

'B Part of It' School leaver Questionnaire

Study ID

Please colour in the appropriate boxes e.g. or insert a number as required.					
Today's date (DD/MM/YYYY):		What is your residential postcode?			
Date of birth:					
Did you participate in the High School B Part of It Meningococcal carriage study?					
Yes	☐ No	Unsure			
2. What are you doing this year? (Fill in all that apply)					
Full time work	TAFE student	Gap year	Looking for work		
Part time work	University student	Other If other, pleas	se specify		
3. I identify my sex as:					
Female	Male	Other	Rather not say		
 Have you received a Meningococcal B or ACWY vaccine prior to today? (Please note that these vaccines were not part of any free programs until 2017). 					
Yes	☐ No				
4 a. If YES, can you please let us know the medical clinic, or name of the school where you received the vaccine so we can confirm the type and date of vaccination?					
4 b. Best estimate of the year you received the meningococcal vaccine					
(YYYY):					
5. Do you currently have a cold or sore throat?					
☐ Yes ☐ No					
6. Are you currently taking or have you recently stopped taking antibiotics?					
Not taken in the past month		Stopped in the last week			
Stopped in the last month		YES, currently taking			
7. How often have you used a mouthwash in the last month (e.g., Listerine)					
Don't use OR Number of times (enter the number in the boxes)					
8. How many cigarettes do you smoke in a typical day?					
Don't smoke OR Number of cigarettes (enter the number in the boxes)					

9. How many times have you smoked an e-cigarette in the last week?					
☐ Don't smoke	OR Number	of times			
10. How many times have you smoked a water pipe (e.g. shisha) in the last month?					
Don't smoke	OR Number	of times			
11. Does any other person at home smoke cigarettes (Fill in all that apply)?					
Yes, outside the house Yes, inside the house No					
12. How many days in the last week have you been to a party, pub, bar or nightclub?					
_ O	1	_ 2	3		
_ 4	_ 5	<u> </u>	7 days		
13. How many days have you had a drink containing alcohol in the last month?					
Don't drink alcohol OR Number of times (enter the number in the box)					
14. How many drinks containing alcohol do you have on a typical day when you are drinking?					
Number of drinks					
15. How many people have you kissed (kissing with tongues, not just lips or cheeks) in the last week?					
Number of people					
16. Are you currently in a relationship?					
Yes	☐ No				
If YES, do they smoke cigarettes?					
Yes	No				
17. Including yourself how many people live where you currently reside?					
Number of people					
18. How many bedrooms are there where you currently live?					
Number of bedrooms					
19. What ethnic group do you identify with (Fill in all that apply)?					
Aboriginal	Torres Strait Islander	Caucasian	Asian		
Middle East	African	Pacific Islander	Other		
	1	f other, please specify			

Thank you for completing this questionnaire.



