

OFFICE USE ONLY:

DROP & COLLECT

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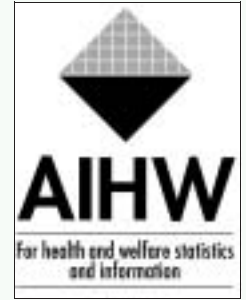
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Day

Month

Year

Household ID Number:



2001 National Drug Strategy Household Survey

What is the purpose of this form?

The National Drug Strategy Household Survey has been conducted since 1985. This is the seventh occasion that information from households on drug awareness, attitudes and behaviour has been collected. We would like you to complete this questionnaire by yourself.

The questionnaire is for your use only. Your answers will help the Department of Health and Aged Care to effectively examine important health and social issues and certain behaviour relating to tobacco, alcohol and drug use.

How confidential is the information you give?

Completely confidential!! When you have completed this form, please seal it in the envelope provided and give it back to the Roy Morgan Research fieldworker who will return it sealed to the survey team for processing. The survey is managed by the Australian Institute of Health & Welfare (AIHW), on behalf of the Department. 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.

Section 29 of the AIHW Act prohibits the release of information about individuals collected in the survey.

Please be as honest and as accurate as possible. If you do not wish to answer any question for any reason, you do not have to do so. Participation in this survey is entirely voluntary.

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:

 or

Please do not cross the number 7. Please make sure to write only one number in each box.

- 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.



A note for all, but particularly, for our younger respondents.

The answers you give in this survey will be used by researchers to help in understanding what people think about tobacco, alcohol and other drugs and how widely drugs are used. You might feel embarrassed about giving honest answers. You might even be afraid that the researchers will be able to identify you, or that the answers will be shown to your parents. This will not, and cannot, happen.

All survey forms have codes entered onto them and the researchers will not know who you are. Your answers will be added to everyone else's (perhaps up to 20,000 people) before the researchers get to see them. When all the answers are collected, researchers will then be able to report, for example, that "most young people do not smoke" or that "less than half of all young women drink alcohol". Your answers will simply become part of a much bigger pool of answers.

The only researchers who will get to see the pool of answers are those who are looking at health or social issues relating to drug use. They must meet strict guidelines before the Australian Institute of Health and Welfare or the Department of Health and Aged Care will let them look at the answers you provide. Your answers will help in planning health and other services for the community.

Remember, your name and address will never be linked with any of the information you provide.

Section A - Perceptions

A1. When people talk about "a drug problem", which are the first two drugs you think of?

(Cross only one drug category in each column)

	1st drug?	2nd drug?
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco	<input type="checkbox"/>	<input type="checkbox"/>
Tea/coffee/caffeine	<input type="checkbox"/>	<input type="checkbox"/>
Barbiturates (e.g. Barbies, Barbs, Downers, Reds, Purple hearts)	<input type="checkbox"/>	<input type="checkbox"/>
Tranquillisers, Sleeping Pills (e.g. Benzos, Temazzies, Tranks, Sleepers, Valium, Serapax, Serries, Mandrax, Mandies, Rohypnol, Rowies)	<input type="checkbox"/>	<input type="checkbox"/>
Pain killers, Analgesics (e.g. Aspirin, Paracetamol, Mersyndol)	<input type="checkbox"/>	<input type="checkbox"/>
Steroids (e.g. Roids, Juice)	<input type="checkbox"/>	<input type="checkbox"/>
Inhalants/Solvents/Aerosols/Glue/Petrol (e.g. Laughing Gas, Whippits, Nitrous, Snappers, Poppers, Pearlers, Rushamines, Locker Room, Bolt, Bullet, Rush, Climax, Red Gold)	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana/Hashish/Cannabis Resin (e.g. Pot, Grass, Weed, Reefer, Joint, MaryJane, Acapulco Gold, Rope, Mull, Cone, Spliff, Dope, Skunk, Bhang, Ganja, Hash, Chronic)	<input type="checkbox"/>	<input type="checkbox"/>
Naturally Occurring Hallucinogens (e.g. Blue Meanies, Gold Tops, Mushies, Magic Mushrooms, Datura, Angel's Trumpet)	<input type="checkbox"/>	<input type="checkbox"/>
LSD/Synthetic Hallucinogens/Psilocybin/PCP (e.g. Acid, Trips, Wedges, Windowpane, Blotter, Microdot, Angel Dust, Hog, Loveboat)	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamines/Speed (e.g. Crystal, Whizz, Goey, Gogo, Zip, Uppers, Ice, Amphet, Meth, Ox Blood, Leopards Blood, MDA, Bromo MDA, MDEA, Methylamphetamine, Eve, Shabu)	<input type="checkbox"/>	<input type="checkbox"/>
Heroin (e.g. Hammer, Smack, Horse, H, Boy, Junk)	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine (e.g. Coke, Crack, Flake, Snow, White Lady/Girl, Happy Dust, Gold Dust, Toot, Scotty, Charlie, Cecil, C, Freebase)	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy/Designer Drugs (e.g. XTC, E, Ex, Eccii, E and C, Adam, MDMA, PMA, GHB)	<input type="checkbox"/>	<input type="checkbox"/>
Kava	<input type="checkbox"/>	<input type="checkbox"/>
Drugs other than listed	<input type="checkbox"/>	<input type="checkbox"/>
None/Can't think of any/any more	<input type="checkbox"/>	<input type="checkbox"/>

A2. Which ONE of these drugs do you think directly or indirectly causes the most deaths in Australia?

(Mark one response only)

- Opiates (e.g. Heroin)
- Alcohol
- Prescribed Drugs (e.g. Pain killers, Valium, Serapax, Sleeping Pills)
- Amphetamines (e.g. Speed)
- Tobacco
- Cocaine/Crack
- Marijuana/Cannabis
- Hallucinogens (e.g. LSD, Magic Mushrooms)

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)

- Marijuana/Hash use
- Tobacco smoking
- Heroin use
- Non-medical use of Barbiturates
- Excessive drinking of Alcohol
- Non-medical use of Tranquillisers
- Sniffing Glue/Petrol/Solvents/Rush
- Ecstasy/Designer Drug use
- Amphetamine/Speed use
- Cocaine/Crack use
- Hallucinogen use
- Non-medical use of Pain killers/Analgesics
- Non-medical use of Steroids
- None of these

A4. In the past 12 months, have you read, seen or heard any information about the health effects of alcohol, tobacco or other drugs?

Yes (Continue) No (Skip to A6)

A5. What were the sources of information?

(Mark all that apply)

- Drug and/or alcohol information service or advisory centre
- Drug and/or alcohol counselling service or Rehabilitation centre (e.g. Alcoholics Anonymous/Narcotics Anonymous/Lifeline/ Helpline/ etc)
- Cancer Council/National Heart Foundation
- Drop-in centre/community centre/ youth access centre
- Health centre/community health centre/ health clinics
- Hospital
- Doctor/medical centre
- Chemist
- Other health worker
- A government health department
- Other government department or service/ local Council services/Police
- Welfare worker/Red Cross/Salvation Army
- Priest/church
- Teacher/school/university
- The government's "Tough on Drugs" booklet
- The government's television advertisements
- Library
- Books/journals/magazines
- Internet
- Quit/Quit Line
- Parent
- Friend/relative about the same age (e.g. brother/sister)
- Other relative

Other (Please write in)

1

OFFICE USE ONLY:

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The picture below shows, in bold, the number of “standard drinks” in some typical alcohol containers.



ALL PLEASE ANSWER

A6. Before today, had you ever heard of a “standard drink” of alcohol?

Yes (Continue) No (Skip to A8)

A7. As far as you know, is the number of “standard drinks” shown on cans and bottles of alcoholic beverages?

Yes
No
Don't know

ALL PLEASE ANSWER

A8. How many “standard drinks” do you think 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

A9. How many “standard drinks” do you think 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

A10a. Again thinking in terms of “standard drinks”, how many drinks do you think an adult male could drink in a six hour period before he puts his health at risk?

(Mark one response only)

- 13 or more
- 11-12
- 7-10
- 5-6
- 3-4
- 1-2
- None
- Don't know

A10b. And how many “standard drinks” do you think an adult male could drink in a six hour period before he puts others' health at risk?

(Mark one response only)

- 13 or more
- 11-12
- 7-10
- 5-6
- 3-4
- 1-2
- None
- Don't know

A11a. Again thinking in terms of “standard drinks”, how many drinks do you think an adult female could drink in a six hour period before she puts her health at risk?

(Mark one response only)

- 13 or more
- 11-12
- 7-10
- 5-6
- 3-4
- 1-2
- None
- Don't know

A13. Thinking now about tobacco, do you think that non-smokers who live with smokers might one day develop health problems because of other people's cigarette smoke?

- Yes
- No
- Don't know

A14. Do you think non-smokers who work or socialise with smokers might one day develop health problems because of other people's cigarette smoke?

- Yes
- No
- Don't know

A11b. And how many “standard drinks” do you think an adult female could drink in a six hour period before she puts others' health at risk?

(Mark one response only)

- 13 or more
- 11-12
- 7-10
- 5-6
- 3-4
- 1-2
- None
- Don't know

A15. Do you avoid places where you may be exposed to other people's cigarette smoke?

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

A12. To what extent do you think your current alcohol consumption is beneficial for your health, including not drinking any alcohol?

(Mark one response only)

- To a great extent
- Somewhat
- Not much
- Not at all
- Don't know

Section B - Regulations relating to drug use

B1. Do you think the possession of small quantities of marijuana/cannabis for personal use should be a criminal offence, that is, should offenders acquire a criminal record?

- Yes
 No
 Unsure, Don't know

B2. 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)

	Marijuana/ Cannabis	Ecstasy/ Designer Drugs	Heroin	Amphetamines/ Speed
No action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A caution or warning only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referral to drug education program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referral to treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Something similar to a parking fine, up to \$200	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A substantial fine, around \$1,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A community service order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weekend detention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A prison sentence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some other arrangement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't Know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B3. 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 I do now
 Use it more often than I do now
 Use it less often than I do now
 Don't know

Section C

C1. In general, would you say your health is:
(Mark one response only)

- Excellent
 Very good
 Good
 Fair
 Poor

C2. When was the last time you consulted a doctor about any illness or injury?
(Mark one response only)

- Within the last 3 months
 More than 3, but within the last 6 months
 More than 6, but within the last 12 months
 More than 12 months ago
 Have never consulted a doctor

C3. Not counting any times you just went to the outpatients or casualty, how many times have you been admitted, at least overnight, to a hospital in the last 12 months?
(Write in the number of times in whole numbers (e.g. 1,3,10) or mark the box "Not admitted" ... as appropriate)

Number of times admitted to hospital in the last 12 months

Not admitted to hospital in the last 12 months

C4. 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 D1)

C5. Which medications originally prescribed or recommended for someone else have you used in the past 12 months when you were feeling unwell?

(Mark all that apply)

- Pain killers/Analgesics
 Antibiotics
 Anti-depressants
 Tranquillisers/Sleeping Pills
 Asthma medications
 Herbal and alternative medicines, vitamin and mineral supplements, etc.
 Others

Reminder:



Are you filling in the boxes correctly?



Are you shading the boxes fully for any mistakes?

THE FOLLOWING SECTIONS CONTAIN QUESTIONS WHICH DEAL WITH ACTIVITIES WHICH MAY BE AGAINST THE LAW.

We remind you that only our survey team 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.

Answers are completely confidential.

You may telephone 1800 656 856 (a free call) to speak to an officer from the Australian Institute of Health and Welfare, who will confirm the data process for you.

If you do not wish to answer any question for whatever reason, you do not have to. Participation in this survey is entirely voluntary.

**THANK YOU FOR YOUR PATIENCE AND YOUR
HELP WITH THIS SURVEY**

Just as a reminder, this survey is conducted under the AIHW Act, which prohibits the release of information about individuals 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 D

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

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

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

	Yes	No
Tobacco	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>
Pain killers, Analgesics for <u>non-medical purposes</u> (e.g. Aspirin, Paracetamol, Mersyndol)	<input type="checkbox"/>	<input type="checkbox"/>
Tranquillisers, Sleeping Pills for <u>non-medical purposes</u> (e.g. Benzos, Temazzies, Tranks, Sleepers, Valium, Serapax, Serries, Mandrax, Mandies, Rohypnol, Rowies)	<input type="checkbox"/>	<input type="checkbox"/>
Steroids for <u>non-medical purposes</u> (e.g. Roids, Juice)	<input type="checkbox"/>	<input type="checkbox"/>
Barbiturates for <u>non-medical purposes</u> (e.g. Barbies, Barbs, Downers, Reds, Purple Hearts)	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana/Hashish/Cannabis Resin (e.g. Pot, Grass, Weed, Reefer, Joint, MaryJane, Acapulco Gold, Rope, Mull, Cone, Spliff, Dope, Skunk, Bhang, Ganja, Hash, Chronic)	<input type="checkbox"/>	<input type="checkbox"/>
Heroin (e.g. Hammer, Smack, Horse, H, Boy, Junk)	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamines/Speed (e.g. Crystal, Whizz, Goey, Gogo, Zip, Uppers, Ice)	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine (e.g. Coke, Crack, Flake, Snow, White Lady/Girl, Happy Dust, Gold Dust, Toot, Scotty, Charlie, Cecil, C, Freebase)	<input type="checkbox"/>	<input type="checkbox"/>
Naturally Occurring Hallucinogens (e.g. Blue Meanies, Gold Tops, Mushies, Magic Mushrooms, Datura, Angel's Trumpet)	<input type="checkbox"/>	<input type="checkbox"/>
LSD/Synthetic Hallucinogens/Psilocybin/PCP (e.g. Acid, Trips, Wedges, Windowpane, Blotter, Microdot, Angel Dust, Hog, Loveboat)	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy/Designer Drugs (e.g. XTC, E, Ex, Ecce, E and C, Adam, MDMA, PMA, GHB)	<input type="checkbox"/>	<input type="checkbox"/>
Inhalants/Solvents/Aerosols/Glue/Petrol (e.g. Laughing Gas, Whippits, Nitrous, Snappers, Poppers, Pearlers, Rushamines, Locker Room, Bolt, Bullet, Rush, Climax, Red Gold)	<input type="checkbox"/>	<input type="checkbox"/>
Kava	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Section E

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

(Mark one response only)

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

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

(Mark one response only)

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

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

- Yes (Continue) No (Skip to E22)

E4. Have you ever smoked a full cigarette?

- Yes (Continue) No (Skip to E22)

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

Age in years:

E6. Would you have smoked at least 100 cigarettes (manufactured or roll your own), or the equivalent amount of tobacco in your life?

- Yes (Continue) No (Skip to E22)

E7. Have you ever smoked on a daily basis?

(Mark one response only)

- Yes, I smoke daily now (Skip to E9)
- Yes, I used to smoke daily, but not now (Continue)
- No, never smoked daily (Skip to E10)

E8. About what age were you when you stopped smoking daily?

Age in years:

E9. At what age did you first start smoking daily?

Age in years: (If now smoke daily skip to E12)

E10. How often do you now smoke cigarettes, pipes or other tobacco products?

- Daily
- At least weekly (not daily) (Skip to E12)
- Less often than weekly
- Not at all, but I have smoked in the last 12 months (Skip to E16)
- Not at all and I have not smoked in the last 12 months (Continue)

E11. About what age were you when you last smoked?

Age in years: (If not smoked in last 12 months skip to E22)

E12. 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

E13. 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

E14. How often, if at all, do you now smoke cigars or pipes?

- Daily
- At least weekly (not daily)
- Less often than weekly
- Not at all

E15. During the past 12 months, did you want to or try to stop or cut down on your use of tobacco, but found that you couldn't?

- Yes No

E16. 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 was unsuccessful
- Reduced the amount of tobacco you smoke in a day
- Tried to reduce the amount of tobacco smoked in a day, but was unsuccessful
- None of these (Skip to E19)

E17. Which of the following motivated you to try giving up, cutting down or changing to a lower tar or nicotine brand?

(Mark all that apply)

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

E18. 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

E19. Are you planning on giving up smoking?

(Mark one response only)

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

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.

E20. During the past 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 (Zyban)
- Bought a product other than nicotine patch, gum or pill to help you quit
- Read "How to Quit" literature
- Done something else to help you quit
- None of the above
- Don't know

E21. During the past 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

E22. 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 heavy smoker
- A chain smoker

E23. Have you come across unbranded loose tobacco (also called chop chop) sold in plastic bags or rolled into unbranded cigarettes?

Yes (Continue) No (Skip to F1)

E24. Have you ever smoked it?

Yes (Continue) No (Skip to F1)

E25. How often do you smoke this type of tobacco?

(Mark one response only)

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

E26. 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

Section F

F1. About what proportion of your friends and acquaintances consume alcohol?

(Mark one response only)

- All
Most
About half
A few
None

F2. Have you ever tried alcohol?

- Yes
No (Skip to F20)

F3. Have you ever had a full serve of alcohol? (eg. a glass of wine, a whole nip of spirits, a glass of beer, etc.)

- Yes
No (Skip to F20)

F4. At what age were you when you had your first full serve of alcohol?

Age in years:

F5a. Have you had an alcoholic drink of any kind in the last 12 months?

- Yes (Skip to F6)
No (Continue)

F5b. About what age were you when you last had an alcoholic drink?

Age in years: (If non-drinker in past 12 months skip to F20)

F6. 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 F9)

F7. What type of alcohol do you usually drink?

(Mark all that apply)

- 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)
Premixed spirits in a can
(e.g. UDL, Jim Beam and Cola)
Bottled spirits and liqueurs
(e.g. scotch, brandy, vodka, rum,
Kahlua, Midori, Baileys etc.)
Premixed bottles (e.g. Bacardi Breezer,
Sub-Zero, Lemon Ruski/Stolis)
Cider
Home brewed beer
Fortified wine, port, vermouth, sherry, etc.
Other

F8. Where do you usually drink alcohol?

(Mark all that apply)

- In my home
At a friend's house
At private parties
At raves/dance parties
At restaurants/cafés
At licensed premises (e.g. pub/club)
At School, TAFE, University, etc.
At my workplace
In public places (e.g. parks)
In a car or other vehicle
Somewhere else

F9. 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
None of the above (Skip to F11)

F10. What was the main reason for doing that?

(Mark one response only)

Health reasons (eg. weight, diabetes, avoid hangover)

Life style reasons (eg. work/study commitments, less opportunity, young family)

Social reasons (eg. believe in moderation, concerned about violence, avoid getting drunk)

Pregnant and/or breastfeeding

Taste/enjoyment (eg. prefer low alcohol beer, don't get drunk)

Drink driving regulations

Financial reasons

Peer pressure

Other

If you no longer drink alcohol (at F6) – Skip to F13

EXAMPLE OF STANDARD DRINKS

The number of standard drinks in each container is shown by the number in bold under each one.



F11. On a day that you have an alcoholic drink, how many standard drinks do you usually have?

(Mark one response only)

- 13 or more drinks
- 11 – 12 drinks
- 7 – 10 drinks
- 5 – 6 drinks
- 3 – 4 drinks
- 1 – 2 drinks

F12. 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deliberately alternate between alcoholic and non-alcoholic drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make a point of eating while consuming alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quench your thirst by having a non-alcoholic drink before having alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only drink low alcohol drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limit the number of drinks you have in an evening (e.g. when driving)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refuse an alcoholic drink you are offered because you really don't want it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F13. 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)

	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 – 19 standard drinks a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 – 10 standard drinks a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 – 6 standard drinks a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 – 4 standard drinks a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 – 2 standard drinks a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F14. Please mark the day of the week that is today.

(Mark one response only)

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

F15. How many alcoholic drinks did you have yesterday?

Number of drinks:

None (Skip to F17)

EXAMPLE ONLY

F16. How many nips, cans, bottles or glasses did you have yesterday? For each of the following drinks, please summarise your own usage.

HERE IS AN EXAMPLE OF HOW TO ANSWER:

	Cans	Small Bottles (300 – 375 ml)	Large Bottles (750ml)	Large Glass (425 ml)	Medium Glass (285 ml)	Small Glass (100 – 200ml)	Nips	English Pint Glass	Other (write in)	
Cask wine	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>
Bottled wine	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px; text-align: center; border: 1px solid black;" type="text" value="2"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>
Regular Strength Beer (greater than 4% Alc/Vol)	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px; text-align: center; border: 1px solid black;" type="text" value="1"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px; text-align: center; border: 1px solid black;" type="text" value="2"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>

Yesterday, this person had 2 glasses of bottled wine, 1 small bottle of Regular Strength Beer and 2 English pints of Regular Strength Beer.

Notes -

- Small Bottles (300 – 375 ml) – e.g. Stubbies, echos, half-bottles of wine, premixed spirit bottles, cider bottles, etc.
- Large Glass (425 ml) – e.g. 15 oz, schooners in NSW, pints in SA, etc.
- Medium Glass (285 ml) – e.g. 10 oz, middies in NSW, pots in VIC and QLD, schooners in SA, handles in NT, etc.
- Small Glass (100 – 200 ml) – e.g. Wine, champagne glass, small beer glass (7 oz, butchers, ponies) etc.
- Nips – e.g. Full measures of spirits, shot and shooter glasses, port and sherry glasses, etc.

The example above shows you how to complete the table for F16 on the next page.

F16. How many nips, cans, bottles or glasses did you have yesterday? For each of the following drinks, please summarise your own usage.

	Cans	Small Bottles (300 – 375 ml)	Large Bottles (750ml)	Large Glass (425 ml)	Medium Glass (285 ml)	Small Glass (100 – 200ml)	Nips	Other (write in)		
								1	2	3
Cask wine				<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Bottled wine		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Regular Strength Beer (greater than 4% Alc/Vol)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Mid Strength Beer (3% to 3.9% Alc/Vol)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Low Alcohol Beer (1% to 2.9% Alc/Vol)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Home brewed beer		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Premixed spirits in cans (e.g. UDL, Jim Beam and Cola)	<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Bottled spirits and liqueurs (e.g. Vodka, Rum, Gin, Kahlua)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Premixed bottles (e.g. Lemon Ruski/Stolis, Bacardi Breezer)		<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Cider	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Fortified wine, port, vermouth, sherry, etc		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (please write in) 4 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4

Office Use Only

An example of how to complete this question is shown on the previous page.

OFFICE USE ONLY:



F17. In the **past 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

F18. During the **past 12 months**, did you want to or try to stop or cut down on your use of alcohol but found that you couldn't?

- Yes
- No

F19. Have you ever found that you drank alcohol much more often in larger amounts than you intended?

- Yes
- No

ALL PLEASE ANSWER

F20. 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 (e.g. athletic) enhancement; or
3. for cosmetic (e.g. body shaping) purposes

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 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 past 12 months, did you want to or try to stop or cut down on your use of Pain Killers/Analgesics for non-medical purposes, but found that you couldn't?

- 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

G9. Where do/did you usually obtain Pain Killers/Analgesics for non-medical purposes?

(Mark one response only)

- Friend or acquaintance
- Brother or sister
- Parent
- Spouse or partner
- Other relative
- Dealer on the street
- Dealer delivers to my home
- Visit to the dealer's house
- Dealer at another location
- Doctor shopping/forged script
- Steal it
- Buy at a shop/retail outlet (e.g. chemist, supermarket, etc.)
- Other

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 private parties
- At raves/dance parties
- At restaurants/cafes
- 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
- 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
- Amphetamines/Speed
- Ecstasy/Designer Drugs
- Other
- No other drug