INTERVIEWER TO COMPLETE:

14 & OVER

ROTATION: 21

CCD No.

M ☐ **F** ☐

Drop-off attempt:

1st ☐
2nd ☐
3rd ☐
Oth ☐

Date: / / 2010

Age:

No. 12+ in HH:

Household ID Number:

21

Australian Government
Australian Institute of Health and Welfare

Roy Morgan Research

Australian Government
Department of Health and Ageing

2010 National Drug Strategy Household Survey

What is the National Drug Strategy Household Survey?

- The 2010 National Drug Strategy Household Survey collects information on tobacco, alcohol and other drug use, attitudes and beliefs.
- The survey is conducted about every three years and started in 1985.
- It is managed by the Australian Institute of Health and Welfare (AIHW) on behalf of the Australian Government Department of Health and Ageing.

How confidential is the information I give you?

- **All answers** you provide will be **treated confidentially.**
- The research is carried out in compliance with the Privacy Act 1988 and the information is only used for research purposes.
- The survey is conducted under the **AIHW Act**, which **prohibits the release of information about individuals collected in the survey.**

How will my answers be used?

- Your answers will be used by researchers to help in understanding what people think about tobacco, alcohol and other drugs and how widely these drugs are used.
- The answers you give will not be released to anyone (including the police).

Do I have to participate in the survey?

- Participation in this survey is entirely voluntary.
- If there are any questions you do not want to answer for any reason, please leave that question blank.
- It is important that you **complete this questionnaire by yourself** and be as honest and accurate as possible.

Are you 12 – 17 years old?

- It is important that our younger respondents know that your **answers will not be shown to anyone**, this includes your parents.
- Please don't be afraid or embarrassed to give honest answers.
- Your answers will simply become part of a bigger pool of answers and no one will know who you are.

What do I do when I've completed the survey?

- Once you have completed the survey, seal it in the envelope provided and a Roy Morgan Research fieldworker will return to collect it.
- The fieldworker will then return the sealed envelope to the survey team for processing.
- Only the survey team will have access to your form and once the survey data is compiled your form will be destroyed.
- Your name and address will never be linked with any of the information you provide.

How is the information processed?

- All survey forms are coded so the researchers will not know who you are. Your answers will be grouped with the answers of over 25,000 other people before the researchers get to see them.
- Researchers will use all these answers to show things like 'most young people do not smoke' or 'three quarters of women drink alcohol'.
- When released in mid-2011, the results of the survey will be available on the Institute's website (www.aihw.gov.au).

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How to complete this form:

- Please complete this form carefully using black ballpoint pen (not felt). Alternatively use blue pen.

  Most questions only require you to answer by marking the appropriate box or boxes with a cross like this:

  ☒

  Please do not mark any areas outside the box.

- Other questions will require a numeric answer and can be filled in like this:

  2 4 or 6

  Please do not cross the number 7. Please make sure to write only one number in each box. Always round up to whole numbers, unless otherwise indicated.

- Other questions will ask you to write your answer in the box provided. Please ensure that you print your answers like this:

  Last year I travelled to Bali on a Holiday

- If you make a mistake, completely shade out the box and cross the appropriate one.

  ☒ ■

- If you see an instruction like this **(Skip to)**, you should follow the direction exactly. For example (Skip to Y1) means that you should miss all the questions after the one you have just answered, until you come to the question marked Y1. If you do not see the (Skip to), just answer the next question.

- Please answer each section and then follow the Skips as required.

Section A – Perceptions

A1. When people talk about "a drug problem", which is the first drug you think of?
(Mark only one drug category)

- ☐ **Alcohol**
- ☐ **Tobacco**
- ☐ **Tranquillisers, Sleeping pills**
  (e.g. Benzos, Temazzies, Tranks, Sleepers, Valium, Serapax, Serries, Mandrax, Mandies, Rohypnol, Rowies)
- ☐ **Prescription Pain-killers/Analgesics**
  (e.g. Panadeine Forte, Fentanyl ®, Endone ®)
- ☐ **Over-the-counter Pain-killers/Analgesics**
  (e.g. Aspirin, Paracetamol, Mersyndol, Nurofen Plus)
- ☐ **Steroids**
  (e.g. Roids, Juice, Gear, Andriol, Halotestin)
- ☐ **Sniffing Petrol/Glue/Aerosols/Solvents**
  (e.g. Chroming, Sniffing, Laughing gas, Whippits, Nitrous, Snappers, Poppers, Pearlers, Rushamines, Locker room, Bolt, Bullet, Rush, Climax, Red gold, Amyl, Bulbs)
- ☐ **Marijuana/Cannabis**
  (e.g. Pot, Grass, Weed, Reefer, Joint, MaryJane, Acapulco gold, Rope, Mull, Cone, Spliff, Dope, Hydro, Bhang, Ganja, Hash, Chronic)
- ☐ **Hallucinogens/LSD/PCP**
  (e.g. Acid, Trips, Mushies, Magic mushrooms, Wedges, Windowpane, Blotter, Microdot, Angel dust, Hog, Blue meanies, Gold tops, Datura, Angel's trumpet)
- ☐ **Methadone/Buprenorphine**
  (e.g. Done, Junk, Jungle juice, Bupe, Sub)
- ☐ **Meth/amphetamine**
  (e.g. Speed, Base, Ice, Crystal, Meth, Amphet, Shabu, Tina, Paste, Skates, Ox blood, Leopards blood, Whizz, Zip)
- ☐ **Heroin**
  (e.g. Hammer, Smack, Horse, H, Boy, Junk, Gear)
- ☐ **Other Opioids/Opiates**
  (e.g. Morphine, Pethidine, Oxycodone)
- ☐ **Cocaine**
  (e.g. Coke, Crack, Flake, Snow, White lady/girl, Happy dust, Gold dust, Toot, Scotty, Charlie, Cecil, C, Freebase)
- ☐ **Ecstasy**
  (e.g. XTC, E, Ex, Ecci, E and C, Adam, MDMA, MDDA, MDEA, Eve, PMA)
- ☐ **GHB**
  (e.g. Fantasy, Grievous bodily harm, GBH, Liquid E, Liquid X, 1-4B, GBL)
- ☐ **Ketamine**
  (e.g. K, Special K, Vitamin K, KitKat, Ket)
- ☐ **Kava**
- ☐ **Drugs other than listed**
- ☐ **None/Can't think of any**

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A2. Which ONE of these drugs do you think directly or indirectly causes the most deaths in Australia? (Mark one response only)

- ☐ Alcohol
- ☐ Tobacco
- ☐ Tranquillisers, sleeping pills
- ☐ Prescription Pain-killers/Analgesics
- ☐ Over-the-counter Pain-killers/Analgesics
- ☐ Steroids
- ☐ Sniffing Petrol/Glue/Aerosols/Solvents
- ☐ Marijuana/Cannabis
- ☐ Hallucinogens/LSD/Magic Mushrooms
- ☐ Methadone/Buprenorphine
- ☐ Meth/amphetamine
- ☐ Heroin
- ☐ Other Opioids/Opiates (e.g. Morphine, Pethidine)
- ☐ Cocaine/Crack
- ☐ Ecstasy
- ☐ GHB
- ☐ Ketamine
- ☐ Kava
- ☐ Other

A3. Which ONE of these forms of drug use do you think is the most serious concern for the general community? (Mark one response only)

- ☐ Excessive drinking of alcohol
- ☐ Tobacco smoking
- ☐ Non-medical use of Tranquillisers, Sleeping pills
- ☐ Non-medical use of Prescription Pain-killers/Analgesics
- ☐ Non-medical use of Over-the-counter Pain-killers/Analgesics
- ☐ Non-medical use of Steroids
- ☐ Sniffing Petrol/Glue/Aerosols/Solvents
- ☐ Marijuana/Cannabis
- ☐ Hallucinogens/LSD/Magic Mushrooms
- ☐ Non-medical use of Methadone/Buprenorphine
- ☐ Non-medical use of Meth/amphetamine
- ☐ Heroin
- ☐ Non-medical use of Other Opioids/ Opiates (e.g. Morphine, Pethidine)
- ☐ Cocaine/Crack
- ☐ Ecstasy
- ☐ GHB
- ☐ Ketamine
- ☐ Kava
- ☐ None of these

THIS SURVEY COVERS 3 SORTS OF SUBSTANCES:

1. **Illicit drugs, such as heroin and cocaine;**
2. **Licit (legal) drugs, such as tobacco and alcohol; and**
3. **Pharmaceuticals used for non-medical purposes**
   "Pharmaceuticals" includes prescription pharmaceuticals (such as sleeping pills or methadone) and any other pharmaceuticals (such as Aspirin or Paracetamol) wherever and however they are obtained.

"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); or**
3. **for cosmetic purposes (e.g. body shaping).**

A4. For each of the drugs listed below, do you personally approve or disapprove of their regular use by an adult? (Mark one response for each drug type below)

	Strongly approve	Approve	Neither approve nor disapprove	Disapprove	Strongly disapprove	Don't know enough to say
Alcohol	☐	☐	☐	☐	☐	☐
Tobacco	☐	☐	☐	☐	☐	☐
Non-medical use of Tranquillisers, Sleeping pills	☐	☐	☐	☐	☐	☐
Non-medical use of Prescription Pain-killers/Analgesics	☐	☐	☐	☐	☐	☐
Non-medical use of Over-the-counter Pain-killers/Analgesics	☐	☐	☐	☐	☐	☐
Non-medical use of Steroids	☐	☐	☐	☐	☐	☐
Sniffing Petrol/Glue/Aerosols/Solvents	☐	☐	☐	☐	☐	☐
Marijuana/Cannabis	☐	☐	☐	☐	☐	☐
Hallucinogens/LSD/Magic Mushrooms	☐	☐	☐	☐	☐	☐
Non-medical use of Methadone/Buprenorphine	☐	☐	☐	☐	☐	☐
Non-medical use of Meth/amphetamine	☐	☐	☐	☐	☐	☐
Heroin	☐	☐	☐	☐	☐	☐
Non-medical use of Other Opioids/ Opiates (e.g. Morphine, Pethidine)	☐	☐	☐	☐	☐	☐
Cocaine/Crack	☐	☐	☐	☐	☐	☐
Ecstasy	☐	☐	☐	☐	☐	☐
GHB	☐	☐	☐	☐	☐	☐
Ketamine	☐	☐	☐	☐	☐	☐
Kava	☐	☐	☐	☐	☐	☐

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A5. What SINGLE action best describes what you think should happen to anyone found in possession of small quantities of the following drugs for personal use?
(Mark one response only for each drug type i.e. each column)

	Marijuana/ Cannabis	Ecstasy	Heroin	Meth/ amphetamine for non-medical use	Hallucinogens
No action	☐	☐	☐	☐	☐
A caution or warning only	☐	☐	☐	☐	☐
Referral to drug education program	☐	☐	☐	☐	☐
Referral to treatment	☐	☐	☐	☐	☐
Something similar to a parking fine, up to $200	☐	☐	☐	☐	☐
A substantial fine, around $1,000	☐	☐	☐	☐	☐
A community service order	☐	☐	☐	☐	☐
Weekend detention	☐	☐	☐	☐	☐
A prison sentence	☐	☐	☐	☐	☐
Some other arrangement	☐	☐	☐	☐	☐
Don't know	☐	☐	☐	☐	☐

A6. Do you think the possession of small quantities of Marijuana/Cannabis for personal use should be a criminal offence, that is, should offenders get a criminal record?

- Yes ☐
- No ☐
- Unsure/Don't know ☐

A7. If Marijuana/Cannabis were legal to use, would you . . . ?
(Mark one response only)

- Not use it, even if it were legal and available ☐
- Try it ☐
- Use it about as often as you do now ☐
- Use it more often than you do now ☐
- Use it less often than you do now ☐
- Don't know ☐

Reminder:

Are you filling in the boxes correctly?

RIGHT

WRONG

Are you shading the boxes fully for any mistakes?

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Section B - General Health

B1. In general, would you say your health is. . .?
(Mark one response only)

- Excellent ☐
- Very good ☐
- Good ☐
- Fair ☐
- Poor ☐

B2. How tall are you without shoes?
(Please write either in centimetres, e.g. 166 centimetres would be written as:

166 cm;

or feet and inches, e.g. 5 feet 7 and a half inches would be written as:

5 feet 7 . 5 inches)

☐ cm; **OR** ☐ feet ☐ . ☐ inches

B3. How much do you weigh?
(Please write either in kilograms, e.g. 72 kilograms would be written as:

72 kg;

or stones and pounds, e.g. 11 stone 10 pounds would be written as:

11 st 10 lb;

or pounds, e.g. 163 pounds would be written as:

163 lb)

☐ kg; **OR** ☐ st ☐ lb; **OR** ☐ lb

B4. Have you ever used someone else's medication when you were feeling unwell? (e.g. you used medications originally prescribed or recommended by a health professional for someone else, when you had similar symptoms)

Yes ☐ (Continue) No ☐ (Skip to B6)

B5. Which medications originally prescribed or recommended for someone else have you used in the last 12 months when you were feeling unwell?
(Mark all that apply)

- Prescription Pain-killers/Analgesics ☐
- Over-the-counter Pain-killers/Analgesics ☐
- Antibiotics ☐
- Anti-depressants ☐
- Tranquillisers/Sleeping pills ☐
- Methadone/Buprenorphine ☐
- Ritalin ☐
- Asthma medications ☐
- Herbal and alternative medicines, vitamin and mineral supplements, etc. ☐
- Others ☐
- None in the last 12 months ☐

ALL PLEASE ANSWER

B6. In the last 12 months have you been diagnosed or treated for. . .?
(Mark relevant boxes for each condition)

	No	Yes Diagnosed	Yes Treated
Insulin dependent diabetes	☐	☐	☐
Non-insulin dependent diabetes	☐	☐	☐
Heart disease	☐	☐	☐
Hypertension (high blood pressure)	☐	☐	☐
Low iron (iron deficiency or anaemia)	☐	☐	☐
Asthma	☐	☐	☐
Depression	☐	☐	☐
Anxiety disorder	☐	☐	☐
Schizophrenia	☐	☐	☐
Bi-polar disorder	☐	☐	☐
Other form of psychosis	☐	☐	☐
An eating disorder	☐	☐	☐
A sexually transmitted infection (e.g. chlamydia, genital herpes)	☐	☐	☐
Hepatitis B or C	☐	☐	☐
Cancer (Please write in type): 1 ☐	☐	☐	☐
Other major illness (Please write in type): 2 ☐	☐	☐	☐

OFFICE USE ONLY 1 ☐ 2 ☐

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B7. In the past 4 weeks, about how often did you feel tired out for no good reason?
(Mark one response only)

- None of the time ☐
- A little of the time ☐
- Some of the time ☐
- Most of the time ☐
- All of the time ☐

B8. In the past 4 weeks, about how often did you feel nervous?
(Mark one response only)

- None of the time ☐
- A little of the time ☐
- Some of the time ☐
- Most of the time ☐
- All of the time ☐

B9. In the past 4 weeks, about how often did you feel so nervous that nothing could calm you down?
(Mark one response only)

- None of the time ☐
- A little of the time ☐
- Some of the time ☐
- Most of the time ☐
- All of the time ☐

B10. In the past 4 weeks, about how often did you feel hopeless?
(Mark one response only)

- None of the time ☐
- A little of the time ☐
- Some of the time ☐
- Most of the time ☐
- All of the time ☐

B11. In the past 4 weeks, about how often did you feel restless or fidgety?
(Mark one response only)

- None of the time ☐
- A little of the time ☐
- Some of the time ☐
- Most of the time ☐
- All of the time ☐

B12. In the past 4 weeks, about how often did you feel so restless you could not sit still?
(Mark one response only)

- None of the time ☐
- A little of the time ☐
- Some of the time ☐
- Most of the time ☐
- All of the time ☐

B13. In the past 4 weeks, about how often did you feel depressed?
(Mark one response only)

- None of the time ☐
- A little of the time ☐
- Some of the time ☐
- Most of the time ☐
- All of the time ☐

B14. In the past 4 weeks, about how often did you feel that everything was an effort?
(Mark one response only)

- None of the time ☐
- A little of the time ☐
- Some of the time ☐
- Most of the time ☐
- All of the time ☐

B15. In the past 4 weeks, about how often did you feel so sad that nothing could cheer you up?
(Mark one response only)

- None of the time ☐
- A little of the time ☐
- Some of the time ☐
- Most of the time ☐
- All of the time ☐

B16. In the past 4 weeks, about how often did you feel worthless?
(Mark one response only)

- None of the time ☐
- A little of the time ☐
- Some of the time ☐
- Most of the time ☐
- All of the time ☐

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Section C – Opportunity

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); or**
3. **for cosmetic purposes (e.g. body shaping).**

C1. In the last 12 months, have you been offered or had the opportunity to use any of the following?
(Mark yes or no for each drug type)

	Yes	No
Alcohol	☐	☐
Tobacco	☐	☐
Non-medical use of Tranquillisers, Sleeping pills	☐	☐
Non-medical use of Prescription Pain-killers/Analgesics	☐	☐
Non-medical use of Over-the-counter Pain-killers/Analgesics	☐	☐
Non-medical use of Steroids	☐	☐
Sniffing Petrol/Glue/Aerosols/Solvents	☐	☐
Marijuana/Cannabis	☐	☐
Hallucinogens/LSD/Magic Mushrooms	☐	☐
Non-medical use of Methadone/Buprenorphine	☐	☐
Non-medical use of Meth/amphetamine	☐	☐
Heroin	☐	☐
Non-medical use of Other Opioids/Opiates (e.g. Morphine, Pethidine)	☐	☐
Cocaine/Crack	☐	☐
Ecstasy	☐	☐
GHB	☐	☐
Ketamine	☐	☐
Kava	☐	☐

C2. 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
Alcohol	☐	☐	☐	☐	☐	☐
Tobacco	☐	☐	☐	☐	☐	☐
Tranquillisers, Sleeping pills for non-medical use	☐	☐	☐	☐	☐	☐
Prescription Pain-killers/Analgesics for non-medical use	☐	☐	☐	☐	☐	☐
Over-the-counter Pain-killers/Analgesics for non-medical use	☐	☐	☐	☐	☐	☐
Steroids for non-medical use	☐	☐	☐	☐	☐	☐
Sniffing Petrol/Glue/Aerosols/Solvents	☐	☐	☐	☐	☐	☐
Marijuana/Cannabis	☐	☐	☐	☐	☐	☐
Hallucinogens/LSD/Magic Mushrooms	☐	☐	☐	☐	☐	☐
Methadone/Buprenorphine for non-medical use	☐	☐	☐	☐	☐	☐
Meth/amphetamine for non-medical use	☐	☐	☐	☐	☐	☐
Heroin	☐	☐	☐	☐	☐	☐
Other Opioids/Opiates (e.g. Morphine, Pethidine) for non-medical use	☐	☐	☐	☐	☐	☐
Cocaine/Crack	☐	☐	☐	☐	☐	☐
Ecstasy	☐	☐	☐	☐	☐	☐
GHB	☐	☐	☐	☐	☐	☐
Ketamine	☐	☐	☐	☐	☐	☐
Kava	☐	☐	☐	☐	☐	☐

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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); or**
3. **for cosmetic purposes (e.g. body shaping).**

C3. About what proportion of your friends and acquaintances currently use any of the following?
(Mark one response only for each drug type)

	All	Most	About half	A few	None
Alcohol	☐	☐	☐	☐	☐
Tobacco	☐	☐	☐	☐	☐
Tranquillisers, Sleeping pills for non-medical use	☐	☐	☐	☐	☐
Prescription Pain-killers/Analgesics for non-medical use	☐	☐	☐	☐	☐
Over-the-counter Pain-killers/Analgesics for non-medical use	☐	☐	☐	☐	☐
Steroids for non-medical use	☐	☐	☐	☐	☐
Sniffing Petrol/Glue/Aerosols/Solvents	☐	☐	☐	☐	☐
Marijuana/Cannabis	☐	☐	☐	☐	☐
Hallucinogens/LSD/Magic Mushrooms	☐	☐	☐	☐	☐
Methadone/Buprenorphine for non-medical use	☐	☐	☐	☐	☐
Meth/amphetamine for non-medical use	☐	☐	☐	☐	☐
Heroin	☐	☐	☐	☐	☐
Other Opioids/Opiates (e.g. Morphine, Pethidine) **for non-medical use**	☐	☐	☐	☐	☐
Cocaine/Crack	☐	☐	☐	☐	☐
Ecstasy	☐	☐	☐	☐	☐
GHB	☐	☐	☐	☐	☐
Ketamine	☐	☐	☐	☐	☐
Kava	☐	☐	☐	☐	☐

Please ensure that you read the first few questions of each section to check if you will need to answer the remaining questions in that section. In most cases you will need to answer at least one or two questions in every section, even those dealing with illicit drugs.

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Section D – Tobacco

D1. 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 ☐

D2. Have you personally ever tried smoking cigarettes or other forms of tobacco?

Yes ☐ (Continue) No ☐ (Skip to D25 on page 10)

D3. Have you ever smoked a full cigarette?

Yes ☐ (Continue) No ☐ (Skip to D25 on page 10)

D4. About what age were you when you smoked your first full cigarette?

Age in years: ☐☐

D5. 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 ☐

D6. Would you have smoked at least 100 cigarettes (manufactured or roll-your-own), or the equivalent amount of tobacco in your life?

Yes ☐ No ☐

D7. Have you ever smoked on a daily basis?
(Mark one response only)

- Yes, I smoke daily now ☐ (Skip to D9)
- Yes, I used to smoke daily, but not now ☐ (Continue)
- No, never smoked daily ☐ (Skip to D10)

D8. About what age were you when you stopped smoking daily?

Age in years: ☐☐

D9. At what age did you first start smoking daily?

Age in years: ☐☐ (If now smoke daily skip to D12 after answering D9)

D10. How often do you now smoke cigarettes, pipes or other tobacco products?

- Daily ☐
- At least weekly (but not daily) ☐
- Less often than weekly ☐

(Skip to D12)

- Not at all, but I have smoked in the last 12 months ☐ (Skip to D17 on page 9)
- Not at all and I have not smoked in the last 12 months ☐ (Continue)

D11. About what age were you when you last smoked?

Age in years: ☐☐ (If not smoked in last 12 months skip to D25 on page 10 after answering D11)

D12. 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 ☐
- Purchase them myself over the Internet ☐
- Other ☐

D13. 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 ☐

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D14. 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 ☐

D15. 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 ☐

D16. 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 ☐

D17. 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 D20)

D18. 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 Bupropion (Zyban ® etc) and Varenicline (Champix ®) ☐
- 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 ☐
- Information on an internet website ☐
- Pamphlets or brochures on how to quit ☐
- Other ☐

D19. 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 ☐

D20. 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 ☐

(Skip to D23 on page 10)

- No, I am not planning to give up ☐ (Continue)

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D21. Why don't you intend to quit?
(Mark all that 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 ☐
- I've tried to quit before but it hasn't worked ☐
- Other (Please write in):

1 [ ] ☐

D22. 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):

2 [ ] ☐

- Nothing would motivate me to quit ☐

D23. 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 ☐

D24. 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

D25. 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 ☐

D26. Do you avoid places where you may be exposed to other people's cigarette smoke?

- Yes, always ☐
- Yes, sometimes ☐
- No, never ☐

D27. 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	☐	☐	☐
Snuff/snus	☐	☐	☐
Hookas/Nargilas/Sheeshas	☐	☐	☐

D28. Have you ever seen or heard of counterfeit cigarettes?

Yes ☐ No ☐

If you are a non-smoker (at D25) – Skip to D31 on page 11

D29. Have you ever purchased what you thought was your usual brand and then noticed a difference in taste or packaging?

Yes ☐ (Continue) No ☐ (Skip to D31)

D30. How often has this occurred?

- Once a month ☐
- Once every six months ☐
- Once a year ☐

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ALL PLEASE ANSWER

D31. Have you seen or heard of unbranded loose tobacco or 'chop chop' sold in plastic bags?

Yes ☐ No ☐ (Skip to E1)

D32. Have you ever smoked unbranded loose tobacco or 'chop chop' sold in plastic bags?

Yes ☐ No ☐ (Skip to E1)

D33. 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 E1)

D34. 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 ☐

Reminder:

Are you filling in the boxes correctly?

RIGHT ☒

WRONG ☐ ☐ ☒ ☐ ☑

Are you shading the boxes fully for any mistakes?

Section E – Alcohol

E1. Have you ever tried alcohol?

Yes ☐ (Continue) No ☐ (Skip to E28 on page 17)

E2. Have you ever had a full serve of alcohol? (e.g. a glass of wine, a whole nip of spirits, a glass of beer, etc.)

Yes ☐ (Continue) No ☐ (Skip to E28 on page 17)

E3. About what age were you when you had your first full serve of alcohol?

Age in years: ☐☐

E4. Who supplied you with the first glass of alcohol you consumed?
(Mark one response only)

- Friend or acquaintance ☐
- Brother or sister ☐
- Parent ☐
- Spouse or partner ☐
- Other relative ☐
- Stole it ☐
- Purchased it myself from retailer (e.g. pub, bottleshop) ☐
- Other ☐
- Can't recall ☐

E5. Have you had an alcoholic drink of any kind in the last 12 months?

Yes ☐ (Skip to E7) No ☐ (Continue)

E6. About what age were you when you last had an alcoholic drink?

Age in years: ☐☐ (If non-drinker in past 12 months skip to E28 on page 17, after answering E6)

E7. In the last 12 months, how often did you have an alcoholic drink of any kind?
(Mark one response only)

- Every day ☐
- 5 to 6 days a week ☐
- 3 to 4 days a week ☐
- 1 to 2 days a week ☐
- 2 to 3 days a month ☐
- About 1 day a month ☐
- Less often ☐
- No longer drink ☐ (Skip to E13 on page 12)

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E8a. What type of alcohol is your main drink, the one you drink most often?
(Mark one response only)

E8b. What other types of alcohol do you usually drink?
(Mark all that apply)

PLEASE ANSWER	E8a. Main drink	AND	E8b. Usual others
Cask wine	☐		☐
Bottled wine	☐		☐
Regular strength beer (greater than 4% Alc/Vol)	☐		☐
Mid strength beer (3% to 3.9% Alc/Vol)	☐		☐
Low alcohol beer (1% to 2.9% Alc/Vol)	☐		☐
Home-brewed beer	☐		☐
Pre-mixed spirits in a can (e.g. UDL, Jim Beam & Cola, Woodstock)	☐		☐
Bottled spirits and liqueurs (e.g. scotch, brandy, vodka, rum, Kahlua, Midori, Baileys, etc.)	☐		☐
Pre-mixed spirits in a bottle (e.g. Bacardi Breezer, Vodka Cruiser, Smirnoff Ice)	☐		☐
Cider	☐		☐
Fortified wine, port, vermouth, sherry, etc.	☐		☐
Other pre-mixed drinks (e.g. beer and wine based)	☐		☐
Other	☐		☐
No other type of alcohol			☐

E9. In the last 12 months have you changed your main drink, the one you drink most often?

Yes ☐ (Continue) No ☐ (Skip to E11)

E10. Which type of alcohol used to be your main drink?
(Mark one response only)

- Cask wine ☐
- Bottled wine ☐
- Regular strength beer (greater than 4% Alc/Vol) ☐
- Mid strength beer (3% to 3.9% Alc/Vol) ☐
- Low alcohol beer (1% to 2.9% Alc/Vol) ☐
- Home-brewed beer ☐
- Pre-mixed spirits in a can (e.g. UDL, Jim Beam & Cola, Woodstock) ☐
- Bottled spirits and liqueurs (e.g. scotch, brandy, vodka, rum, Kahlua, Midori, Baileys, etc.) ☐
- Pre-mixed spirits in a bottle (e.g. Bacardi Breezer, Vodka Cruiser, Smirnoff Ice) ☐
- Cider ☐
- Fortified wine, port, vermouth, sherry, etc. ☐
- Other pre-mixed drinks (e.g. beer and wine based) ☐
- Other ☐

E11. Where do you usually drink alcohol?
(Mark all that apply)

- In my own/spouse's/partner's home ☐
- At a friend's house ☐
- At a party at someone's house ☐
- At raves/dance parties ☐
- At restaurants/cafés ☐
- At licensed premises (e.g. pubs, clubs) ☐
- At School, TAFE, University, etc. ☐
- At my workplace ☐
- In public places (e.g. parks, beaches) ☐
- In a car or other vehicle ☐
- Somewhere else ☐

E12. Where do you usually obtain your alcohol now?
(Mark one response only)

- Friend or acquaintance ☐
- Brother or sister ☐
- Parent ☐
- Spouse or partner ☐
- Other relative ☐
- Steal it ☐
- Purchase it myself from retailer (e.g. pub, bottleshop) ☐
- Get stranger/someone not known to me to get it ☐
- Other ☐

E13. In the last 12 months have you. . .?
(Mark all that apply)

- Reduced the amount of alcohol you drink at any one time ☐
- Reduced the number of times you drink ☐
- Switched to drinking more low-alcoholic drinks than you used to ☐
- Stopped drinking alcohol ☐
- Changed your main drink ☐
- None of the above ☐ (Skip to E15)

E14. What were the reasons for doing that?
(Mark all that apply)

- Health reasons (e.g. weight, diabetes, avoid hangover) ☐
- Life style reasons (e.g. work/study commitments, less opportunity, young family) ☐
- Social reasons (e.g. believe in moderation, concerned about violence, avoid getting drunk) ☐
- Pregnant and/or breastfeeding ☐
- Taste/enjoyment (e.g. prefer low alcohol beer, don't get drunk) ☐
- Drink driving regulations ☐
- Financial reasons ☐
- Adult/parent pressure ☐
- Peer pressure ☐
- The price of the alcohol I drink/drank has increased ☐
- Other ☐

If you no longer drink alcohol (at E7) – Skip to E17 on page 13

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E15. On a day that you have an alcoholic drink, how many standard drinks do you usually have? (see the coloured "Standard Drinks/Instruction Card" provided to you, or the chart on page 14).
(Mark one response only)

20 or more drinks ☐	9 – 10 drinks ☐	2 drinks ☐
16 – 19 drinks ☐	7 – 8 drinks ☐	1 drink ☐
13 – 15 drinks ☐	5 – 6 drinks ☐	Half a drink ☐
11 – 12 drinks ☐	3 – 4 drinks ☐	

E16. When you have an alcoholic drink, how often do you do any of the following?
(Mark one response for each row below)

	Always	Most of the time	Sometimes	Rarely	Never
Count the number of drinks you have	☐	☐	☐	☐	☐
Deliberately alternate between alcoholic and non-alcoholic drinks	☐	☐	☐	☐	☐
Make a point of eating while consuming alcohol	☐	☐	☐	☐	☐
Quench your thirst by having a non-alcoholic drink before having alcohol	☐	☐	☐	☐	☐
Only drink low-alcohol drinks	☐	☐	☐	☐	☐
Limit the number of drinks you have in an evening (e.g. when driving)	☐	☐	☐	☐	☐
Refuse an alcoholic drink you are offered because you really don't want it	☐	☐	☐	☐	☐

E17. Please record how often in the last 12 months you have had each of the following number of standard drinks in a day?
(Mark one response for each row below. Please ensure that you have marked a response for each amount, even if your answer is "Never" for that row.)

	Every day	5 – 6 days a week	3 – 4 days a week	1 – 2 days a week	2 – 3 days a month	About 1 day a month	Less often	Never
20 or more standard drinks a day	☐	☐	☐	☐	☐	☐	☐	☐
11 – 19 standard drinks a day	☐	☐	☐	☐	☐	☐	☐	☐
7 – 10 standard drinks a day	☐	☐	☐	☐	☐	☐	☐	☐
5 – 6 standard drinks a day	☐	☐	☐	☐	☐	☐	☐	☐
3 – 4 standard drinks a day	☐	☐	☐	☐	☐	☐	☐	☐
1 – 2 standard drinks a day	☐	☐	☐	☐	☐	☐	☐	☐
Less than 1 standard drink per day	☐	☐	☐	☐	☐	☐	☐	☐
None	☐	☐	☐	☐	☐	☐	☐	☐

E18. Please mark the day of the week that is today.
(Mark one response only)

Monday ☐
Tuesday ☐
Wednesday ☐
Thursday ☐
Friday ☐
Saturday ☐
Sunday ☐

E19. How many standard drinks did you have yesterday?

Number of drinks: ☐

If less than 1, please indicate to the nearest fraction:

¼ ☐ ½ ☐ ¾ ☐

None ☐ (Skip to E21 on page 17)

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Standard Drinks Guide

The numbers in **bold** are the approximate number of 'standard drinks' in some typical alcohol containers.

BEER

1.1
285ml Pot/Middy*
Full Strength
(4.8% Alc. Vol)

0.8
285ml Pot/Middy*
Mid Strength
(3.5% Alc. Vol)

0.6
285ml Pot/Middy*
Low Strength
(2.7% Alc. Vol)

1.6
425ml Schooner**
Full Strength
(4.8% Alc. Vol)

1.2
425ml Schooner**
Mid Strength
(3.5% Alc. Vol)

0.9
425ml Schooner**
Low Strength
(2.7% Alc. Vol)

1.4
375ml
Full Strength
(4.8% Alc. Vol)

1.0
375ml
Mid Strength
(3.5% Alc. Vol)

0.8
375ml
Low Strength
(2.7% Alc. Vol)

34
24 x 375ml (carton)
Full Strength
(4.8% Alc. Vol)

24
24 x 375ml
Mid Strength
(3.5% Alc. Vol)

19
24 x 375ml
Low Strength
(2.7% Alc. Vol)

* NSW, ACT, WA = Middy; VIC, QLD, TAS = Pot; NT = Handle; SA = Schooner ** SA = Pint

WINE

1.6
150ml
Average
Restaurant Serving
of Red Wine
(13.5% Alc. Vol)

1.0
100ml
Standard Serve
of Red Wine
(13.5% Alc. Vol)

8.0
750ml
Bottle of Red Wine
(13.5% Alc. Vol)

1.4
150ml
Average
Restaurant Serving
of White Wine
(11.5% Alc. Vol)

1.0
100ml
Standard Serve
of White Wine
(11.5% Alc. Vol)

7.5
750ml
Bottle of White Wine
(12.5% Alc. Vol)

43
4 Litres
Cask Red Wine
(13.5% Alc. Vol)

21
2 Litres
Cask Red Wine
(13.5% Alc. Vol)

39
4 Litres
Cask White Wine
(12.5% Alc. Vol)

19.5
2 Litres
Cask White Wine
(12.5% Alc. Vol)

0.9
60ml
Standard Serve
of Port
(18% Alc. Vol)

28
2 Litres
Cask of Port
(17.5% Alc. Vol)

1.4
150ml
Average Restaurant
Serve of Champagne
(12% Alc. Vol)

7.5
750ml
Bottle of Champagne
(12.5% Alc. Vol)

SPIRITS

1.0
30ml
High Strength
Spirit Nip/Shot
(40% Alc. Vol)

22
700ml
High Strength
Bottle of Spirits
(40% Alc. Vol)

1.1
275ml
Full Strength
RTD#
(5% Alc. Vol)

1.2
330ml
Full Strength
RTD
(5% Alc. Vol)

2.6
660ml
Full Strength
RTD
(5% Alc. Vol)

1.5
275ml
High Strength
RTD
(7% Alc. Vol)

1.8
330ml
High Strength
RTD
(7% Alc. Vol)

3.6
660ml
High Strength
RTD
(7% Alc. Vol)

Ready-to-drink

1.0
250ml
Full Strength Pre-mix Spirits
(5% Alc. Vol)

1.2
300ml
Full Strength Pre-mix Spirits
(5% Alc. Vol)

1.5
375ml
Full Strength Pre-mix Spirits
(5% Alc. Vol)

1.7
440ml
Full Strength Pre-mix Spirits
(5% Alc. Vol)

1.4–1.9
250ml
High Strength Pre-mix Spirits
(7%–10% Alc. Vol)

1.6
300ml
High Strength Pre-mix Spirits
(7% Alc. Vol)

2.1
375ml
High Strength Pre-mix Spirits
(7% Alc. Vol)

2.4
440ml
High Strength Pre-mix Spirits
(7% Alc. Vol)

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The question on the next page asks how many cans, bottles, glasses or nips of alcohol did you drink yesterday.

HERE IS AN EXAMPLE OF HOW TO ANSWER THE QUESTION ON THE NEXT PAGE:

BEER	Beer Cans (375-440 mL)	Small Beer Bottles (330-375 mL)	Large Beer Bottles (Approx. 750 mL)	Small Beer Glass (210 mL)	Medium Beer Glass (285 mL)*	Large Beer Glass (425 mL)	Other size (write in) English Pint Glass
Home-brewed beer							
Regular strength beer (greater than 4% Alc/Vol)						2	
Mid strength beer (3% to 3.9% Alc/Vol)							
Low alcohol beer (1% to 2.9% Alc/Vol)		1					2

*NSW, WA, ACT = Middy; VIC, QLD, TAS = Pot; NT = Handle; SA = Schooner.

EXAMPLE

Yesterday, this person had 2 large beer glasses of regular strength beer, 1 small bottle of Low Alcohol Beer and 2 English pints of Low Alcohol Beer.

Notes -

Small Beer Bottles (330-375 mL) - e.g. Stubbies, echos, half bottles of wine, pre-mixed spirit bottles, cider bottles, etc.
Large Beer Glass (425 mL) - e.g. 15 oz, schooners in NSW, pints in SA, etc.
Medium Beer Glass (285 mL) - e.g. 10 oz, middies in NSW, pots in VIC and QLD, schooners in SA, handles in NT, etc.
Small Beer Glass (210 mL) - e.g. small beer glass (7 oz, butchers, ponies) etc.

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1	2	3	4	5	6	7

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E20. How many bottles, glasses, cans or nips of alcohol did you drink yesterday?
Please write in the number for each type of drink below:

BEER	Beer Cans (375-440 mL)	Small Beer Bottles (330-375 mL)	Large Beer Bottles (Approx. 750 mL)	Small Beer Glass (210 mL)	Medium Beer Glass (285 mL)*	Large Beer Glass (425 mL)	Other size (write in): 1
Home-brewed beer							
Regular strength beer (greater than 4% Alc/Vol)							
Mid strength beer (3% to 3.9% Alc/Vol)							
Low alcohol beer (1% to 2.9% Alc/Vol)							

*NSW, WA, ACT = Middy; VIC, QLD, TAS = Pot; NT = Handle; SA = Schooner.

WINE	Small Wine Bottles (375 mL)	Large Wine Bottles (750 mL)	Small Wine Glass (120 mL)	Medium Wine Glass (180 mL)	Large Wine Glass (220 mL)	Other size (write in): 2
Home-made wine						
Cask wine						
Bottled wine						

PRE-MIXED DRINKS	Pre-mixed Drink Cans (375-440 mL)	Pre-mixed Drink Bottles (Approx. 300 mL)	Large Pre-mixed Drink Bottles (Approx. 650 mL)	Other size (write in): 3
Pre-mixed spirits in cans (e.g. UDL, Jim Beam & Cola, Woodstock)				
Pre-mixed spirits in bottles (e.g. Bacardi Breezer, Vodka Cruiser, Smirnoff Ice)				
Other pre-mixed drinks (e.g. beer or wine based)				

STRAIGHT SPIRITS (NOT PRE-MIXED)	Mini Spirit Bottles (50 mL)	Small Spirit Bottles (Approx. 350 mL)	Large Spirit Bottles (700 mL)	Single measure or one nip (30 mL)	Double measure or two nips (60 mL)	Triple measure or three nips (90 mL)	Other size (write in): 4
Bottled spirits and liqueurs (e.g. gin, vodka, rum, Kahlua)							

FORTIFIED WINE	Small Bottles (375 mL)	Large Bottles (750 mL)	Small Glass (60 mL)	Medium Glass (120 mL)	Large Glass (180 mL)	Other size (write in): 5
Port, vermouth, sherry, etc.						

OTHER	Cans (375 mL)	Small Bottles (375 mL)	Large Bottles (750 mL)	Small Glass (60 mL)	Medium Glass (120 mL)	Large Glass (180 mL)	Other size (write in): 6
Other (please write in): 7							

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E21. In the last 12 months, about how often have you been unable to remember afterwards what happened while you were drinking?
(Mark one response only)

- Every day ☐
- 5 to 6 days a week ☐
- 3 to 4 days a week ☐
- 1 to 2 days a week ☐
- 2 to 3 days a month ☐
- About 1 day a month ☐
- Less often but at least once ☐
- Never ☐

E22. In the last 12 months, how often have you found that you were not able to stop drinking once you had started?
(Mark one response only)

- Every day ☐
- 5 to 6 days a week ☐
- 3 to 4 days a week ☐
- 1 to 2 days a week ☐
- 2 to 3 days a month ☐
- About 1 day a month ☐
- Less often but at least once ☐
- Never ☐

E23. In the last 12 months, how often have you failed to do what was normally expected of you, because of drinking?
(Mark one response only)

- Every day ☐
- 5 to 6 days a week ☐
- 3 to 4 days a week ☐
- 1 to 2 days a week ☐
- 2 to 3 days a month ☐
- About 1 day a month ☐
- Less often but at least once ☐
- Never ☐

E24. In the last 12 months, how often have you needed a first drink in the morning to get yourself going after a heavy drinking session?
(Mark one response only)

- Every day ☐
- 5 to 6 days a week ☐
- 3 to 4 days a week ☐
- 1 to 2 days a week ☐
- 2 to 3 days a month ☐
- About 1 day a month ☐
- Less often but at least once ☐
- Never ☐

E25. In the last 12 months, how often have you had a feeling of guilt or remorse after drinking?
(Mark one response only)

- Every day ☐
- 5 to 6 days a week ☐
- 3 to 4 days a week ☐
- 1 to 2 days a week ☐
- 2 to 3 days a month ☐
- About 1 day a month ☐
- Less often but at least once ☐
- Never ☐

E26. Have you, or someone else, been injured because of your drinking?
(Mark one response only)

- Yes, in the last 12 months ☐
- Yes, but not in the last 12 months ☐
- No ☐

E27. Has a relative, friend, doctor or other health care worker been concerned about your drinking or suggested you cut down?
(Mark one response only)

- Yes, in the last 12 months ☐
- Yes, but not in the last 12 months ☐
- No ☐

ALL PLEASE ANSWER

E28. At the present time do you consider yourself. . .?
(Mark one response only)

- A non-drinker ☐
- An ex-drinker ☐
- An occasional drinker ☐
- A light drinker ☐
- A social drinker ☐
- A heavy drinker ☐
- A binge drinker ☐

Reminder: Your answers are completely confidential. Please answer honestly. This survey is conducted under the *AIHW Act* which prohibits the release of any information about individuals collected in the survey.

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ALL PLEASE ANSWER

E29. Before today, had you ever heard of a "standard drink" of alcohol?

Yes ☐ (Continue) No ☐ (Skip to E31)

E30. As far as you know, is the number of "standard drinks" shown on cans and bottles of alcoholic beverages?

Yes ☐
No ☐
Don't know ☐

E31. How many "standard drinks" do you believe an adult male could drink every day for many years without adversely affecting his health?
(Write in whole number e.g. 0, 3, 10, etc)

Number of drinks per day: ☐☐

Don't know ☐

E32. How many "standard drinks" do you believe an adult female could drink every day for many years without adversely affecting her health?
(Write in whole number e.g. 0, 3, 10, etc)

Number of drinks per day: ☐☐

Don't know ☐

E33. Again thinking in terms of "standard drinks", how many drinks do you believe an adult male could drink in a six hour period before he puts his health at risk?
(Write in whole number e.g. 0, 3, 10, etc)

Number of drinks in a six hour period: ☐☐

Don't know ☐

E34. Again thinking in terms of "standard drinks", how many drinks do you believe an adult female could drink in a six hour period before she puts her health at risk?
(Write in whole number e.g. 0, 3, 10, etc)

Number of drinks in a six hour period: ☐☐

Don't know ☐

E35. How harmful or beneficial do you think your current alcohol consumption, including not drinking any alcohol, is to your health?
(Mark one response only)

Very harmful ☐
Somewhat harmful ☐
Neither harmful nor beneficial ☐
Somewhat beneficial ☐
Very beneficial ☐
Don't know ☐

Section F – Pain-killers/Analgesics

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); or**
3. **for cosmetic purposes (e.g. body shaping)**

The terms illicit drug and illegal drug are used interchangeably to describe each of the following:

- **Any drug which is illegal to possess or use;**
- **Any legal drug used in an illegal manner, for example:**
  - **A drug obtained on prescription but given or sold to another person to use;**
  - **Glue or petrol which is sold legally, but is used in a manner that is not intended, such as inhaling fumes; or**
  - **Stolen pharmaceuticals sold on the black market (e.g. Pethidine).**

This section asks about the use of Pain-killers and Analgesics (e.g. Aspirin, Paracetamol, Mersyndol, Panadeine Forte, Nurofen Plus).

F1. Have you ever used Pain-killers/Analgesics?

Yes ☐ (Continue) No ☐ (Skip to G1 on page 20)

F2. Have you ever used Pain-killers/Analgesics for non-medical purposes?

Yes ☐ (Continue) No ☐ (Skip to G1 on page 20)

F3. About what age were you when you first used Pain-killers/Analgesics for non-medical purposes?

Age in years: ☐☐

F4. Have you used Pain-killers/Analgesics for non-medical purposes in the last 12 months?

Yes ☐ (Continue) No ☐ (Skip to G1 on page 20)

F5. During the last 12 months, did you find that you couldn't stop or cut down on your use of Pain-killers/Analgesics for non-medical purposes, even though you wanted to or tried to?

Yes ☐ No ☐

F6. Have you used Pain-killers/Analgesics for non-medical purposes in the last month?

Yes ☐ (Continue) No ☐ (Skip to F8)

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F7. Have you used Pain-killers/Analgesics for non-medical purposes in the last week?

Yes ☐ No ☐

F8. In the last 12 months, how often did you use Pain-killers/Analgesics for non-medical purposes?
(Mark one response only)

- Every day ☐
- Once a week or more ☐
- About once a month ☐
- Every few months ☐
- Once or twice a year ☐

F9a. Where did you first obtain Pain-killers/Analgesics for non-medical purposes?
(Mark one response only in **First** column)

F9b. Where do/did you usually obtain Pain-killers/ Analgesics for non-medical purposes?
(Mark one response only in **Usually** column)

PLEASE ANSWER	F9a. First	AND	F9b. Usually
Bought/buy at a shop/retail outlet (e.g. chemist, supermarket, etc.)	☐		☐
Friend or acquaintance	☐		☐
Brother or sister	☐		☐
Parent	☐		☐
Spouse or partner	☐		☐
Other relative	☐		☐
A dealer	☐		☐
Doctor shopping/forged script	☐		☐
Stole/steal it	☐		☐
Prescription for medical condition	☐		☐
Internet purchase	☐		☐
Other	☐		☐

F10. Where do/did you usually use Pain-killers/ Analgesics for non-medical purposes?
(Mark all that apply)

- In my own/spouse's/partner's home ☐
- At a friend's house ☐
- At a party at someone's house ☐
- At raves/dance parties ☐
- At restaurants/cafés ☐
- At licensed premises (e.g. pubs, clubs) ☐
- At school, TAFE, university, etc. ☐
- At my workplace ☐
- In public places (e.g. parks, beaches) ☐
- In a car or other vehicle ☐
- Somewhere else ☐

F11. In the past 12 months, what was the main kind of analgesic/pain-killer you used for non-medical purposes?
(Mark one response only)

- Over-the-counter (Paracetamol, Aspirin, Nurofen Plus) ☐
- Prescription (Panadeine Forte, Morphine, Pethidine, Fentanyl ®, Endone ®) ☐

F12. Which of the following did you use at the same time, on at least one occasion that you used Pain-killers/Analgesics for non-medical purposes?
(Mark all that apply)

- Alcohol ☐
- Tobacco ☐
- Tranquillisers, Sleeping pills for non-medical purposes ☐
- Steroids for non-medical purposes ☐
- Sniffing Petrol/Glue/Aerosols/Solvents ☐
- Marijuana/Cannabis ☐
- Hallucinogens/LSD/Magic Mushrooms ☐
- Methadone/Buprenorphine for non-medical purposes ☐
- Meth/amphetamine for non-medical purposes ☐
- Heroin ☐
- Other Opioids/Opiates (e.g. Morphine, Pethidine) for non-medical purposes ☐
- Cocaine/Crack ☐
- Ecstasy ☐
- GHB ☐
- Ketamine ☐
- Kava ☐
- Other ☐
- Not used any of the above at the same time as Pain-killers/Analgesics for non-medical purposes ☐

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F13. What drug would you mostly use when Pain-killers/Analgesics for non-medical purposes are not available?
(Mark one response only)

- Alcohol ☐
- Tobacco ☐
- Tranquillisers, Sleeping pills for non-medical purposes ☐
- Prescription Pain-killers/Analgesics for non-medical purposes ☐
- Over-the-counter Pain-killers/Analgesics for non-medical purposes ☐
- Steroids for non-medical purposes ☐
- Sniffing Petrol/Glue/Aerosols/Solvents ☐
- Marijuana/Cannabis ☐
- Hallucinogens/LSD/Magic Mushrooms ☐
- Methadone/Buprenorphine for non-medical purposes ☐
- Meth/amphetamine for non-medical purposes ☐
- Heroin ☐
- Other Opioids/Opiates (e.g. Morphine, Pethidine) for non-medical purposes ☐
- Cocaine/Crack ☐
- Ecstasy ☐
- GHB ☐
- Ketamine ☐
- Kava ☐
- Other ☐
- Cocktail/Combination of drugs ☐
- No other drug ☐

Section G – Tranquillisers/Sleeping pills

This section asks about the use of Tranquillisers and Sleeping pills (e.g. Benzos, Temazzies, Tranks, Sleepers, Valium, Serapax, Serries, Mandrax, Mandies, Rohypnol, Rowies).

G1. Have you ever used Tranquillisers/Sleeping pills?

Yes ☐ (Continue) No ☐ (Skip to H1 on page 21)

G2. Have you ever used Tranquillisers/Sleeping pills for non-medical purposes?

Yes ☐ (Continue) No ☐ (Skip to H1 on page 21)

G3. About what age were you when you first used Tranquillisers/Sleeping pills for non-medical purposes?

Age in years: ☐☐

G4. Have you used Tranquillisers/Sleeping pills for non-medical purposes in the last 12 months?

Yes ☐ (Continue) No ☐ (Skip to H1 on page 21)

G5. During the last 12 months, did you find that you couldn't stop or cut down on your use of Tranquillisers/Sleeping pills for non-medical purposes, even though you wanted to or tried to?

Yes ☐ No ☐

G6. Have you used Tranquillisers/Sleeping pills for non-medical purposes in the last month?

Yes ☐ (Continue) No ☐ (Skip to G8)

G7. Have you used Tranquillisers/Sleeping pills for non-medical purposes in the last week?

Yes ☐ No ☐

G8. In the last 12 months, how often did you use Tranquillisers/Sleeping pills for non-medical purposes?
(Mark one response only)

- Every day ☐
- Once a week or more ☐
- About once a month ☐
- Every few months ☐
- Once or twice a year ☐

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G9a. Where did you first obtain Tranquillisers/ Sleeping pills for non-medical purposes?
(Mark one response only in **First** column)

G9b. Where do/did you usually obtain Tranquillisers/ Sleeping pills for non-medical purposes?
(Mark one response only in **Usually** column)

PLEASE ANSWER	G9a. First	AND	G9b. Usually
Friend or acquaintance	☐		☐
Brother or sister	☐		☐
Parent	☐		☐
Spouse or partner	☐		☐
Other relative	☐		☐
A dealer	☐		☐
Doctor shopping/forged script	☐		☐
Stole/steal it	☐		☐
Prescription for medical condition	☐		☐
Internet purchase	☐		☐
Other	☐		☐

G10. Where do/did you usually use Tranquillisers/ Sleeping pills for non-medical purposes?
(Mark all that apply)

- In my own/spouse's/partner's home ☐
- At a friend's house ☐
- At a party at someone's house ☐
- At raves/dance parties ☐
- At restaurants/cafés ☐
- At licensed premises (e.g. pubs, clubs) ☐
- At school, TAFE, university, etc. ☐
- At my workplace ☐
- In public places (e.g. parks, beaches) ☐
- In a car or other vehicle ☐
- Somewhere else ☐

Reminder:

Please cross inside the box, like this:

☒

If you see a (Skip to) after the box you have just marked, go straight to the question indicated.

Section H – Steroids

This section asks about the use of Steroids (e.g. Roids, Juice, Gear, Andriol, Halotestin, Proviron, Sustanon, Testomet).

H1. Have you ever used Steroids?

Yes ☐ (Continue) No ☐ (Skip to K1a on page 22)

H2. Have you ever used Steroids for non-medical purposes?

Yes ☐ (Continue) No ☐ (Skip to K1a on page 22)

H3. About what age were you when you first used Steroids for non-medical purposes?

Age in years: ☐☐

H4. Have you used Steroids for non-medical purposes in the last 12 months?

Yes ☐ (Continue) No ☐ (Skip to K1a on page 22)

H5. During the last 12 months, did you find that you couldn't stop or cut down on your use of Steroids for non-medical purposes, even though you wanted to or tried to?

Yes ☐ No ☐

H6. Have you used Steroids for non-medical purposes in the last month?

Yes ☐ (Continue) No ☐ (Skip to H8)

H7. Have you used Steroids for non-medical purposes in the last week?

Yes ☐ No ☐

H8. In the last 12 months, how often did you use Steroids for non-medical purposes?
(Mark one response only)

- Every day ☐
- Once a week or more ☐
- About once a month ☐
- Every few months ☐
- Once or twice a year ☐

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H9a. Where did you first obtain Steroids for non-medical purposes?
(Mark one response only in **First** column)

H9b. Where do/did you usually obtain Steroids for non-medical purposes?
(Mark one response only in **Usually** column)

PLEASE ANSWER	H9a. First	AND	H9b. Usually
Friend or acquaintance	☐		☐
Brother or sister	☐		☐
Parent	☐		☐
Spouse or partner	☐		☐
Other relative	☐		☐
A dealer	☐		☐
At gyms/sporting clubs/ fitness centres	☐		☐
Doctor shopping/forged script	☐		☐
Stole/steal it	☐		☐
Prescription for medical condition	☐		☐
Internet purchase	☐		☐
Other	☐		☐

H10. How have you used Steroids for non-medical purposes?
(Mark all that apply)

Swallowed ☐
Injected ☐
Other ☐

THERE ARE NO SECTIONS I OR J

Section K – Meth/amphetamine

This section asks about the use of Meth/amphetamine (e.g. Speed, Ice, Crystal, Whizz, Ritalin, Pseudoephedrine based cold and flu tablets)

K1a. Have you ever used Meth/amphetamine?

Yes ☐ (Continue) No ☐ (Skip to L1 on page 24)

K1b. Have you ever used Meth/amphetamine for non-medical purposes?

Yes ☐ (Continue) No ☐ (Skip to L1 on page 24)

K2. About what age were you when you first used Meth/amphetamine for non-medical purposes?

Age in years: ☐☐

K3. Have you used Meth/amphetamine for non-medical purposes in the last 12 months?

Yes ☐ (Continue) No ☐ (Skip to L1 on page 24)

K4. During the last 12 months, did you find that you couldn't stop or cut down on your use of Meth/amphetamine for non-medical purposes, even though you wanted to or tried to?

Yes ☐ No ☐

K5. Have you used Meth/amphetamine for non-medical purposes in the last month?

Yes ☐ (Continue) No ☐ (Skip to K7)

K6. Have you used Meth/amphetamine for non-medical purposes in the last week?

Yes ☐ No ☐

K7. In the last 12 months, how often did you use Meth/amphetamine for non-medical purposes?
(Mark one response only)

Every day ☐
Once a week or more ☐
About once a month ☐
Every few months ☐
Once or twice a year ☐

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K8a. Where did you first obtain Meth/amphetamine for non-medical purposes?
(Mark one response only in **First** column)

K8b. Where do/did you usually obtain Meth/amphetamine for non-medical purposes?
(Mark one response only in **Usually** column)

PLEASE ANSWER	K8a. First	AND	K8b. Usually
Friend or acquaintance	☐		☐
Brother or sister	☐		☐
Parent	☐		☐
Spouse or partner	☐		☐
Other relative	☐		☐
A dealer	☐		☐
Doctor shopping/forged script	☐		☐
Stole/steal it	☐		☐
Prescription for medical condition	☐		☐
Internet purchase	☐		☐
Other	☐		☐

K9. Where do/did you usually use Meth/amphetamine for non-medical purposes?
(Mark all that apply)

- In my own/spouse's/partner's home ☐
- At a friend's house ☐
- At a party at someone's house ☐
- At raves/dance parties ☐
- At restaurants/cafés ☐
- At licensed premises (e.g. pubs, clubs) ☐
- At school, TAFE, university, etc. ☐
- At my workplace ☐
- In public places (e.g. parks, beaches) ☐
- In a car or other vehicle ☐
- Somewhere else ☐

K10. On a day you use Meth/amphetamine for non-medical purposes, on average how many points or grams do you normally have?

Number of points ☐ OR Number of grams ☐

If less than 1, indicate to the nearest fraction:

points		grams
¼ ☐	OR	¼ ☐
½ ☐		½ ☐
¾ ☐		¾ ☐

K11a. What forms of Meth/amphetamine have you ever used?
(Mark all that apply in **Ever** column)

K11b. In the last 12 months, what was the main form of Meth/amphetamine that you used?
(Mark one response only in **Main** column)

PLEASE ANSWER	K11a. Forms Ever Used	AND	K11b. Main Form Used
Powder	☐		☐
Liquid	☐		☐
Crystal, Ice	☐		☐
Base/Paste/Pure	☐		☐
Tablet	☐		☐
Prescription Amphetamine for non-medical purposes	☐		☐
Other	☐		☐

K12. In the last 12 months, what was the main way that you used Meth/amphetamine for non-medical purposes?
(Mark one response only)

- Smoked ☐
- Snorted ☐
- Swallowed ☐
- Injected ☐
- Other ☐

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K13. Which of the following did you use at the same time, on at least one occasion that you used Meth/amphetamine for non-medical purposes?
(Mark all that apply)

- Alcohol ☐
- Tobacco ☐
- Tranquillisers, Sleeping pills for non-medical use ☐
- Prescription Pain-killers/Analgesics for non-medical use ☐
- Over-the-counter Pain-killers/Analgesics for non-medical use ☐
- Steroids for non-medical use ☐
- Sniffing Petrol/Glue/Aerosols/Solvents ☐
- Marijuana/Cannabis ☐
- Hallucinogens/LSD/Magic Mushrooms ☐
- Methadone/Buprenorphine for non-medical use ☐
- Heroin ☐
- Other Opioids/Opiates (e.g. Morphine, Pethidine) for non-medical use ☐
- Cocaine/Crack ☐
- Ecstasy ☐
- GHB ☐
- Ketamine ☐
- Kava ☐
- Other ☐
- Not used any of the above at the same time as Meth/amphetamine for non-medical purposes ☐

K14. What drug would you mostly use when Meth/amphetamine for non-medical purposes is not available?
(Mark one response only)

- Alcohol ☐
- Tobacco ☐
- Tranquillisers, Sleeping pills for non-medical use ☐
- Prescription Pain-killers/Analgesics for non-medical use ☐
- Over-the-counter Pain-killers/Analgesics for non-medical use ☐
- Steroids for non-medical use ☐
- Sniffing Petrol/Glue/Aerosols/Solvents ☐
- Marijuana/Cannabis ☐
- Hallucinogens/LSD/Magic Mushrooms ☐
- Methadone/Buprenorphine for non-medical use ☐
- Heroin ☐
- Other Opioids/Opiates (e.g. Morphine, Pethidine) for non-medical use ☐
- Cocaine/Crack ☐
- Ecstasy ☐
- GHB ☐
- Ketamine ☐
- Kava ☐
- Other ☐
- Cocktail/Combination of drugs ☐
- No other drug ☐

Section L – Marijuana/Cannabis

L1. Have you ever used Marijuana/Cannabis?

Yes ☐ (Continue) No ☐ (Skip to M1 on page 26)

L2. About what age were you when you first used Marijuana/Cannabis?

Age in years: ☐☐

L3. Have you used Marijuana/Cannabis in the last 12 months?

Yes ☐ (Continue) No ☐ (Skip to M1 on page 26)

L4. During the last 12 months, did you find that you couldn't stop or cut down on your use of Marijuana/Cannabis, even though you wanted to or tried to?

Yes ☐ No ☐

L5. Have you used Marijuana/Cannabis in the last month?

Yes ☐ (Continue) No ☐ (Skip to L7)

L6. Have you used Marijuana/Cannabis in the last week?

Yes ☐ No ☐

L7. In the last 12 months, how often did you use Marijuana/Cannabis?
(Mark one response only)

- Every day ☐
- Once a week or more ☐
- About once a month ☐
- Every few months ☐
- Once or twice a year ☐

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L8a. Where did you first obtain Marijuana/Cannabis?
(Mark one response only in **First** column)

L8b. Where do/did you usually obtain Marijuana/Cannabis?
(Mark one response only in **Usually** column)

PLEASE ANSWER	L8a. First	AND	L8b. Usually
Friend or acquaintance	☐		☐
Brother or sister	☐		☐
Parent	☐		☐
Spouse or partner	☐		☐
Other relative	☐		☐
A dealer	☐		☐
Grew/grow my own (made/make it myself)	☐		☐
Stole/steal it	☐		☐
Other	☐		☐

L9. Where do/did you usually use Marijuana/Cannabis?
(Mark all that apply)

- In my own/spouse's/partner's home ☐
- At a friend's house ☐
- At a party at someone's house ☐
- At raves/dance parties ☐
- At restaurants/cafés ☐
- At licensed premises (e.g. pubs, clubs) ☐
- At school, TAFE, university, etc. ☐
- At my workplace ☐
- In public places (e.g. parks, beaches) ☐
- In a car or other vehicle ☐
- Somewhere else ☐

L10. On a day you use Marijuana/Cannabis, on average how many cones, bongs or joints do you normally have?

Number of cones or bongs		Number of joints
☐	OR	☐

If less than 1, indicate to the nearest fraction:

cones or bongs		joints
¼ ☐	OR	¼ ☐
½ ☐		½ ☐
¾ ☐		¾ ☐

L11. What form of Marijuana/Cannabis do you use?
(Mark all that apply)

- Leaf ☐
- Head ☐
- Resin (including Hash) ☐
- Oil (including Hash oil) ☐
- Other ☐

L12. How have you used Marijuana/Cannabis?
(Mark all that apply)

- Smoked as joints (e.g. reefers, spliffs) ☐
- Smoked from a bong or pipe ☐
- By eating it (e.g. Hash cookies) ☐
- Marijuana/Cannabis and tobacco mixed ☐
- Other ☐

L13. Which of the following did you use at the same time, on at least one occasion that you used Marijuana/Cannabis?
(Mark all that apply)

- Alcohol ☐
- Tobacco ☐
- Tranquillisers, Sleeping pills for non-medical use ☐
- Prescription Pain-killers/Analgesics for non-medical use ☐
- Over-the-counter Pain-killers/Analgesics for non-medical use ☐
- Steroids for non-medical use ☐
- Sniffing Petrol/Glue/Aerosols/Solvents ☐
- Hallucinogens/LSD/Magic Mushrooms ☐
- Methadone/Buprenorphine for non-medical use ☐
- Meth/amphetamine for non-medical use ☐
- Heroin ☐
- Other Opioids/Opiates (e.g. Morphine, Pethidine) for non-medical use ☐
- Cocaine/Crack ☐
- Ecstasy ☐
- GHB ☐
- Ketamine ☐
- Kava ☐
- Other ☐
- Not used any of the above at the same time as Marijuana/Cannabis ☐

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L14. What drug would you mostly use when Marijuana/Cannabis is not available?
(Mark one response only)

- Alcohol ☐
- Tobacco ☐
- Tranquillisers, Sleeping pills for non-medical use ☐
- Prescription Pain-killers/Analgesics for non-medical use ☐
- Over-the-counter Pain-killers/Analgesics for non-medical use ☐
- Steroids for non-medical use ☐
- Sniffing Petrol/Glue/Aerosols/Solvents ☐
- Hallucinogens/LSD/Magic Mushrooms ☐
- Methadone/Buprenorphine for non-medical use ☐
- Meth/amphetamine for non-medical use ☐
- Heroin ☐
- Other Opioids/Opiates (e.g. Morphine, Pethidine) for non-medical use ☐
- Cocaine/Crack ☐
- Ecstasy ☐
- GHB ☐
- Ketamine ☐
- Kava ☐
- Other ☐
- Cocktail/Combination of drugs ☐
- No other drug ☐

Reminder: Your answers are completely confidential. Please answer honestly. This survey is conducted under the *AIHW Act* which prohibits the release of any information about individuals collected in the survey.

Section M – Heroin

M1. Have you ever used Heroin?

Yes ☐ (Continue) No ☐ (Skip to N1 on page 27)

M2. About what age were you when you first used Heroin?

Age in years: ☐☐

M3. Have you used Heroin in the last 12 months?

Yes ☐ (Continue) No ☐ (Skip to N1 on page 27)

M4. During the last 12 months, did you find that you couldn't stop or cut down on your use of Heroin, even though you wanted to or tried to?

Yes ☐ No ☐

M5. Have you used Heroin in the last month?

Yes ☐ (Continue) No ☐ (Skip to M7)

M6. Have you used Heroin in the last week?

Yes ☐ No ☐

M7. In the last 12 months, how often did you use Heroin?
(Mark one response only)

- Every day ☐
- Once a week or more ☐
- About once a month ☐
- Every few months ☐
- Once or twice a year ☐

M8a. Where did you first obtain Heroin?
(Mark one response only in **First** column)

M8b. Where do/did you usually obtain Heroin?
(Mark one response only in **Usually** column)

PLEASE ANSWER	M8a. First	AND	M8b. Usually
Friend or acquaintance	☐		☐
Brother or sister	☐		☐
Parent	☐		☐
Spouse or partner	☐		☐
Other relative	☐		☐
A dealer	☐		☐
Stole/steal it	☐		☐
Other	☐		☐

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M9. Where do/did you usually use Heroin?
(Mark all that apply)

- In my own/spouse's/partner's home ☐
- At a friend's house ☐
- At a party at someone's house ☐
- At raves/dance parties ☐
- At restaurants/cafés ☐
- At licensed premises (e.g. pubs, clubs) ☐
- At school, TAFE, university, etc. ☐
- At my workplace ☐
- In public places (e.g. parks, beaches) ☐
- In a car or other vehicle ☐
- Somewhere else ☐

M10. On a day you use Heroin, on average how many hits do you normally have?

Number of hits: ☐

M11a. What forms of Heroin have you ever used?
(Mark all that apply in **Ever** column)

M11b. In the last 12 months, what was the main form of Heroin that you used?
(Mark one response only in **Main** column)

PLEASE ANSWER	M11a. Forms Ever Used	AND	M11b. Main Form Used
Powder	☐		☐
Rock	☐		☐
Other	☐		☐

M12. In the last 12 months, what was the main way that you used Heroin?
(Mark one response only)

- Smoked ☐
- Snorted ☐
- Swallowed ☐
- Injected ☐
- Other ☐

Section N – Methadone or Buprenorphine

This section asks about the use of Methadone (e.g. Done, Junk, Jungle juice) and/or Buprenorphine (e.g. Bupe, Sub).

N1. Have you ever used Methadone or Buprenorphine?

Yes ☐ (Continue) No ☐ (Skip to O1)

N2. Have you ever used Methadone or Buprenorphine (not supplied to you medically)?

Yes ☐ (Continue) No ☐ (Skip to O1)

N3. About what age were you when you first used Methadone or Buprenorphine (not supplied to you medically)?

Age in years: ☐

N4. Have you used Methadone or Buprenorphine (not supplied to you medically) in the last 12 months?

Yes ☐ (Continue) No ☐ (Skip to O1)

N5. During the last 12 months, did you find that you couldn't stop or cut down on your use of Methadone or Buprenorphine (not supplied to you medically), even though you wanted to or tried to?

Yes ☐ No ☐

N6. Have you used Methadone or Buprenorphine (not supplied to you medically) in the last month?

Yes ☐ (Continue) No ☐ (Skip to O1)

N7. Have you used Methadone or Buprenorphine (not supplied to you medically) in the last week?

Yes ☐ No ☐

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Section O – Cocaine

O1. Have you ever used Cocaine?

Yes ☐ (Continue) No ☐ (Skip to P1 on page 29)

O2. About what age were you when you first used Cocaine?

Age in years: ☐☐

O3. Have you used Cocaine in the last 12 months?

Yes ☐ (Continue) No ☐ (Skip to P1 on page 29)

O4. During the last 12 months, did you find that you couldn't stop or cut down on your use of Cocaine, even though you wanted to or tried to?

Yes ☐ No ☐

O5. Have you used Cocaine in the last month?

Yes ☐ (Continue) No ☐ (Skip to O7)

O6. Have you used Cocaine in the last week?

Yes ☐ No ☐

O7. In the last 12 months, how often did you use Cocaine?
(Mark one response only)

- Every day ☐
- Once a week or more ☐
- About once a month ☐
- Every few months ☐
- Once or twice a year ☐

O8a. Where did you first obtain Cocaine?
(Mark one response only in **First** column)

O8b. Where do/did you usually obtain Cocaine?
(Mark one response only in **Usually** column)

PLEASE ANSWER	O8a. First	AND	O8b. Usually
Friend or acquaintance	☐		☐
Brother or sister	☐		☐
Parent	☐		☐
Spouse or partner	☐		☐
Other relative	☐		☐
A dealer	☐		☐
Stole/steal it	☐		☐
Other	☐		☐

O9. Where do/did you usually use Cocaine?
(Mark all that apply)

- In my own/spouse's/partner's home ☐
- At a friend's house ☐
- At a party at someone's house ☐
- At raves/dance parties ☐
- At restaurants/cafés ☐
- At licensed premises (e.g. pubs, clubs) ☐
- At school, TAFE, university, etc. ☐
- At my workplace ☐
- In public places (e.g. parks, beaches) ☐
- In a car or other vehicle ☐
- Somewhere else ☐

O10. On a day you use Cocaine, on average how many 'hits' or 'lines' do you normally have?

Number of grams		Number of points		Number of lines
☐☐	OR	☐☐	OR	☐☐

If less than 1, indicate to the nearest fraction:

grams		points		lines
¼ ☐	OR	¼ ☐	OR	¼ ☐
½ ☐		½ ☐		½ ☐
¾ ☐		¾ ☐		¾ ☐

O11a. What forms of Cocaine have you ever used?
(Mark all that apply in **Ever** column)

O11b. In the last 12 months, what was the main form of Cocaine that you used?
(Mark one response only in **Main** column)

PLEASE ANSWER	O11a. Forms Ever Used	AND	O11b. Main Form Used
Cocaine powder	☐		☐
Crack Cocaine (smokeable crystal)	☐		☐
Other	☐		☐

O12. In the last 12 months, what was the main way that you used Cocaine?
(Mark one response only)

- Smoked ☐
- Snorted ☐
- Swallowed ☐
- Injected ☐
- Other ☐

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O13. Which of the following did you use at the same time, on at least one occasion that you used Cocaine?
(Mark all that apply)

- Alcohol ☐
- Tobacco ☐
- Tranquillisers, Sleeping pills for non-medical use ☐
- Prescription Pain-killers/Analgesics for non-medical use ☐
- Over-the-counter Pain-killers/Analgesics for non-medical use ☐
- Steroids for non-medical use ☐
- Sniffing Petrol/Glue/Aerosols/Solvents ☐
- Marijuana/Cannabis ☐
- Hallucinogens/LSD/Magic Mushrooms ☐
- Methadone/Buprenorphine for non-medical use ☐
- Meth/amphetamine for non-medical use ☐
- Heroin ☐
- Other Opioids/Opiates (e.g. Morphine, Pethidine) for non-medical use ☐
- Ecstasy ☐
- GHB ☐
- Ketamine ☐
- Kava ☐
- Other ☐
- Not used any of the above at the same time as Cocaine ☐

O14. Which drug would you mostly use when Cocaine is not available?
(Mark one response only)

- Alcohol ☐
- Tobacco ☐
- Tranquillisers, Sleeping pills for non-medical use ☐
- Prescription Pain-killers/Analgesics for non-medical use ☐
- Over-the-counter Pain-killers/Analgesics for non-medical use ☐
- Steroids for non-medical use ☐
- Sniffing Petrol/Glue/Aerosols/Solvents ☐
- Marijuana/Cannabis ☐
- Hallucinogens/LSD/Magic Mushrooms ☐
- Methadone/Buprenorphine for non-medical use ☐
- Meth/amphetamine for non-medical use ☐
- Heroin ☐
- Other Opioids/Opiates (e.g. Morphine, Pethidine) for non-medical use ☐
- Ecstasy ☐
- GHB ☐
- Ketamine ☐
- Kava ☐
- Other ☐
- Cocktail/Combination of drugs ☐
- No other drug ☐

Section P – Hallucinogens

This section asks about the use of Hallucinogens (e.g. Acid, Trips, Mushies, Magic mushrooms, Blotter, Angel dust, Blue meanies).

P1. Have you ever used any Hallucinogens?

Yes ☐ (Continue) No ☐ (Skip to Q1)

P2. About what age were you when you first used Hallucinogens?

Age in years: ☐☐

P3. Have you used Hallucinogens in the last 12 months?

Yes ☐ (Continue) No ☐ (Skip to Q1)

P4. During the last 12 months, did you find that you couldn't stop or cut down on your use of Hallucinogens, even though you wanted to or tried to?

Yes ☐ No ☐

P5. Have you used Hallucinogens in the last month?

Yes ☐ (Continue) No ☐ (Skip to P7)

P6. Have you used Hallucinogens in the last week?

Yes ☐ No ☐

P7. In the last 12 months, how often did you use Hallucinogens?
(Mark one response only)

- Every day ☐
- Once a week or more ☐
- About once a month ☐
- Every few months ☐
- Once or twice a year ☐

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Section Q – Ecstasy

Q1. Have you ever used Ecstasy?

Yes ☐ (Continue) No ☐ (Skip to R1 on page 31)

Q2. About what age were you when you first used Ecstasy?

Age in years: ☐

Q3. Have you used Ecstasy in the last 12 months?

Yes ☐ (Continue) No ☐ (Skip to R1 on page 31)

Q4. During the last 12 months, did you find that you couldn't stop or cut down on your use of Ecstasy, even though you wanted to or tried to?

Yes ☐ No ☐

Q5. Have you used Ecstasy in the last month?

Yes ☐ (Continue) No ☐ (Skip to Q7)

Q6. Have you used Ecstasy in the last week?

Yes ☐ No ☐

Q7. In the last 12 months, how often did you use Ecstasy?
(Mark one response only)

- Every day ☐
- Once a week or more ☐
- About once a month ☐
- Every few months ☐
- Once or twice a year ☐

Reminder:

Please cross inside the box, like this:

☒

If you see a (Skip to) after the box you have just marked, go straight to the question indicated.

Q8a. Where did you first obtain Ecstasy?
(Mark one response only in **First** column)

Q8b. Where do/did you usually obtain Ecstasy?
(Mark one response only in **Usually** column)

PLEASE ANSWER	Q8a. First	AND	Q8b. Usually
Friend or acquaintance	☐		☐
Brother or sister	☐		☐
Parent	☐		☐
Spouse or partner	☐		☐
Other relative	☐		☐
A dealer	☐		☐
Stole/steal it	☐		☐
Other	☐		☐

Q9. Where do/did you usually use Ecstasy?
(Mark all that apply)

- In my own/spouse's/partner's home ☐
- At a friend's house ☐
- At a party at someone's house ☐
- At raves/dance parties ☐
- At restaurants/cafés ☐
- At licensed premises (e.g. pubs, clubs) ☐
- At school, TAFE, university, etc. ☐
- At my workplace ☐
- In public places (e.g. parks, beaches) ☐
- In a car or other vehicle ☐
- Somewhere else ☐

Q10. On a day you use Ecstasy, on average how many tablets/pills do you normally have?

Number of tablets/pills: ☐

If less than 1, indicate to the nearest fraction:

¼ ☐ ½ ☐ ¾ ☐

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Q11. Which of the following did you use at the same time, on at least one occasion that you used Ecstasy?
(Mark all that apply)

- Alcohol ☐
- Tobacco ☐
- Tranquillisers, Sleeping pills for non-medical use ☐
- Prescription Pain-killers/Analgesics for non-medical use ☐
- Over-the-counter Pain-killers/Analgesics for non-medical use ☐
- Steroids for non-medical use ☐
- Sniffing Petrol/Glue/Aerosols/Solvents ☐
- Marijuana/Cannabis ☐
- Hallucinogens/LSD/Magic Mushrooms ☐
- Methadone/Buprenorphine for non-medical use ☐
- Meth/amphetamine for non-medical use ☐
- Heroin ☐
- Other Opioids/Opiates (e.g. Morphine, Pethidine) for non-medical use ☐
- Cocaine/Crack ☐
- GHB ☐
- Ketamine ☐
- Kava ☐
- Other ☐
- Not used any of the above at the same time as Ecstasy ☐

Q12. Which drug would you mostly use when Ecstasy is not available?
(Mark one response only)

- Alcohol ☐
- Tobacco ☐
- Tranquillisers, Sleeping pills for non-medical use ☐
- Prescription Pain-killers/Analgesics for non-medical use ☐
- Over-the-counter Pain-killers/Analgesics for non-medical use ☐
- Steroids for non-medical use ☐
- Sniffing Petrol/Glue/Aerosols/Solvents ☐
- Marijuana/Cannabis ☐
- Hallucinogens/LSD/Magic Mushrooms ☐
- Methadone/Buprenorphine for non-medical use ☐
- Meth/amphetamine for non-medical use ☐
- Heroin ☐
- Other Opioids/Opiates (e.g. Morphine, Pethidine) for non-medical use ☐
- Cocaine/Crack ☐
- GHB ☐
- Ketamine ☐
- Kava ☐
- Other ☐
- Cocktail/Combination of drugs ☐
- No other drug ☐

Section R – Ketamine

R1. Have you ever used Ketamine?

Yes ☐ (Continue) No ☐ (Skip to S1)

R2. About what age were you when you first used Ketamine?

Age in years: ☐☐

R3. Have you used Ketamine in the last 12 months?

Yes ☐ (Continue) No ☐ (Skip to S1)

R4. Have you used Ketamine in the last month?

Yes ☐ (Continue) No ☐ (Skip to R6)

R5. Have you used Ketamine in the last week?

Yes ☐ No ☐

R6. In the last 12 months, how often did you use Ketamine?
(Mark one response only)

- Every day ☐
- Once a week or more ☐
- About once a month ☐
- Every few months ☐
- Once or twice a year ☐

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Section S – GHB

S1. Have you ever used GHB?

Yes ☐ (Continue) No ☐ (Skip to U1)

S2. About what age were you when you first used GHB?

Age in years: ☐☐

S3. Have you used GHB in the last 12 months?

Yes ☐ (Continue) No ☐ (Skip to U1)

S4. Have you used GHB in the last month?

Yes ☐ (Continue) No ☐ (Skip to S6)

S5. Have you used GHB in the last week?

Yes ☐ No ☐

S6. In the last 12 months, how often did you use GHB?
(Mark one response only)

Every day ☐
Once a week or more ☐
About once a month ☐
Every few months ☐
Once or twice a year ☐

THERE IS NO SECTION T

Section U – Inhalants

This section asks about the use of Inhalants (e.g. Chroming, Sniffing, Solvents, Aerosols, Glue, Petrol, Laughing gas, Whippits, Nitrous, Snappers, Poppers, Pearlers, Rushamines, Locker room, Bolt, Bullet, Rush, Climax, Red gold, Amyl, Bulbs).

Nasal sprays, inhalers or puffers used for asthma and similar conditions should not be included here.

U1. Have you ever used Inhalants?

Yes ☐ (Continue) No ☐ (Skip to V1 on page 33)

U2. About what age were you when you first used Inhalants?

Age in years: ☐☐

U3. Have you used Inhalants in the last 12 months?

Yes ☐ (Continue) No ☐ (Skip to V1 on page 33)

U4. During the last 12 months, did you find that you couldn't stop or cut down on your use of Inhalants, even though you wanted to or tried to?

Yes ☐ No ☐

U5. Have you used Inhalants in the last month?

Yes ☐ (Continue) No ☐ (Skip to U7)

U6. Have you used Inhalants in the last week?

Yes ☐ No ☐

U7. In the last 12 months, how often did you use Inhalants?
(Mark one response only)

Every day ☐
Once a week or more ☐
About once a month ☐
Every few months ☐
Once or twice a year ☐

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U8a. Where did you first obtain Inhalants?
(Mark one response only in **First** column)

U8b. Where do/did you usually obtain Inhalants?
(Mark one response only in **Usually** column)

PLEASE ANSWER	U8a. First	AND	U8b. Usually
Friend or acquaintance	☐		☐
Brother or sister	☐		☐
Parent	☐		☐
Spouse or partner	☐		☐
Other relative	☐		☐
A dealer	☐		☐
Bought/buy at a shop/retail outlet (e.g. petrol station, hardware store, supermarket, etc.)	☐		☐
Stole/steal it	☐		☐
Other	☐		☐

U9. Where do/did you usually use Inhalants?
(Mark all that apply)

- In my own/spouse's/partner's home ☐
- At a friend's house ☐
- At a party at someone's house ☐
- At raves/dance parties ☐
- At restaurants/cafés ☐
- At licensed premises (e.g. pubs, clubs) ☐
- At school, TAFE, university, etc. ☐
- At my workplace ☐
- In public places (e.g. parks, beaches) ☐
- In a car or other vehicle ☐
- Somewhere else ☐

U10. On a day you use Inhalants, on average how many hits do you normally have?

Number of hits: ☐☐

U11. What form of Inhalants do you use?
(Mark all that apply)

- Petrol ☐
- Other volatile solvents (e.g. glue, paint thinners, nail polish remover, marker pens) ☐
- Aerosols (e.g. spray paints, deodorants, hair spray) ☐
- Gases (e.g. anaesthetics, nitrous oxide (laughing/happy gas), fuel gases (butane lighters) refrigerant gases (Freon gases from air conditioning units)) ☐
- Nitrites (e.g. Rush, bolt, bullet, red gold, climax, poppers, snappers) ☐
- Other ☐

Section V – Other Opiates/Opioids

V1. Not including Heroin, have you ever used other Opiates/Opioids such as morphine, pethidine or Oxycodone (Endone ®)?

Yes ☐ (Continue) No ☐ (Skip to W1)

V2. Not including Heroin, have you ever used other Opiates/Opioids which were not supplied to you medically?

Yes ☐ (Continue) No ☐ (Skip to W1)

V3. Have you used other Opiates/Opioids which were not supplied to you medically, in the last 12 months?

Yes ☐ (Continue) No ☐ (Skip to W1)

V4. What type of other Opiates/Opioids (not supplied to you medically) have you used in the last 12 months?
(Mark all that apply)

- Morphine ☐
- Pethidine ☐
- Oxycodone (Endone ®) ☐
- Other ☐

V5. How have you used other Opiates/Opioids (not supplied to you medically) in the last 12 months?
(Mark all that apply)

- Swallowed ☐
- Injected ☐
- Other ☐

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Section W – Injectable Drugs

This section deals with illicit injecting – that is, the injection of drugs that were not medically prescribed to inject. Some examples of injectable drugs are Steroids, Speed, Heroin, Pethidine, Cocaine and Ecstasy.

W1. Have you ever injected any drugs, apart from any that were prescribed for you to inject?
(This includes being injected by someone else)

Yes ☐ (Continue) No ☐ (Skip to X1 on page 35)

W2. About what age were you when you first injected yourself with a drug not prescribed to inject?
(This includes being injected by someone else)

Age in years: ☐☐

W3. What drug, not prescribed to inject, did you first inject?
(This includes being injected by someone else)
(Mark one response only)

- Heroin ☐
- Other Opiates/Opioids (Morphine, Pethidine, Oxycodone (Endone ®)) ☐
- Meth/amphetamine ☐
- Cocaine or Crack Cocaine ☐
- LSD or other Hallucinogens ☐
- Ecstasy ☐
- Benzodiazepines ☐
- Steroids ☐
- Ketamine ☐
- Methadone/Buprenorphine ☐
- GHB ☐
- Other drugs ☐

W4. What drug(s), not prescribed to inject, have you injected in the last 12 months?
(This includes being injected by someone else)
(Mark all that apply)

- Heroin ☐
- Other Opiates/Opioids (Morphine, Pethidine, Oxycodone (Endone ®)) ☐
- Meth/amphetamine ☐
- Cocaine or Crack Cocaine ☐
- LSD or other Hallucinogens ☐
- Ecstasy ☐
- Benzodiazepines ☐
- Steroids ☐
- Ketamine ☐
- Methadone/Buprenorphine ☐
- GHB ☐
- Other drugs ☐

Have not injected any of these drugs in the last 12 months ☐ (Skip to X1 on page 35)

W5. On average, how often have you injected yourself with a drug not prescribed to inject in the last 12 months?
(This includes being injected by someone else)
(Mark one response only)

- More than 3 times a day ☐
- 2 – 3 times a day ☐
- Once a day ☐
- More than once a week (but less than once a day) ☐
- Once a week or less ☐

W6. Where do you usually get needles and syringes?
(Mark all that apply)

- Chemist ☐
- Centre based needle and syringe program ☐
- Mobile needle and syringe program ☐
- Friends ☐
- Hospital or doctor ☐
- Diabetes Australia ☐
- Health centre ☐
- Vending machine ☐
- Other ☐

W7. Have you used a needle and syringe program in the last 12 months?

Yes ☐ No ☐

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W8. Where did you dispose of the LAST needle and/or syringe (or fit pack, sharps bin or other fit container) that you used?
(Mark one response only)

- Rubbish bin at home ☐
- Plastic rubbish bin ☐
- Public needle disposal bin ☐
- Needle and syringe program ☐
- Regulated injecting room/"shooting gallery" ☐
- Street or laneway ☐
- Other ☐

W9. Have you ever used a needle or other injecting equipment after someone else had already used it?
(Mark one response only)

- Yes, and I bleached and/or rinsed it first ☐
- Yes, but I did not bleach or rinse it first ☐
- No ☐ (Skip to W12)

W10. How long ago did you last use a needle or other injecting equipment which had been already used by someone else?

- Less than a month ago ☐
- Between 1 and 12 months ago ☐
- Between 1 and 5 years ago ☐
- More than 5 years ago ☐
- Never ☐

(Skip to W12)

W11. How many times in the last 12 months have you used a needle or other injecting equipment after someone else had already used it?

- Once or twice ☐
- 3 – 5 times ☐
- 6 – 10 times ☐
- More than 10 times ☐

W12. How long ago did someone else use a needle or other injecting equipment after you had used it?

- Less than a month ago ☐
- Between 1 and 12 months ago ☐
- Between 1 and 5 years ago ☐
- More than 5 years ago ☐
- Never ☐

OFFICE USE ONLY 1

Section X – Attitudes

X1. What is your main drug of choice (that is, your favourite or preferred drug)?
(Mark one response only)

- Alcohol ☐
- Tobacco ☐
- Tranquillisers, Sleeping pills ☐
- Prescription Pain-killers/Analgesics ☐
- Over-the-counter Pain-killers/Analgesics ☐
- Steroids ☐
- Sniffing Petrol/Glue/Aerosols/Solvents ☐
- Marijuana/Cannabis ☐
- Hallucinogens/LSD/Magic Mushrooms ☐
- Methadone/Buprenorphine ☐
- Meth/amphetamine ☐
- Heroin ☐
- Other Opioids/Opiates (e.g. Morphine, Pethidine) ☐
- Cocaine/Crack ☐
- Ecstasy ☐
- GHB ☐
- Ketamine ☐
- Kava ☐
- Other ☐
- No main drug of choice ☐

If you have ever used an illicit drug, please answer X2.
If you have never used an illicit drug, please answer X3.

X2. What factors influenced your decision to first use an illicit drug (including marijuana/cannabis)?
(Mark all that apply, then skip to Y1)

- Friends used/was offered by a friend (peer pressure) ☐
- Wanted to see what it was like (curiosity) ☐
- To feel better/to stop feeling unhappy ☐
- To take a risk ☐
- To do something exciting ☐
- Family problems (e.g. parents separated, didn't get on with parents) ☐
- Work/school/relationship problems ☐
- Traumatic experience (e.g. sexual or physical assault, death of someone close) ☐
- To lose weight ☐
- Enhance experience of some event (e.g. dance party) ☐
- Can't recall ☐
- Don't know ☐
- Other (Please write in):

1 ☐

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X3. What factors influenced your decision never to try illicit drugs (including marijuana/cannabis)?
(Mark all that apply)

- Worry about health problems ☐
- Didn't want to become addicted ☐
- Fear of legal consequences ☐
- Didn't want anyone to find out ☐
- Didn't like to feel out of control ☐
- Family/Friends/Peer pressure ☐
- Didn't think it would be enjoyable ☐
- Just not interested ☐
- Financial reasons ☐
- No opportunity or illicit drugs available ☐
- Religious/moral reasons ☐
- Didn't want to break the law ☐
- Fear of death ☐
- Other ☐
- Don't know ☐

Reminder:

Please cross inside the box, like this:

☒

If you see a (Skip to) after the box you have just marked, go straight to the question indicated.

Reminder: Your answers are completely confidential. Please answer honestly. This survey is conducted under the *AIHW Act* which prohibits the release of any information about individuals collected in the survey.

Section Y – Harms

Y1. In the last 12 months, did any person under the influence of or affected by alcohol. . .?
(Mark one response for each row)

	Yes	No
Verbally abuse you	☐	☐
Physically abuse you	☐	☐
Put you in fear	☐	☐

If Yes to any in Y1 continue.

If No to all in Y1, Skip to Y9 on page 37.

Y2. Which of the following persons under the influence of or affected by alcohol were responsible for the incident(s) referred to in Y1?
(Select each of the incidents that occurred to you from the top row, and moving down the list of persons, mark all that apply)

	Verbal abuse	Physical abuse	Put you in fear
Spouse or partner	☐	☐	☐
Parent	☐	☐	☐
Child	☐	☐	☐
Brother or sister	☐	☐	☐
Other relative	☐	☐	☐
Other house/flat resident	☐	☐	☐
Current boy/girl friend	☐	☐	☐
Former spouse/partner/ boy/girl friend	☐	☐	☐
Work/school/university mate	☐	☐	☐
Friend	☐	☐	☐
Other person known to me	☐	☐	☐
Not known to me	☐	☐	☐

PLEASE CHECK AGAIN THAT ALL THE INCIDENTS MENTIONED IN Y1 HAVE THE APPROPRIATE ANSWERS IN Y2

Y3. Where did the alcohol-related incident(s) referred to in Y1 occur?
(Select each of the incidents that occurred to you from the top row, and moving down the list of locations, mark all that apply)

	Verbal abuse	Physical abuse	Put you in fear
In my own home	☐	☐	☐
In a pub or club	☐	☐	☐
At a party	☐	☐	☐
At my workplace	☐	☐	☐
At school/university	☐	☐	☐
Public transport (e.g. train)	☐	☐	☐
In the street	☐	☐	☐
Somewhere else	☐	☐	☐

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Y4. What was the most serious physical injury you sustained as a result of the alcohol-related incident(s) referred to in Y1?
(Mark one response only)

- Bruising/abrasions ☐
- Burns, not requiring admission to hospital ☐
- Minor lacerations (e.g. cuts/scratches) ☐
- Lacerations requiring suturing (stitches), not requiring admission to hospital ☐
- Fractures (broken bones) not requiring admission to hospital ☐
- Sufficiently serious to require admission to hospital at least overnight ☐
- Not relevant – no physical injury sustained ☐

Y5. Was the most serious alcohol-related incident reported to the police?

Yes ☐ (Skip to Y7) No ☐ (Continue)

Y6. Are there any reasons why you didn't report the most serious alcohol-related incident to the police?
(Mark all that apply)

- Too trivial/unimportant ☐
- Private matter ☐
- Police could not do anything ☐
- Police would not do anything ☐
- Did not want offender punished ☐
- Too confused/upset ☐
- Afraid of reprisal/revenge ☐
- Incident is not uncommon for me (e.g. it is to be expected at parties, working in pubs) ☐
- Other ☐

Y7. In general, at the time(s) the alcohol-related incident(s) took place, had you also been drinking alcohol or consuming drugs other than alcohol?
(Mark one response only)

- Yes, alcohol only ☐
- Yes, other drugs only ☐
- Yes, both alcohol and other drugs ☐
- No, neither alcohol nor other drugs ☐

Y8. Did any of the alcohol-related incidents of physical abuse involve sexual abuse?

- Yes ☐
- No ☐
- Not relevant (not physically abused) ☐

ALL PLEASE ANSWER

Y9. In the last 12 months, did any person under the influence of or affected by illicit drugs. . .?
(Mark one response for each row)

	Yes	No
Verbally abuse you	☐	☐
Physically abuse you	☐	☐
Put you in fear	☐	☐

If Yes to any in Y9 continue.
If No to all in Y9, Skip to Y17 on page 38.

Y10. Which of the following persons under the influence of or affected by illicit drugs were responsible for the incident(s) referred to in Y9?
(Select each of the incidents that occurred to you from the top row, and moving down the list of persons, mark all that apply)

	Verbal abuse	Physical abuse	Put you in fear
Spouse or partner	☐	☐	☐
Parent	☐	☐	☐
Child	☐	☐	☐
Brother or sister	☐	☐	☐
Other relative	☐	☐	☐
Other house/flat resident	☐	☐	☐
Current boy/girl friend	☐	☐	☐
Former spouse/partner/boy/girl friend	☐	☐	☐
Work/school/university mate	☐	☐	☐
Friend	☐	☐	☐
Other person known to me	☐	☐	☐
Not known to me	☐	☐	☐

PLEASE CHECK AGAIN THAT ALL THE INCIDENTS MENTIONED IN Y9 HAVE THE APPROPRIATE ANSWERS IN Y10.

Y11. Where did the drug-related incident(s) referred to in Y9 occur?
(Select each of the incidents that occurred to you from the top row, and moving down the list of locations, mark all that apply)

	Verbal abuse	Physical abuse	Put you in fear
In my own home	☐	☐	☐
In a pub or club	☐	☐	☐
At a party	☐	☐	☐
At my workplace	☐	☐	☐
At school/university	☐	☐	☐
Public transport (e.g. train)	☐	☐	☐
In the street	☐	☐	☐
Somewhere else	☐	☐	☐

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Y12. What was the most serious physical injury you sustained as a result of the drug-related incident(s) referred to in Y9?
(Mark one response only)

- ☐ Bruising/abrasions
- ☐ Burns, not requiring admission to hospital
- ☐ Minor lacerations (e.g. cuts/scratches)
- ☐ Lacerations requiring suturing (stitches), not requiring admission to hospital
- ☐ Fractures (broken bones) not requiring admission to hospital
- ☐ Sufficiently serious to require admission to hospital at least overnight
- ☐ Not relevant – no physical injury sustained

Y13. Was the most serious drug-related incident reported to the police?

Yes ☐ (Skip to Y15) No ☐ (Continue)

Y14. Are there any reasons why you didn't report the most serious drug-related incident to the police?
(Mark all that apply)

- ☐ Too trivial/unimportant
- ☐ Private matter
- ☐ Police could not do anything
- ☐ Police would not do anything
- ☐ Did not want offender punished
- ☐ Too confused/upset
- ☐ Afraid of reprisal/revenge
- ☐ Incident is not uncommon for me (e.g. it is to be expected at parties, working in pubs)
- ☐ Other

Y15. In general, at the time(s) the drug-related incident(s) took place, had you also been drinking alcohol or consuming drugs other than alcohol?
(Mark one response only)

- ☐ Yes, alcohol only
- ☐ Yes, other drugs only
- ☐ Yes, both alcohol and other drugs
- ☐ No, neither alcohol nor other drugs

Y16. Did any of the drug-related incidents of physical abuse involve sexual abuse?

- ☐ Yes
- ☐ No
- ☐ Not relevant (not physically abused)

ALL PLEASE ANSWER

Y17. In the last 12 months, did you undertake the following activities while under the influence of or affected by alcohol?
(Mark yes or no for each activity)

	Yes	No
Went to work	☐	☐
Went swimming	☐	☐
Operated a boat	☐	☐
Drove a motor vehicle	☐	☐
Operated hazardous machinery	☐	☐
Created a public disturbance or nuisance	☐	☐
Caused damage to property	☐	☐
Stole money, goods or property	☐	☐
Verbally abused someone	☐	☐
Physically abused someone	☐	☐

I did not drink alcohol in the last 12 months ☐

Y18. In the last 12 months, did you undertake the following activities while under the influence of or affected by illicit drugs?
(Mark yes or no for each activity)

	Yes	No
Went to work	☐	☐
Went swimming	☐	☐
Operated a boat	☐	☐
Drove a motor vehicle	☐	☐
Operated hazardous machinery	☐	☐
Created a public disturbance or nuisance	☐	☐
Caused damage to property	☐	☐
Stole money, goods or property	☐	☐
Verbally abused someone	☐	☐
Physically abused someone	☐	☐

I did not use illicit drugs in the last 12 months ☐

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Section Z – Lifestyle

Z1. An injury is any physical harm to your body (e.g. cuts, bruises, breaks, burns, concussion, electric shocks, poisoning and suffocation, etc.). In the last 3 months, how many days of work, school, TAFE or university did you miss because of any illness or injury?
(Please write your best estimate in whole days (e.g. 0, 1, 2, 10, etc.) in the boxes provided)

Number of days missed because of:

Injury: ☐☐

Any illness: ☐☐

Not applicable (don't work or study): ☐ (Skip to Z4)

Z2. In the last 3 months, how many days of work, school, TAFE or university did you miss because of your own use of alcohol?
(Please write your best estimate in whole days (e.g. 0, 1, 2, 10, etc.) in the boxes provided)

Number of days missed: ☐☐

Z3. In the last 3 months, how many days of work, school, TAFE or university did you miss because of your own use of drugs other than alcohol?
(Please write your best estimate in whole days (e.g. 0, 1, 2, 10, etc.) in the boxes provided)

Number of days missed: ☐☐

Z4. Have you ever participated in a tobacco, alcohol or other drug treatment program to help you reduce or to quit your consumption?
(Mark one response for each type of program)

	Yes, in the last 12 months	Yes, more than 12 months ago	No
Telephone helplines (e.g. Quit, Lifeline)	☐	☐	☐
Peer group community-based support (e.g. AA, NA, Smart Recovery)	☐	☐	☐
Withdrawal management (detoxification-naltrexone)	☐	☐	☐
Opioid pharmacotherapy			
Methadone maintenance	☐	☐	☐
Buprenorphine (e.g. Subutex ®)	☐	☐	☐
Buprenorphine/naloxone (e.g. Suboxone ®)	☐	☐	☐
Other pharmacotherapy (e.g. Zyban ®, Champix ®)	☐	☐	☐
Counselling	☐	☐	☐
Therapeutic community	☐	☐	☐
Online/Internet support	☐	☐	☐
Residential rehabilitation	☐	☐	☐
Information and education	☐	☐	☐
Other	☐	☐	☐

ALL FEMALES PLEASE ANSWER
(MALES SKIP TO SECTION YY ON PAGE 41)

Z5. At any stage in the last 12 months were you. . .?
(Mark all that apply)

- Pregnant and breastfeeding at the same time ☐
- Pregnant only ☐
- Breastfeeding only ☐

(Continue)

- Neither pregnant nor breastfeeding at any time in the past 12 months ☐ (Skip to Section YY on page 41)

Z6a. For your most recent pregnancy, what date would you estimate that you fell pregnant?
Please write in day, month, year format, e.g. 20 June 2009 would be written as:

2 0 | 0 6 | 2 0 0 9

☐☐ ☐☐ ☐☐☐☐

Z6b. How many weeks pregnant were you when your most recent pregnancy was confirmed?

☐☐ **Weeks**

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Z7. Are you currently… ?

- Pregnant and breastfeeding ☐
- Pregnant only ☐
- Breastfeeding only ☐
- Neither pregnant nor breastfeeding ☐

Z8. At any time in the last 12 months when you were pregnant or breastfeeding, did you use any of the following. . .?
(Select each that applies to you during the last 12 months from the top row, and moving down the list of substances, mark all that apply)

	Before you knew you were pregnant	After you knew you were pregnant	When breast-feeding
Alcohol	☐	☐	☐
Tobacco	☐	☐	☐
Tranquillisers, Sleeping pills for non-medical use	☐	☐	☐
Prescription Pain-killers/Analgesics for non-medical use	☐	☐	☐
Over-the-counter Pain-killers/ Analgesics for non-medical use	☐	☐	☐
Steroids for non-medical use	☐	☐	☐
Sniffing Petrol/Glue/ Aerosols/Solvents	☐	☐	☐
Marijuana/Cannabis	☐	☐	☐
Hallucinogens/LSD/Magic Mushrooms	☐	☐	☐
Methadone/Buprenorphine for non-medical use	☐	☐	☐
Meth/amphetamine for non-medical use	☐	☐	☐
Heroin	☐	☐	☐
Other Opioids/Opiates (e.g. Morphine, Pethidine) for non-medical use	☐	☐	☐
Cocaine/Crack	☐	☐	☐
Ecstasy	☐	☐	☐
GHB	☐	☐	☐
Ketamine	☐	☐	☐
Kava	☐	☐	☐
Other	☐	☐	☐
None of these substances	☐	☐	☐
Not applicable in the last 12 months	☐	☐	☐

Z9. In the last 12 months when you were pregnant, in general, did you drink more, less or the same amount of alcohol compared to when you were neither pregnant nor breastfeeding?
(Mark one response only)

- More ☐
- Less ☐
- Same amount ☐
- Don't drink alcohol ☐
- Not applicable, was not pregnant in the last 12 months ☐

Z10. In the last 12 months when you were breastfeeding, in general, did you drink more, less or the same amount of alcohol compared to when you were neither pregnant nor breastfeeding?
(Mark one response only)

- More ☐
- Less ☐
- Same amount ☐
- Don't drink alcohol ☐
- Not applicable, was not breastfeeding in the last 12 months ☐

Z11. In the last 12 months when you were pregnant or breastfeeding did anyone advise you not to smoke?

- Yes ☐ (Continue)
- No ☐
- Not applicable, don't smoke ☐

(Skip to Section YY on page 41)

Z12. Who advised you not to smoke?
(Mark all that apply)

- Spouse or partner ☐
- Parent/s ☐
- Brother or sister ☐
- Doctor or Specialist ☐
- Nurse or Midwife ☐
- Pharmacist ☐
- Other ☐

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Section YY – Policy Support

The next few questions are about how strongly you would support or oppose some policies. Please use the scale below.

Strongly support	Support	Neither support nor oppose	Oppose	Strongly oppose	Don't know enough to say

YY1. Starting with the first set, to reduce the problems associated with excessive alcohol use, to what extent would you support or oppose. . .?
(Mark one response in each row)

	Strongly support	Support	Neither support nor oppose	Oppose	Strongly oppose	Don't know enough to say
Increasing the price of alcohol	☐	☐	☐	☐	☐	☐
Reducing the number of outlets that sell alcohol	☐	☐	☐	☐	☐	☐
Reducing trading hours for all pubs and clubs	☐	☐	☐	☐	☐	☐
Serving only low alcohol drinks, such as low alcohol beer at sporting events or venues	☐	☐	☐	☐	☐	☐
Increasing the number of alcohol-free public events	☐	☐	☐	☐	☐	☐
Increasing the number of alcohol-free zones or dry areas	☐	☐	☐	☐	☐	☐
Raising the legal drinking age	☐	☐	☐	☐	☐	☐
Stricter enforcement of the law against serving customers who are drunk	☐	☐	☐	☐	☐	☐
More severe legal penalties for drink driving	☐	☐	☐	☐	☐	☐
Restricting late night trading of alcohol	☐	☐	☐	☐	☐	☐
Strict monitoring of late night licensed premises	☐	☐	☐	☐	☐	☐
Limiting advertising for alcohol on TV until after 9.30pm	☐	☐	☐	☐	☐	☐
Banning alcohol sponsorship of sporting events	☐	☐	☐	☐	☐	☐
Requiring information on national drinking guidelines on all alcohol containers	☐	☐	☐	☐	☐	☐
Increasing the size of standard drink labels on alcohol containers	☐	☐	☐	☐	☐	☐
Increasing the tax on alcohol products to pay for health, education, and the cost of treating alcohol related problems	☐	☐	☐	☐	☐	☐

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YY2. Thinking now about the problems associated with tobacco use, to what extent would you support or oppose measures such as. . .?
(Mark one response in each row)

	Strongly support	Support	Neither support nor oppose	Oppose	Strongly oppose	Don't know enough to say
Stricter enforcement of the law against supplying cigarettes to customers who are under age	☐	☐	☐	☐	☐	☐
Increasing the tax on tobacco products to pay for health education programs	☐	☐	☐	☐	☐	☐
Increasing the tax on tobacco products to contribute to the cost of treating smoking related diseases	☐	☐	☐	☐	☐	☐
Increasing the tax on tobacco products to discourage people from smoking	☐	☐	☐	☐	☐	☐
Making it harder to buy tobacco in shops	☐	☐	☐	☐	☐	☐
Bans on points of sale advertising and display of tobacco products	☐	☐	☐	☐	☐	☐
Implementing a licensing scheme for tobacco retailers	☐	☐	☐	☐	☐	☐
Stricter penalties for the sale or supply of tobacco products to those under 18 years of age	☐	☐	☐	☐	☐	☐

YY3. Thinking now about the problems associated with heroin use, to what extent would you support or oppose measures such as. . .?
(Mark one response in each row)

	Strongly support	Support	Neither support nor oppose	Oppose	Strongly oppose	Don't know enough to say
Needle and syringe programs	☐	☐	☐	☐	☐	☐
Methadone/Buprenorphine maintenance programs	☐	☐	☐	☐	☐	☐
Treatment with drugs other than methadone	☐	☐	☐	☐	☐	☐
Regulated injecting rooms	☐	☐	☐	☐	☐	☐
Trial of prescribed heroin	☐	☐	☐	☐	☐	☐
Rapid detoxification therapy	☐	☐	☐	☐	☐	☐
Use of Naltrexone, a drug that blocks the effects of heroin and other opiates/opioids	☐	☐	☐	☐	☐	☐

YY4. Thinking now about injecting drug use, to what extent would you support or oppose measures such as. . .? Some examples of injectable drugs are Steroids, Speed, Pethidine, Cocaine and Ecstasy.
(Mark one response in each row)

	Strongly support	Support	Neither support nor oppose	Oppose	Strongly oppose	Don't know enough to say
Needles and syringe programs	☐	☐	☐	☐	☐	☐
Regulated injecting rooms	☐	☐	☐	☐	☐	☐

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YY5. Still using the same scale, and considering the following drugs, to what extent would you support or oppose the personal use of the following drugs being made legal. . .?
(Mark one response in each row)

	Strongly support	Support	Neither support nor oppose	Oppose	Strongly oppose	Don't know enough to say
Marijuana/Cannabis	☐	☐	☐	☐	☐	☐
Heroin	☐	☐	☐	☐	☐	☐
Meth/amphetamine (i.e. Speed, Ice, Crystal, Base)	☐	☐	☐	☐	☐	☐
Cocaine	☐	☐	☐	☐	☐	☐
Ecstasy	☐	☐	☐	☐	☐	☐

YY6. To what extent would you support or oppose increased penalties for the sale or supply of the following drugs. . .?
(Mark one response in each row)

	Strongly support	Support	Neither support nor oppose	Oppose	Strongly oppose	Don't know enough to say
Marijuana/Cannabis	☐	☐	☐	☐	☐	☐
Heroin	☐	☐	☐	☐	☐	☐
Meth/amphetamine (i.e. Speed, Ice, Crystal, Base)	☐	☐	☐	☐	☐	☐
Cocaine	☐	☐	☐	☐	☐	☐
Ecstasy	☐	☐	☐	☐	☐	☐

YY7a. Thinking now about the use of marijuana/cannabis for medical purposes, to what extent would you support or oppose measures such as. . .?
(Mark one response in each row)

	Strongly support	Support	Neither support nor oppose	Oppose	Strongly oppose	Don't know enough to say
A clinical trial for people to use marijuana to treat medical conditions	☐	☐	☐	☐	☐	☐
A change in legislation permitting the use of marijuana for medical purposes	☐	☐	☐	☐	☐	☐

YY7b. What drug and alcohol policies, if any, does your workplace, school or college have in place?
(Mark all that apply)

	Workplace	School/ College
Don't have/go to a workplace	☐	
Don't have/go to a school or college		☐
A policy on alcohol use	☐	☐
A policy on drug use	☐	☐
No policy on alcohol or drug use	☐	☐
Unsure if an alcohol or drug policy exists	☐	☐
Drug testing	☐	☐
Alcohol testing	☐	☐
Provision of education or information concerning alcohol or drugs	☐	☐
Access to any type of assistance with alcohol or drug problems	☐	☐
Access to any type of assistance with quitting smoking	☐	☐
None	☐	☐

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YY8. For each of the following 3 drug categories, how would you allocate $100 over the three areas of education, treatment and law enforcement.

Starting with alcohol, if you were given $100 to spend on reducing misuse of alcohol, how much would you allocate to each of these areas?
(Enter whole dollars only)

Education (e.g. information services) $ ☐☐☐

Treatment (e.g. counselling, therapy) $ ☐☐☐

Law enforcement (e.g. stop illegal sale or use) $ ☐☐☐

Check the total is: $ 1 0 0

YY9. And if you were given $100 to spend on reducing the harm associated with tobacco use, how much would you allocate to each of these areas?
(Enter whole dollars only)

Education (e.g. information services) $ ☐☐☐

Treatment (e.g. counselling, therapy) $ ☐☐☐

Law enforcement (e.g. stop illegal sale or use) $ ☐☐☐

Check the total is: $ 1 0 0

YY10. And if you were given $100 to spend on reducing illicit drug use, how much would you allocate to each of these areas?
(Enter whole dollars only)

Education (e.g. information services) $ ☐☐☐

Treatment (e.g. counselling, therapy) $ ☐☐☐

Law enforcement (e.g. stop illegal sale or use) $ ☐☐☐

Check the total is: $ 1 0 0

Section ZZ – Demographics

ZZ1. Are you male or female?

- Male ☐
- Female ☐

ZZ2. What is your current age?
(i.e. the age you turned at your last birthday)

Age in years: ☐☐

ZZ3. Which one of the following best describes your present marital status?
(Mark one response only)

- Never married ☐
- Widowed ☐
- Divorced ☐
- Separated but not divorced ☐
- Married (including de facto, or living with life partner) ☐

ZZ4. Do you think of yourself as. . .?
(Mark one response only)

- Heterosexual or straight ☐
- Homosexual (gay or lesbian) ☐
- Bisexual ☐
- Not sure; undecided ☐
- Something else; other ☐

ZZ5. Are you of Aboriginal or Torres Strait Islander origin?
(Mark one response only)

- No ☐
- Yes, Aboriginal ☐
- Yes, Torres Strait Islander ☐
- Yes, both Aboriginal and Torres Strait Islander ☐

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ZZ6a. In which country were you born?
(Mark one response only)

- Australia ☐ (Skip to ZZ7)
- China ☐
- Germany ☐
- Greece ☐
- Hong Kong ☐
- India ☐
- Ireland (Republic of) ☐
- Italy ☐
- Lebanon ☐
- Malaysia ☐
- Malta ☐
- Netherlands ☐
- New Zealand ☐
- Philippines ☐
- Poland ☐
- South Africa ☐
- Turkey ☐
- United Kingdom (England, Scotland, Wales, Northern Ireland) ☐
- USA ☐
- Vietnam ☐
- Yugoslavia (The former) ☐
- Other (Please write in):

1 [ ] ☐

ZZ6b. In what year did you first arrive in Australia to live here for one year or more?

Year: [ ]

Not applicable – will be in Australia for less than one year ☐

OFFICE USE ONLY 1 [ ]

ALL PLEASE ANSWER

ZZ7. What is the main language spoken at home?
(Mark one response only)

- English ☐
- Arabic (including Lebanese) ☐
- Cantonese ☐
- German ☐
- Greek ☐
- Italian ☐
- Mandarin ☐
- Serbian/Croatian ☐
- Spanish ☐
- Vietnamese ☐
- Other Asian language ☐
- Other European language ☐
- Other (Please write in):

2 [ ] ☐

ZZ8. What other languages are spoken at home?
(Mark all that apply)

- English ☐
- Arabic (including Lebanese) ☐
- Cantonese ☐
- German ☐
- Greek ☐
- Italian ☐
- Mandarin ☐
- Serbian/Croatian ☐
- Spanish ☐
- Vietnamese ☐
- Other Asian language ☐
- Other European language ☐
- Other (Please write in):

3 [ ] ☐

- None ☐

OFFICE USE ONLY 2 [ ] 3 [ ]

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ZZ9a. Which of the following best describes your main current employment status?
(Mark one response only)

ZZ9b. What other categories, if any, also describe what you currently do?
(Mark all that apply)

	ZZ9a. Main	ZZ9b. Other
Self employed	☐	☐
Employed for wages, salary, or payment in kind	☐	☐
Unemployed	☐	☐
Looking for work	☐	☐
Solely engaged in home duties	☐	☐
A student	☐	☐
Retired or on a pension	☐	☐
Volunteer/charity work	☐	☐
Unable to work	☐	☐
Other	☐	☐
No other		☐

If Self employed or employed in ZZ9a or ZZ9b, skip to ZZ11

ZZ10. Have you ever been in paid work?

Yes ☐ (Continue) No ☐ (Skip to ZZ13a)

ZZ11. What kind of industry, business or service is carried out by your main employer (or employer when you last worked)?

Describe as fully as possible (e.g. plumbing services, footwear manufacturing, real estate agency, road freight transport, book retailing, dairy farming)

ZZ12. What kind of work do you do (or did you do when you last worked)?
(Describe job in which you work(ed) most hours only)

Job title (Including award/Government classification if possible, e.g. secondary school teacher, metal engineering process worker, commercial property cleaner, registered nurse)

Main Duties/tasks

ALL PLEASE ANSWER

ZZ13a. What is the highest year of primary or secondary school you have completed?
(Mark one response only)

- Did not go to school ☐ (Skip to ZZ14)
- Year 6 or below ☐
- Year 7 or equivalent ☐
- Year 8 or equivalent ☐
- Year 9 or equivalent ☐
- Year 10 or equivalent ☐
- Year 11 or equivalent ☐
- Year 12 or equivalent ☐

ZZ13b. Are you still at school?

Yes ☐
No ☐

ALL PLEASE ANSWER

ZZ14. Have you completed a trade certificate or other educational qualification?

Yes ☐
No ☐ (Skip to ZZ16 on page 47)

ZZ15. What is the highest qualification that you have obtained?
(Mark one response only)

- Trade certificate ☐
- Non-trade certificate ☐
- Associate Diploma ☐
- Undergraduate Diploma ☐
- Bachelor Degree ☐
- Master's Degree, Postgraduate Degree or Postgraduate Diploma ☐
- Doctorate ☐

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ALL PLEASE ANSWER

ZZ16. Which of the following groups would represent your personal annual income, before tax, from all sources?
(Mark one response only)

- $104,000 or more ($2,000 or more/week) ☐
- $83,200 – $103,999 ($1,600 – $1,999/week) ☐
- $67,600 – $83,199 ($1,300 – $1,599/week) ☐
- $52,000 – $67,599 ($1,000 – $1,299/week) ☐
- $41,600 – $51,999 ($800 – $999/week) ☐
- $31,200 – $41,599 ($600 – $799/week) ☐
- $20,800 – $31,199 ($400 – $599/week) ☐
- $13,000 – $20,799 ($250 – $399/week) ☐
- $7,800 – $12,999 ($150 – $249/week) ☐
- $1 – $7,799 ($1 – $149/week) ☐
- Nil Income ☐
- Negative Income ☐
- Prefer not to say ☐
- Don't know ☐

ZZ17. Which of the following groups would represent the combined household annual income, before tax, from all sources?
(Mark one response only)

- $145,600 or more ($2,800 or more/week) ☐
- $104,000 – $145,599 ($2,000 – $2,799/week) ☐
- $83,200 – $103,999 ($1,600 – $1,999/week) ☐
- $67,600 – $83,199 ($1,300 – $1,599/week) ☐
- $52,000 – $67,599 ($1,000 – $1,299/week) ☐
- $41,600 – $51,999 ($800 – $999/week) ☐
- $31,200 – $41,599 ($600 – $799/week) ☐
- $20,800 – $31,199 ($400 – $599/week) ☐
- $13,000 – $20,799 ($250 – $399/week) ☐
- $7,800 – $12,999 ($150 – $249/week) ☐
- $1 – $7,799 ($1 – $149/week) ☐
- Nil Income ☐
- Negative Income ☐
- Prefer not to say ☐
- Don't know ☐

ZZ18a. How many people aged 12 and over live in this household, including yourself?

☐

ZZ18b. Are there any dependent children in this household?
(Dependent children are defined as children aged 0 – 14, or older children who are still financially dependent, such as full-time students)

Yes ☐
No ☐ (Skip to ZZ20)

ZZ18c. For how many of these children are you the parent or guardian?

☐

ZZ19. Of all the dependent children, how many are in each of these age categories?

0 – 2 years old	☐	9 – 11 years old	☐
3 – 5 years old	☐	12 – 14 years old	☐
6 – 8 years old	☐	15 years and over	☐

ZZ20. Which category best describes this household?
(Mark one response only)

- **Person living alone** ☐

Couple:

- Couple living alone ☐
- Couple with non-dependent child(ren) ☐
- Couple with dependent child(ren) ☐
- Couple with dependent and non-dependent child(ren) ☐

Single Parent:

- Single parent with non-dependent child(ren) ☐
- Single parent with dependent child(ren) ☐
- Single parent with dependent and non-dependent child(ren) ☐

- **Non-related adults sharing house/apartment/flat** ☐
- **Other household type** ☐

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ALL PLEASE ANSWER

ZZ21. Was anyone else present when you were completing this questionnaire?
(Mark all responses that apply)

- No ☐ (Skip to ZZ23)
- Spouse or partner ☐
- Parent(s) ☐
- Older relative (e.g. aunt, grandparent) ☐
- Child(ren) aged 0 – 5 ☐
- Child(ren) aged 6 – 17 ☐
- Child(ren) aged 18 or more ☐
- Friend/peer/close-age sibling (brother or sister) ☐
- Neighbour ☐
- Other ☐

ZZ22. Did this affect the honesty with which you completed this questionnaire?
(Mark one response only)

- Yes – a great deal ☐
- Yes – somewhat ☐
- Yes – a little ☐
- Not at all ☐
- Don't know ☐

ZZ23. Did anyone else help you complete this questionnaire?
(Mark one response only)

- Yes – a great deal ☐
- Yes – somewhat ☐
- Yes – a little ☐
- No ☐

ZZ24. What is the postcode for this dwelling?

☐☐☐☐

(If you are unsure of your postcode, please write in the name of the suburb or town where you live)

☐

ALL PLEASE ANSWER

ZZ25. Which of the following does this household have?
(Mark all that apply. Please don't count business numbers or numbers ONLY used for the Internet or fax)

- A landline phone number listed in the White Pages ☐
- A landline phone number NOT listed in the White Pages ☐
- A mobile phone number listed in the White Pages ☐
- A mobile phone number NOT listed in the White Pages ☐
- None of the above ☐

ZZ26. Please write the date that you completed this questionnaire below:

☐☐ / ☐☐ / 2010

Day Month Year

ZZ27. How long did it take to complete this questionnaire?

☐☐ ☐☐

Hours Minutes

NOW PLEASE GO TO ZZ28 ON PAGE 50

OFFICE USE ONLY:

Mark one only

INTERVIEWER ☐
REPLY PAID ☐

Mark in box

STATUS ☐

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ZZ28. The Australian Institute of Health and Welfare has asked us to verify that only persons who were selected to complete this questionnaire did so. We will be telephoning about 10% of respondents in the next few weeks.

That is, you have about one in ten chance, of receiving a telephone call to confirm that you completed this questionnaire.

Please indicate below if you give permission for a telephone call to be made. We only require your first name and telephone number.

This page will be removed from the rest of the questionnaire and will be destroyed after the telephone call. Your name and phone number will never be linked to your answers.

☐ I give permission for a telephone call

First Name: ☐

Phone number: ☐ ☐

OR

Mobile number: ☐

OR

☐ I do not give permission

Thank you for completing this questionnaire.
Your help is very much appreciated.

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