

N12. What form of Heroin do you use?

(Mark all that apply)



- Heroin powder
- Heroin rock

N13. How have you used Heroin?

(Mark all that apply)



- Smoked
- Snorted
- Swallowed
- Injected
- Other

N14. Which of the following did you use at the same time, on at least one occasion that you used Heroin?

(Mark all that apply)



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

N15. What drug would you mostly use when Heroin is not available?

(Mark one response only)



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

Section O

O1. About what proportion of your friends and acquaintances use Methadone other than that which was supplied as part of a medically supervised maintenance program? (e.g. Done, Junk, Jungle juice)



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

O2. Have you ever used Methadone (not supplied to you medically)?



- Yes (Continue)
- No (Skip to P1)

O3. About what age were you when you first used Methadone (not supplied to you medically)?



Age in years:

O4. Have you used Methadone (not supplied to you medically) in the last 12 months?



- Yes (Continue)
- No (Skip to P1)

O5. During the last 12 months, did you find that you couldn't stop or cut down on your use of Methadone (not supplied to you medically), even though you wanted to or tried to?



- Yes
- No

O6. Have you used Methadone (not supplied to you medically) in the last month?



- Yes (Continue)
- No (Skip to O8)

O7. Have you used Methadone (not supplied to you medically) in the last week?



Yes No

O8. In the last 12 months, how often did you use Methadone (not supplied to you medically)?
(Mark one response only)



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

O9a. Where did you first obtain Methadone (not supplied to you medically)?
(Mark one response only)



O9b. Where do/did you usually obtain Methadone (not supplied to you medically)?
(Mark one response only)



	O9a <u>First</u>	O9b <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"/>

O10. Where do/did you usually use Methadone (not supplied to you medically)?
(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 work place
- In public places (e.g. parks)
- In a car or other vehicle
- Somewhere else

O11. On a day you use Methadone (not supplied to you medically), on average how many hits do you normally have?



Number of hits:

O12. What form of Methadone (not supplied to you medically) do you use?
(Mark all that apply)



- Methadone syrup
- Physeptone tablets

O13. How have you used Methadone (not supplied to you medically)?
(Mark all that apply)



- Swallowed
- Injected

O14. Which of the following did you use at the same time, on at least one occasion that you used Methadone (not supplied to you medically)?
(Mark all that apply)



- Alcohol
- Marijuana/Cannabis
- Heroin
- Cocaine/Crack
- Tranquillisers/Sleeping pills
- Anti-depressants
- Pain killers/Analgesics
- Barbiturates
- Methamphetamines/Amphetamines (Speed)
- Ecstasy/Designer Drugs
- Other
- Not used any of the above at the same time as Methadone (which has not been supplied medically)

O15. What drug would you mostly use when Methadone (not supplied to you medically) is not available?
(Mark one response only)



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



Section P

P1. About what proportion of your friends and acquaintances use Cocaine?
(e.g. Coke, Crack, Flake, Snow, White lady/girl, Happy dust, Gold dust, Toot, Scotty, Charlie, Cecil, C, Freebase)



- All
Most
About half
A few
None

P2. Have you ever used Cocaine?



Yes (Continue) No (Skip to Q1)



P3. About what age were you when you first used Cocaine?



Age in years:

P4. Have you used Cocaine in the last 12 months?



Yes (Continue) No (Skip to Q1)

P5. 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

P6. Have you used Cocaine in the last month?

Yes (Continue) No (Skip to P8)

P7. Have you used Cocaine in the last week?

Yes No

P8. 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

P9a. Where did you first obtain Cocaine?

(Mark one response only)



P9b. Where do/did you usually obtain Cocaine?

(Mark one response only)



	P9a	P9b
	<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"/>

P10. Where do/did you usually use Cocaine?

(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 work place
In public places (e.g. parks)
In a car or other vehicle
Somewhere else

P11. On a day you use Cocaine, on average how many 'hits' or 'lines' do you normally have?



Number of hits or lines:

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

1/4 1/2 3/4


P12. What form of Cocaine do you use?

(Mark all that apply)




- Cocaine powder
Crack Cocaine (smokable crystal)


P13. How have you used Cocaine?
(Mark all that apply)

-  Smoked
 Snorted
 Swallowed
 Injected
 Other

P14. 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
 Marijuana/Cannabis
 Heroin
 Tranquillisers/Sleeping pills
 Anti-depressants
 Pain killers/Analgesics
 Barbiturates
 Methamphetamines/Amphetamines (Speed)
 Ecstasy
 GHB
 Ketamine
 Other
 Not used any of the above at the same time as Cocaine

P15. What drug would you mostly use when Cocaine is not available?
(Mark one response only)

-  Alcohol
 Marijuana/Cannabis
 Heroin
 Tranquillisers/Sleeping pills
 Anti-depressants
 Pain killers/Analgesics
 Barbiturates
 Methamphetamines/Amphetamines (Speed)
 Ecstasy
 GHB
 Ketamine
 Other
 No other drug

Section Q

Q1. About what proportion of your friends and acquaintances use LSD/Synthetic Hallucinogens or Naturally Occurring Hallucinogens?



Synthetic Hallucinogens include LSD, Psilocybin, PCP, Acid, Trips, Wedges, Windowpane, Blotter, Microdot, Angel dust, Hog, Loveboat.

Naturally Occurring Hallucinogens include Magic mushrooms, Blue meanies, Gold tops, Mushies, Datura, Angel's trumpet.

- All
 Most
 About half
 A few
 None

Q2. Have you ever used any Hallucinogens?



- Yes (Continue) No (Skip to R1)

Q3. About what age were you when you first used Hallucinogens?



Age in years:

Q4. Have you used Hallucinogens in the last 12 months?



- Yes (Continue) No (Skip to R1)

Q5. 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



Q6. Have you used Hallucinogens in the last month?

- Yes (Continue) No (Skip to Q8)



Q7. Have you used Hallucinogens in the last week?

- Yes No

