

Appendix 5:

The questionnaire

There were several questionnaires used to collect data for the 2001 National Drug Strategy Household Survey. Three samples were selected for the 2001 survey. The drop and collect questionnaire and the face-to-face questionnaire had equivalent numbers of questions. The CATI sample had fewer questions. However, questions in all three questionnaires were in the same sequence (refer to 'Survey design' on page 43 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 face-to-face questionnaire and the drop and collect questionnaire each had three rotations. In addition, 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.

For the face-to-face component, interviewers asked respondents a series of questions and a self-completion booklet was given for the more sensitive issues (Questions E1 to X10).

For the CATI component, the computer was programmed to randomly rotate responses at appropriate questions.

OFFICE USE ONLY:

DROP & COLLECT

CCD No.

ROTATION:

Date:

/

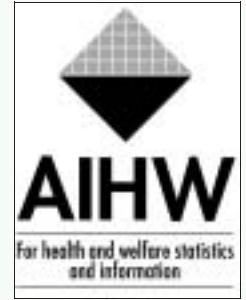
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Day

Month

Year

Household ID Number:



2001 National Drug Strategy Household Survey

What is the purpose of this form?

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

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

How confidential is the information you give?

Completely confidential!! When you have completed this form, please seal it in the envelope provided and give it back to the Roy Morgan Research fieldworker who will return it sealed to the survey team for processing. The survey is managed by the Australian Institute of Health & Welfare (AIHW), on behalf of the Department. Only the survey team will have access to your form and once the survey data is compiled your form will be destroyed. Your name and address will never be linked with any of the information you provide.

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

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

How to complete this form:

- Please complete this form carefully using black ballpoint pen (not felt). Alternatively use blue pen.

Most questions only require you to answer by marking the appropriate box or boxes with a cross like this:



Please do not mark any areas outside the box.

- Other questions will require a numeric answer and can be filled in like this:

 or

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

- Other questions will ask you to write your answer in the box provided. Please ensure that you print your answers like this:

Last year I travelled to Bali on a Holiday

- If you make a mistake, completely shade out the box and cross the appropriate one.



- If you see an instruction like this (**skip to**), you should follow the direction exactly. For example (skip to Y1) means that you should miss all the questions after the one you have just answered, until you come to the question marked Y1. If you do not see the skip to, just answer the next question.



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

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

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

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

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

Section A - Perceptions

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

(Cross only one drug category in each column)

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

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

(Mark one response only)

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

A3. Which ONE of these forms of drug use do you think is the most serious concern for the general community?

(Mark one response only)

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

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

Yes (Continue) No (Skip to A6)

A5. What were the sources of information?

(Mark all that apply)

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

Other (Please write in)

1

OFFICE USE ONLY:

1

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



ALL PLEASE ANSWER

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

Yes (Continue) No (Skip to A8)

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

Yes
No
Don't know

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

(Mark one response only)

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

ALL PLEASE ANSWER

A8. How many “standard drinks” do you think an adult male could drink every day for many years without adversely affecting his health?

(Write in whole number e.g. 0, 3, 10, etc)

Number of drinks

A9. How many “standard drinks” do you think an adult female could drink every day for many years without adversely affecting her health?

(Write in whole number e.g. 0, 3, 10, etc)

Number of drinks

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

(Mark one response only)

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

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

(Mark one response only)

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

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

- Yes
- No
- Don't know

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

- Yes
- No
- Don't know

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

(Mark one response only)

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

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

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

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

(Mark one response only)

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

Section B - Regulations relating to drug use

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

- Yes
 No
 Unsure, Don't know

B2. What SINGLE action best describes what you think should happen to anyone found in possession of small quantities of the following drugs for personal use?

(Mark one response only for each drug type)

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

B3. If marijuana/cannabis were legal to use, would you...

(Mark one response only)

- Not use it, even if it were legal and available
 Try it
 Use it about as often as I do now
 Use it more often than I do now
 Use it less often than I do now
 Don't know

Section C

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

- Excellent
Very good
Good
Fair
Poor

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

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

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

Number of times admitted to hospital in the last 12 months

Not admitted to hospital in the last 12 months

C4. Have you ever used someone else's medication when you were feeling unwell? (e.g. You used medications originally prescribed or recommended by a health professional for someone else, when you had similar symptoms)

Yes (Continue) No (Skip to D1)

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

(Mark all that apply)

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

Reminder:



Are you filling in the boxes correctly?



Are you shading the boxes fully for any mistakes?

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

We remind you that only our survey team have access to your form, and once the survey data is compiled, your form will be destroyed.

Your name and address will never be linked with any of the information you provide.

Answers are completely confidential.

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

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

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

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

Section D

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

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

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

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

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

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

Section E

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

(Mark one response only)

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

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

(Mark one response only)

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

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

- Yes (Continue) No (Skip to E22)

E4. Have you ever smoked a full cigarette?

- Yes (Continue) No (Skip to E22)

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

Age in years:

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

- Yes (Continue) No (Skip to E22)

E7. Have you ever smoked on a daily basis?

(Mark one response only)

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

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

Age in years:

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

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

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

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

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

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

E12. How often, if at all, do you now smoke manufactured cigarettes?

Daily → How many per **day**?

or

At least weekly (but not daily) → How many per **week**?

or

Less often than weekly → How many per **month**?

or

Not at all

E13. How often, if at all, do you now smoke roll-your-own cigarettes?

Daily → How many per **day**?

or

At least weekly (but not daily) → How many per **week**?

or

Less often than weekly → How many per **month**?

or

Not at all

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

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

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

- Yes No

E16. In the last 12 months, have you:

(Mark all that apply)

- Successfully given up smoking (for more than a month)
- Tried to give up unsuccessfully
- Changed to a brand with lower tar or nicotine content
- Tried to change to a brand with lower tar or nicotine content, but was unsuccessful
- Reduced the amount of tobacco you smoke in a day
- Tried to reduce the amount of tobacco smoked in a day, but was unsuccessful
- None of these (Skip to E19)

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

(Mark all that apply)

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

E18. In the last 12 months, on average how much do you think you have cut down on your cigarette smoking?

(Mark one response only)

- Have not cut down
- By about 1 to 5 cigarettes per day
- By about 6 to 10 cigarettes per day
- By about 11 to 15 cigarettes per day
- By about 16 to 20 cigarettes per day
- By more than 20 cigarettes per day
- Don't smoke cigarettes

E19. Are you planning on giving up smoking?

(Mark one response only)

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

Reminder:

Please cross inside the box, like this:



If you see a (skip to) after the box you have just marked, go straight to the question indicated.

E20. During the past 12 months, have you done any of the following?

(Mark all that apply)

- Discussed smoking and health at home
- Rung the "QUIT" line
- Asked your doctor for help to quit
- Used nicotine gum, nicotine patch or nicotine inhaler
- Used a smoking cessation pill (Zyban)
- Bought a product other than nicotine patch, gum or pill to help you quit
- Read "How to Quit" literature
- Done something else to help you quit
- None of the above
- Don't know

E21. During the past 12 months, has anybody at your house been trying to get you to quit smoking?

(Mark all that apply)

- Yes – Parent
- Yes – Child
- Yes – Sibling (brother or sister)
- Yes – Partner/spouse
- Yes – Friend/flatmate
- Yes – Other person
- No one trying to get me to quit
- Not applicable (live alone)

ALL PLEASE ANSWER

E22. At the present time, do you consider yourself:

(Mark one response only)

- A non-smoker
- An ex-smoker
- An occasional smoker
- A light smoker
- A heavy smoker
- A chain smoker

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

Yes (Continue) No (Skip to F1)

E24. Have you ever smoked it?

Yes (Continue) No (Skip to F1)

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

(Mark one response only)

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

E26. Would you say that when you smoke, you:

(Mark one response only)

- Only smoke this type of tobacco
- Mainly smoke this type of tobacco
- Smoke this type of tobacco about half of the time
- Smoke this type of tobacco less than half of the time
- Occasionally smoke this type of tobacco



Section F

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

(Mark one response only)

- All
Most
About half
A few
None

F2. Have you ever tried alcohol?

- Yes
No (Skip to F20)

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

- Yes
No (Skip to F20)

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

Age in years:

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

- Yes (Skip to F6)
No (Continue)

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

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

F6. In the last 12 months, how often did you have an alcoholic drink of any kind?

(Mark one response only)

- Every day
5 to 6 days a week
3 to 4 days a week
1 to 2 days a week
2 to 3 days a month
About 1 day a month
Less often
No longer drink (Skip to F9)

F7. What type of alcohol do you usually drink?

(Mark all that apply)

- Cask wine
Bottled wine
Regular Strength Beer
(greater than 4% Alc/Vol)
Mid Strength Beer (3% to 3.9% Alc/Vol)
Low Alcohol Beer (1% to 2.9% Alc/Vol)
Premixed spirits in a can
(e.g. UDL, Jim Beam and Cola)
Bottled spirits and liqueurs
(e.g. scotch, brandy, vodka, rum,
Kahlua, Midori, Baileys etc.)
Premixed bottles (e.g. Bacardi Breezer,
Sub-Zero, Lemon Ruski/Stolis)
Cider
Home brewed beer
Fortified wine, port, vermouth, sherry, etc.
Other

F8. Where do you usually drink alcohol?

(Mark all that apply)

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

F9. In the last 12 months have you...

(Mark all that apply)

- Reduced the amount of alcohol
you drink at any one time?
Reduced the number of
times you drink?
Switched to drinking more
low-alcoholic drinks than
you used to?
Stopped drinking alcohol
None of the above (Skip to F11)

F10. What was the main reason for doing that?

(Mark one response only)

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

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

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

Pregnant and/or breastfeeding

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

Drink driving regulations

Financial reasons

Peer pressure

Other

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

EXAMPLE OF STANDARD DRINKS

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



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

(Mark one response only)

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

F12. When you have an alcoholic drink, how often do you do any of the following?

(Mark one response for each row below)

	Always	Most of the time	Sometimes	Rarely	Never
Count the number of drinks you have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deliberately alternate between alcoholic and non-alcoholic drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make a point of eating while consuming alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quench your thirst by having a non-alcoholic drink before having alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only drink low alcohol drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limit the number of drinks you have in an evening (e.g. when driving)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refuse an alcoholic drink you are offered because you really don't want it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F13. Please record how often in the last 12 months you have had each of the following number of standard drinks in a day?

(Mark one response for each row below)

	Every day	5 – 6 days a week	3 – 4 days a week	1 – 2 days a week	2 – 3 days a month	About 1 day a month	Less often	Never
20 or more standard drinks a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 – 19 standard drinks a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 – 10 standard drinks a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 – 6 standard drinks a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 – 4 standard drinks a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 – 2 standard drinks a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

(Mark one response only)

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

F15. How many alcoholic drinks did you have yesterday?

Number of drinks:

None (Skip to F17)

EXAMPLE ONLY

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

HERE IS AN EXAMPLE OF HOW TO ANSWER:

	Cans	Small Bottles (300 – 375 ml)	Large Bottles (750ml)	Large Glass (425 ml)	Medium Glass (285 ml)	Small Glass (100 – 200ml)	Nips	English Pint Glass	Other (write in)	
Cask wine										
Bottled wine						2				
Regular Strength Beer (greater than 4% Alc/Vol)		1						2		

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

Notes -

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

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

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

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

4

Office Use Only

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

OFFICE USE ONLY:



F17. In the **past 12 months**, about how often have you been **unable to remember** afterwards what happened while you were drinking?

(Mark one response only)

- Every day
- 5 to 6 days a week
- 3 to 4 days a week
- 1 to 2 days a week
- 2 to 3 days a month
- About 1 day a month
- Less often but at least once
- Never

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

- Yes
- No

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

- Yes
- No

ALL PLEASE ANSWER

F20. At the present time do you consider yourself:
(Mark one response only)

- A non-drinker
- An ex-drinker
- An occasional drinker
- A light drinker
- A social drinker
- A heavy drinker
- A binge drinker

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

Section G

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

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

The term illicit drug and illegal drug are used interchangeably to describe each of the following:

- Any drug which is illegal to possess or use;
- Any legal drug used in an illegal manner, for example:
 - A drug obtained on prescription but given to another person to use;
 - Glue or petrol which is sold legally, but is used in a manner that is not intended, such as inhaling fumes; or
 - Stolen pharmaceuticals sold on the black market (e.g. Pethidine).

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

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

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

- Yes (Continue) No (Skip to H1)

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

Age in years:

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

- Yes (Continue) No (Skip to H1)

G5. During the past 12 months, did you want to or try to stop or cut down on your use of Pain Killers/Analgesics for non-medical purposes, but found that you couldn't?

- Yes No

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

- Yes (Continue) No (Skip to G8)

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

Yes No

G8. In the last 12 months, how often did you use Pain Killers/Analgesics for non-medical purposes?

(Mark one response only)

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

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

(Mark one response only)

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

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

(Mark all that apply)

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

G11. Which of the following did you use at the same time, on at least one occasion that you used Pain Killers/Analgesics for non-medical purposes?

(Mark all that apply)

- Alcohol
- Marijuana/Cannabis
- Heroin
- Cocaine/Crack
- Tranquillisers/Sleeping Pills
- Anti-depressants
- Barbiturates
- Amphetamines/Speed
- Ecstasy/Designer Drugs
- Other

Not used any of the above at the same time as Pain Killers/Analgesics for non-medical purposes

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

(Mark one response only)

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

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

- 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

H9. Where do/did you usually obtain Tranquillisers/Sleeping Pills for non-medical purposes?

(Mark one response only)

- Friend or acquaintance
- Brother or sister
- Parent
- Spouse or partner
- Other relative
- Dealer on the street
- Dealer delivers to my home
- Visit to the dealer's house
- Dealer at another location
- Doctor shopping/forged script
- Steal it
- Other

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 private parties
- At raves/dance parties
- At restaurants/cafes
- At licensed premises (e.g. pubs, clubs)
- At School, TAFE, University etc
- At my workplace
- In public places (e.g. parks)
- In a car or other vehicle
- Somewhere else

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
- 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
- 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)

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

- 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

J9. Where do/did you usually obtain Steroids for non-medical purposes?

(Mark one response only)

- Friend or acquaintance
- Brother or sister
- Parent
- Spouse or partner
- Other relative
- Dealer on the street
- Dealer delivers to my home
- Visit to the dealer's house
- Dealer at another location
- At gyms/sporting clubs/fitness centres
- Doctor shopping/forged script
- Steal it
- Other

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 private parties
- At raves/dance parties
- At restaurants/cafes
- At licensed premises (e.g. pubs, clubs)
- At School, TAFE, University etc
- At my workplace
- In public places (e.g. parks)
- In a car or other vehicle
- 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
- 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
- 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, Red, 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. During the past 12 months, did you want to or try to stop or cut down on your use of Barbiturates for non-medical purposes, but found that you couldn't?

Yes No

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

Yes (Continue) No (Skip to K8)

K7. Have you used Barbiturates for non-medical purposes in the last week?

Yes No

K8. 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

K9. Where do/did you usually obtain Barbiturates for non-medical purposes?

(Mark one response only)

- Friend or acquaintance
Brother or sister
Parent
Spouse or partner
Other relative
Dealer on the street
Dealer delivers to my home
Visit to the dealer's house
Dealer at another location
Doctor shopping/forged script
Steal it
Other

K10. Where do/did you usually use Barbiturates for non-medical purposes?

(Mark all that apply)

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

K11. Which of the following did you use at the same time, on at least one occasion that you used Barbiturates for non-medical purposes?
(Mark all that apply)

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

K12. What drug would you mostly use when Barbiturates 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
- Amphetamines/Speed
- Ecstasy/Designer Drugs
- Other
- No other drug

Section L

L1. About what proportion of your friends and acquaintances use Amphetamines/Speed for non-medical purposes?
(e.g. Crystal, Whizz, Goey, Gogo, Zip, Uppers, Ice)

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

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

- Yes (Continue) No (Skip to M1)

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

Age in years:

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

- Yes (Continue) No (Skip to M1)

L5. During the past 12 months, did you want to or try to stop or cut down on your use of Amphetamines/Speed for non-medical purposes, but found that you couldn't?

- Yes No

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

- Yes (Continue) No (Skip to L8)

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

- Yes No

L8. In the last 12 months, how often did you use 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

L9. Where do/did you usually obtain Amphetamines/Speed for non-medical purposes?
(Mark one response only)

- Friend or acquaintance
- Brother or sister
- Parent
- Spouse or partner
- Other relative
- Dealer on the street
- Dealer delivers to my home
- Visit to the dealer's house
- Dealer at another location
- Doctor shopping/forged script
- Steal it
- Other

L10. Where do/did you usually use Amphetamines/Speed for non-medical purposes?
(Mark all that apply)

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

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

Number of points Number of grams
OR

If less than 1 (e.g. half) write in 1

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

- Powder
- Liquid
- Crystal
- Tablet
- Prescription amphetamines

L13. How have you used 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 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/Designer Drugs
 - Other
- Not used any of the above at the same time as Amphetamines/speed for non-medical purposes

L15. What drug would you mostly use when 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/Designer Drugs
- Other
- No other drug

Section M

M1. About what proportion of your friends and acquaintances use Marijuana or 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 (or Cannabis)?

Yes (Continue) No (Skip to N1)

M3. About what age were you when you first used Marijuana (or Cannabis)?

Age in years:

M4. Have you used Marijuana (or Cannabis) in the last 12 months?

Yes (Continue) No (Skip to N1)

M5. During the past 12 months, did you want to or try to stop or cut down on your use of Marijuana (or Cannabis), but found that you couldn't?

Yes No

M6. Have you used Marijuana (or Cannabis) in the last month?

Yes (Continue) No (Skip to M8)

M7. Have you used Marijuana (or Cannabis) in the last week?

Yes No

M8. In the last 12 months, how often did you use Marijuana (or Cannabis)?

(Mark one response only)

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

M9. Where do/did you usually obtain Marijuana (or Cannabis)?

(Mark one response only)

- Friend or acquaintance
Brother or sister
Parent
Spouse or partner
Other relative
Dealer on the street
Dealer delivers to my home
Visit to the dealer's house
Dealer at another location
Grew my own/Made it myself
Steal it
Other

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

(Mark all that apply)

- In my own home
At a friend's house
At a private party
At raves/dance parties
At restaurants/cafes
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

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

Number of cones, bongs or joints:

If less than 1 (e.g. half) write in 1

M12. What form of Marijuana (or Cannabis) do you use?

(Mark all that apply)

- Leaf
- Heads
- Resin (including Hash)
- Oil (including Hash Oil)
- Skunk
- Other

M13. How have you used Marijuana (or Cannabis)?

(Mark all that apply)

- Smoked as joints (e.g. reefers, spliffs)
- Smoked from a bong or pipe
- By eating it (e.g. Hash Cookies)
- Cannabis and tobacco mixed

M14. Which of the following did you use at the same time, on at least one occasion that you used Marijuana (or Cannabis)?

(Mark all that apply)

- Alcohol
- Heroin
- Cocaine/Crack
- Tranquillisers/Sleeping Pills
- Anti-depressants
- Pain killers/Analgesics
- Barbiturates
- Amphetamines/Speed
- Ecstasy/Designer Drugs
- Other

Not used any of the above at the same time as Marijuana (or Cannabis)

M15. What drug would you mostly use when Marijuana (or Cannabis) is not available?

(Mark one response only)

- Alcohol
- Heroin
- Cocaine/Crack
- Tranquillisers/Sleeping Pills
- Anti-depressants
- Pain killers/Analgesics
- Barbiturates
- Amphetamines/Speed
- Ecstasy/Designer Drugs
- Other
- No other drug

Reminder:



Are you filling in the boxes correctly?



Are you shading the boxes fully for any mistakes?

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

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

N9. Where do/did you usually obtain Heroin?
(Mark one response only)

- Friend or acquaintance
Brother or sister
Parent
Spouse or partner
Other relative
Dealer on the street
Dealer delivers to my home
Visit to the dealer's house
Dealer at another location
Doctor shopping/forged script
Steal it
Other

N10. Where do/did you usually use Heroin?
(Mark all that apply)

- In my own home
At a friend's house
At a private party
At raves/dance parties
At restaurants/cafes
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
- 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
- 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 which has not been supplied to you medically?

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

O3. About what age were you when you first used Methadone which had not been supplied to you medically?

Age in years:

O4. Have you used Methadone which had not been supplied to you medically in the last 12 months?

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

O5. During the past 12 months, did you want to or try to stop or cut down on your use of Methadone which had not been supplied to you medically, but found that you couldn't?

- Yes
- No

O6. Have you used Methadone which had not been supplied to you medically in the last month?

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

07. Have you used Methadone which had not been supplied to you medically in the last week?

Yes No

08. In the last 12 months, how often did you use Methadone which has not been 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

09. Where do/did you usually obtain Methadone which has not been supplied to you medically?

(Mark one response only)

- Friend or acquaintance
- Brother or sister
- Parent
- Spouse or partner
- Other relative
- Dealer on the street
- Dealer delivers to my home
- Visit to the dealer's house
- Dealer at another location
- Doctor shopping/forged script
- Steal it
- Other

010. Where do/did you usually use Methadone which has not been supplied to you medically?

(Mark all that apply)

- In my own home
- At a friend's house
- At private parties
- At raves/dance parties
- At restaurants/cafes
- At licensed premises (e.g. pubs, clubs)
- At School, TAFE, University etc
- At my work place
- In public places (e.g. parks)
- In a car or other vehicle
- Somewhere else

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

Number of hits:

012. What form of Methadone which has not been supplied to you medically do you use?

(Mark all that apply)

- Methadone syrup
- Physeptone tablets

013. How have you used Methadone which has not been 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 which had not been supplied to you medically?

(Mark all that apply)

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

O15. What drug would you mostly use when Methadone which has not been 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
- 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 past 12 months, did you want to or try to stop or cut down on your use of Cocaine, but found that you couldn't?

- 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

P9. Where do/did you usually obtain Cocaine?
(Mark one response only)

- Friend or acquaintance
- Brother or sister
- Parent
- Spouse or partner
- Other relative
- Dealer on the street
- Dealer delivers to my home
- Visit to the dealer's house
- Dealer at another location
- Doctor shopping/forged script
- Steal it
- Other

P10. Where do/did you usually use Cocaine?
(Mark all that apply)

- In my own home
- At a friend's house
- At private parties
- At raves/dance parties
- At restaurants/cafes
- At licensed premises (e.g. pubs, clubs)
- At School, TAFE, University etc
- At my 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 (e.g. half) write in 1

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
- Amphetamines/Speed
- Ecstasy/Designer Drugs
- 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
- Amphetamines/Speed
- Ecstasy/Designer Drugs
- Other
- No other drug

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 Q

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

Synthetic Hallucinogens include LSD, Psilocybin, MDA, 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 (e.g. LSD/Synthetic or Naturally Occurring Hallucinogens)?

Yes (Continue) No (Skip to R1)

Q3. Have you ever used LSD/Synthetic Hallucinogens?

Yes (Continue) No (Skip to Q6)

Q4. About what age were you when you first used LSD/Synthetic Hallucinogens?

Age in years:

Q5. Have you used LSD/Synthetic Hallucinogens in the last 12 months?

Yes No

Q6. Have you ever used Naturally Occurring Hallucinogens?

Yes (Continue) No (Skip to Instruction before Q9)

Q7. About what age were you when you first used Naturally Occurring Hallucinogens?

Age in years:

Q8. Have you used Naturally Occurring Hallucinogens in the last 12 months?

Yes No

IF HAVE USED LSD/SYNTHETIC HALLUCINOGENS OR NATURALLY OCCURRING HALLUCINOGENS IN THE LAST 12 MONTHS ie. Yes at Q5 OR Q8 CONTINUE

IF HAVE NOT USED LSD/SYNTHETIC HALLUCINOGENS NOR NATURALLY OCCURRING HALLUCINOGENS IN THE LAST 12 MONTHS ie. No at Q5 AND Q8 SKIP TO R1

Q9. During the past 12 months, did you want to or try to stop or cut down on your use of LSD/Synthetic or Naturally Occurring Hallucinogens but found that you couldn't?

Yes No

Q10. Have you used LSD/Synthetic or Naturally Occurring Hallucinogens in the last month?

Yes (Continue) No (Skip to Q12)

Q11. Have you used LSD/Synthetic or Naturally Occurring Hallucinogens in the last week?

Yes No

Q12. In the last 12 months, how often did you use LSD/Synthetic or Naturally Occurring Hallucinogens? (Mark one response only)

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

Q13. Where do/did you usually obtain LSD/Synthetic or Naturally Occurring Hallucinogens?
(Mark one response only)

- Friend or acquaintance
- Brother or sister
- Parent
- Spouse or partner
- Other relative
- Dealer on the street
- Dealer delivers to my home
- Visit to the dealer's house
- Dealer at another location
- Doctor shopping/forged script
- Steal it
- Other

Q14. Where do/did you usually use LSD/Synthetic or Naturally Occurring Hallucinogens?
(Mark all that apply)

- In my own home
- At a friend's house
- At private parties
- At raves/dance parties
- At restaurants/cafes
- At licensed premises (e.g. pubs, clubs)
- At School, TAFE, University etc
- At my work place
- In public places (e.g. parks)
- In a car or other vehicle
- Somewhere else

Q15. On a day you use LSD/Synthetic or Naturally Occurring Hallucinogens, on average how many 'trips' do you normally have?

Number of trips:

Q16. What form of LSD/Synthetic or Naturally Occurring Hallucinogens do you use?
(Mark all that apply)

- Tabs
- Liquid
- Magic Mushrooms
- Datura/Angel's Trumpet

Q17. Which of the following did you use at the same time, on at least one occasion that you used LSD/Synthetic or Naturally Occurring Hallucinogens?
(Mark all that apply)

- Alcohol
- Marijuana/Cannabis
- Heroin
- Cocaine/Crack
- Tranquillisers/Sleeping Pills
- Anti-depressants
- Pain killers/Analgesics
- Barbiturates
- Amphetamines/Speed
- Ecstasy/Designer Drugs
- Other
- Not used any of the above at the same time as LSD/Synthetic or Naturally Occurring Hallucinogens

Q18. What drug would you mostly use when LSD/Synthetic or Naturally Occurring Hallucinogens are not available?
(Mark one response only)

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

Section R

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

- All
Most
About half
A few
None

R8. In the last 12 months, how often did you use Ecstasy/Designer Drugs?

(Mark one response only)

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

R9. Where do/did you usually obtain Ecstasy/Designer Drugs?

(Mark one response only)

- Friend or acquaintance
Brother or sister
Parent
Spouse or partner
Other relative
Dealer on the street
Dealer delivers to my home
Visit to the dealer's house
Dealer at another location
Doctor shopping/forged script
Steal it
Other

R10. Where do/did you usually use Ecstasy/Designer Drugs?

(Mark all that apply)

- In my own home
At a friend's house
At private parties
At raves/dance parties
At restaurants/cafes
At licensed premises (e.g. pubs, clubs)
At School, TAFE, University etc
At my work place
In public places (e.g. parks)
In a car or other vehicle
Somewhere else

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

Number of tablets/pills:

If less than 1 (e.g. Half) write in 1

R2. Have you ever used Ecstasy/Designer Drugs?

Yes (Continue) No (Skip to S1)

R3. About what age were you when you first used Ecstasy/Designer Drugs?

Age in years:

R4. Have you used Ecstasy/Designer Drugs in the last 12 months?

Yes (Continue) No (Skip to S1)

R5. During the past 12 months, did you want to or try to stop or cut down on your use of Ecstasy/Designer Drugs, but found that you couldn't?

Yes No

R6. Have you used Ecstasy/Designer Drugs in the last month?

Yes (Continue) No (Skip to R8)

R7. Have you used Ecstasy/Designer Drugs in the last week?

Yes No

R12. Which of the following did you use at the same time, on at least one occasion that you used Ecstasy/Designer Drugs?
(Mark all that apply)

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

R13. What drug would you mostly use when Ecstasy/Designer Drugs are not available?
(Mark one response only)

- Alcohol
- Marijuana/Cannabis
- Heroin
- Cocaine/Crack
- Tranquillisers/Sleeping Pills
- Anti-depressants
- Pain killers/Analgesics
- Barbiturates
- Amphetamines/Speed
- Other
- No other drug

Section S

S1. 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

S2. Have you ever used Inhalants?

- Yes (Continue) No (Skip to T1)

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

Age in years:

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

- Yes (Continue) No (Skip to T1)

S5. During the past 12 months, did you want to or try to stop or cut down on your use of Inhalants, but found that you couldn't?

- Yes No

S6. Have you used Inhalants in the last month?

- Yes (Continue) No (Skip to S8)

S7. Have you used Inhalants in the last week?

- Yes No

S8. 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

S9. Where do/did you usually obtain Inhalants?

(Mark one response only)

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

S10. Where do/did you usually use Inhalants ?

(Mark all that apply)

- In my own home
- At a friend's house
- At private parties
- At raves/dance parties
- At restaurants/cafes
- At licensed premises (e.g. pubs, clubs)
- At School, TAFE, University etc
- At my work place
- In public places (e.g. parks)
- In a car or other vehicle
- Somewhere else

S11. On a day you use Inhalants, on average how many hits do you normally have?

Number of hits:

S12. 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
- Amphetamines/Speed
- Ecstasy/Designer Drugs
- Other
- Not used any of the above at the same time as Inhalants

S13. 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
- Amphetamines/Speed
- Ecstasy/Designer Drugs
- Other
- No other drug

Reminder:



Are you filling in the boxes correctly?



Are you shading the boxes fully for any mistakes?

Section T

T1. Not including Heroin, have you ever tried other opiates such as morphine or pethidine which were not supplied to you medically?

Yes No (Skip to U1)

T2. Have you ever tried other opiates such as morphine or pethidine which were not supplied to you medically, in the past 12 months?

Yes No (Skip to U1)

T3. What type of other opiates which were not supplied to you medically, have you tried in the past 12 months?

(Mark all that apply)

Morphine

Pethidine

Other

T4. How have you used other opiates which were not supplied to you medically in the past 12 months?

(Mark all that apply)

Swallowed

Injected

Other

T5. In the past 12 months, which of the following did you use at the same time, on at least one occasion that you used these other opiates that had not been supplied to you medically?

(Mark all that apply)

Alcohol

Marijuana/Cannabis

Heroin

Cocaine/Crack

Tranquillisers/Sleeping Pills

Anti-depressants

Pain killers/Analgesics

Barbiturates

Amphetamines/Speed

Ecstasy/Designer Drugs

Other

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

Section U

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.

U1. 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 U14)

U2. About what age were you when you first injected yourself with illegal drugs?

(This includes being injected by someone else)

Age in years:

U3. What illegal drug did you first inject?

(This includes being injected by someone else)

(Mark one response only)

Heroin

Methadone

Other opiates (Morphine, Pethidine)

Amphetamines/Speed

Cocaine or Crack Cocaine

LSD or other Hallucinogens (Trips etc.)

Ecstasy

Benzodiazepines

Steroids

Other drugs

U4. 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 (Morphine, Pethidine)

Amphetamines/Speed

Cocaine or Crack Cocaine

LSD or other Hallucinogens (Trips etc.)

Ecstasy

Benzodiazepines

Steroids

Other drugs

Have not injected any of these drugs in the last 12 months (Skip to U14)

U5. On average, how often have you injected yourself with illegal drugs in the past 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

U6. Where do you usually get needles and syringes from?

(Mark all that apply)

- Chemist
Needle and syringe program
(e.g. needle exchange program)
Friends
Hospital or doctor
Diabetes Australia
Other

U7. Have you used a needle and syringe program in the past 12 months? (e.g. Needle exchange program)

- Yes No

U8. 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

U9. 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 U12)

U10. 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 (Skip to U12)
More than 5 years ago (Skip to U12)
Never (Skip to U12)

U11. 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

U12. 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

U13. Have you heard or seen any health promotion message relating to safer injecting practices?

- Yes No

ALL PLEASE ANSWER

U14. Which of the following procedures have you undergone and when?

(Mark one response for each procedure)

	Yes, in the <u>last 12 months</u>	Yes, <u>more than 12 months ago</u>	<u>Not had the procedure</u>
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 Go to V1.

U15. Had you been drinking alcohol or using other drugs when any of these procedures were undertaken?

- Yes No

Section V

V1. In the past 12 months, on average, how much money were you spending each week for personal use on each of the following:
(Record whole dollar value)

NB. If you don't spend on a weekly basis, think of your total amount spent on each drug over the year and divide by 50.

Example: If \$15 each week, then write in: \$

	1		5
--	---	--	---

- Alcohol \$

--	--	--	--
- Tobacco \$

--	--	--	--
- Heroin \$

--	--	--	--
- Marijuana/Cannabis \$

--	--	--	--
- LSD/Hallucinogens \$

--	--	--	--
- Tranquillisers/Sleeping pills for non-medical purposes \$

--	--	--	--
- Pain killers/Analgesics for non-medical purposes \$

--	--	--	--
- Ecstasy \$

--	--	--	--
- Amphetamines/Speed \$

--	--	--	--
- Prescription Speed/Ritalin/Dexamphetamine for non-medical purposes \$

--	--	--	--
- Cocaine/Crack \$

--	--	--	--
- Street Methadone/Done \$

--	--	--	--
- Glue/Petrol/Inhalants \$

--	--	--	--
- Steroids for non-medical purposes \$

--	--	--	--
- Morphine or Pethidine for non-medical purposes \$

--	--	--	--

V2. During the past 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid cash (but not at a shop/retail outlet)	<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 past 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

V3. During the past 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 illegal drugs?

Yes No

V4. For each of the drugs listed below, do you personally approve or disapprove 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"/>
Amphetamines/Speed	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine/Crack	<input type="checkbox"/>	<input type="checkbox"/>
Naturally Occurring Hallucinogens	<input type="checkbox"/>	<input type="checkbox"/>
LSD/Synthetic Hallucinogens	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy/Designer Drugs	<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"/>

V5. 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)

	First 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"/>
Tranquillisers/Analgesics	<input type="checkbox"/>	<input type="checkbox"/>
Pain-killers/Sleeping Pills	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamines/Speed	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy/Designer Drugs	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
No first drug of choice	<input type="checkbox"/>	
No next drug of choice		<input type="checkbox"/>

If you have ever used an illicit drug, please answer V6.
If you have never used an illicit drug, please answer V7.

V6. What factors influenced your decision to first use an illicit drug (including marijuana/cannabis)?
(Mark all that apply, then skip to W1)

- 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 (eg. parents separated, didn't get on with parents)
- Work/school/relationship problems
- Traumatic experience (eg. sexual or physical assault, death of someone close)
- To lose weight
- Don't know

Other (Please write in):

1

V7. What factors influenced your decision never to try illicit drugs (including marijuana/cannabis)?
(Mark all that apply)

- Worry about health problems (eg. 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 (eg. 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
- Don't know

Other (Please write in):

2

OFFICE USE ONLY: 1 2

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Section W

W1. In the past 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"/>

W2. In the past 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 W1 and W2, Skip to W10

W3. Which of the following list of persons affected by alcohol or illicit drugs was 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"/>
Sibling (brother/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 HAVE THE APPROPRIATE ANSWERS

W4. 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 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 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"/>

W5. 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

W6. Were the incidents reported to the police?

- No – none
- Yes – some
- Yes – all (Skip to W8)

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.

W7. 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

W8. 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

W9. Did any of the incidents of physical abuse involve sexual abuse?

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

ALL PLEASE ANSWER

W10. In the past 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"/>

W11. In the past 12 months, did you undertake the following activities while under the influence of illegal 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 X

X1. In the past 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 (eg. 0, 1, 2, 10, etc.) in the boxes provided)

Number of days:

Not applicable (don't work or study) (Skip to X4)

X2. In the past 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 (eg. 0, 1, 2, 10, etc.) in the boxes provided)

Number of days:

X3. In the past 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 (eg. 0, 1, 2, 10, etc.) in the boxes provided)

Number of days:

ALL PLEASE ANSWER

X4. 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)

	<u>Yes, in the last 12 months</u>	<u>Yes, but not in the last 12 months</u>	<u>No</u>
Smoking (eg. 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"/>

FEMALES ONLY

(MALES SKIP TO Y1)

X5. At any stage in the past 12 months were you:
(Mark all that apply)

- Pregnant and breastfeeding at the same time
- Pregnant only
- Breastfeeding only
- Neither pregnant nor breastfeeding (Skip to Y1)

X6. At any time in the past 12 months when you were pregnant or breastfeeding, did you use any of the following?

(Select each that applies to you during the past 12 months from the top row, and moving down the list of substances, mark all that apply)

	When pregnant	When breastfeeding	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"/>
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"/>

X7. 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

X8. 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

X9. In the past 12 months when you were pregnant or breastfeeding did anyone advise you not to smoke?

Yes

No

Not applicable, don't smoke

(Skip to Y1)

X10. Who advised you not to smoke?
(Mark all that apply)

Partner

Parents

Sibling (brother/sister)

Doctor/specialist

Nurse/midwife

Pharmacist

Other

Section Y – 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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Y1. 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"/>

Y2. 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"/>
Immediate ban on tobacco advertising at sporting events	<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 shopping centres	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Banning smoking in restaurants	<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"/>

Y3. 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 opioids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Y4. 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"/>
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"/>

Y5. 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"/>
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"/>

Y6. 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: \$

Y7. 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: \$

Y8. 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: \$

Y9. And if you were given \$100 to spend on reducing amphetamine or 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: \$

Y10. 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 Z

Z1. Are you male or female?

- Male
Female

Z2. What is your current age?

Age in years:

Z3. What is 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)

Z4. 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

Z5a. In which country were you born?

(Mark one response only)

- Australia (Go to Z6)
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

Z5b. In what year did you first arrive in Australia to live here for one year or more?

Year:

Will be in Australia for less than one year

OFFICE USE ONLY:

1

ALL PLEASE ANSWER

Z6. 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

Z7. 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

Z8. We would also like to know about your current employment status. Are you mainly...
(Mark one response only)

- Working full-time for pay?
 - Working part-time for pay?
 - A full-time student?
 - A part-time student?
 - Unemployed looking for work?
 - Doing home duties?
 - Retired or on a pension?
- (Go to Z10)

Z9. Have you ever been in paid work?

- Yes
- No (Go to Z12)

OFFICE USE ONLY:

1 2

Z10. 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)

Z11. 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

OFFICE USE ONLY (FOR ASCO CODING)

ALL PLEASE ANSWER

Z12. What is the highest year of primary or secondary school you have completed?
(Mark one response only)

- Still at school (Go to Z15)
- Did not go to school (Go to Z15)
- Year 8 or below
- Year 9 or equivalent
- Year 10 or equivalent
- Year 11 or equivalent
- Year 12 or equivalent

Z13. Have you completed a trade certificate or other educational qualification?

- Yes
- No (Go to Z15)

Z14. 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

ALL PLEASE ANSWER

Z15. Which of the following groups would represent your personal annual income, before tax, from all sources?
(Mark one response only)

- \$78,000 or more (\$1,500 / week)
- \$52,000 – \$77,999 (\$1,000 – \$1499 / week)
- \$41,600 – \$51,999 (\$800 – \$999 / week)
- \$36,400 – \$41,599 (\$700 – \$799 / week)
- \$31,200 – \$36,399 (\$600 – \$699 / week)
- \$26,000 – \$31,199 (\$500 – \$599 / week)
- \$20,800 – \$25,999 (\$400 – \$499 / week)
- \$15,600 – \$20,799 (\$300 – \$399 / week)
- \$10,400 – \$15,599 (\$200 – \$299 / week)
- \$8,320 – \$10,399 (\$160 – \$199 / week)
- \$6,240 – \$8,319 (\$120 – \$159 / week)
- \$4,160 – \$6,239 (\$80 – \$119 / week)
- \$2,080 – \$4,159 (\$40 – \$79 / week)
- \$1 – \$2,079 (\$1 – \$39 / week)
- Nil Income
- Negative Income
- Prefer not to say
- Don't know

Z16. Which of the following groups would represent the combined household annual income, before tax, from all sources?

(Mark one response only)

- \$130,000 or more (\$2,500 or more / week)
- \$104,000 – \$129,999 (\$2,000 – \$2,499 / week)
- \$78,000 – \$103,999 (\$1,500 – \$1,999 / week)
- \$52,000 – \$77,999 (\$1,000 – \$1499 / week)
- \$41,600 – \$51,999 (\$800 – \$999 / week)
- \$36,400 – \$41,599 (\$700 – \$799 / week)
- \$31,200 – \$36,399 (\$600 – \$699 / week)
- \$26,000 – \$31,199 (\$500 – \$599 / week)
- \$20,800 – \$25,999 (\$400 – \$499 / week)
- \$15,600 – \$20,799 (\$300 – \$399 / week)
- \$10,400 – \$15,599 (\$200 – \$299 / week)
- \$8,320 – \$10,399 (\$160 – \$199 / week)
- \$6,240 – \$8,319 (\$120 – \$159 / week)
- \$4,160 – \$6,239 (\$80 – \$119 / week)
- \$2,080 – \$4,159 (\$40 – \$79 / week)
- \$1 – \$2,079 (\$1 – \$39 / week)
- Nil Income
- Negative Income
- Prefer not to say
- Don't know

Z17a. How many people, aged 14 and over, live in this household, including yourself?

Z17b. 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 Z19)

Z18. Of all the dependent children, how many are in each of these age categories?

- | | | | |
|---------------|---|-------------------|---|
| 0-2 years old | <input style="width: 25px; height: 25px;" type="text"/> | 9-11 years old | <input style="width: 25px; height: 25px;" type="text"/> |
| 3-5 years old | <input style="width: 25px; height: 25px;" type="text"/> | 12-14 years old | <input style="width: 25px; height: 25px;" type="text"/> |
| 6-8 years old | <input style="width: 25px; height: 25px;" type="text"/> | 15 years and over | <input style="width: 25px; height: 25px;" type="text"/> |

ALL PLEASE ANSWER

Z19. 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**

Z20. Was anyone else present when you were completing the questionnaire?

(Mark all responses that apply)

- No (Go to Z22)
- Spouse/partner
- Parent(s)
- Older relative (eg. 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

Z21. 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

Z22. Did anyone else help you complete this questionnaire?
(Mark one response only)

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

Z23a. 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)

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Z23b. 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

Z24. Please write the date that you completed this questionnaire below:

/ / 2001
Day Month Year

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