

LONGITUDINAL SURVEYS
OF AUSTRALIAN YOUTH
TECHNICAL REPORT 96C

**2015 cohort:
wave 3 (2017) –
recruitment
questionnaire**



Longitudinal Surveys of Australian Youth (LSAY)

2015 cohort: wave 3 (2017) – recruitment questionnaire

National Centre for Vocational Education Research

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AUSTRALIAN YOUTH
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The views and opinions expressed in this document are those of the author/project team and do not necessarily reflect the views of the Australian Government or state and territory governments.

Publisher's note

Recruitment of a top-up sample of Year 12 students was conducted in 2017 to ensure that future waves of the survey remain representative of the 15-year-old population in 2015. Due to the differing requirements from the relevant state/territory authorities responsible for approving the project at the jurisdictional level: some states and territories required parental consent for students to participate; and not all students were provided with an incentive for participation. For this reason, the recruitment questionnaire differed across the jurisdictions. The version presented here contains both the parental consent and incentive questions. Additional information is available from the LSAY Y15 user guide <www.lsay.edu.au/publications/search-for-lsay-publications/lsay-2015-cohort-user-guide>.

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This document should be attributed as NCVER 2019, *Longitudinal Surveys of Australian Youth (LSAY) 2015 cohort: wave 3 (2017) – recruitment questionnaire*, NCVER, Adelaide.

This work has been produced by NCVER through the Longitudinal Surveys of Australian Youth (LSAY) Program, on behalf of the Australian Government and state and territory governments, with funding provided through the Australian Department of Education and Training.

COVER IMAGE: GETTY IMAGES

Published by NCVER, ABN 87 007 967 311

TD/TNC 135.06

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ABOUT YOU

- 01** Please ensure you read the important information on the front page of the survey before agreeing to participate, and please take the opportunity to share the letter to parents/caregivers. If you have any questions about participating, please contact lsay@ncver.edu.au or on 1800 649 452 (toll free from landlines and most mobiles).

Before commencing the survey please indicate by ticking the box below that you:

Have read the important information on the front page.

Are aware of whom to talk to regarding concerns or complaints (please see the back page of the survey).

Have the opportunity to discuss the survey with your parents, teacher or with the survey researchers.

Consent to be part of the survey and understand that you can withdraw at any time.

I have read the information above and agree to participate in LSAY.

Please tick this box.

- 02** On what date were you born?

Please write the day, month and year you were born

Day

DEM01DAY

Month

DEM01MTH

Year

DEM01YR

- 03** Are you female or male?

Please select one

Female

Male

DEM02

- 04** What year level are you in?

Please write the year level (e.g. Year 10, 11, or 12)

Year

LCA009_R

- 05** Which one of the following programs are you in?

Please tick only one box

A general academic program

A general academic program with some VET (vocational) subjects.

A VET (vocational) course

ST002C01TA_AUS_R

- 06** In what country were you and your parents born?

Please tick a box in each column

	You	Mother	Father
Australia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Zealand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
England	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
China	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Philippines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
South Africa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hong Kong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
India	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
United States of America	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
South Korea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DEM05A	DEM05B	DEM05C
Please specify other	_____		

- 07** Are you of Aboriginal or Torres Strait Islander origin?

For persons of both Aboriginal and Torres Strait Islander origin, tick both squares.

No

DEM06A

Yes, Aboriginal

DEM06B

Yes, Torres Strait Islander

DEM06C

Prefer not to say

DEM06D

FUTURE PLANS

08 In the year immediately after you leave school...

Please tick one box in each column

	What do you plan to do?	What do your parents want you to do?	What do most of your friends plan to do?
Go to university	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get an apprenticeship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get a traineeship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to a TAFE or VET college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do some other study or training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Look for work/get a job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gap year (take a break before further study)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Something else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	LBCA002_R	LBCA003_R	LBCA004_R
If something else, please tell us	_____		

09 Do you plan to do any further study at any other time after you leave school?

Please select only one box

No	<input type="checkbox"/>
Yes, university course	<input type="checkbox"/>
Yes, apprenticeship	<input type="checkbox"/>
Yes, traineeship	<input type="checkbox"/>
Yes, other TAFE or VET course	<input type="checkbox"/>
Something else	<input type="checkbox"/>
If something else, please tell us below	_____
	LBCA005_R

10 Have you done any of the following to help you make decisions about your future?

Please tick which apply to you

Talked to a teacher, career advisor or counsellor at your school about your career plans	<input type="checkbox"/>	LBCA010A
Listened or talked to someone working in a job you might like	<input type="checkbox"/>	LBCA010B
Answered a set of questions to find out about your interests, strengths or abilities	<input type="checkbox"/>	LBCA010C
Participated in work experience through school	<input type="checkbox"/>	LBCA010D
Attended an organised visit to a workplace	<input type="checkbox"/>	LBCA010E
Attended a University careers information session	<input type="checkbox"/>	LBCA010F
Looked on the internet for career information	<input type="checkbox"/>	LBCA010H
Developed a formal plan about your future study and work	<input type="checkbox"/>	LBCA010I
Was there anything else you did to help make decisions about your future? Please tell us below	_____	
	LBCA010J	

WORK

11 Do you currently have a job?

This means a job that you do during school term, NOT just holidays, and for which you are paid. Please do not include jobs you do at home to help out or for pocket money.

Yes, I have a job	<input type="checkbox"/>
No, I do not currently have a job	<input type="checkbox"/>

LCD001_R

12 During a typical week, how many hours do you work (in total) in your job?

If you do not work during one of these periods, please write zero (0)

Monday to Friday	_____	Hours	LCD011_RA
Saturday and Sunday	_____	Hours	LCD011_RB

13 What kind of job do you expect to have when you are about 30 years old?

Please write the job title below:

LBCA009A_R

FAMILY AND HOME

14 What is your mother's main job? (e.g. School Teacher, Kitchen Hand)

If she is not working please tell us her last main job

Please write the job title below:

Please use a sentence to describe the kind of work she does or did in that job (e.g. teaches high school students)

ANZSCO_M_R

15 What is your father's main job? (e.g. School Teacher, Kitchen Hand)

If he is not working please tell us his last main job

Please write the job title below:

Please use a sentence to describe the kind of work he does or did in that job (e.g. teaches high school students)

ANZSCO_F_R

16 What is the highest level of schooling completed by your Mother?

Please select one

Completed year 12	<input type="checkbox"/>
Completed year 10 or 11 and then did a TAFE Training certificate III (e.g. in Hairdressing or accounts administration)	<input type="checkbox"/>
Completed year 10	<input type="checkbox"/>
Completed some secondary school, but not more than year 9	<input type="checkbox"/>
Completed primary school only	<input type="checkbox"/>
Did not complete primary school	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

DEM15

17 What is the highest level of schooling completed by your Father?

Please tick one box in each column for each parent

Completed year 12	<input type="checkbox"/>
Completed year 10 or 11 and then did a TAFE Training certificate III (e.g. in Hairdressing or accounts administration)	<input type="checkbox"/>
Completed year 10	<input type="checkbox"/>
Completed some secondary school, but not more than year 9	<input type="checkbox"/>
Completed primary school only	<input type="checkbox"/>
Did not complete primary school	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

DEM16

18 Do your parents have any of the following qualifications?

Please tick one box in each column for each parent

	Mother	Father
A doctorate (PhD) or equivalent doctoral program	<input type="checkbox"/> DEM17A_1	<input type="checkbox"/> DEM17B_1
A university degree – Bachelor, Graduate Diploma or Masters	<input type="checkbox"/> DEM17A_2	<input type="checkbox"/> DEM17B_2
A TAFE diploma (e.g. Diploma of Accounting, Diploma in Veterinary Nursing)	<input type="checkbox"/> DEM17A_3	<input type="checkbox"/> DEM17B_3
A TAFE training certificate (e.g. Hairdressing or Bricklaying)	<input type="checkbox"/> DEM17A_4	<input type="checkbox"/> DEM17B_4
None of the above	<input type="checkbox"/> DEM17A_5	<input type="checkbox"/> DEM17B_5
Don't know	<input type="checkbox"/> DEM17A_6	<input type="checkbox"/> DEM17B_6

19 Which of the following are in your home?

Please select one response in each row

	Yes	No
A desk to study at	<input type="checkbox"/>	<input type="checkbox"/>
	<small>ST011Q01TA_R</small>	
A room of your own	<input type="checkbox"/>	<input type="checkbox"/>
	<small>ST011Q02TA_R</small>	
A quiet place to study	<input type="checkbox"/>	<input type="checkbox"/>
	<small>ST011Q03TA_R</small>	
Educational software	<input type="checkbox"/>	<input type="checkbox"/>
	<small>ST011Q05TA_R</small>	
A link to the internet	<input type="checkbox"/>	<input type="checkbox"/>
	<small>ST011Q06TA_R</small>	
Classic literature (e.g. Shakespeare)	<input type="checkbox"/>	<input type="checkbox"/>
	<small>ST011Q07TA_R</small>	
Books of poetry	<input type="checkbox"/>	<input type="checkbox"/>
	<small>ST011Q08TA_R</small>	
Works of art (e.g. paintings)	<input type="checkbox"/>	<input type="checkbox"/>
	<small>ST011Q09TA_R</small>	
Books to help with your school work	<input type="checkbox"/>	<input type="checkbox"/>
	<small>ST011Q10TA_R</small>	
Technical reference books	<input type="checkbox"/>	<input type="checkbox"/>
	<small>ST011Q11TA_R</small>	
A dictionary	<input type="checkbox"/>	<input type="checkbox"/>
	<small>ST011Q12TA_AUS_R</small>	
Books on art, music, or design	<input type="checkbox"/>	<input type="checkbox"/>
	<small>ST011Q16NA_AUS_R</small>	
Solar Panels (on roof)	<input type="checkbox"/>	<input type="checkbox"/>
	<small>ST011C17TA_AUS_R</small>	
A home gym and/or a gym membership	<input type="checkbox"/>	<input type="checkbox"/>
	<small>ST011C18TA_AUS_R</small>	
Espresso machine	<input type="checkbox"/>	<input type="checkbox"/>
	<small>ST011C19TA_AUS_R</small>	

20 How many of these are in your home?

Please select one response in each row

	None	One	Two	Three or more
Televisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<small>ST012Q01TA_R</small>			
Cars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<small>ST012Q02TA_R</small>			
Rooms with a bath or shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<small>ST012Q03TA_R</small>			
Cell phones with internet access (e.g. smart phone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<small>ST012Q05NA_R</small>			
Computers (desktop computer, portable laptop, or notebook)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<small>ST012Q06NA_R</small>			
Tablet computers (e.g. iPad®, BlackBerry® PlayBook™)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<small>ST012Q07NA_R</small>			
E-book readers (e.g. Kindle™, Kobo, Bookeen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<small>ST012Q08NA_R</small>			
Musical instruments (e.g. guitar, piano)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<small>ST012Q09TA_R</small>			

21 How many books are there in your home?

There are usually about 40 books per metre of shelving. Do not include magazines, newspapers or your schoolbooks (Please select one response).

0-10 books	<input type="checkbox"/>
11-25 books	<input type="checkbox"/>
26-100 books	<input type="checkbox"/>
101-200 books	<input type="checkbox"/>
201-500 books	<input type="checkbox"/>
More than 500 books	<input type="checkbox"/>

ST013Q01TA_R

PERSONAL SKILLS

22 On a scale of 0 (not at all) to 10 (very much), how does each of the following sentences represent you?

Please write (0 – 10) next to each questions, leave blank if you would rather not say.

I am good at coming up with new ideas	<small>LBSS001A_R</small>
I have a good imagination	<small>LBSS001B_R</small>
I can generally see a way out of problem situations	<small>LBSS001C_R</small>
When I make decisions I am happy with them later	<small>LBSS001D_R</small>
I have a lot of good ideas	<small>LBSS001E_R</small>
I see problems as challenges to overcome	<small>LBSS001F_R</small>
I compare the strengths and weaknesses of different ideas	<small>LBSS001G_R</small>
I use logic to make my own decisions even if they are different from others	<small>LBSS001H_R</small>
I think carefully before reaching conclusions	<small>LBSS001I_R</small>

23 On a scale of 0 (not at all) to 10 (very much), how does each of the following sentences represent you?


Please write (0 – 10) next to each questions, leave blank if you would rather not say.

I express hope about group success	<small>LBSS002A_R</small>
I fulfil individual roles assigned by the group	<small>LBSS002B_R</small>
I stay focussed on the task during group work	<small>LBSS002C_R</small>
I am good at presenting a talk to a group of acquaintances	<small>LBSS002D_R</small>
I am good at talking one-on-one with an acquaintance	<small>LBSS002E_R</small>

- 24** We would like to be able to keep in contact with you regarding your experience in school, work, and further training. To receive your \$20 eGift Card you must complete all the fields marked with '*' and return the signed parent consent form.

Please complete the following in BLOCK letters

NAME:	
<hr/>	
*First	*Last
HOME ADDRESS:	
<hr/>	
*Number and street address	
<hr/>	
*Suburb/town	
<hr/>	
*State	*Post code
CONTACT DETAILS:	
*Home phone No.	()
<hr/>	
Mobile phone No.	
<hr/>	
*Email	
Please note: This information is removed from the LSAY database at the conclusion of the program and will be used only as a contact for the follow-up study.	



**Want to do more?
Take the 2017
survey now!**

To complete the 2017 LSAY survey, visit
www.lsay.edu.au/survey

If you have any questions at any time,
call Wallis Market and Social Research on
1800 241 271 or visit
www.lsay.edu.au

Further information

To raise a concern about the survey, or the conduct of anyone associated with the survey:

Mr Tasman Swanton, Senior Research Officer
National Centre for Vocational Education Research (NCVER)
T: 08 8230 8400
E: lsay@ncver.edu.au

To speak with an independent person to discuss a complaint, concerns regarding conduct of the project, research involving human participants, or your rights as a participant please contact:

Secretariat, Australian Institute of Family Studies Ethics Committee
T: 03 9214 7888
E: ethics-secretariat@aifs.gov.au (quote approval number 2017-18)





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