

F19. 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

F20. During the **last 12 months**, did you find that you couldn't stop or cut down on your use of alcohol, even though you wanted to or tried to?



Yes  No

F21. Have you ever found that you drank alcohol much more often or in larger amounts than you intended?



Yes  No

ALL PLEASE ANSWER

F22. 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

Just as a reminder, this survey is conducted under the *AIHW Act*, which prohibits the release of individuals' information collected from this survey. The information you provide in the following sections may appear to be self-incriminating, however, your individual information cannot be revealed and you will not be identified from the responses you provide.

## Section G

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 term 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).

G1. About what proportion of your friends and acquaintances use Pain killers/Analgesics for **non-medical** purposes?  
(e.g. Aspirin, Paracetamol, Mersyndol)  
(Mark one response only)



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

G2. Have you ever used Pain killers/Analgesics for **non-medical** purposes?



Yes  (Continue) No  (Skip to H1)



G3. About what age were you when you first used Pain killers/Analgesics for **non-medical** purposes?



Age in years:

G4. Have you used Pain killers/Analgesics for **non-medical** purposes in the **last 12 months**?



Yes  (Continue) No  (Skip to H1)



G5. 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

G6. Have you used Pain killers/Analgesics for **non-medical** purposes in the **last month**?



Yes  (Continue) No  (Skip to G8)

G7. Have you used Pain killers/Analgesics for non-medical purposes in the last week?



Yes

No

G8. 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

G9a. Where did you first obtain Pain killers/Analgesics for non-medical purposes?

(Mark one response only)



G9b. Where do/did you usually obtain Pain killers/Analgesics for non-medical purposes?

(Mark one response only)



	G9a <u>First</u>	G9b <u>Usually</u>
Friend or acquaintance	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>
Parent	<input type="checkbox"/>	<input type="checkbox"/>
Spouse or partner	<input type="checkbox"/>	<input type="checkbox"/>
Other relative	<input type="checkbox"/>	<input type="checkbox"/>
Dealer on the street	<input type="checkbox"/>	<input type="checkbox"/>
Dealer delivery to my home	<input type="checkbox"/>	<input type="checkbox"/>
Visit to the dealer's house	<input type="checkbox"/>	<input type="checkbox"/>
Dealer at another location	<input type="checkbox"/>	<input type="checkbox"/>
Doctor shopping/forged script	<input type="checkbox"/>	<input type="checkbox"/>
Stole/steal it	<input type="checkbox"/>	<input type="checkbox"/>
Bought/buy at a shop/retail outlet (e.g. chemist, supermarket, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

G10. Where do/did you usually use Pain killers/Analgesics for non-medical purposes?

(Mark all that apply)



- In my own 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)
- In a car or other vehicle
- Somewhere else

G11. 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
- Marijuana/Cannabis
- Heroin
- Cocaine/Crack
- Tranquillisers/Sleeping pills
- Anti-depressants
- Barbiturates
- Methamphetamines/Amphetamines (Speed)
- Ecstasy/Designer Drugs
- Other
- Not used any of the above at the same time as Pain killers/Analgesics for non-medical purposes

G12. What drug would you mostly use when Pain killers/Analgesics for non-medical purposes are not available?

(Mark one response only)



- Alcohol
- Marijuana/Cannabis
- Heroin
- Cocaine/Crack
- Tranquillisers/Sleeping pills
- Anti-depressants
- Barbiturates
- Methamphetamines/Amphetamines (Speed)
- Ecstasy/Designer Drugs
- Other
- No other drug

## Section H

**H1. About what proportion of your friends and acquaintances use Tranquillisers/Sleeping pills for non-medical purposes?**  
(e.g. Benzos, Temazzies, Tranks, Sleepers, Valium, Serapax, Serries, Mandrax, Mandies, Rohypnol, Rowies)



- All   
Most   
About half   
A few   
None

**H2. Have you ever used Tranquillisers/Sleeping pills for non-medical purposes?**



Yes  (Continue)    No  (Skip to J1)

**H3. About what age were you when you first used Tranquillisers/Sleeping pills for non-medical purposes?**



Age in years:

**H4. Have you used Tranquillisers/Sleeping pills for non-medical purposes in the last 12 months?**



Yes  (Continue)    No  (Skip to J1)

**H5. 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

**H6. Have you used Tranquillisers/Sleeping pills for non-medical purposes in the last month?**



Yes  (Continue)    No  (Skip to H8)

**H7. Have you used Tranquillisers/Sleeping pills for non-medical purposes in the last week?**



Yes                       No

**H8. 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

**H9a. Where did you first obtain Tranquillisers/Sleeping pills for non-medical purposes?**

(Mark one response only)



**H9b. Where do/did you usually obtain Tranquillisers/Sleeping pills for non-medical purposes?**

(Mark one response only)



	H9a	H9b
	<u>First</u>	<u>Usually</u>
Friend or acquaintance	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>
Parent	<input type="checkbox"/>	<input type="checkbox"/>
Spouse or partner	<input type="checkbox"/>	<input type="checkbox"/>
Other relative	<input type="checkbox"/>	<input type="checkbox"/>
Dealer on the street	<input type="checkbox"/>	<input type="checkbox"/>
Dealer delivery to my home	<input type="checkbox"/>	<input type="checkbox"/>
Visit to the dealer's house	<input type="checkbox"/>	<input type="checkbox"/>
Dealer at another location	<input type="checkbox"/>	<input type="checkbox"/>
Doctor shopping/forged script	<input type="checkbox"/>	<input type="checkbox"/>
Stole/steal it	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

**H10. Where do/did you usually use Tranquillisers/Sleeping pills for non-medical purposes?**


(Mark all that apply)



- In my own 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)
- In a car or other vehicle
- Somewhere else

H11. Which of the following did you use at the same time, on at least one occasion that you used Tranquillisers/Sleeping pills for non-medical purposes?


(Mark all that apply)

-  Alcohol
- Marijuana/Cannabis
- Heroin
- Cocaine/Crack
- Anti-depressants
- Pain killers/Analgesics
- Barbiturates
- Methamphetamines/Amphetamines (Speed)
- Ecstasy/Designer Drugs
- Other

Not used any of the above at the same time as Tranquillisers/Sleeping Pills for non-medical purposes

H12. What drug would you mostly use when Tranquillisers/Sleeping pills for non-medical purposes are not available?

(Mark one response only)

-  Alcohol
- Marijuana/Cannabis
- Heroin
- Cocaine/Crack
- Anti-depressants
- Pain killers/Analgesics
- Barbiturates
- Methamphetamines/Amphetamines (Speed)
- Ecstasy/Designer Drugs
- Other
- No other drug

There is no Section I

## 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 J

J1. About what proportion of your friends and acquaintances use Steroids for non-medical purposes? (e.g. Roids, Juice, Gear)



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

J2. Have you ever used Steroids for non-medical purposes?



Yes  (Continue) No  (Skip to K1)



J3. About what age were you when you first used Steroids for non-medical purposes?



Age in years:



J4. Have you used Steroids for non-medical purposes in the last 12 months?

Yes  (Continue) No  (Skip to K1)



J5. 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



J6. Have you used Steroids for non-medical purposes in the last month?

Yes  (Continue) No  (Skip to J8)



J7. Have you used Steroids for non-medical purposes in the last week?

Yes  No



J8. 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