

Section D

FOR THIS SURVEY, THE TERM 'NON-MEDICAL PURPOSES' MEANS DRUGS USED:

1. either alone or with other drugs in order to induce or enhance a drug experience;
2. for performance enhancement (e.g. athletic enhancement); or
3. for cosmetic purposes (e.g. body shaping).

D1. In the last 12 months, have you been offered or had the opportunity to use any of the following?
(Answer yes or no for each drug type)



	Yes	No
Tobacco	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>
Pain killers, Analgesics for <u>non-medical purposes</u> (e.g. Aspirin, Paracetamol, Mersyndol)	<input type="checkbox"/>	<input type="checkbox"/>
Tranquillisers, Sleeping pills for <u>non-medical purposes</u> (e.g. Benzos, Temazzies, Tranks, Sleepers, Valium, Serapax, Serries, Mandrax, Mandies, Rohypnol, Rowies)	<input type="checkbox"/>	<input type="checkbox"/>
Steroids for <u>non-medical purposes</u> (e.g. Roids, Juice, Gear)	<input type="checkbox"/>	<input type="checkbox"/>
Barbiturates for <u>non-medical purposes</u> (e.g. Barbies, Barbs, Downers, Reds, Purple hearts)	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana/Cannabis (e.g. Pot, Grass, Weed, Reefer, Joint, MaryJane, Acapulco gold, Rope, Mull, Cone, Spliff, Dope, Skunk, Bhang, Ganja, Hash, Chronic)	<input type="checkbox"/>	<input type="checkbox"/>
Heroin (e.g. Hammer, Smack, Horse, H, Boy, Junk)	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamines/Amphetamines (Speed) (e.g. Crystal, Whizz, Goey, Gogo, Zip, Uppers, Ice, Amphet, Meth, Ox blood, Leopards blood, MDEA, Methylamphetamine, Eve, Shabu)	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine (e.g. Coke, Crack, Flake, Snow, White lady/girl, Happy dust, Gold dust, Toot, Scotty, Charlie, Cecil, C, Freebase)	<input type="checkbox"/>	<input type="checkbox"/>
Naturally Occurring Hallucinogens (e.g. Blue meanies, Gold tops, Mushies, Magic mushrooms, Datura, Angel's trumpet)	<input type="checkbox"/>	<input type="checkbox"/>
LSD/Synthetic Hallucinogens/Psilocybin/PCP (e.g. Acid, Trips, Wedges, Windowpane, Blotter, Microdot, Angel dust, Hog, Loveboat)	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy (e.g. XTC, E, Ex, Ecc, E and C, Adam, MDMA, PMA)	<input type="checkbox"/>	<input type="checkbox"/>
GHB (e.g. Fantasy, Grievous bodily harm, GBH, Liquid E, Liquid X)	<input type="checkbox"/>	<input type="checkbox"/>
Ketamine (e.g. K, Special K, Vitamin K, KitKat, Ket)	<input type="checkbox"/>	<input type="checkbox"/>
Inhalants/Solvents/Aerosols/Glue/Petrol (e.g. Laughing gas, Whippits, Nitrous, Snappers, Poppers, Pearlers, Rushamines, Locker room, Bolt, Bullet, Rush, Climax, Red gold)	<input type="checkbox"/>	<input type="checkbox"/>
Kava	<input type="checkbox"/>	<input type="checkbox"/>

D2. How difficult or easy would it be for you to get some of the following drugs, if you wanted some?
(Mark one box for each drug type)



	Probably impossible	Very difficult	Fairly difficult	Fairly easy	Very easy	Don't know
Marijuana/Cannabis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LSD/Naturally Occurring Hallucinogens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy/Designer Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamines/ Amphetamines (Speed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section E

E1. About what proportion of your friends and acquaintances smoke tobacco?

(Mark one response only)



- All
- Most
- About half
- A few
- None

E2. In the last 12 months, have you or any other member of your household smoked at least one cigarette, cigar or pipe of tobacco per day in the home?

(Mark one response only)



- Yes, inside the home
- No, only smoke outside the home
- No-one at home regularly smokes

E3. Have you personally ever tried smoking cigarettes or other forms of tobacco?



- Yes (Continue)
- No (Skip to E26)

E4. Have you ever smoked a full cigarette?



- Yes (Continue)
- No (Skip to E26)

E5. About what age were you when you smoked your first full cigarette?



Age in years:

E6. Who supplied you with your first cigarette?

(Mark one response only)



- Friend or acquaintance
- Brother or sister
- Parent
- Spouse or partner
- Other relative
- Stole it
- Purchased it myself from shop/tobacco retailer
- Other
- Can't recall

E7. Would you have smoked at least 100 cigarettes (manufactured or roll-your-own), or the equivalent amount of tobacco in your life?



- Yes (Continue)
- No (Skip to E26)



E8. Have you ever smoked on a daily basis?

(Mark one response only)



- Yes, I smoke daily now (Skip to E10)
- Yes, I used to smoke daily, but not now (Continue)
- No, never smoked daily (Skip to E11)

E9. About what age were you when you stopped smoking daily?



Age in years:

E10. At what age did you first start smoking daily?

Age in years:

(If now smoke daily skip to E13 after answering E10)



E11. How often do you now smoke cigarettes, pipes or other tobacco products?



- Daily
- At least weekly (but not daily) (Skip to E13)
- Less often than weekly
- Not at all, but I have smoked in the last 12 months (Skip to E18)
- Not at all and I have not smoked in the last 12 months (Continue)

E12. About what age were you when you last smoked?



Age in years:

(If not smoked in last 12 months skip to E26 after answering E12)

E13. Where do you usually obtain your cigarettes, pipes or other tobacco products now?

(Mark one response only)




- Friend or acquaintance
- Brother or sister
- Parent
- Spouse or partner
- Other relative
- Steal them
- Purchase them myself from shop/tobacco retailer
- Other

E14. How often, if at all, do you now smoke manufactured cigarettes?



- Daily → How many per **day**?
- or
- At least weekly (but not daily) → How many per **week**?
- or
- Less often than weekly → How many per **month**?
- or
- Not at all

E15. How often, if at all, do you now smoke roll-your-own cigarettes?

 Daily → How many per **day**?

or

At least weekly (but not daily) → How many per **week**?


or

Less often than weekly → How many per **month**?

or

Not at all

E16. How often, if at all, do you now smoke cigars or pipes?

 Daily → How many per **day**?

or

At least weekly (but not daily) → How many per **week**?


or

Less often than weekly → How many per **month**?

or



Not at all

E17. During the last 12 months, did you find that you couldn't stop or cut down on your smoking, even though you wanted to or tried to?

 Yes No

E18. In the last 12 months, have you . . . ?

(Mark all that apply)

-   Successfully given up smoking (for more than a month)
- Tried to give up unsuccessfully
- Changed to a brand with lower tar or nicotine content
- Tried to change to a brand with lower tar or nicotine content, but were unsuccessful
- Reduced the amount of tobacco you smoke in a day
- Tried to reduce the amount of tobacco smoked in a day, but were unsuccessful
- None of these (Skip to E21)

E19. Which of the following motivated you to try giving up, cutting down or changing to a lower tar or nicotine brand?

(Mark all that apply)



- Health warnings on cigarette packets
- Government advertisements on TV, press or radio advertising by pharmaceutical companies for products such as nicotine gum, patches or Zyban
- Tobacco Information Line (i.e. phone number on cigarette packet)
- QUIT line
- I wanted to get fit
- I was pregnant or planning to start a family
- I think it was affecting my health or fitness
- My doctor advised me to give up
- Family and/or friends asked me to quit
- I was worried it was affecting the health of those around me
- It was costing too much
- Smoking restrictions in public areas (e.g. restaurants, sporting venues, public transport, etc.)
- Smoking restrictions in the work place
- Other

E20. In the last 12 months, on average how much do you think you have cut down on your cigarette smoking?

(Mark one response only)



- Have not cut down
- By about 1 to 5 cigarettes per day
- By about 6 to 10 cigarettes per day
- By about 11 to 15 cigarettes per day
- By about 16 to 20 cigarettes per day
- By more than 20 cigarettes per day
- Don't smoke cigarettes

E21. Are you planning on giving up smoking?

(Mark one response only)



- No, I have already given up
- Yes, within 30 days
- Yes, after 30 days, but within the next 3 months
- Yes, but not within the next 3 months
- No, I am not planning to give up
- (Skip to E24)

E22. Why don't you intend to quit?
(Mark all that may apply)



- I enjoy smoking
- Smoking relaxes me
- I am addicted to nicotine
- Smoking is not as bad for my health as people say
- Smoking helps me manage my weight
- Other (Please write in)

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E23. What factors would motivate you to quit smoking?
(Mark all that apply)



- Advice from my doctor
- Family/partner/parents
- Affecting my fitness
- Ill health
- Pregnancy
- Children in the home
- Other (Please write in)

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Nothing would motivate me to quit

E24. During the last 12 months, have you done any of the following?

(Mark all that apply)



- Discussed smoking and health at home
- Rung the 'QUIT' line
- Asked your doctor for help to quit
- Used nicotine gum, nicotine patch or nicotine inhaler
- Used a smoking cessation pill (e.g. Zyban)
- Bought a product other than nicotine patch, gum or pill to help you quit
- Read 'How to Quit' literature
- Used the Internet to help you quit
- Done something else to help you quit
- None of the above
- Don't know

E25. During the last 12 months, has anybody at your house been trying to get you to quit smoking?
(Mark all that apply)



- Yes – Parent
- Yes – Child
- Yes – Sibling (brother or sister)
- Yes – Partner/spouse
- Yes – Friend/flatmate
- Yes – Other person
- No one trying to get me to quit
- Not applicable (live alone)

ALL PLEASE ANSWER

E26. At the present time, do you consider yourself. . . ?
(Mark one response only)



- A non-smoker
- An ex-smoker
- An occasional smoker
- A light smoker
- A social smoker
- A heavy smoker
- A chain smoker

E27. Which, if any, of the following tobacco products have you ever used and which have you used in the last 12 months?

(Mark one response only for each product i.e. each row)



	Never used	Used but not in last 12 months	Used in last 12 months
Chewing tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snuff/snus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hookas/Nargilas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E28. Have you seen or heard of unbranded loose tobacco (also called 'chop chop') sold in plastic bags or rolled into unbranded cigarettes?



Yes (Continue) No (Skip to F1)

E29. Have you ever smoked it?



Yes (Continue) No (Skip to F1)

E30. How often do you smoke this type of tobacco?
(Mark one response only)



- Every day
- Some days
- Only occasionally
- No longer use it (Skip to F1)

E31. Would you say that when you smoke, you . . . ?
(Mark one response only)



- Only smoke this type of tobacco
- Mainly smoke this type of tobacco
- Smoke this type of tobacco about half of the time
- Smoke this type of tobacco less than half of the time
- Occasionally smoke this type of tobacco

OFFICE USE ONLY

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