

Longitudinal Surveys of Australian Youth (LSAY)

2015 cohort: wave 3 (2017)
– recruitment questionnaire

National Centre for Vocational Education Research

**­**

LONGITUDINAL SURVEYS OF
AUSTRALIAN YOUTH

**TECHNICAL PAPER 96C**

**The views and opinions expressed in this document are those of the author/project
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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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|  |
| --- |
| 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.**◼** |

DEM05C

DEM01DAY

|  |  |
| --- | --- |
| 02 | On what date were you born? |
|  |
|  | *Please write the day, month and year you were born* |
|  | Day | MonthDEM01MTH | YearDEM01YR |

|  |  |
| --- | --- |
| 03 | Are you female or male? |
|  |
|  | *Please select one* |
|  | Female | **◼** |
|  | Male | **◼** |

|  |  |
| --- | --- |
| 04 | What year level are you in?  |
|  |
|  | *Please write the year level (e.g. Year 10, 11, or 12)* |
|  | LCA009\_RYear |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| 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 | **◼** | **◼** | **◼** |
|  | New Zealand  | **◼** | **◼** | **◼** |
|  | England | **◼** | **◼** | **◼** |
|  | China | **◼** | **◼** | **◼** |
|  | Philippines | **◼** | **◼** | **◼** |
|  | South Africa | **◼** | **◼** | **◼** |
|  | Hong Kong | **◼** | **◼** | **◼** |
|  | India | **◼** | **◼** | **◼** |
|  | United States of America | **◼** | **◼** | **◼** |
|  | South Korea | **◼** | **◼** | **◼** |
|  | Other  | **◼** | **◼** | **◼** |
|  | Please specify other | DEM05BDEM05A |

DEM06D

DEM06C

DEM06B

DEM02

|  |  |
| --- | --- |
| 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 | **◼** |
|  | Yes, Torres Strait Islander  | **◼** |
|  | Prefer not to say | **◼** |

|  |
| --- |
| FUTURE Plans  |

LBCA010F

LBCA010E

LBCA010D

LBCA010C

LBCA010B

LBCA010A

LBCA010I

LBCA010H

|  |  |
| --- | --- |
| 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 | **◼** | **◼** | **◼** |
|  | Get an apprenticeship | **◼** | **◼** | **◼** |
|  | Get a traineeship | **◼** | **◼** | **◼** |
|  | Go to a TAFE or VET college | **◼** | **◼** | **◼** |
|  | Do some other study or training | **◼** | **◼** | **◼** |
|  | Look for work/get a job | **◼** | **◼** | **◼** |
|  | Gap year (take a break before further study) | **◼** | **◼** | **◼** |
|  | Don’t know | **◼** | **◼** | **◼** |
|  | Something else | **◼** | **◼** | **◼** |
|  | If something else, please tell us | LBCA003\_RLBCA002\_R |

|  |  |
| --- | --- |
| 09 | Do you plan to do any further study at any other time after you leave school?  |
|  |
|  | *Please select only one box* |
|  | No  | **◼** |
|  | Yes, university course  | **◼** |
|  | Yes, apprenticeship  | **◼** |
|  | Yes, traineeship  | **◼** |
|  | Yes, other TAFE or VET course  | **◼** |
|  | Something else  | **◼** |
|  | 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  | **◼** |
|  | Listened or talked to someone working in a job you might like | **◼** |
|  | Answered a set of questions to find out about your interests, strengths or abilities | **◼** |
|  | Participated in work experience through school  | **◼** |
|  | Attended an organised visit to a workplace | **◼** |
|  | Attended a University careers information session | **◼** |
|  | Looked on the internet for career information | **◼** |
|  | Developed a formal plan about your future study and work | **◼** |
|  | Was there anything else you did to help make decisions about your future? Please tell us belowLBCA010J |

|  |
| --- |
| WORK |

LBCA004\_R

|  |  |
| --- | --- |
| 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  | **◼** |
|  | No, I do not currently have a job  | **◼**LCD001\_R |

LCD011\_RA

LCD011\_RB

|  |  |
| --- | --- |
| 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 |
|  | Saturday and Sunday  | Hours |

|  |  |
| --- | --- |
| 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) |

|  |  |
| --- | --- |
| 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) |

DEM15

|  |  |
| --- | --- |
| 16 | What is the highest level of schooling completed by your Mother?  |
|  |
|  | *Please select one* |
|  | Completed year 12 | **◼** |
|  | Completed year 10 or 11 and then did a TAFE Training certificate III(e.g. in Hairdressing or accounts administration) | **◼** |
|  | Completed year 10 | **◼** |
|  | Completed some secondary school, but not more than year 9  | **◼** |
|  | Completed primary school only | **◼** |
|  | Did not complete primary school  | **◼** |
|  | Don’t know  | **◼** |

ANZSCO\_M\_R

DEM16

|  |  |
| --- | --- |
| 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 | **◼** |
|  | Completed year 10 or 11 and then did a TAFE Training certificate III(e.g. in Hairdressing or accounts administration) | **◼** |
|  | Completed year 10 | **◼** |
|  | Completed some secondary school, but not more than year 9  | **◼** |
|  | Completed primary school only | **◼** |
|  | Did not complete primary school  | **◼** |
|  | Don’t know  | **◼** |

ANZSCO\_F\_R

|  |  |
| --- | --- |
| 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 | **◼**DEM17A\_1 | **◼**DEM17B\_1 |
|  | A university degree – Bachelor, Graduate Diploma or Masters | **◼**DEM17A\_2 | **◼**DEM17B\_2 |
|  | A TAFE diploma (e.g. Diploma of Accounting, Diploma in Veterinary Nursing) | **◼**DEM17A\_3 | **◼**DEM17B\_3 |
|  | A TAFE training certificate (e.g. Hairdressing or Bricklaying) | **◼**DEM17A\_4 | **◼**DEM17B\_4 |
|  | None of the above | **◼**DEM17A\_5 | **◼**DEM17B\_5 |
|  | Don’t know  | **◼**DEM17A\_6 | **◼**DEM17B\_6 |

ST011Q07TA\_R

ST011Q01TA\_R

ST011Q02TA\_R

ST011Q03TA\_R

ST011Q06TA\_R

ST011Q05TA\_R

ST013Q01TA\_R

|  |  |
| --- | --- |
| 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  | **◼** |
|  | 11-25 books  | **◼** |
|  | 26-100 books | **◼** |
|  | 101-200 books | **◼** |
|  | 201-500 books | **◼** |
|  | More than 500 books | **◼** |

|  |  |
| --- | --- |
| 19 | Which of the following are in your home? |
|  |
|  | *Please select one response in each row* |
|  |  | Yes | No |
|  | A desk to study at  | **◼** | **◼** |
|  | A room of your own  | **◼** | **◼** |
|  | A quiet place to study  | **◼** | **◼** |
|  | Educational software  | **◼** | **◼** |
|  | A link to the internet  | **◼** | **◼** |
|  | Classic literature (e.g. Shakespeare)  | **◼** | **◼** |
|  | Books of poetry  | **◼** | **◼** |
|  | Works of art (e.g. paintings)  | **◼** | **◼** |
|  | Books to help with your school work  | **◼** | **◼** |
|  | Technical reference books  | **◼** | **◼** |
|  | A dictionary  | **◼** | **◼** |
|  | Books on art, music, or design  | **◼** | **◼** |
|  | Solar Panels (on roof)  | **◼** | **◼** |
|  | A home gym and/or a gym membership  | **◼** | **◼** |
|  | Espresso machine  | **◼** | **◼** |

LBSS001I\_R

ST012Q01TA\_R

ST012Q02TA\_R

|  |  |
| --- | --- |
| 20 | How many of these are in your home? |
|  |
|  | *Please select one response in each row* |
|  |  | None | One | Two | Three or more |
|  | Televisions  | **◼** | **◼** | **◼** | **◼** |
|  | Cars  | **◼** | **◼** | **◼** | **◼** |
|  | Rooms with a bath or shower  | **◼** | **◼** | **◼** | **◼** |
|  | Cell phones with internet access (e.g. smart phone)  | **◼** | **◼** | **◼** | **◼** |
|  | Computers (desktop computer, portable laptop, or notebook)  | **◼** | **◼** | **◼** | **◼** |
|  | Tablet computers (e.g. iPad®, BlackBerry® PlayBook™) | **◼** | **◼** | **◼** | **◼** |
|  | E-book readers (e.g. Kindle™, Kobo, Bookeen) | **◼** | **◼** | **◼** | **◼** |
|  | Musical instruments (e.g. guitar, piano) | **◼** | **◼** | **◼** | **◼** |

ST011Q08TA\_R

ST011Q09TA\_R

|  |
| --- |
| PERSONAL SKILLS |

ST011Q16NA\_AUS\_R SS\_RST011C18TA\_AUS\_R

S\_R

ST011Q12TA\_AUS\_R SS\_RST011C18TA\_AUS\_R

S\_R

LBSS001F\_R

LBSS001E\_R

LBSS001D\_R

LBSS001C\_R

LBSS001G\_R

ST011Q11TA\_R SS\_RST011C18TA\_AUS\_R

S\_R

ST011Q10TA\_R

ST011C17TA\_AUS\_R SS\_RST011C18TA\_AUS\_R

S\_R

ST011C19TA\_AUS\_R SS\_RST011C18TA\_AUS\_R

S\_R

ST011C18TA\_AUS\_R SS\_RST011C18TA\_AUS\_R

S\_R

LBSS001A\_R

LBSS001B\_R

LBSS001H\_R

|  |  |
| --- | --- |
| 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 |  |
|  | I have a good imagination |  |
|  | I can generally see a way out of problem situations |  |
|  | When I make decisions I am happy with them later |  |
|  | I have a lot of good ideas |  |
|  | I see problems as challenges to overcome |  |
|  | I compare the strengths and weaknesses of different ideas |  |
|  | I use logic to make my own decisions even if they are different from others |  |
|  | I think carefully before reaching conclusions |  |

LBSS002A\_R

ST012Q07NA\_R

ST012Q03TA\_R

ST012Q05NA\_R

ST012Q06NA\_R

ST012Q09TA\_R

ST012Q08NA\_R

LBSS002E\_R

LBSS002D\_R

LBSS002C\_R

LBSS002B\_R

|  |  |
| --- | --- |
| 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 |  |
|  | I fulfil individual roles assigned by the group |  |
|  | I stay focussed on the task during group work |  |
|  | I am good at presenting a talk to a group of acquaintances |  |
|  | I am good at talking one-on-one with an acquaintance |  |

|  |  |
| --- | --- |
| 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:** |
|  | \*First | \*Last |
|  | **HOME ADDRESS:** |
|  | \*Number and street address |
|  | \*Suburb/town |
|  | \*State | \*Post code |
|  | **CONTACT DETAILS:** |
|  |  |
|  | \*Home phone No. | ( | ) |  |  |  |  |  |  |  |  |
|  |  |
|  | Mobile phone No. |  |  |  |  |  |  |  |  |  |  |
|  | \*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. |



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|  |
|  |



**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)