ı	1
N12. What form of Heroin do you use? (Mark all that apply)	Section O
Heroin powder Heroin rock	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)
N13. How have you used Heroin? (Mark <u>all</u> that apply)	All 🗆
•	Most -
Smoked _	About half
Snorted	A few
Swallowed \square	None \square
Injected 🗌	
Other	
	O2. Have you ever used Methadone (<u>not</u> supplied to you medically)?
N14. Which of the following did you use at the	
same time, on at least one occasion that you used Heroin?	
(Mark <u>all</u> that apply)	Yes 🗌 (Continue) No 🔲 (Skip to P1)
e	
Alcohol	O3. About what age were you when you first used
Marijuana/Cannabis	Methadone (<u>not</u> supplied to you medically)?
Cocaine/Crack	
Tranquillisers/Sleeping pills	Age in years:
Anti-depressants	Ago III yould.
Pain killers/Analgesics	
Barbiturates	O4. Have you used Methadone (not supplied to you
Methamphetamines/Amphetamines (Speed)	medically) in the <u>last 12 months</u> ?
Ecstasy/Designer Drugs	e e
Other	Yes [(Continue) No [(Skip to P1)
Not used any of the above at the same time as Heroin	
N15. What drug would you mostly use when Heroir not available? (Mark one response only)	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?
Alcohol 🗆	_
Marijuana/Cannabis	Yes ☐ No ☐
Cocaine/Crack	
Tranquillisers/Sleeping pills	
Anti-depressants	O6. Have you used Methadone (<u>not</u> supplied to you medically) in the <u>last month</u> ?
Pain killers/Analgesics	••••••••••••••••••••••••••••••••••••••
Barbiturates	-
Methamphetamines/Amphetamines (Speed)	Yes ☐ (Continue) No ☐ (Skip to O8)
Ecstasy/Designer Drugs	
Other	
No other drug	
•	

+	+
O7. Have you used Methadone (not supplied to you medically) in the <u>last week</u> ?	O11. On a day you use Methadone (<u>not</u> supplied to you medically), on average how many hits do <u>you</u> normally have?
Yes No No	Number of hits:
O8. In the <u>last 12 months</u> , how often did you use Methadone (<u>not</u> supplied to you medically)? (Mark <u>one</u> response only)	O12. What form of Methadone (<u>not</u> supplied to you medically) do you use? (Mark <u>all</u> that apply)
Every day	Methadone syrup
Once a week or more	Physeptone tablets
About once a month	O13. How have you used Methadone (not supplied to
Every few months	you medically)?
Once or twice a year	(Mark <u>all</u> that apply)
·	Swallowed
O9a. Where did you <u>first obtain</u> Methadone (<u>not</u>	Injected
supplied to you medically)?	
(Mark <u>one</u> response only)	O14. Which of the following did you <u>use at the</u> <u>same time</u> , on at least one occasion that you used
O9b. Where do/did you <u>usually obtain</u> Methadone (<u>not</u> supplied to you medically)? (Mark <u>one</u> response only)	Methadone (not supplied to you medically)? (Mark <u>all</u> that apply)
☎ O9a O9b	☎ Alcohol □
First Usually	Marijuana/Cannabis □
<u></u> <u>County</u>	Heroin
Friend or acquaintance	Cocaine/Crack
Brother or sister	Tranquillisers/Sleeping pills
Parent 🗆 🗆	Anti-depressants
Spouse or partner	Pain killers/Analgesics
Other relative	Barbiturates
Dealer on the street	Methamphetamines/Amphetamines (Speed)
Dealer delivery to my home	Ecstasy/Designer Drugs
Visit to the dealer's house $\ \square$	Other \square
Dealer at another location	Not used any of the above at the same
Doctor shopping/forged script $\ \square$	time as Methadone (which has not been supplied medically)
Stole/steal it	
Other	O15. What drug would you mostly use when Methadone (not supplied to you medically) is not available? (Mark one response only)
O10. Where do/did you usually <u>use</u> Methadone (not supplied to you medically)?	<u> </u>
(Mark <u>all</u> that apply)	Alcohol
In my own home	Marijuana/Cannabis 🗌
At a friend's house	Heroin
At a party at someone's house	Cocaine/Crack
At raves/dance parties	Tranquillisers/Sleeping pills
At restaurants/cafés	Anti-depressants
At licensed premises (e.g. pubs, clubs)	Pain killers/Analgesics
At school, TAFE, university, etc.	Barbiturates
At my work place	Methamphetamines/Amphetamines (Speed) ☐
In public places (e.g. parks)	Ecstasy/Designer Drugs
In a car or other vehicle	Other
Somewhere else	No other drug
Somewhere else	-

Section P	P9a. Where did you <u>first obtain Cocaine?</u> (Mark <u>one response only)</u>
P1. About what proportion of your friends and acquaintances use Cocaine? (e.g. Coke, Crack, Flake, Snow, White lady/girl,	P9b. Where do/did you <u>usually obtain Cocaine?</u> (Mark <u>one</u> response only)
Happy dust, Gold dust, Toot, Scotty, Charlie, Cecil, C, Freebase)	P9a P9b
	First Usually
All 🗆	
Most \square	Friend or acquaintance \Box \Box
About half	Brother or sister \Box \Box
A few □	Spouse or partner
None \square	Other relative
P2. Have you ever used Cocaine?	Dealer on the street
· •	Dealer delivery to my home
Yes ☐ (Continue) No ☐ (Skip to Q1)	Visit to the dealer's house
	Dealer at another location
P3. About what age were you when you first	Doctor shopping/forged script
used Cocaine?	Stole/steal it
Age in years:	Other
P4. Have you used Cocaine in the <u>last 12 months</u> ?	P10. Where do/did you usually <u>use</u> Cocaine? (Mark <u>all</u> that apply)
Yes □ (Continue) No □ (Skip to Q1)	_
	In my own home
P5. During the last 12 months, did you find that you	At a friend's house
couldn't stop or cut down on your use of Cocaine, even though you wanted to or tried to?	At a party at someone's house
Cooding, even inough you mained to or area to	At restaurants/setés
Yes No No	At restaurants/cafés At licensed premises (e.g. pubs, clubs)
	At school, TAFE, university, etc.
P6. Have you used Cocaine in the <u>last month</u> ?	At my work place
1 o. Have you used oodaine in the <u>last month</u> :	In public places (e.g. parks)
Yes (Continue) No (Skip to P8)	In a car or other vehicle
	Somewhere else
P7. Have you used Cocaine in the <u>last week</u> ?	P11. On a day you use Cocaine, on average how many 'hits' or 'lines' do <u>you</u> normally have?
Yes No No	Number of hits or lines:
P8. In the <u>last 12 months</u> , how often did you	If long than 1, places indicate to the person fractions
use Cocaine? (Mark <u>one</u> response only)	If less than 1, please indicate to the nearest fraction:
	1/4 🗌 1/2 🗎 3/4 🗌
Every day Once a week or more	P12. What form of Cocaine do you use? (Mark <u>all</u> that apply)
About once a month	Cooping nowder
Every few months	Crack Cocaine (smekable enystel)
Once or twice a year	Crack Cocaine (smokable crystal)

P13. How have you used Cocaine? (Mark <u>all</u> that apply)	Section Q
Smoked Snorted Snorted Swallowed	Q1. About what proportion of your friends and acquaintances use LSD/Synthetic Hallucinogens or Naturally Occurring Hallucinogens?
Injected □ Other □	Synthetic Hallucinogens include LSD, Psilocybin, PCP, Acid, Trips, Wedges, Windowpane, Blotter, Microdot, Angel dust, Hog, Loveboat.
P14. Which of the following did you <u>use</u> at the <u>same time</u> , on at least one occasion that you <u>used Cocaine?</u> (Mark <u>all</u> that apply)	Naturally Occurring Hallucinogens include Magic mushrooms, Blue meanies, Gold tops, Mushies, Datura, Angel's trumpet.
≅ Alcohol □	All 🗆
Marijuana/Cannabis 🗆	Most \square
Heroin \square	About half
Tranquillisers/Sleeping pills	A few
Anti-depressants	None
Pain killers/Analgesics	None —
Barbiturates	Q2. Have you ever used any Hallucinogens?
Methamphetamines/Amphetamines (Speed) □	
Ecstasy	Yes ☐ (Continue) No ☐ (Skip to R1)
GHB □	
Ketamine	Q3. About what age were you when you first
Other	used Hallucinogens?
Not used any of the above at the same time as Cocaine	Age in years:
P15. What drug would you mostly use when Cocaine is not available?	Q4. Have you used Hallucinogens in the last 12
(Mark <u>one</u> response only)	months?
Alcohol _	Yes ☐ (Continue) No ☐ (Skip to R1)
Marijuana/Cannabis	OF Position the least 40 months of indicate the top of
Heroin	Q5. During the last 12 months, did you find that you couldn't stop or cut down on your use of
Tranquillisers/Sleeping pills	Hallucinogens, even though you wanted to or tried
Anti-depressants \Box	to?
Pain killers/Analgesics	Yes ☐ No ☐
Barbiturates	
Methamphetamines/Amphetamines (Speed)	Q6. Have you used Hallucinogens in the last month?
Ecstasy	Yes ☐ (Continue) No ☐ (Skip to Q8)
GHB □	
Ketamine	_
Other	Q7. Have you used Hallucinogens in the last week?
No other drug $\ \Box$	
	Yes No No