: 13 92 76;

Yarning Safe N Strong: 1800 959 563