

2009 National Survey of Young Australians



Welcome to Mission Australia's eighth annual survey for Australians aged between 11 and 24.
Your answers will help improve services for young people.

Closing date for surveys:

Friday 31 July 2009

Please return surveys to:

Research and Social Policy Unit
Mission Australia
GPO BOX 3515, Sydney NSW 2001

To complete the survey online:

www.missionaustralia.com.au/youthsurvey

Your participation in this survey is voluntary. Your information will be kept confidential.

Please complete the following

What is your age (in years)?

What is your gender?

Male Female

Do you identify as Aboriginal or Torres Strait Islander?

Yes No

Do you speak any languages other than English at home?

If yes, please state:

Which State or Territory do you live in?

Do you live in: *Adelaide, Brisbane, Canberra, Darwin, Hobart, Melbourne, Perth or Sydney?*

Yes No

What is your postcode?

Do you have a disability?

Yes No

If yes, please state:

1. How highly do you value the following?

Please rank from 1 to 10 using each number only once:
1 being the *most highly valued* and 10 being the *least valued*.

Being independent	
Family relationships	
Feeling needed and valued	
Financial security	
Friendships (other than family)	
Getting a job	
Making a difference in the community	
Physical and mental health	
School or study satisfaction	
Spirituality / faith	
Other (please state)	

2. How concerned are you about the following issues?

Please rank from 1 to 15 using each number only once:
1 being the *most concerning issue* and 15 being the *least concerning issue*.

Alcohol	
Body image	
Bullying / emotional abuse	
Coping with stress	
Depression	
Discrimination	
Drugs	
Family conflict	
Personal safety	
Physical / sexual abuse	
School or study problems	
Self harm	
Sexuality (relationships, health, identity)	
Suicide	
The environment	
Other (please state)	

3. If you need help with a personal problem, where do you turn for advice and support?

Please rank from 1 to 10 using each number only once:
1 being where you are *most comfortable* turning to and 10 being where you are *least comfortable* turning to.

Community agencies (eg. youth worker etc)	
Friends	
Internet	
Magazines	
Parent/s	
Relative / family friend	
School counsellor	
Someone else in your community (eg. doctor, church minister etc.)	
Teacher	
Telephone helpline	
Other (please state)	

4. Is there enough information available on issues that concern you?

Yes No

5. If no, what issues would you like more information about?

6. Are you involved in any of the following activities/groups? (please tick any that apply)

Arts / cultural	
Environmental	
Religious	
Sports (as a participant)	
Sports (as a spectator)	
Student Representative Council	
Volunteer	
Youth groups and clubs	
Other (please state)	

7. Name 3 people or organisations you admire.

1. _____
2. _____
3. _____

8. What is your main source of income? (tick one box only)

Employment	
Government allowance	
Parents / family	
Other (please state)	

9. Do you have paid work? (tick one box only)

Working full time	
Working part time	
Casual or temporary work	
Unemployed / looking for work	
Too young to work or choose not to	

10. Are you studying? (tick one box only)

Studying full time	
Studying part time	
Not studying	

11. Where do you currently live? (tick one box only)

Alone	
Boarding school	
Foster care	
Homeless / insecure housing	
Juvenile justice centre / prison	
Share house	
With family	
Other (please state)	