

Appendix 5: The questionnaire

There were several questionnaires used to collect data for the 2004 National Drug Strategy Household Survey. Three samples were selected for the 2004 survey, a drop and collect sample of persons aged 12 years and over, a CATI sample of persons aged 12 years and over and a CATI booster sample of persons aged 12–17 years.

As 12–13-year-olds were included in the survey for the first time in 2004, a separate, shorter questionnaire was developed for people in this age group. The CATI questionnaire also had fewer questions than the drop and collect questionnaire.

However, questions in all three questionnaires were in the same sequence (refer to ‘Survey design’ on page 53 in chapter 6). Questions in common were identically worded for each questionnaire.

In order to obviate the possibility that the order of possible responses within questions might affect the likelihood of selection, response lists were rotated so that blocks of possible answers were presented in equal numbers across all samples. The drop and collect questionnaire had three rotations; the lists for the CATI questionnaire were randomly rotated at appropriate questions.

For the drop and collect component, respondents self-completed the entire questionnaire. An example of the drop and collect, rotation 1, questionnaire follows. Graphics at each question indicate those asked of 12–13-year-olds and/or CATI.

INTERVIEWER TO COMPLETE:

14 & Over

CCD No.

[] [] [] [] [] [] [] [] [] []

ROTATION:

2 1

Date:

[] [] /

[] [] /

2 0 0 4
Year

Day

Month

Year

Household ID Number:

[] [] [] [] [] [] [] [] [] []

M F

A:

[] []

12+:

[] []

12-29:

[] []

Booster

Drop-off attempt:

1st

2nd

3rd

2 1



Australian Government

Australian Institute of Health and Welfare

Roy Morgan
Research



Australian Government

Department of Health and Ageing

2004 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 eighth 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 Ageing to effectively examine important health and social issues and certain behaviours 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 conducted by the Australian Institute of Health & Welfare (AIHW), commissioned by 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:

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 follow the Skips as required.

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 (over 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 Ageing 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? (Mark 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, Gear)	<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/Cannabis (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"/>
Methamphetamines/Amphetamines (Speed) (e.g. Crystal, Whizz, Goey, Gogo, Zip, Uppers, Ice, Amphet, Meth, Ox blood, Leopards blood, 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 (e.g. XTC, E, Ex, Ecce, E and C, Adam, MDMA, PMA)	<input type="checkbox"/>	<input type="checkbox"/>
GHB (e.g. Fantasy, Grievous bodily harm, GBH, Liquid E, Liquid X)	<input type="checkbox"/>	<input type="checkbox"/>
Ketamine (e.g. K, Special K, Vitamin K, KitKat, Ket)	<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/Opioids (e.g. Heroin)
- Alcohol
- Prescribed Drugs (e.g. Pain killers, Valium, Serapax, Sleeping pills)
- Methamphetamines/Amphetamines (Speed)
- Ecstasy/Designer Drugs
- 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
- Methamphetamine/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 last 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
- Australian Alcohol Guidelines
- 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

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

Standard Drinks Guide									
									
1.5	1	0.8	1.5	1	0.8	1	0.7	0.5	1.5
375ml Full Strength Beer 4.9% Alc./Vol	375ml Mid Strength Beer 3.5% Alc./Vol	375ml Light Beer 2.7% Alc./Vol	375ml Full Strength Beer 4.9% Alc./Vol	375ml Mid Strength Beer 3.5% Alc./Vol	375ml Light Beer 2.7% Alc./Vol	285ml Middy/Pot* Full Strength Beer 4.9% Alc./Vol	285ml Middy/Pot* Mid Strength Beer 3.5% Alc./Vol	285ml Middy/Pot* Light Beer 2.7% Alc./Vol	170ml Standard Serve of Sparkling Wine/Champagne 11.5% Alc./Vol
									
1.5	1.5	1	22	0.9	1	1.8	7	38	
375ml Pre-mix Spirits 5% Alc/Vol	340ml Alcoholic Soda 5.5% Alc/Vol	30ml Spirit Nip 40% Alc/Vol	700ml Bottle of Spirits 40% Alc/Vol	60ml Port/Sherry Glass 18% Alc./Vol.	100ml Standard Serve of Wine 12% Alc/Vol	180ml Average Restaurant Serve of Wine 12% Alc/Vol	750ml Bottle of Wine 12% Alc/Vol	4 Litres Cask Wine 12% Alc/Vol	

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

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. Before today, had you ever heard of the Australian Alcohol Guidelines?

  Yes
 No
 Don't know


A9. 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

A10. 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

A11. 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?
 (Mark one response only)

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

A12. And how many 'standard drinks' do you believe 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

A13. 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?
(Mark one response only)



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

A14. And how many 'standard drinks' do you believe 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. 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

A16. When you think about the health effects of alcohol consumption, which are the first two effects you think of?
(Mark one response in each column)



	First Effect	Second Effect
Liver disease	<input type="checkbox"/>	<input type="checkbox"/>
Heart disease	<input type="checkbox"/>	<input type="checkbox"/>
Drunkenness	<input type="checkbox"/>	<input type="checkbox"/>
Headaches/hangovers	<input type="checkbox"/>	<input type="checkbox"/>
Loss of self-control	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>
Accidents	<input type="checkbox"/>	<input type="checkbox"/>
Violence	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Brain disease	<input type="checkbox"/>	<input type="checkbox"/>
Foetal alcohol effects	<input type="checkbox"/>	<input type="checkbox"/>
Sleep disturbances	<input type="checkbox"/>	<input type="checkbox"/>
Interactions with medications	<input type="checkbox"/>	<input type="checkbox"/>
Increased health risks in older people	<input type="checkbox"/>	<input type="checkbox"/>
Other negative effect	<input type="checkbox"/>	<input type="checkbox"/>
Lowers cholesterol/ good for the heart or blood	<input type="checkbox"/>	<input type="checkbox"/>
Relieves tension or stress	<input type="checkbox"/>	<input type="checkbox"/>
Other positive effect	<input type="checkbox"/>	<input type="checkbox"/>
No other effect	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

A17. 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

A18. 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

A19. Do you avoid places where you may be exposed to other people's cigarette smoke?



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

A20. What no-smoking policies or restrictions, if any, does your workplace, school or college have in place?



(Mark one response only)

- No restrictions
- Allowed to smoke in own room only/office only
- Allowed to smoke in inside smoking area
- Allowed to smoke in outside smoking area
- Allowed to smoke outside building (no special area provided)
- Total ban (even outside)
- Not applicable (not working or studying)

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 i.e. each column)



	 Marijuana/ Cannabis	Ecstasy/ Designer Drugs	Heroin	Methamphetamines/ 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 you do now
- Use it more often than you do now
- Use it less often than you do now
- Don't know

Section C - General Health

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 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 C6)

C5. 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)



- Pain killers/Analgesics
- Antibiotics
- Anti-depressants
- Tranquillisers/Sleeping pills
- Asthma medications
- Herbal and alternative medicines, vitamin and mineral supplements, etc.
- Others
- None in the last 12 Months

ALL PLEASE ANSWER

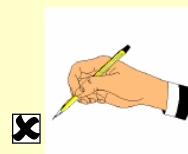
C6. In the last 12 months have you been diagnosed or treated for. . . ?

(Mark relevant boxes for each condition)

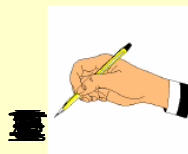


	No	Yes Diagnosed	Yes Treated
Insulin dependent diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-insulin dependent diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension (high blood pressure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low iron (iron deficiency or anaemia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schizophrenia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bi-polar disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other form of psychosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An eating disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A sexually transmitted infection (e.g. chlamydia, genital herpes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B or C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer (Please write in type)			
1 <input style="width: 150px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other major illness (Please write in type)			
2 <input style="width: 150px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reminder:



Are you filling in the boxes correctly?



Are you shading the boxes fully for any mistakes?

OFFICE USE ONLY

<input type="text"/>	<input type="text"/>
1	2



C7. 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

C12. 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

C8. 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

C13. 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

C9. 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

C14. 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

C10. 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

C15. 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

C11. 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

C16. 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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+

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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 443 182 (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.

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 — not even to the Police or to the Courts — and you will not be identified from the responses you provide.

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

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

D1. In the last 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, Gear)	<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/Cannabis (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"/>
Methamphetamines/Amphetamines (Speed) (e.g. Crystal, Whizz, Goey, Gogo, Zip, Uppers, Ice, Amphet, Meth, Ox blood, Leopards blood, MDEA, Methylamphetamine, Eve, Shabu)	<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 (e.g. XTC, E, Ex, Ecce, E and C, Adam, MDMA, PMA)	<input type="checkbox"/>	<input type="checkbox"/>
GHB (e.g. Fantasy, Grievous bodily harm, GBH, Liquid E, Liquid X)	<input type="checkbox"/>	<input type="checkbox"/>
Ketamine (e.g. K, Special K, Vitamin K, KitKat, Ket)	<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"/>
Methamphetamines/ Amphetamines (Speed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol	<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 E26)

E4. Have you ever smoked a full cigarette?



- Yes (Continue)
- No (Skip to E26)

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



Age in years:

E6. 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

E7. 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 E26)



E8. Have you ever smoked on a daily basis?

(Mark one response only)



- Yes, I smoke daily now (Skip to E10)
- Yes, I used to smoke daily, but not now (Continue)
- No, never smoked daily (Skip to E11)

E9. About what age were you when you stopped smoking daily?



Age in years:

E10. At what age did you first start smoking daily?

Age in years:

(If now smoke daily skip to E13 after answering E10)



E11. How often do you now smoke cigarettes, pipes or other tobacco products?



- Daily
- At least weekly (but not daily) (Skip to E13)
- Less often than weekly
- Not at all, but I have smoked in the last 12 months (Skip to E18)
- Not at all and I have not smoked in the last 12 months (Continue)

E12. About what age were you when you last smoked?



Age in years:

(If not smoked in last 12 months skip to E26 after answering E12)

E13. 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
- Other

E14. 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

E15. 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

E16. 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

E17. 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

E18. 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 E21)

E19. 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 (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
- Other

E20. 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

E21. 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

(Skip to E24)

E22. Why don't you intend to quit?
(Mark all that may 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
- Other (Please write in)

1

E23. 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

E24. 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

E25. 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

E26. 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

E27. 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snuff/snus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hookas/Nargilas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E28. Have you seen or heard of unbranded loose tobacco (also called 'chop chop') sold in plastic bags or rolled into unbranded cigarettes?



Yes (Continue) No (Skip to F1)

E29. Have you ever smoked it?



Yes (Continue) No (Skip to F1)

E30. 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)

E31. 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

OFFICE USE ONLY

1

2

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 F22)

**F3. 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 No (Skip to F22)

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



Age in years:

**F5. 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

**F6a. Have you had an alcoholic drink of any kind in the
last 12 months?**



- Yes (Skip to F7) No (Continue)

**F6b. About what age were you when you last had an
alcoholic drink?**



Age in years: (If non-drinker in past
12 months skip to F22
after answering F6b)

**F7. 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 F11)

F8. 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)
- Home-brewed beer
- Pre-mixed spirits in a can
(e.g. UDL, Jim Beam & Cola)
- Bottled spirits and liqueurs
(e.g. scotch, brandy, vodka, rum,
Kahlua, Midori, Baileys, etc.)
- Pre-mixed spirits in a bottle
(e.g. Bacardi Breezer, Subzero,
Lemon Ruski/Stoli)
- Cider
- Fortified wine, port, vermouth, sherry, etc.
- Other

F9. Where do you usually drink alcohol?

(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

F10. 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

F11. 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-alcohol drinks than
you used to
- Stopped drinking alcohol
- None of the above (Skip to F13)

F12. What was the main reason for doing that?

(Mark one response only)



- 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
- Peer pressure
- Other

If you no longer drink alcohol (at F7) – Skip to F15

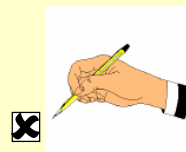
F13. On a day that you have an alcoholic drink, how many standard drinks do you usually have? (see the coloured 'Standard Drinks Guide' provided to you, or the chart on page 3).

(Mark one response only)

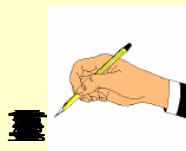


- 13 or more drinks
- 11 – 12 drinks
- 7 – 10 drinks
- 5 – 6 drinks
- 3 – 4 drinks
- 1 – 2 drinks

Reminder:



Are you filling in the boxes correctly?



Are you shading the boxes fully for any mistakes?



F14. 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"/>

F15. 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"/>
Less than 1 standard drink 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"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F16. Please mark the day of the week that is today.

(Mark one response only)



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

F17. How many standard alcoholic drinks did you have yesterday?



Number of drinks:

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

$\frac{1}{4}$ $\frac{1}{2}$ $\frac{3}{4}$

None (Skip to F19)



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 (375-440mL)	Small Beer Bottles (330-375 mL)	Large Beer Bottles (Approx. 750mL)	Small Beer Glass (210mL)	Medium Beer Glass (285mL)*	Large Beer Glass (425mL)	Other size (write in)
							<i>English Pint Glass</i>
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

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, premixed 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
<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>	<input style="width: 40px; height: 25px;" type="text"/>

F18. 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 (375-440mL)	Small Beer Bottles (330-375mL)	Large Beer Bottles (Approx. 750mL)	Small Beer Glass (210 mL)	Medium Beer Glass (285 mL)*	Large Beer Glass (425mL)	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 (375mL)	Large Wine Bottles (750mL)	Small Wine Glass (120mL)	Medium Wine Glass (180mL)	Large Wine Glass (220mL)	Other size (write in)	2	
	Home-made wine								
Cask wine									
Bottled wine									
PRE-MIXED SPIRITS		Pre-mixed Spirit Cans (375-440mL)	Pre-mixed Spirit Bottles (Approx. 300mL)	Large pre-mixed Spirit Bottles (Approx. 650mL)			Other size (write in)	3	
	Pre-mixed spirits in cans (e.g. UDL, Jim Beam & Cola)								
Pre-mixed spirits in bottles (e.g. Lemon Ruski, Stoli, Bacardi Breezer)									
STRAIGHT SPIRITS (NOT PRE-MIXED)		Mini Spirit Bottles (50 mL)	Small Spirit Bottles (Approx. 350mL)	Large Spirit Bottles (700mL)	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)								
ALCOHOLIC CIDER		Cider Cans (375 mL)	Small Cider Bottles (375 mL)	Large Cider Bottles (750 mL)	Small Cider Glass (210 mL)	Medium Cider Glass (285 mL)	Large Cider Glass (425 mL)	Other size (write in)	5
	Cider								
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
	Fortified wine, port, vermouth, sherry, etc.								
Other (please write in)									



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 First	G9b Usually
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"/>

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

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



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

J9a. Where did you first obtain Steroids for non-medical purposes?


 (Mark one response only)

J9b. Where do/did you usually obtain Steroids for non-medical purposes?

 (Mark one response only)


	J9a	J9b
	<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"/>
At gyms/sporting clubs/fitness centres	<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"/>

J10. Where do/did you usually use Steroids 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
- At gyms/sporting clubs/fitness centres
- Somewhere else

J11. How have you used Steroids for non-medical purposes?

 (Mark all that apply)


- Swallowed
- Injected

J12. Which of the following did you use at the same time, on at least one occasion that you used Steroids for non-medical purposes?

 (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 Steroids for non-medical purposes

J13. What drug would you mostly use when Steroids for non-medical purposes are 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 K

- K1. About what proportion of your friends and acquaintances use Barbiturates for non-medical purposes?
(e.g. Barbies, Barbs, Downers, Reds, Purple hearts)



All
Most
About half
A few
None

- K2. Have you ever used Barbiturates for non-medical purposes?



Yes (Continue) No (Skip to L1)

- K3. About what age were you when you first used Barbiturates for non-medical purposes?



Age in years:

- K4. Have you used Barbiturates for non-medical purposes in the last 12 months?



Yes (Continue) No (Skip to L1)

- K5. Have you used Barbiturates for non-medical purposes in the last month?



Yes (Continue) No (Skip to K7)

- K6. Have you used Barbiturates for non-medical purposes in the last week?



Yes No

- K7. In the last 12 months, how often did you use Barbiturates 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

Section L

- L1. About what proportion of your friends and acquaintances use Methamphetamines/Amphetamines (Speed) for non-medical purposes?
(e.g. Crystal, Whizz, Goey, Gogo, Zip, Uppers, Ice, Amphet, Meth, Ox blood, Leopards blood, MDEA, Methylamphetamine, Eve, Shabu)



All
Most
About half
A few
None

- L2. Have you ever used Methamphetamines/Amphetamines (Speed) for non-medical purposes?



Yes (Continue) No (Skip to M1)

- L3. About what age were you when you first used Methamphetamines/Amphetamines (Speed) for non-medical purposes?



Age in years:

- L4. Have you used Methamphetamines/Amphetamines (Speed) for non-medical purposes in the last 12 months?



Yes (Continue) No (Skip to M1)

- L5. During the last 12 months, did you find that you couldn't stop or cut down on your use of Methamphetamines/Amphetamines (Speed) for non-medical purposes, even though you wanted to or tried to?



Yes No

- L6. Have you used Methamphetamines/Amphetamines (Speed) for non-medical purposes in the last month?




Yes (Continue) No (Skip to L8)

- L7. Have you used Methamphetamines/Amphetamines (Speed) for non-medical purposes in the last week?



Yes No

L8. In the last 12 months, how often did you use Methamphetamines/Amphetamines (Speed) 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

L9a. Where did you first obtain Methamphetamines/Amphetamines (Speed) for non-medical purposes?
(Mark one response only)

L9b. Where do/did you usually obtain Methamphetamines/Amphetamines (Speed) for non-medical purposes?
(Mark one response only)

	L9a First	L9b Usually
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"/>

L10. Where do/did you usually use Methamphetamines/Amphetamines (Speed) 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


L11. On a day you use Methamphetamines/Amphetamines (Speed), on average how many points or grams do you normally have?

Number of points Number of grams
 OR


If Less than 1, indicate to the nearest fraction:

points OR grams
 $\frac{1}{4}$ $\frac{1}{4}$
 $\frac{1}{2}$ $\frac{1}{2}$
 $\frac{3}{4}$ $\frac{3}{4}$

L12. What form of Methamphetamines/Amphetamines (Speed) do you use?
(Mark all that apply)

-  Powder
 Liquid
 Crystal
 Base/paste/pure
 Tablet
 Prescription amphetamines

L13. How have you used Methamphetamines/Amphetamines (Speed)?
(Mark all that apply)

-  Smoked
 Snorted
 Swallowed
 Injected
 Other

L14. Which of the following did you use at the same time, on at least one occasion that you used Methamphetamines/Amphetamines (Speed) for non-medical purposes?
(Mark all that apply)

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

L15. What drug would you mostly use when Methamphetamines/Amphetamines (Speed) for non-medical purposes is not available?
(Mark one response only)



- Alcohol
- Marijuana/Cannabis
- Heroin
- Cocaine/Crack
- Tranquillisers/Sleeping pills
- Anti-depressants
- Pain killers/Analgesics
- Barbiturates
- Ecstasy
- GHB
- Ketamine
- Other
- No other drug

Section M

M1. About what proportion of your friends and acquaintances use Marijuana/Cannabis?
(e.g. Pot, Grass, Weed, Reefer, Joint, MaryJane, Acapulco gold, Rope, Mull, Cone, Spliff, Dope, Skunk, Bhang, Ganja, Hash, Chronic)



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

M2. Have you ever used Marijuana/Cannabis?



Yes (Continue) No (Skip to N1)

M3. About what age were you when you first used Marijuana/Cannabis?



Age in years:

M4. Have you used Marijuana/Cannabis in the last 12 months?



Yes (Continue) No (Skip to N1)

M5. 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

M6. Have you used Marijuana/Cannabis in the last month?



Yes (Continue) No (Skip to M8)

M7. Have you used Marijuana/Cannabis in the last week?



Yes No

M8. 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

M9a. Where did you first obtain Marijuana/Cannabis?

(Mark one response only)



M9b. Where do/did you usually obtain Marijuana/Cannabis?

(Mark one response only)



	M9a	M9b
	<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"/> |
| Grew/grow my own
(made/make it myself) | <input type="checkbox"/> | <input type="checkbox"/> |
| Stole/steal it | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> |

M10. Where do/did you usually use Marijuana/Cannabis?

(Mark all that apply)



- | | |
|---|--------------------------|
| In my own home | <input type="checkbox"/> |
| At a friend's house | <input type="checkbox"/> |
| At a party at someone's house | <input type="checkbox"/> |
| At raves/dance parties | <input type="checkbox"/> |
| At restaurants/cafés | <input type="checkbox"/> |
| At licensed premises (e.g. pubs, clubs) | <input type="checkbox"/> |
| At school, TAFE, university, etc. | <input type="checkbox"/> |
| At my work place | <input type="checkbox"/> |
| In public places (e.g. parks) | <input type="checkbox"/> |
| In a car or other vehicle | <input type="checkbox"/> |
| Somewhere else | <input type="checkbox"/> |

M11. On a day you use Marijuana/Cannabis, on average how many cones, bongs or joints do you normally have?



Number of cones, bongs or joints:

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

- | | | | | | |
|---------------|--------------------------|---------------|--------------------------|---------------|--------------------------|
| $\frac{1}{4}$ | <input type="checkbox"/> | $\frac{1}{2}$ | <input type="checkbox"/> | $\frac{3}{4}$ | <input type="checkbox"/> |
|---------------|--------------------------|---------------|--------------------------|---------------|--------------------------|

M12. What form of Marijuana/Cannabis do you use?

(Mark all that apply)



- | | |
|--------------------------|--------------------------|
| Leaf | <input type="checkbox"/> |
| Heads | <input type="checkbox"/> |
| Resin (including Hash) | <input type="checkbox"/> |
| Oil (including Hash oil) | <input type="checkbox"/> |
| Skunk | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

M13. How have you used Marijuana/Cannabis?

(Mark all that apply)



- | | |
|--|--------------------------|
| Smoked as joints (e.g. reefers, spliffs) | <input type="checkbox"/> |
| Smoked from a bong or pipe | <input type="checkbox"/> |
| By eating it (e.g. Hash cookies) | <input type="checkbox"/> |
| Marijuana/Cannabis and tobacco mixed | <input type="checkbox"/> |

M14. 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 | <input type="checkbox"/> |
| Heroin | <input type="checkbox"/> |
| Cocaine/Crack | <input type="checkbox"/> |
| Tranquillisers/Sleeping pills | <input type="checkbox"/> |
| Anti-depressants | <input type="checkbox"/> |
| Pain killers/Analgesics | <input type="checkbox"/> |
| Barbiturates | <input type="checkbox"/> |
| Methamphetamines/Amphetamines (Speed) | <input type="checkbox"/> |
| Ecstasy/Designer Drugs | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |
| Not used any of the above at the same time as Marijuana/Cannabis | <input type="checkbox"/> |

M15. What drug would you mostly use when Marijuana/Cannabis is not available?

(Mark one response only)



- | | |
|---------------------------------------|--------------------------|
| Alcohol | <input type="checkbox"/> |
| Heroin | <input type="checkbox"/> |
| Cocaine/Crack | <input type="checkbox"/> |
| Tranquillisers/Sleeping pills | <input type="checkbox"/> |
| Anti-depressants | <input type="checkbox"/> |
| Pain killers/Analgesics | <input type="checkbox"/> |
| Barbiturates | <input type="checkbox"/> |
| Methamphetamines/Amphetamines (Speed) | <input type="checkbox"/> |
| Ecstasy/Designer Drugs | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |
| No other drug | <input type="checkbox"/> |

Section N

N1. About what proportion of your friends and acquaintances use Heroin?
(e.g. Hammer, Smack, Gear, Horse, H, Boy, Junk)



- All
Most
About half
A few
None

N2. Have you ever used Heroin?



Yes (Continue) No (Skip to O1)



N3. About what age were you when you first used Heroin?



Age in years:

N4. Have you used Heroin 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 Heroin, even though you wanted to or tried to?



Yes No

N6. Have you used Heroin in the last month?



Yes (Continue) No (Skip to N8)

N7. Have you used Heroin in the last week?



Yes No

N8. 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

N9a. Where did you first obtain Heroin?
(Mark one response only)



N9b. Where do/did you usually obtain Heroin?
(Mark one response only)



	N9a	N9b
	<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"/>

N10. Where do/did you usually use Heroin?
(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

N11. On a day you use Heroin, on average how many hits do you normally have?



Number of hits:

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)

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



Yes No

08. 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

09a. Where did you first obtain Methadone (not supplied to you medically)?
(Mark one response only)



09b. 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"/>

010. 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

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



Number of hits:

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



- Methadone syrup
- Physeptone tablets

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



- Swallowed
- Injected

014. 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)

015. 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 <u>First</u>	P9b <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

+

Q8. 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

Q9a. Where did you first obtain Hallucinogens?

(Mark one response only)

Q9b. Where do/did you usually obtain Hallucinogens?

(Mark one response only)



	Q9a	Q9b
	<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"/>

Q10. Where do/did you usually use Hallucinogens?

(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

+

Q11. On a day you use Hallucinogens, on average how many 'trips' do you normally have?



Number of trips:

Q12. What form of Hallucinogens do you use?

(Mark all that apply)



- Tabs
- Liquid
- Magic mushrooms
- Datura or Angel's trumpet

Q13. Which of the following did you use at the same time, on at least one occasion that you used Hallucinogens?

(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 Hallucinogens



Q14. What drug would you mostly use when Hallucinogens are 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 R



R1. About what proportion of your friends and acquaintances use Ecstasy? (e.g. XTC, E, Ex, Ecce, E and C, Adam, MDMA, PMA)  



- All
 Most
 About half
 A few
 None



R2. Have you ever used Ecstasy?  
 Yes (Continue) No (Skip to S1)



R3. About what age were you when you first used Ecstasy?  
 Age in years:



R4. Have you used Ecstasy in the last 12 months?  
 Yes (Continue) No (Skip to S1)



R5. 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

R6. Have you used Ecstasy in the last month?  
 Yes (Continue) No (Skip to R8)



R7. Have you used Ecstasy in the last week?  
 Yes No

R8. 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



R9a. Where did you first obtain Ecstasy? (Mark one response only)  

R9b. Where do/did you usually obtain Ecstasy? (Mark one response only)  

	R9a	R9b
	<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"/>

R10. Where do/did you usually use Ecstasy? (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/café's
- 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

R11. On a day you use Ecstasy, on average how many tablets/pills do you normally have?  

Number of tablets/pills:

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

- $\frac{1}{4}$ $\frac{1}{2}$ $\frac{3}{4}$

R12. 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
- Marijuana/Cannabis
- Heroin
- Cocaine/Crack
- Tranquillisers/Sleeping pills
- Anti-depressants
- Pain killers/Analgesics
- Barbiturates
- Methamphetamines/Amphetamines (Speed)
- Viagra
- GHB
- Ketamine
- Other
- Not used any of the above at the same time as Ecstasy

R13. What drug would you mostly use when Ecstasy 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)
- GHB
- Ketamine
- Other
- No other drug

Section S

S1. About what proportion of your friends and acquaintances use Ketamine?
(e.g. K, Special K, Vitamin K, KitKat, Ket)



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

S2. Have you ever used Ketamine?



Yes (Continue) No (Skip to T1)

S3. About what age were you when you first used Ketamine?



Age in years:

S4. Have you used Ketamine in the last 12 months?



Yes (Continue) No (Skip to T1)

S5. Have you used Ketamine in the last month?



Yes (Continue) No (Skip to S7)

S6. Have you used Ketamine in the last week?



Yes No

S7. 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



Section T

S8. Which of the following did you use at the same time, on at least one occasion that you used Ketamine?
 (Mark all that apply)



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

T1. About what proportion of your friends and acquaintances use GHB?
 (e.g. Fantasy, Grievous bodily harm, GBH, Liquid E, Liquid X)



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

T2. Have you ever used GHB?



Yes (Continue) No (Skip to U1)

T3. About what age were you when you first used GHB?



Age in years:

T4. Have you used GHB in the last 12 months?



Yes (Continue) No (Skip to U1)

T5. Have you used GHB in the last month?



Yes (Continue) No (Skip to T7)

T6. Have you used GHB in the last week?



Yes No

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.





T7. 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

T8. Which of the following did you use at the same time on at least one occasion that you used GHB?



(Mark all that apply)

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

Section U

U1. About what proportion of your friends and acquaintances use Inhalants?
(e.g. Solvents, Aerosols, Glue, Petrol, Laughing gas, Whippits, Nitrous, Snappers, Poppers, Pearlers, Rushamines, Locker room, Bolt, Bullet, Rush, Climax, Red gold)



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

U2. Have you ever used Inhalants?



Yes (Continue) No (Skip to V1)

U3. About what age were you when you first used Inhalants?



Age in years:

U4. Have you used Inhalants in the last 12 months?



Yes (Continue) No (Skip to V1)

U5. 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

U6. Have you used Inhalants in the last month?



Yes (Continue) No (Skip to U8)

U7. Have you used Inhalants in the last week?



Yes No



U8. In the last 12 months, how often did you use Inhalants?

(Mark one response only)



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

U9a. Where did you first obtain Inhalants?

(Mark one response only)



U9b. Where do/did you usually obtain Inhalants?

(Mark one response only)



U9a **U9b**
First **Usually**

- | | | |
|---|--------------------------|--------------------------|
| 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"/> |
| Bought/buy at a shop/retail outlet
(e.g. petrol station, hardware store, supermarket etc.) | <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"/> |

U10. Where do/did you usually use Inhalants?

(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

U11. On a day you use Inhalants, on average how many hits do you normally have?



Number of hits:

U12. What form of Inhalants do you use?

(Mark all that apply)



- Petrol
- Volatile Solvents
(glue, butane, aerosol sprays, cleaning fluid, felt pens, liquid paper, paint thinner)
- Anaesthetics
(nitrous oxide, ether, chloroform)
- Nitrites
(amyl nitrate (poppers, snappers), butyl (rush, bolt, climax, video head cleaner))
- Other

U13. Which of the following did you use at the same time, on at least one occasion that you used Inhalants?

(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 Inhalants

U14. What drug would you mostly use when Inhalants are 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 V

Section W

V1. Not including Heroin, have you ever used other Opiates/Opioids such as morphine or pethidine which were not supplied to you medically?



Yes (Continue) No (Skip to W1)

V2. Have you used other Opiates/Opioids which were not supplied to you medically, in the last 12 months?



Yes (Continue) No (Skip to W1)

V3. 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

Other

V4. How have you used other Opiates/Opioids (not supplied to you medically) in the last 12 months?

(Mark all that apply)



Swallowed

Injected

Other

V5. In the last 12 months, which of the following did you use at the same time, on at least one occasion that you used these other Opiates/Opioids (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

Never used any of the above at the same time as these other Opiates/Opioids

This section deals with the use of injectable drugs that are 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)

W2. About what age were you when you first injected yourself with illicit drugs?

(This includes being injected by someone else)



Age in years:

W3. What illicit drug did you first inject?

(This includes being injected by someone else)

(Mark one response only)

Heroin

Methadone

Other Opiates/Opioids (Morphine, Pethidine)

Methamphetamines/Amphetamines (Speed)

Cocaine or Crack Cocaine

LSD or other Hallucinogens

Ecstasy

Benzodiazepines

Steroids

Other drugs

W4. In the last 12 months, have you injected any of these drugs? (This includes being injected by someone else)

(Mark all that apply)



Heroin

Methadone

Other Opiates/Opioids (Morphine, Pethidine)

Methamphetamines/Amphetamines (Speed)

Cocaine or Crack Cocaine

LSD or other Hallucinogens

Ecstasy

Benzodiazepines

Steroids

Other drugs

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

W5. On average, **how often** have you injected yourself with illicit drugs **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
 - Needle and syringe program
(e.g. needle exchange program)
 - Friends
 - Hospital or doctor
 - Diabetes Australia
 - Other

W7. Have you used a needle and syringe program **in the last 12 months**? (e.g. Needle exchange program)

- ☎
- Yes No

W8. After you have used a needle/syringe, about how often do you throw it on the ground or leave it in a place that might cause injury to someone else?
(Mark one response only)

- Never
- Rarely
- About half the time
- Almost all the time
- All the time

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 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

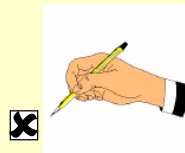
W12. How long ago did someone else use a needle or other injecting equipment **after you** had used it?

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

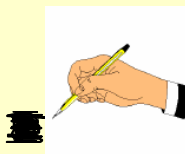
W13. Have you heard or seen any health promotion message relating to safer injecting practices?

- ☎
- Yes No

Reminder:



Are you filling in the boxes correctly?



Are you shading the boxes fully for any mistakes?

Section X

X1. During the last 12 months, in general, how did you obtain your tobacco, alcohol or other drugs?
(Mark all that apply for each drug type)



	Tobacco	Alcohol	Other Drugs
Bought at a shop/retail outlet/ licensed premises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bought from someone else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stole it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traded stolen goods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traded other goods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swapped drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traded sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Re-cut a previously obtained deal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received some in payment for a job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forged scripts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grew my own/made it myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends or relatives offered to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did not obtain in last 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

X2. During the last 12 months, did you have a period of a month or more when you spent a great deal of time getting, using, or getting over the effects of illicit drugs?



Yes
No
Not applicable - did not use any
illicit drugs in the last 12 months

X3. 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)



	Approve	Disapprove
Tobacco/cigarettes	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>
Pain killers/Analgesics for non-medical purposes	<input type="checkbox"/>	<input type="checkbox"/>
Tranquillisers/Sleeping pills for non-medical purposes	<input type="checkbox"/>	<input type="checkbox"/>
Steroids for non-medical purposes	<input type="checkbox"/>	<input type="checkbox"/>
Barbiturates for non-medical purposes	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana/Cannabis	<input type="checkbox"/>	<input type="checkbox"/>
Heroin	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamines/ Amphetamines (Speed)	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine/Crack	<input type="checkbox"/>	<input type="checkbox"/>
Naturally Occurring Hallucinogens/ LSD/Synthetic Hallucinogens	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>
GHB	<input type="checkbox"/>	<input type="checkbox"/>
Ketamine	<input type="checkbox"/>	<input type="checkbox"/>
Glue/Petrol/Solvents/Rush	<input type="checkbox"/>	<input type="checkbox"/>
Methadone for non-medical purposes	<input type="checkbox"/>	<input type="checkbox"/>

X4. What is your main drug of choice (that is, your favourite or preferred drug), and what is your next drug of choice?

(Mark only one response in each column)



	Main Choice	Next Choice
Tobacco	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana/Cannabis	<input type="checkbox"/>	<input type="checkbox"/>
Heroin	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine/Crack	<input type="checkbox"/>	<input type="checkbox"/>
Pain killers/Analgesics	<input type="checkbox"/>	<input type="checkbox"/>
Tranquillisers/Sleeping pills	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamines/ Amphetamines (Speed)	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>
GHB	<input type="checkbox"/>	<input type="checkbox"/>
Ketamine	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
No main drug of choice	<input type="checkbox"/>	
No next drug of choice		<input type="checkbox"/>

If you have ever used an illicit drug, please answer X5.
 If you have never used an illicit drug, please answer X6.

Section Y

X5. 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

X6. What factors influenced your decision never to try illicit drugs (including marijuana/cannabis)?
 (Mark all that apply)



- Worry about health problems (e.g. can cause cancer, affect mental health)
- Didn't want to become addicted
- Fear of being caught by police
- Fear of being convicted by a court
- Fear of going to prison
- Pressure from family or friends
- Didn't want family/friends to find out
- Didn't want employer or teachers to find out
- Didn't like to feel out of control
- Friends didn't use or stopped using
- Didn't think it would be enjoyable
- Financial reasons (e.g. too expensive to buy)
- Lack of availability (drug was too hard to get)
- Religious/moral reasons
- Just not interested
- Never had the opportunity to try illicit drugs
- Didn't want to break the law
- Don't know

Other (Please write in):

2

Y1. In the last 12 months, did any person affected by alcohol . . . ?

(Mark one response for each row)



- | | Yes | No |
|----------------------|--------------------------|--------------------------|
| Verbally abuse you | <input type="checkbox"/> | <input type="checkbox"/> |
| Physically abuse you | <input type="checkbox"/> | <input type="checkbox"/> |
| Put you in fear | <input type="checkbox"/> | <input type="checkbox"/> |

Y2. In the last 12 months, did any person affected by illicit drugs . . . ?

(Mark one response for each row)



- | | Yes | No |
|----------------------|--------------------------|--------------------------|
| Verbally abuse you | <input type="checkbox"/> | <input type="checkbox"/> |
| Physically abuse you | <input type="checkbox"/> | <input type="checkbox"/> |
| Put you in fear | <input type="checkbox"/> | <input type="checkbox"/> |

If No to all in Y1 and Y2, Skip to Y10

Y3. Which of the following persons affected by alcohol or illicit drugs were responsible for the incident(s) referred to above?

(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 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Parent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Brother or sister | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other relative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other house/flat resident | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Current boy/girl friend | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Former spouse/partner/
boy/girl friend | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Work/school/university mate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Friend | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other person known to me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Not known to me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PLEASE CHECK AGAIN THAT ALL THE INCIDENTS MENTIONED IN Y1 AND Y2 HAVE THE APPROPRIATE ANSWERS IN Y3

OFFICE USE ONLY:

1	2

Y4. Where did the incident(s) referred to 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In a pub or club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At a party	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At my workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At school/university	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transport (e.g. train)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the street	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Somewhere else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Y5. What was the most serious physical injury you sustained as a result of the incident(s)?
 (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

Y6. Were the incidents reported to the police?

- No – none
- Yes – some
- Yes – all (Skip to Y8)

Y7. Are there any reasons why you didn't report all of the incidents 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

Y8. In general, at the time(s) the alcohol or other 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



Y9. Did any of the incidents of physical abuse involve sexual abuse?

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

ALL PLEASE ANSWER



Y10. In the last 12 months, did you undertake the following activities while under the influence of alcohol?

(Mark yes or no for each activity)

	Yes	No
  Went to work	<input type="checkbox"/>	<input type="checkbox"/>
Went swimming	<input type="checkbox"/>	<input type="checkbox"/>
Operated a boat	<input type="checkbox"/>	<input type="checkbox"/>
Drove a motor vehicle	<input type="checkbox"/>	<input type="checkbox"/>
Operated hazardous machinery	<input type="checkbox"/>	<input type="checkbox"/>
Created a public disturbance or nuisance	<input type="checkbox"/>	<input type="checkbox"/>
Caused damage to property	<input type="checkbox"/>	<input type="checkbox"/>
Stole money, goods or property	<input type="checkbox"/>	<input type="checkbox"/>
Verbally abused someone	<input type="checkbox"/>	<input type="checkbox"/>
Physically abused someone	<input type="checkbox"/>	<input type="checkbox"/>

Y11. In the last 12 months, did you undertake the following activities while under the influence of illicit drugs?

(Mark yes or no for each activity)

	Yes	No
  Went to work	<input type="checkbox"/>	<input type="checkbox"/>
Went swimming	<input type="checkbox"/>	<input type="checkbox"/>
Operated a boat	<input type="checkbox"/>	<input type="checkbox"/>
Drove a motor vehicle	<input type="checkbox"/>	<input type="checkbox"/>
Operated hazardous machinery	<input type="checkbox"/>	<input type="checkbox"/>
Created a public disturbance or nuisance	<input type="checkbox"/>	<input type="checkbox"/>
Caused damage to property	<input type="checkbox"/>	<input type="checkbox"/>
Stole money, goods or property	<input type="checkbox"/>	<input type="checkbox"/>
Verbally abused someone	<input type="checkbox"/>	<input type="checkbox"/>
Physically abused someone	<input type="checkbox"/>	<input type="checkbox"/>

Section Z

Z1. In the last 3 months, how many days of work, school, TAFE or university did you miss because of your personal 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:

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 personal 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:

Z3. 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:

ALL PLEASE ANSWER

Z4. Have you ever participated in an 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 <u>last</u> <u>12</u> <u>months</u>	Yes, but <u>not</u> in the <u>last 12</u> <u>months</u>	<u>No</u>
Smoking (e.g. Quit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol (e.g. Alcoholics Anonymous)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detoxification Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription Drugs (e.g. GP supervised)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapeutic community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Naltrexone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Z5. Which of the following procedures have you undergone and when?

(Mark one response for each type of program)

	Yes, in the <u>last 12</u> <u>months</u>	Yes, more <u>than 12</u> <u>months ago</u>	<u>Not</u> had the procedure
Tattoo(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ear piercing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body piercing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If no procedure has been done, then Skip to Z7a

Z6. Had you been drinking alcohol or using other drugs when any of these procedures were undertaken?

Yes No

FEMALES ONLY (MALES SKIP TO SECTION YY)

Z7a. At any stage in the last 12 months were you . . . ?
(Mark all that apply)

Pregnant and breastfeeding at the same time
 Pregnant only (Continue)
 Breastfeeding only

Neither pregnant nor breastfeeding at any time in past 12 months (Skip to Section YY)

Z7b. For how much of the last 12 months were you . . . ?
(Please indicate in either weeks or months)

	Weeks	or	Months
Pregnant and breastfeeding at the same time	<input type="text"/>		<input type="text"/>
Pregnant only	<input type="text"/>		<input type="text"/>
Breastfeeding only	<input type="text"/>		<input type="text"/>

Z8. Are you currently . . . ?

Pregnant and breastfeeding
 Pregnant only
 Breastfeeding only
 Neither pregnant nor breastfeeding

Z9. 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)

	When Pregnant only	When Breastfeeding only	When pregnant and breastfeeding
Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana/Cannabis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain killers/Analgesics for non-medical purposes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tranquillisers/Sleeping pills for non-medical purposes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steroids for non-medical purposes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barbiturates for non-medical purposes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inhalants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamines/Amphetamines (Speed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallucinogens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy/Designer Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injected illegal drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Z10. 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

Z11. 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

Z12. In the last 12 months when you were pregnant or breastfeeding did anyone advise you not to smoke?

Yes
 No
 Not applicable, don't smoke (Skip to Section YY)

Z13. Who advised you not to smoke?
(Mark all that apply)

Spouse or partner
 Parents
 Brother or sister
 Doctor or Specialist
 Nurse or Midwife
 Pharmacist
 Other

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
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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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing the number of outlets that sell alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing trading hours for all pubs and clubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serving only low alcohol drinks, such as low alcohol beer at sporting events or venues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increasing the number of alcohol-free public events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increasing the number of alcohol-free zones or dry areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raising the legal drinking age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stricter enforcement of the law against serving customers who are drunk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More severe legal penalties for drink driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restricting late night trading of alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strict monitoring of late night licensed premises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limiting advertising for alcohol on TV until after 9:30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Banning alcohol sponsorship of sporting events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requiring information on national drinking guidelines on all alcohol containers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increasing the size of standard drink labels on alcohol containers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increasing the tax on alcohol products to pay for health, education, and the cost of treating alcohol related problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

+ + +

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Banning smoking in the workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Banning smoking in pubs/clubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increasing the tax on tobacco products to pay for <u>health education</u> programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increasing the tax on tobacco products to <u>contribute to the cost</u> of treating smoking related diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increasing the tax on tobacco products to <u>discourage</u> people from smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making it harder to buy tobacco in shops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bans on point of sale advertising and display of tobacco products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implementing a licensing scheme for tobacco retailers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stricter penalties for the sale or supply of tobacco products to those under 18 years of age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YY3. Thinking now about the problems associated with marijuana/cannabis 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
A clinical trial for people to use marijuana to treat medical conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A change in legislation permitting the use of marijuana for medical purposes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YY4. 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 (e.g. needle exchange program)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone maintenance programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment with drugs other than methadone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Regulated</u> injecting rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trial of prescribed heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapid detoxification therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Naltrexone, a drug that blocks the effects of heroin and other opiates/opioids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<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"/>
Methamphetamines/Amphetamines (Speed)	<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"/>

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	<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"/>
Methamphetamines/Amphetamines (Speed)	<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"/>

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.

+

YY7. For each of the following 5 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 that total is: \$

YY8. 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 that total is: \$

YY9. And if you were given \$100 to spend on reducing marijuana/cannabis 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 that total is: \$

+

YY10. And if you were given \$100 to spend on reducing methamphetamine/amphetamine (speed) 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 that total is: \$

YY11. And if you were given \$100 to spend on reducing heroin or cocaine 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 that total is: \$

Section ZZ

ZZ5a. In which country were you born?
(Mark one response only)



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. 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

ZZ5b. 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

Australia (Skip to ZZ6)

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

OFFICE USE ONLY:

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ALL PLEASE ANSWER

ZZ6. 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)

1

ZZ7. 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)

2

None

ZZ8. Which of the following best describes your current employment status? Are you . . . ?
(Mark one response only)



- Self employed
 - Employed for wages, salary or payment in kind
 - Unemployed and looking for work
 - Engaged in home duties
 - A student
 - Retired or on a pension
 - Unable to work
 - Other
- (Skip to ZZ10)

ZZ9. Have you ever been in paid work?



- Yes
- No (Skip to ZZ12)

ZZ10. What kind of industry, business or service is/ was carried out by your main or last employer?



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

OFFICE USE ONLY (FOR ANZSIC CODING)

ZZ11. 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.)



Title (including award/Government classification if possible)

Main Duties/tasks

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OFFICE USE ONLY:

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ALL PLEASE ANSWER

ALL PLEASE ANSWER

ZZ12a. What is the highest year of primary or secondary school you have completed?



(Mark one response only)



- Did not go to school (Skip to ZZ13)
- 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

ZZ12b. And are you still at school?



- Yes
- No

ALL PLEASE ANSWER

ZZ13. Have you completed a trade certificate or other educational qualification?



- Yes
- No (Skip to ZZ15)

ZZ14. 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

ZZ15. Which of the following groups would represent your personal annual income, before tax, from all sources?



(Mark one response only)

- \$100,000 or more (\$1,918 or more / week)
- \$60,000 - \$99,999 (\$1,150 - \$1,917 / week)
- \$40,000 - \$59,999 (\$767 - \$1,149 / week)
- \$20,000 - \$39,999 (\$384 - \$766 / week)
- \$12,000 - \$19,999 (\$230 - \$383 / week)
- \$6,000 - \$11,999 (\$115 - \$229 / week)
- \$1 - \$5,999 (\$1 - \$114 / week)
- Nil Income
- Negative Income
- Prefer not to say
- Don't know

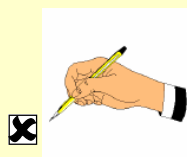
ZZ16. Which of the following groups would represent the combined household annual income, before tax, from all sources?

(Mark one response only)

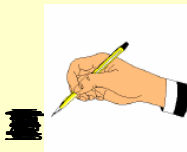


- \$140,000 or more (\$2,666 or more / week)
- \$100,000 - \$139,999 (\$1,918 - \$2,665 / week)
- \$60,000 - \$99,999 (\$1,150 - \$1,917 / week)
- \$40,000 - \$59,999 (\$767 - \$1,149 / week)
- \$20,000 - \$39,999 (\$384 - \$766 / week)
- \$12,000 - \$19,999 (\$230 - \$383 / week)
- \$6,000 - \$11,999 (\$115 - \$229 / week)
- \$1 - \$5,999 (\$1 - \$114 / week)
- Nil Income
- Negative Income
- Prefer not to say
- Don't know

Reminder:



Are you filling in the boxes correctly?



Are you shading the boxes fully for any mistakes?



ZZ17a. How many people aged 12 and over live in this household, including yourself?



ZZ17b. And how many people aged 12-29 live in this household? (including yourself if you are aged 12-29)



ZZ17c. 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 (Go to ZZ19)

ZZ18. Of all the dependent children, how many are in each of these age categories?



0 - 2 years old	<input type="text"/>	9 - 11 years old	<input type="text"/>
3 - 5 years old	<input type="text"/>	12 - 14 years old	<input type="text"/>
6 - 8 years old	<input type="text"/>	15 years and over	<input type="text"/>

ALL PLEASE ANSWER

ZZ19. 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 dependant 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**

ZZ20. Was anyone else present when you were completing the questionnaire?

(Mark all responses that apply)



- No (Skip to ZZ22)
- 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

ZZ21. Did this affect the honesty with which you completed the questionnaire?

(Mark one response only)



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



ALL PLEASE ANSWER

ZZ22. Did anyone else help you complete this questionnaire?
(Mark one response only)



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

ZZ23. What is the postcode for this dwelling?



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

ZZ24. Please write the date that you completed this questionnaire below:



	/		/	2004
Day		Month		Year

ZZ25. How long did it take you to complete this questionnaire?



Hours		Minutes

NOW PLEASE GO TO ZZ26

OFFICE USE ONLY:

Mark one only

INTERVIEWER

REPLY PAID

Mark in box

STATUS





ZZ26. 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 a 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

I do not give permission

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

