How do I complete the survey?
- The survey can be completed on paper, online or by telephone. Instructions for completing this hard copy form are provided on the next page.
- To complete online, please go to the link [https://drugs2019.roymorgan.com](https://drugs2019.roymorgan.com), and enter the form number on the top-left of this page to log on. This form number is unique, so please do not share it with others.
- Alternatively, you can scan the QR code on the top-right of this page on your mobile or tablet.
- If you would like to complete by telephone please call 1800 000 293.

What is the National Drug Strategy Household Survey?
- The survey is conducted about every three years and started in 1985.
- It is managed by the Australian Institute of Health and Welfare (AIHW) on behalf of the Australian Government Department of Health.

How confidential is the information I give you?
- All answers you provide will be treated confidentially.
- The research is carried out in compliance with the Privacy Act 1988 and the information is only used for research purposes.
- The survey is conducted under the AIHW Act 1987, which prohibits the release of information about individuals collected in the survey.

How will my answers be used?
- Your answers will be used by researchers to help in understanding what people think about tobacco, alcohol and other drugs and how widely these drugs are used.
- The answers you give will not be released to anyone (including the police).

Do I have to participate in the survey?
- Participation in this survey is entirely voluntary.
- If there are any questions you do not want to answer for any reason, please leave that question blank. It is important that you complete this questionnaire by yourself and be as honest and accurate as possible.

Are you 14 – 17 years old?
- It is important that our younger respondents know that your answers will not be shown to anyone, this includes your parents.
- Please don’t be afraid or embarrassed to give honest answers.
- Your answers will simply become part of a bigger pool of answers and no one will know who you are.

What do I do when I’ve completed the paper survey?
- Once you have completed the paper survey, seal it in the envelope provided and a Roy Morgan fieldworker will return to collect it.
- The fieldworker will then return the sealed envelope to the survey team for processing.
- 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.
How is the information processed?

- All survey forms are coded so the researchers will not know who you are. Your answers will be grouped with the answers of over 21,000 other people before the researchers get to see them.
- Researchers will use all these answers to show things like ‘most young people do not smoke’ or ‘three quarters of women drink alcohol’.
- When released in late-2020, the results of the survey will be available on the AIHW’s website (www.aihw.gov.au).

How to complete this form:

- Please complete this form carefully using black ballpoint pen (not felt).
  Most questions only require you to answer by marking the appropriate box or boxes with a cross like this:
  
  Right  ❇️  ❍  ❐  ❑  ❎  ❆  ❇  ❈
  
  Please do not mark any areas outside the box.
- Other questions will require a numeric answer and can be filled in like this:
  
  2 4 6  
  
  Please do not cross the number 7. Please make sure to write only one number in each box. Always round up to whole numbers, unless otherwise indicated.
- Other questions will ask you to write your answer in the box provided. Please ensure that you print your answers like this:
  
  Last year I travelled to Bali on a Holiday
  
  - If you need to change an answer, completely fill in the wrong box and put a cross in the box you want to answer, like this:
    
    Wrong box ❇️  ❍  ❐  ❑  ❎  ❆  ❇  ❈  
    
    Right box ❇️
  - If you see an instruction like this (Skip to), you should follow the direction exactly. For example (Skip to Y1) means that you should miss all the questions after the one you have just answered, until you come to the question marked Y1. If you do not see the (Skip to), just answer the next question.
  - Please answer each section and then follow the Skips as required.

FOR THIS SURVEY THE TERMS ILLICIT DRUG AND ILLEGAL DRUG ARE USED INTERCHANGEABLY TO DESCRIBE EACH OF THE FOLLOWING:

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

Start Here

Demographics

1. What is your sex?

   - Male ☐
   - Female ☐
   - Other (Please write in):

2. What is your current age?
   (i.e. the age you turned at your last birthday)

   Age in years: ☐

3. Which one of the following best describes your present marital status?
   (Mark one response only)
   
   - Never married ☐
   - Widowed ☐
   - Divorced ☐
   - Separated but not divorced ☐
   - Married (including de facto, or living with life partner) ☐

4. 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 ☐

5. 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 dependent 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 ☐
6a. How many people aged 14 and over live in this household, including yourself?

☐ Yes □ No

6b. Are there any dependent children in this household?
(Primary children are defined as children aged
0 – 14, or older children who are still financially
dependent, such as full-time students)

Yes □ (Continue)

No □ (Skip to A1)

6c. For how many of these children are you the parent or guardian?

☐ Yes □ No

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

0 – 2 years old

3 – 5 years old

6 – 8 years old

9 – 11 years old

12 – 14 years old

15 years and over

Section A – Perceptions

A1. When people talk about “a drug problem”, which is the first drug you think of?
(Mark only one drug category)

☐ Alcohol

☐ Tobacco

☐ Marijuana/Cannabis
(e.g. Pot, Grass, Weed, Reefer, Joint, MaryJane,
Acapulco gold, Rope, Mull, Cone, Spliff, Dope, Hydro, Bhang, Ganja, Hash, Chronic)

☐ Meth/amphetamine
(e.g. Speed, Base, Ice, Crystal, Meth, Glass, Shard, Shabu, Tina, Paste, Skates, Uppers, Goey, Whizz, Zip)

☐ Cocaine
(e.g. Coke, Crack, Nose candy, Flake, Snow, White lady/girl,
Happy dust, Gold dust, White dust, Stardust, Toot, Scotty, Charlie, Cecil, C, Blow, Freebase)

☐ Ecstasy
(e.g. MDMA, Molly, XTC, E, Ex, Ecci, E and C, Adam, Eve, Pills, Pingers)

☐ Heroin
(e.g. Hammer, Smack, Horse, H, Boy, Junk, Gear, the Dragon, Black tar)

☐ Pain-killers/Pain-relievers and Opioids
(e.g. Oxycodone, OxyContin, Endone, Morphine, Pethidine,
Fentanyl, Durogesic, Tramadol, Codeine products such as Panadeine Forte)

☐ Methadone/Buprenorphine
(e.g. Done, Junk, Jungle juice, Bupe, B, Subutex, Suboxone, Sub)

☐ Steroids
(e.g. Roids, Juice, Gear, Andriol, Halotestin)

☐ Drugs other than listed

☐ None/Can’t think of any

Reminder: Your answers are completely confidential and are protected by law. Your responses are used for research purposes only. You and your household will never be identified. Your accurate and honest responses to this survey are important and appreciated.

Reminder:
Are you using a black ballpoint pen?
### A2. Which ONE of these drugs do you think directly or indirectly causes the most deaths in Australia?
(Mark one response only)

- Alcohol
- Tobacco
- Marijuana/Cannabis
- Meth/amphetamine
- Cocaine
- Ecstasy
- Heroin
- Pain-killers/Pain-relievers and Opioids (e.g. Oxycodone, Morphine, Codeine products such as Panadeine Forte)
- Methadone/Buprenorphine
- Steroids
- Other

### 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)

- Excessive drinking of alcohol
- Tobacco smoking
- Marijuana/Cannabis
- Non-medical use of Meth/amphetamine
- Cocaine
- Ecstasy
- Heroin
- Non-medical use of Pain-killers/Pain-relievers and Opioids (e.g. Oxycodone, Morphine, Codeine products such as Panadeine Forte)
- Non-medical use of Methadone/Buprenorphine
- Non-medical use of Steroids
- None of these

### THIS SURVEY COVERS 3 SORTS OF SUBSTANCES:
1. Illicit drugs, such as heroin and cocaine;
2. Licit (legal) drugs, such as tobacco and alcohol; and
3. Pharmaceuticals used for non-medical purposes

"Pharmaceuticals" includes prescription pharmaceuticals (such as sleeping pills, Ritalin, methadone, Endone or Panadeine Forte) wherever and however they are obtained.

"NON-MEDICAL PURPOSES" MEANS DRUGS USED:
1. by itself to induce a drug experience or feeling;
2. with other drugs in order to enhance a drug experience;
3. for performance enhancement (e.g. athletic); or
4. for cosmetic purposes (e.g. body shaping).

### A4. For each of the drugs listed below, do you personally approve or disapprove of their regular use by an adult?
(Mark one response for each drug type below)

<table>
<thead>
<tr>
<th>Drug Type</th>
<th>Strongly Approve</th>
<th>Approve</th>
<th>Neither Approve nor Disapprove</th>
<th>Disapprove</th>
<th>Strongly Disapprove</th>
<th>Don't Know Enough to Say</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Marijuana/Cannabis</td>
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<tr>
<td>Meth/amphetamine</td>
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<tr>
<td>Cocaine</td>
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<tr>
<td>Ecstasy</td>
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<tr>
<td>Heroin</td>
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<tr>
<td>Painkillers/Pain-relievers and Opioids (e.g. Oxycodone, Morphine, Codeine products such as Panadeine Forte)</td>
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<tr>
<td>Methadone/Buprenorphine</td>
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<tr>
<td>Steroids</td>
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<tr>
<td>Other</td>
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<tr>
<td>Non-medical use of Tranquillisers, Sleeping pills</td>
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</tr>
<tr>
<td>Non-medical use of Prescription Painkillers/Pain-relievers and Opioids (e.g. Oxycodone, Morphine, Codeine products such as Panadeine Forte)</td>
<td></td>
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<tr>
<td>Non-medical use of Steroids</td>
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<tr>
<td>Sniffing Petrol/Glue/Aerosols/Solvents</td>
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<td></td>
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<tr>
<td>Marijuana/Cannabis</td>
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<tr>
<td>Hallucinogens/LSD/Magic Mushrooms</td>
<td></td>
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<tr>
<td>Non-medical use of Methadone/Buprenorphine</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Non-medical use of Meth/amphetamine</td>
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<td></td>
</tr>
<tr>
<td>Heroin</td>
<td></td>
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<tr>
<td>Cocaine/Crack</td>
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<tr>
<td>Ecstasy</td>
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<tr>
<td>GHB</td>
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<tr>
<td>Ketamine</td>
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<tr>
<td>Kava</td>
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</tbody>
</table>
A5. What SINGLE action best describes what you think should happen to anyone found in possession of small quantities of the following drugs for personal use? (Mark one response only for each drug type i.e. each column)

<table>
<thead>
<tr>
<th>Marijuana/Cannabis</th>
<th>Ecstasy</th>
<th>Heroin</th>
<th>Meth/amphetamine for non-medical use</th>
<th>Hallucinogens</th>
</tr>
</thead>
<tbody>
<tr>
<td>No action</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A caution or warning only</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referral to drug education program</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referral to treatment</td>
<td></td>
<td></td>
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<tr>
<td>Something similar to a parking fine, up to $200</td>
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<tr>
<td>A substantial fine, around $1,000</td>
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<td></td>
<td></td>
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<tr>
<td>A community service order</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Weekend detention</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>A prison sentence</td>
<td></td>
<td></td>
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<tr>
<td>Some other arrangement</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Don’t know</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

A6. Do you think the possession of small quantities of Marijuana/Cannabis for personal use should be a criminal offence, that is, should offenders get a criminal record?

Yes ☐
Yes ☐

Unsure/Don’t know ☐

A7. If Marijuana/Cannabis were legal to use, would you . . . ? (Mark one response only)

Not use it, even if it were legal and available ☐
Try it ☐
Use it about as often as you do now ☐
Use it more often than you do now ☐
Use it less often than you do now ☐
Don’t know ☐

Reminder:
Are you filling in the boxes correctly?

RIGHT 🆓
WRONG ✗

Are you shading the boxes fully for any mistakes?
Wrong box ☣
Right box 🆓
Section B - General Health

B1. In general, would you say your health is . . .? (Mark one response only)

- Excellent
- Very good
- Good
- Fair
- Poor

B2. 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 B4)

B3. Which medications originally prescribed or recommended for someone else have you used in the last 12 months when you were feeling unwell? (Mark all that apply)

- Prescription Pain-killers/Pain-relievers and Opioids
- Antibiotics
- Anti-depressants
- Tranquillisers/Sleeping pills
- Methadone/Buprenorphine
- Ritalin
- Asthma medications
- Herbal and alternative medicines, vitamin and mineral supplements, etc.
- Others
- None in the last 12 months

B4. In the last 12 months have you been diagnosed or treated for . . .? (Mark relevant boxes for each condition)

- Insulin dependent diabetes
- Non-insulin dependent diabetes
- Heart disease
- Hypertension (high blood pressure)
- Low iron (iron deficiency or anaemia)
- Asthma
- Depression
- Anxiety disorder
- Schizophrenia
- Bi-polar disorder
- Other form of psychosis
- An eating disorder
- A sexually transmitted infection (e.g. chlamydia, genital herpes)
- Chronic pain
- Hepatitis B or C
- Cancer (Please write in type):
- Other major illness (Please write in type):

Reminder:
Are you using a **black ballpoint pen**?

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**B5. In the past 4 weeks, about how often did you feel tired out for no good reason?**
(Mark one response only)

- None of the time □
- A little of the time □
- Some of the time □
- Most of the time □
- All of the time □

**B6. In the past 4 weeks, about how often did you feel nervous?**
(Mark one response only)

- None of the time □
- A little of the time □
- Some of the time □
- Most of the time □
- All of the time □

**B7. In the past 4 weeks, about how often did you feel so nervous that nothing could calm you down?**
(Mark one response only)

- None of the time □
- A little of the time □
- Some of the time □
- Most of the time □
- All of the time □

**B8. In the past 4 weeks, about how often did you feel hopeless?**
(Mark one response only)

- None of the time □
- A little of the time □
- Some of the time □
- Most of the time □
- All of the time □

**B9. In the past 4 weeks, about how often did you feel restless or fidgety?**
(Mark one response only)

- None of the time □
- A little of the time □
- Some of the time □
- Most of the time □
- All of the time □

**B10. In the past 4 weeks, about how often did you feel so restless you could not sit still?**
(Mark one response only)

- None of the time □
- A little of the time □
- Some of the time □
- Most of the time □
- All of the time □

**B11. In the past 4 weeks, about how often did you feel depressed?**
(Mark one response only)

- None of the time □
- A little of the time □
- Some of the time □
- Most of the time □
- All of the time □

**B12. In the past 4 weeks, about how often did you feel that everything was an effort?**
(Mark one response only)

- None of the time □
- A little of the time □
- Some of the time □
- Most of the time □
- All of the time □

**B13. In the past 4 weeks, about how often did you feel so sad that nothing could cheer you up?**
(Mark one response only)

- None of the time □
- A little of the time □
- Some of the time □
- Most of the time □
- All of the time □

**B14. In the past 4 weeks, about how often did you feel worthless?**
(Mark one response only)

- None of the time □
- A little of the time □
- Some of the time □
- Most of the time □
- All of the time □

---

*Please ensure that you read the first few questions of each section to check if you will need to answer the remaining questions in that section. In most cases you will need to answer at least one or two questions in every section, even those dealing with illicit drugs.*
Section D – Tobacco

For Questions D1 to D22, smoking cigarettes or other forms of tobacco includes manufactured (packet) cigarettes, roll-your-own cigarettes, cigars and tobacco in pipes and waterpipes, that can be lit, and the smoke inhaled. Please exclude electronic cigarettes (e-cigarettes) and other personal vapourising devices (where users inhale vapour rather than smoke).

D1. 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 □

D2. Have you personally ever tried smoking cigarettes or other forms of tobacco?
   Yes □ (Continue) No □ (Skip to D23 on page 9)

D3. Have you ever smoked a full cigarette?
   Yes □ (Continue) No □ (Skip to D23 on page 9)

D4. About what age were you when you smoked your first full cigarette?
   Age in years: □ □

D5. Would you have smoked at least 100 cigarettes (manufactured or roll-your-own), or the equivalent amount of tobacco in your life?
   Yes □ No □

D6. Have you ever smoked on a daily basis? (Mark one response only)
   Yes, I smoke daily now □ (Skip to D8)
   Yes, I used to smoke daily, but not now □ (Continue)
   No, never smoked daily □ (Skip to D9)

D7. About what age were you when you stopped smoking daily?
   Age in years: □ □

D8. At what age did you first start smoking daily? (If now smoke daily skip to D11 after answering D8)
   Age in years: □ □

D9. How often do you now smoke cigarettes, pipes or other tobacco products?
   (Mark one response only)
   Daily □ At least weekly (but not daily) □ — (Skip to D11)
   Less often than weekly □
   Not at all, but I have smoked in the last 12 months □ (Skip to D16 on page 8)
   Not at all and I have not smoked in the last 12 months □ (Continue)

D10. About what age were you when you last smoked?
   Age in years: □ □ (If not smoked in last 12 months skip to D23 on page 9 after answering D10)

D11. Where did you obtain the cigarettes or other tobacco products you are currently smoking? (Mark one response only)
   Got them from a friend/relative □
   Stole them □
   Purchased them myself from:
   Major supermarket chain (e.g. Coles, Woolworths, Safeway, Bi-Lo, Costco, Franklins, IGA) □
   Local convenience or grocery store/milk bar/deli □
   Petrol station □
   Tobacconist □
   Newsagent/news stand □
   Entertainment establishment (e.g. bar, pub, restaurant, casino, gaming room) □
   Bottle shop or liquor store □
   Internet □
   From person selling tobacco independently
   (e.g. not at a store, shop or other establishment, possibly at local markets, delivery service, door-to-door, in a pub, or just in the street) □
   Other (e.g. vending machine) □
   Don’t know □

D12. 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 □
D13. How often, if at all, do you now smoke roll-your-own cigarettes?

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

D14. How often, if at all, do you now smoke the following tobacco products?

- Cigarillos
- Cigars (not including cigarillos)
- Water pipe tobacco (e.g. shisha, hookah, nargillas)
- Pipe tobacco

D15. During the last 12 months, did you find that you couldn’t stop or cut down on your smoking, even though you wanted to or tried to?

- Yes  
- No

D16. In the last 12 months, have you....?

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

D17. Which of the following motivated you to try quitting or giving up smoking?

- Health warnings on tobacco packets  
- Government advertisements on TV  
- Advertising for products to help you quit smoking (e.g. nicotine gum/patches/inhaler/sprays, etc.)  
- 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  
- Poor health or death of a family member/friend due to smoking  
- It was costing too much  
- Smoking restrictions in public areas (e.g. restaurants, sporting venues, public transport etc.)  
- Smoking restrictions in the work place  
- Internet websites, pamphlets or brochures on how to quit  
- Quit smoking App  
- Other

D18. In the last 12 months, on average how much do you think you have cut down on your cigarette smoking?

- 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

D19. Are you planning on giving up smoking?

- 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:
Are you using a black ballpoint pen?
D20. Why don’t you intend to quit?
(Mark all that apply)
- I enjoy smoking
- Smoking relaxes me
- I am addicted to nicotine
- Smoking is not as bad for my health as people say
- Smoking helps me manage my weight
- I’ve tried to quit before but it hasn’t worked
- Other (Please write in):

D21. What factors would motivate you to quit smoking?
(Mark all that apply)
- Advice from my doctor
- Family/partner/parents
- Affecting my fitness
- Ill health
- Pregnancy
- Children in the home
- Increase in cost
- More restrictions on where I can smoke
- Other (Please write in):

D22. During the last 12 months, have you done any of the following?
(Mark all that apply)
- Discussed smoking and health at home
- Contacted the Quitline
- Asked your doctor for help to quit
- Used nicotine gum, patch, inhaler or spray
- Used a smoking cessation pill (e.g. Zyban or Champix)
- Used e-cigarettes to help cut down on smoking regular tobacco cigarettes
- Used e-cigarettes to help quit smoking regular tobacco cigarettes
- Bought a product (other than nicotine gum/patch/inhaler/spray, cessation pills or e-cigarettes) to help you quit
- Read information on the internet or a brochure on how to quit
- Tried to quit smoking by going cold turkey
- Used Quit smoking App
- Done something else to help you quit
- None of the above

D23. At the present time, do you consider yourself...?
(Mark one response only)
- A non-smoker
- An ex-smoker
- An occasional smoker
- A light smoker
- A social smoker
- A heavy smoker
- A chain smoker

D24. Do you avoid places where you may be exposed to other people’s cigarette smoke?
- Yes, always
- Yes, sometimes
- No, never

D25. Which, if any, of the following products have you ever used and which have you used in the last 12 months?
(Mark one response for each product, i.e. each row)

<table>
<thead>
<tr>
<th>Product</th>
<th>Never used</th>
<th>Used but not in last 12 months</th>
<th>Used in last 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chewing tobacco</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Snuff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Snus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shishas/Hookas/Nargillas</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bidis</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Electronic cigarettes or e-cigarettes are personal vaporising devices where users inhale vapour rather than smoke. The vapours usually contain flavourings and may contain nicotine as well.

D26. How often, if at all, do you currently use electronic cigarettes?
(Mark one response only)
- Daily
- At least weekly (but not daily)
- At least monthly (but not weekly)
- Less than monthly
- I used to use them, but no longer use
- I only tried them once or twice
- Never used (Skip to D31 on page 10)

D27. At the time you first used an electronic cigarette, would you say that you were...

- A never smoker
- An ex-smoker
- A social smoker
- An occasional smoker
- A regular smoker
D28. About what age were you when you first tried/used an electronic cigarette?

Age in years: [ ] [ ]

D29. What was/were your main reason(s) for using electronic cigarettes?
(Mark all that apply)

- To help me quit smoking
- To try to cut down on the number of cigarettes
- To try to stop me going back to smoking regular cigarettes
- I think they are less harmful than regular cigarettes
- They are cheaper than regular cigarettes
- I think they taste better than regular cigarettes
- You can smoke in places where regular cigarettes are banned (e.g. inside restaurants, pubs or bars)
- They seem more acceptable than regular cigarettes
- Out of curiosity
- Other

D30. Where do you usually obtain your electronic cigarettes?
(Mark one response only)

- From the Internet - Australian retailer
- From the Internet - Overseas retailers
- From the Internet - unsure of the origin of the retailer
- Friend or family member
- Tobacco retail outlet
- Pharmacy/chemist
- Other retail outlet

D31. In the last 3 months, have you seen any tobacco products in Australia which do not have the plain packaging/ graphic health warning?

- Yes  □  (Continue)  □
- No  □  (Skip to D34)

D32. Approximately how many of these packets have you purchased in the last 3 months?
(Mark one response only)

- Have seen it, but not purchased  □  (Skip to D34)
- Purchased 1 – 2 packets  □
- Purchased 3 – 5 packets  □
- Purchased 6 – 9 packets  □
- Purchased 10 – 14 packets  □
- Purchased 15 or more packets  □

D33. In the last 3 months, from what kind of outlet did you usually purchase cigarettes that did not have the plain packaging/graphic health warning?
(Mark one response only)

- A supermarket, convenience or grocery store  □
- A tobacconist  □
- A person selling tobacco independently (e.g. a local market, in the street, from their car or van)  □
- Over the Internet  □
- Other (Please write in):
  [ ]

- Don’t know  □

D34. Have you seen or heard of unbranded tobacco (also called ‘chop chop’) usually sold loose in plastic bags either as tobacco or rolled into cigarettes?

- Yes  □  (Continue)  □
- No  □  (Skip to E1 on page 11)

D35. Have you ever smoked it?

- Yes  □  (Continue)  □
- No  □  (Skip to E1 on page 11)

D36. 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 E1 on page 11)

D37. 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  □

D38. During the last 12 months when you smoked unbranded tobacco (also called ‘chop chop’) was that. . . ?
(Mark one response only)

- Usually unbranded loose tobacco rather than loose cigarettes  □
- Usually unbranded loose cigarettes rather than loose tobacco  □
- Sometimes unbranded loose tobacco and sometimes unbranded loose cigarettes  □
Section E – Alcohol

E1. Have you ever tried alcohol?
Yes ☐ (Continue)  No ☐ (Skip to E26 on page 17)

E2. Have you ever had a full serve of alcohol?
(e.g. a glass of wine, a whole shot/nap of spirits, a glass of beer, etc.)
Yes ☐ (Continue)  No ☐ (Skip to E26 on page 17)

E3. About what age were you when you had your first full serve of alcohol?
Age in years: [ ] [ ]

E4. Who supplied you with the first glass of alcohol you consumed?
(Mark one response only)

- Friend or acquaintance ☐
- Brother or sister ☐
- Parent ☐
- Spouse or partner ☐
- Other relative ☐
- Stole it ☐
- Purchased it myself from retailer (e.g. pub, bistro) ☐
- Other ☐
- Can’t recall ☐

E5. Have you had an alcoholic drink of any kind in the last 12 months?
Yes ☐ (Skip to E7)  No ☐ (Continue)

E6. About what age were you when you last had an alcoholic drink?
(If non-drinker in last 12 months skip to E26 on page 17, after answering E6)

Age in years: [ ] [ ]

E7. 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 E11 on page 12)

E8a. What type of alcohol is your main drink, the one you drink most often?
(Mark one response only)

PLEASE ANSWER

E8b. What other types of alcohol do you usually drink?
(Mark all that apply)

<table>
<thead>
<tr>
<th>E8a. Main drink</th>
<th>E8b. Usual others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cask wine ☐</td>
<td>☐</td>
</tr>
<tr>
<td>Bottled wine ☐</td>
<td>☐</td>
</tr>
<tr>
<td>Regular strength beer (greater than 4% Alc/Vol) ☐</td>
<td>☐</td>
</tr>
<tr>
<td>Mid strength beer (3% to 3.9% Alc/Vol) ☐</td>
<td>☐</td>
</tr>
<tr>
<td>Low alcohol beer (1% to 2.9% Alc/Vol) ☐</td>
<td>☐</td>
</tr>
<tr>
<td>Home-brewed beer ☐</td>
<td>☐</td>
</tr>
<tr>
<td>Pre-mixed spirits in a can (e.g. UDL, Jim Beam &amp; Cola, Woodstock) ☐</td>
<td>☐</td>
</tr>
<tr>
<td>Bottled spirits and liqueurs (e.g. scotch, brandy, vodka, rum, Kahlua, Midori, Baileys, etc.) ☐</td>
<td>☐</td>
</tr>
<tr>
<td>Pre-mixed spirits in a bottle (e.g. Bacardi Breezer, Vodka Cruiser, Smirnoff Ice) ☐</td>
<td>☐</td>
</tr>
<tr>
<td>Cider ☐</td>
<td>☐</td>
</tr>
<tr>
<td>Fortified wine, port, vermouth, sherry, etc. ☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other pre-mixed drinks (e.g. beer and wine based) ☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other ☐</td>
<td>☐</td>
</tr>
<tr>
<td>No other type of alcohol ☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

E9. Where do you usually drink alcohol?
(Mark all that apply)

- In my own/spouse’s/partner’s home ☐
- At a friend’s house ☐
- At a party at someone’s house ☐
- At raves/dance parties ☐
- At restaurants/cafés ☐
- At licensed premises (e.g. pubs, clubs) ☐
- At School, TAFE, University, etc. ☐
- At my workplace ☐
- In public places (e.g. parks, beaches) ☐
- In a car or other vehicle ☐
- Somewhere else ☐

E10. Where do you usually obtain your alcohol?
(Mark one response only)

- Friend or acquaintance ☐
- Brother or sister ☐
- Parent ☐
- Spouse or partner ☐
- Other relative ☐
- Get stranger/someone not known to me to get it ☐
- Steal it ☐
- Purchase it myself to take away and drink elsewhere ☐
- Purchase it myself to drink at that venue (e.g. pub, café) ☐
- Brew it myself ☐
- Other ☐
E11. 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
- Changed your main drink
- None of the above *(Skip to E13)*

E12. What were the reasons for doing that? (Mark all that apply)
- Health reasons (e.g. weight, diabetes, avoid hangover)
- Life style reasons (e.g. work/study commitments, less opportunity, young family)
- Social reasons (e.g. believe in moderation, concerned about violence, avoid getting drunk)
- Pregnant and/or breastfeeding
- Taste/enjoyment (e.g. prefer low alcohol beer, don’t get drunk)
- Drink driving regulations
- Financial reasons
- Adult/parent pressure
- Peer pressure
- The price of the alcohol I drink/drank has increased
- Other

E13. 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

If you no longer drink alcohol (at E7) – Skip to E16 on page 13

E14. On a day that you have an alcoholic drink, how many standard drinks do you usually have? (see the coloured “Standard Drinks/Instruction Card” provided to you, or the chart on page 14). (Mark one response only)
- 20 or more standard drinks
- 16 – 19 standard drinks
- 13 – 15 standard drinks
- 11 – 12 standard drinks
- 9 – 10 standard drinks
- 7 – 8 standard drinks
- 5 – 6 standard drinks
- 3 – 4 standard drinks
- 2 standard drinks
- 1 standard drink
- Half a standard drink

Reminder:
Are you filling in the boxes correctly?

Are you shading the boxes fully for any mistakes?
- Wrong box ✗
- Right box ✔
E15. When you have an alcoholic drink, how often do you do any of the following?
(Mark one response for each row below)

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

E16. 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. Please ensure that you have marked a response for each amount, even if your answer is “Never” for that row.)

<table>
<thead>
<tr>
<th>Every day</th>
<th>5 – 6 days a week</th>
<th>3 – 4 days a week</th>
<th>1 – 2 days a week</th>
<th>About 1 day a month</th>
<th>Less often</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 or more standard drinks a day</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>11 – 19 standard drinks a day</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7 – 10 standard drinks a day</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5 – 6 standard drinks a day</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3 – 4 standard drinks a day</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>1 – 2 standard drinks a day</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Some alcohol but less than 1 standard drink a day</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>None, i.e. no alcohol at all in a day</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

E17. Please mark the day of the week that is today.
(Mark one response only)

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
</table>

E18. When did you most recently have an alcoholic drink?
(Mark one response only)

<table>
<thead>
<tr>
<th>Yesterday</th>
<th>5 days ago</th>
<th>2 days ago</th>
<th>6 days ago</th>
<th>3 days ago</th>
<th>7 days ago</th>
<th>4 days ago</th>
<th>Over a week ago</th>
</tr>
</thead>
</table>

E19. How many standard drinks did you have when you most recently had an alcoholic drink (i.e. the day marked on E18)?

Number of standard drinks: ☐

If less than 1, please indicate to the nearest fraction: ¼ ☐ ½ ☐ ¾ ☐
**Standard Drinks Guide**

The numbers in **red** are the approximate number of ‘standard drinks’ in some typical alcohol containers.

### BEER

<table>
<thead>
<tr>
<th>Number</th>
<th>Volume</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>285ml</td>
<td>Pot/Middy*</td>
</tr>
<tr>
<td>0.8</td>
<td>285ml</td>
<td>Pot/Middy*</td>
</tr>
<tr>
<td>0.6</td>
<td>285ml</td>
<td>Pot/Middy*</td>
</tr>
<tr>
<td>1.6</td>
<td>425ml</td>
<td>Schooner**</td>
</tr>
<tr>
<td>1.2</td>
<td>425ml</td>
<td>Schooner**</td>
</tr>
<tr>
<td>0.9</td>
<td>425ml</td>
<td>Schooner**</td>
</tr>
<tr>
<td>1.4</td>
<td>375ml</td>
<td>Full Strength</td>
</tr>
<tr>
<td>1.0</td>
<td>375ml</td>
<td>Full Strength</td>
</tr>
<tr>
<td>0.8</td>
<td>375ml</td>
<td>Full Strength</td>
</tr>
<tr>
<td>34</td>
<td>24 x 375ml (carton)</td>
<td>Full Strength</td>
</tr>
</tbody>
</table>

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

### WINE

<table>
<thead>
<tr>
<th>Number</th>
<th>Volume</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.6</td>
<td>150ml</td>
<td>Average Restaurant Serving of Red Wine</td>
</tr>
<tr>
<td>1.0</td>
<td>100ml</td>
<td>Standard Serve of Red Wine</td>
</tr>
<tr>
<td>8.0</td>
<td>750ml</td>
<td>Bottle of Red Wine</td>
</tr>
<tr>
<td>1.4</td>
<td>4 litres</td>
<td>Cask Red Wine</td>
</tr>
<tr>
<td>21</td>
<td>2 litres</td>
<td>Cask Red Wine</td>
</tr>
<tr>
<td>39</td>
<td>4 litres</td>
<td>Cask White Wine</td>
</tr>
<tr>
<td>0.9</td>
<td>60mл</td>
<td>Standard Serve of Port</td>
</tr>
<tr>
<td>28</td>
<td>2 litres</td>
<td>Cask of Port</td>
</tr>
<tr>
<td>1.4</td>
<td>150ml</td>
<td>Average Restaurant Serve of Champagne</td>
</tr>
<tr>
<td>7.5</td>
<td>750ml</td>
<td>Bottle of Champagne</td>
</tr>
</tbody>
</table>

### SPIRITS

<table>
<thead>
<tr>
<th>Number</th>
<th>Volume</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>30ml</td>
<td>High Strength Spirit Shot/Nip</td>
</tr>
<tr>
<td>22</td>
<td>700ml</td>
<td>High Strength Bottle of Spirits</td>
</tr>
<tr>
<td>1.1</td>
<td>275ml</td>
<td>Full Strength RTD*</td>
</tr>
<tr>
<td>1.2</td>
<td>330ml</td>
<td>Full Strength RTD</td>
</tr>
<tr>
<td>2.6</td>
<td>660ml</td>
<td>Full Strength RTD</td>
</tr>
<tr>
<td>1.5</td>
<td>275ml</td>
<td>High Strength RTD</td>
</tr>
<tr>
<td>1.8</td>
<td>330ml</td>
<td>High Strength RTD</td>
</tr>
<tr>
<td>3.6</td>
<td>660ml</td>
<td>High Strength RTD</td>
</tr>
<tr>
<td>1.0</td>
<td>250ml</td>
<td>Full Strength Premix Spirits</td>
</tr>
<tr>
<td>1.2</td>
<td>300ml</td>
<td>Full Strength Premix Spirits</td>
</tr>
<tr>
<td>1.6</td>
<td>300ml</td>
<td>High Strength Premix Spirits</td>
</tr>
<tr>
<td>2.1</td>
<td>375ml</td>
<td>High Strength Premix Spirits</td>
</tr>
<tr>
<td>2.4</td>
<td>440ml</td>
<td>High Strength Premix Spirits</td>
</tr>
</tbody>
</table>

* Ready to drink

© Australian Institute of Health & Welfare 2019
The question on the next page asks how many cans, bottles, glasses or shots/nips of alcohol did you drink yesterday.

**HERE IS AN EXAMPLE OF HOW TO ANSWER THE QUESTION ON THE NEXT PAGE:**

<table>
<thead>
<tr>
<th>BEER</th>
<th>Beer Cans (375-440 mL)</th>
<th>Small Beer Bottles (330-375 mL)</th>
<th>Large Beer Bottles (Approx. 750 mL)</th>
<th>Small Beer Glass (210 mL)</th>
<th>Medium Beer Glass (285 mL)*</th>
<th>Large Beer Glass (425 mL)</th>
<th>Other size (write in)</th>
<th>English Pint Glass</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home-brewed beer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regular strength beer (greater than 4% Alc/Vol)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mid strength beer (3% to 3.9% Alc/Vol)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low alcohol beer (1% to 2.9% Alc/Vol)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Yesterday, this person had 2 large beer glasses of regular strength beer, 1 small bottle of Low Alcohol Beer and 2 English pints of Low Alcohol Beer.

**Notes** -
- Small Beer Bottles (330-375 mL) - e.g. Stubbies, echos, half bottles of wine, pre-mixed spirit bottles, cider bottles, etc.
- Large Beer Glass (425 mL) - e.g. 15 oz, schooners in NSW, pints in SA, etc.
- Medium Beer Glass (285 mL) - e.g. 10 oz, middies in NSW, pots in VIC and QLD, schooners in SA, handles in NT, etc.
- Small Beer Glass (210 mL) - e.g. small beer glass (7 oz, butchers, ponies) etc.
**BEER**

<table>
<thead>
<tr>
<th>Type</th>
<th>Small Beer Bottles (330-375 mL)</th>
<th>Large Beer Bottles (Approx. 750 mL)</th>
<th>Small Beer Glass (210 mL)</th>
<th>Medium Beer Glass (285 mL)*</th>
<th>Large Beer Glass (425 mL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home-brewed beer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regular strength beer (greater than 4% Alc/Vol)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mid strength beer (3% to 3.9% Alc/Vol)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low alcohol beer (1% to 2.9% Alc/Vol)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**WINE**

<table>
<thead>
<tr>
<th>Type</th>
<th>Small Wine Bottles (375 mL)</th>
<th>Large Wine Bottles (750 mL)</th>
<th>Small Glass (100 mL)</th>
<th>Average restaurant serve (150 mL)</th>
<th>Large Glass (200 mL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cask wine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bottled wine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CIDER**

<table>
<thead>
<tr>
<th>Type</th>
<th>Small Bottles (330-375 mL)</th>
<th>Medium Bottles (500 mL)</th>
<th>Small glass (210 mL)</th>
<th>Medium glass (285 mL)*</th>
<th>Large glass (425 mL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cider</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PRE-MIXED DRINKS**

<table>
<thead>
<tr>
<th>Type</th>
<th>Pre-mixed Drink Cans (250-300 mL)</th>
<th>Pre-mixed Drink Bottles (Approx. 250 mL)</th>
<th>Pre-mixed Drink Bottles (275-350mL)</th>
<th>Large Pre-mixed Drink Bottles (Approx. 650 mL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-mixed alcoholic beverages — already mixed in a can or bottle (e.g. Alcopops, UDL, Vodka Cruiser)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other pre-mixed drinks (e.g. beer or wine based)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**STRAIGHT SPIRITS (NOT PRE-MIXED)**

<table>
<thead>
<tr>
<th>Type</th>
<th>Mini Spirit Bottles (50 mL)</th>
<th>Small Spirit Bottles (Approx. 350 mL)</th>
<th>Large Spirit Bottles (700 mL)</th>
<th>Single measure or one shot/nip (30 mL)</th>
<th>Double measure or two shots/nips (60 mL)</th>
<th>Triple measure or three shots/nips (90 mL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bottled spirits and liqueurs (e.g. gin, vodka, rum, Kahlua)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FORTIFIED WINE**

<table>
<thead>
<tr>
<th>Type</th>
<th>Small Bottles (375 mL)</th>
<th>Large Bottles (750 mL)</th>
<th>Small Glass (60 mL)</th>
<th>Medium Glass (120 mL)</th>
<th>Large Glass (180 mL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Port, vermouth, sherry, etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OTHER**

<table>
<thead>
<tr>
<th>Type</th>
<th>Cans (375 mL)</th>
<th>Small Bottles (375 mL)</th>
<th>Large Bottles (750 mL)</th>
<th>Small Glass (60 mL)</th>
<th>Medium Glass (120 mL)</th>
<th>Large Glass (180 mL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other (please write in):</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

E20. On your **most recent drinking occasion** (i.e. the day marked on E18, page 13), how many bottles, glasses, cans or shots/nips of alcohol did you drink? Please write in the number for each drink type below:

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
E21. During the last 3 months, have you tried to cut down, control your drinking or stop drinking but were unsuccessful?

Yes ☐
No ☐

E22. During the last 3 months, has anyone expressed concern about your drinking?

Yes ☐
No ☐

E23. In the last 12 months, did you undertake any of the following activities while under the influence of or affected by alcohol? (Mark all that apply)

- Went to work ☐
- Went swimming ☐
- Operated a boat ☐
- Drove a motor vehicle ☐
- Operated hazardous machinery ☐
- Created a public disturbance or nuisance ☐
- Caused damage to property ☐
- Stole money, goods or property ☐
- Verbally abused someone ☐
- Physically abused someone ☐
- None of the above ☐

E24. In the last 12 months, have any of the following happened to you while under the influence of or affected by alcohol? (Mark all that apply)

- Injury requiring medical attention ☐
- Injury requiring admission to hospital ☐
- Intoxication requiring medical attention ☐
- Intoxication requiring admission to hospital ☐
- None of the above ☐

E25. Has someone else, been injured because of your drinking? (Mark one response only)

Yes, in the last 12 months ☐
Yes, but not in the last 12 months ☐
No ☐

ALL PLEASE ANSWER

E26. Before today, had you ever heard of a “standard drink” of alcohol?

Yes ☐ (Continue) No ☐ (Skip to E28)

E27. As far as you know, is the number of “standard drinks” shown on cans and bottles of alcoholic beverages?

Yes ☐
No ☐
Don’t know ☐

E28. How many “standard drinks” do you believe an adult male could drink every day for many years without adversely affecting his health? (Write in whole number e.g. 0, 3, 10, etc)

Number of drinks per day: ☐
Don’t know ☐

E29. How many “standard drinks” do you believe an adult female could drink every day for many years without adversely affecting her health? (Write in whole number e.g. 0, 3, 10, etc)

Number of drinks per day: ☐
Don’t know ☐

E30. Again thinking in terms of “standard drinks”, how many drinks do you believe an adult male could drink in a six hour period before he puts his health at risk? (Write in whole number e.g. 0, 3, 10, etc)

Number of drinks in a six hour period: ☐
Don’t know ☐

E31. Again thinking in terms of “standard drinks”, how many drinks do you believe an adult female could drink in a six hour period before she puts her health at risk? (Write in whole number e.g. 0, 3, 10, etc)

Number of drinks in a six hour period: ☐
Don’t know ☐

E32. How harmful or beneficial do you think your current alcohol consumption, including not drinking any alcohol, is to your health? (Mark one response only)

Very harmful ☐
Somewhat harmful ☐
Neither harmful nor beneficial ☐
Somewhat beneficial ☐
Very beneficial ☐
Don’t know ☐

Reminder: Your answers are completely confidential and are protected by law. Your responses are used for research purposes only. You and your household will never be identified. Your accurate and honest responses to this survey are important and appreciated.
Section F – Pain-killers/Pain-relievers and Opioids

FOR THIS SURVEY, THE TERM "NON-MEDICAL PURPOSES" MEANS DRUGS USED:
1. by itself to induce a drug experience or feeling;
2. with other drugs in order to enhance a drug experience;
3. for performance enhancement (e.g. athletic); or
4. for cosmetic purposes (e.g. body shaping).

This section asks about the use of Pain-killers, Pain-relievers and Opioids (e.g. Oxycodeone, Morphine, Codeine products such as Panadeine Forte). This does not include the use of paracetamol, aspirin and ibuprofen where these drugs are the only active ingredients.

F1. Have you ever used Pain-killers/Pain-relievers and Opioids?
Yes ☐ (Continue) No ☐ (Skip to G1 on page 19)

F2. Have you ever used Pain-killers/Pain-relievers and Opioids for non-medical purposes?
Yes ☐ (Continue) No ☐ (Skip to G1 on page 19)

F3. About what age were you when you first used Pain-killers/Pain-relievers and Opioids for non-medical purposes?
Age in years: [ ]

F4a. Have you used Pain-killers/Pain-relievers and Opioids for non-medical purposes in the last 12 months?
Yes ☐ (Continue) No ☐ (Skip to G1 on page 19)

F4b. In the last 12 months, which of the following Pain-killers/Pain-relievers and Opioids have you used for non-medical purposes? (Mark all that apply)
- Codeine (e.g. Panadeine Forte)
- Morphine (e.g. MS Contin)
- Fentanyl (e.g. Duragesic)
- Tramadol (e.g. Tramal)
- Oxycodone (OxyContin, Endone)
- Gabapentinoids (e.g. Lyrica)
- Other prescription Pain-killers/Pain-relievers and Opioids

F5. During the last 12 months, did you find that you couldn’t stop or cut down on your non-medical use of Pain-killers/Pain-relievers and Opioids for non-medical purposes, even though you wanted to or tried to?
Yes, in the last 3 months ☐ Yes, in the last 12 months, but not in the last 3 months ☐ No ☐

F6. Have you used Pain-killers/Pain-relievers and Opioids for non-medical purposes in the last month?
Yes ☐ (Continue) No ☐ (Skip to F8)

F7. Have you used Pain-killers/Pain-relievers and Opioids for non-medical purposes in the last week?
Yes ☐ No ☐

F8. In the last 12 months, how often did you use Pain-killers/Pain-relievers and Opioids 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 ☐

F9a. Where did you first obtain Pain-killers/Pain-relievers and Opioids for non-medical purposes? (Mark one response only in First column)
- Friend ☐
- Relative ☐
- Partner ☐
- Dealer ☐
- Doctor shopping/forged script ☐
- Prescription for medical condition ☐
- Internet ☐
- Stole/Steal it ☐
- Other ☐

F9b. Where do/did you usually obtain Pain-killers/Pain-relievers and Opioids for non-medical purposes? (Mark one response only in Usually column)
- Friend ☐
- Relative ☐
- Partner ☐
- Dealer ☐
- Doctor shopping/forged script ☐
- Prescription for medical condition ☐
- Internet ☐
- Stole/Steal it ☐
- Other ☐

PLEASE ANSWER F9a. First AND F9b. Usually
F10. Where do/did you usually use Pain-killers/Pain-relievers and Opioids for non-medical purposes? (Mark all that apply)
- In my own/spouse's/partner's home
- At a friend's house
- At a party at someone's house
- At a school, TAFE, university, etc.
- At my workplace
- In public places (e.g. parks, beaches)
- In a car or other vehicle
- Somewhere else

F11. Which of the following did you use at the same time, on at least one occasion that you used Pain-killers/Pain-relievers and Opioids for non-medical purposes? (Mark all that apply)
- Alcohol
- Tobacco
- Tranquillisers, Sleeping pills for non-medical purposes
- Steroids for non-medical purposes
- Sniffing Petrol/Glue/Aerosols/Solvents
- Marijuana/Cannabis
- Hallucinogens/LSD/Magic Mushrooms
- Meth/amphetamine for non-medical purposes
- Heroin
- Cocaine/Crack
- Ecstasy
- GHB
- Ketamine
- Kava
- Other

Not used any of the above at the same time as Pain-killers/Pain-relievers and Opioids for non-medical purposes

F12. During the last 3 months, has anyone expressed concern about your non-medical use of Pain-killers/Pain-relievers and Opioids?
- Yes
- No
G8. 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 □

G9a. Where did you first obtain Tranquillisers/Sleeping pills for non-medical purposes? (Mark one response only in First column)

- Friend □
- Relative □
- Partner □
- Dealer □
- Doctor shopping/forged script □
- Prescription for medical condition □
- Internet □
- Stole/Steal it □
- Other □

G9b. Where do/did you usually obtain Tranquillisers/Sleeping pills for non-medical purposes? (Mark one response only in Usually column)

- Friend □
- Relative □
- Partner □
- Dealer □
- Doctor shopping/forged script □
- Prescription for medical condition □
- Internet □
- Stole/Steal it □
- Other □

G10. Where do/did you usually use Tranquillisers/Sleeping pills for non-medical purposes? (Mark all that apply)

- In my own/spouse’s/partner’s home □
- At a friend’s house □
- At a party at someone’s house □
- At raves/dance parties □
- At restaurants/cafés □
- At licensed premises (e.g. pubs, clubs) □
- At school, TAFE, university, etc. □
- At my workplace □
- In public places (e.g. parks, beaches) □
- In a car or other vehicle □
- Somewhere else □

Reminder:
Are you using a black ballpoint pen?

Section H – Steroids

This section asks about the use of Steroids (e.g. Roids, Juice, Gear, Andriol, Halotestin, Proviron, Sustanon, Testomet).

H1. Have you ever used Steroids?

- Yes □ (Continue)  No □ (Skip to K1a on page 21)

H2. Have you ever used Steroids for non-medical purposes?

- Yes □ (Continue)  No □ (Skip to K1a on page 21)

H3. About what age were you when you first used Steroids for non-medical purposes?

Age in years: □

H4. Have you used Steroids for non-medical purposes in the last 12 months?

- Yes □ (Continue)  No □ (Skip to K1a on page 21)

H5. During the last 12 months, did you find that you couldn’t stop or cut down on your use of Steroids for non-medical purposes, even though you wanted to or tried to?

- Yes □  No □

H6. Have you used Steroids for non-medical purposes in the last month?

- Yes □ (Continue)  No □ (Skip to H8)

H7. Have you used Steroids for non-medical purposes in the last week?

- Yes □  No □

H8. 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 □

There are no Sections I or J
Section K – Meth/amphetamine

This section asks about the use of Meth/amphetamine (e.g. Speed, Ice, Crystal, Whizz, Ritalin, Pseudoephedrine based cold and flu tablets)

K1a. In the last 12 months, have you been offered or had the opportunity to use Meth/amphetamine?
Yes ☐ No ☐

K1b. About what proportion of your friends and acquaintances currently use Meth/amphetamine? (Mark one response only)
- All ☐
- Most ☐
- About half ☐
- A few ☐
- None ☐
- Don’t know ☐

K1c. Have you ever used Meth/amphetamine?
Yes ☐ (Continue) No ☐ (Skip to L1a on page 23)

K1d. Have you ever used Meth/amphetamine for non-medical purposes?
Yes ☐ (Continue) No ☐ (Skip to L1a on page 23)

K2. About what age were you when you first used Meth/amphetamine for non-medical purposes?
Age in years: _____

K3. Have you used Meth/amphetamine for non-medical purposes in the last 12 months?
Yes ☐ (Continue) No ☐ (Skip to L1a on page 23)

K4. During the last 12 months, did you find that you couldn’t stop or cut down on your use of Meth/amphetamine for non-medical purposes, even though you wanted to or tried to?
Yes ☐ No ☐

K5. Have you used Meth/amphetamine for non-medical purposes in the last month?
Yes ☐ (Continue) No ☐ (Skip to K7)

K6. Have you used Meth/amphetamine for non-medical purposes in the last week?
Yes ☐ No ☐

K7. In the last 12 months, how often did you use Meth/amphetamine 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 ☐

K8a. Where did you first obtain Meth/amphetamine for non-medical purposes? (Mark one response only in First column)
- Friend ☐
- Relative ☐
- Partner ☐
- Dealer ☐
- Doctor shopping/forged script ☐
- Prescription for medical condition ☐
- Internet ☐
- Stole/Steal it ☐
- Other ☐

K8b. Where do/did you usually obtain Meth/amphetamine for non-medical purposes? (Mark one response only in Usually column)
- Friend ☐
- Relative ☐
- Partner ☐
- Dealer ☐
- Doctor shopping/forged script ☐
- Prescription for medical condition ☐
- Internet ☐
- Stole/Steal it ☐
- Other ☐

K8c. Where did you first obtain Meth/amphetamine for non-medical purposes?
- Friend ☐
- Relative ☐
- Partner ☐
- Dealer ☐
- Doctor shopping/forged script ☐
- Prescription for medical condition ☐
- Internet ☐
- Stole/Steal it ☐
- Other ☐

K9. Where do/did you usually use Meth/amphetamine for non-medical purposes? (Mark all that apply)
- In my own/spouse/partner’s home ☐
- At a friend’s house ☐
- At a party at someone’s house ☐
- At raves/dance parties ☐
- At licensed premises (e.g. pubs, clubs) ☐
- At school, TAFE, university, etc. ☐
- At my workplace ☐
- In public places (e.g. parks, beaches) ☐
- In a car or other vehicle ☐
- Somewhere else ☐
K10. On a day you use Meth/amphetamine for non-medical purposes, on average how many points, grams or tablets/pills/capsules do you normally have?

Number of points

Number of grams

Number of tablets/pills/capsules

If less than 1, indicate to the nearest fraction:

<table>
<thead>
<tr>
<th>Points</th>
<th>Grams</th>
<th>Tablets/pills/capsules</th>
</tr>
</thead>
<tbody>
<tr>
<td>¼</td>
<td>¼</td>
<td>¼</td>
</tr>
<tr>
<td>½</td>
<td>½</td>
<td>½</td>
</tr>
<tr>
<td>¾</td>
<td>¾</td>
<td>¾</td>
</tr>
</tbody>
</table>

K11a. What forms of Meth/amphetamine have you ever used?
(Mark all that apply)

- Powder/Speed
- Liquid
- Crystal, Ice
- Base/Paste/Pure
- Tablet/Pill
- Prescription Amphetamine for non-medical purposes
- Capsules
- Other

K11b. In the last 12 months what are all the forms of Meth/amphetamine that you have used?
(Mark all that apply)

- Powder/Speed
- Liquid
- Crystal, Ice
- Base/Paste/Pure
- Tablet/Pill
- Prescription Amphetamine for non-medical purposes
- Capsules
- Other

K11c. In the last 12 months, what was the main form of Meth/amphetamine that you used?
(Mark one response only)

- Powder/Speed
- Liquid
- Crystal, Ice
- Base/Paste/Pure
- Tablet/Pill
- Prescription Amphetamine for non-medical purposes
- Capsules
- Other

K12. In the last 12 months, what was the main way that you used Meth/amphetamine for non-medical purposes?
(Mark one response only)

- Smoked
- Snorted
- Swallowed
- Injected
- Other

K13. Which of the following did you use at the same time, on at least one occasion that you used Meth/amphetamine for non-medical purposes?
(Mark all that apply)

- Alcohol
- Tobacco
- Tranquillisers, Sleeping pills for non-medical use
- Pain-killers/Pain-relievers and Opioids (e.g. Oxycodone, Morphine, or Codeine products such as Panadeine Forte) for non-medical use
- Steroids for non-medical use
- Sniffing Petrol/Glue/Aerosols/Solvents
- Marijuana/Cannabis
- Hallucinogens/LSD/Magic Mushrooms
- Methadone/Buprenorphine for non-medical use
- Heroin
- Cocaine/Crack
- Ecstasy
- GHB
- Ketamine
- Kava
- Other

Not used any of the above at the same time as Meth/amphetamine for non-medical purposes

K14. During the last 3 months, has anyone expressed concern about your use of Meth/amphetamine for non-medical purposes?

Yes
No
### Section L – Marijuana/Cannabis

**L1a. In the last 12 months, have you been offered or had the opportunity to use Marijuana/Cannabis?**
- [ ] Yes  
- [ ] No

**L1b. About what proportion of your friends and acquaintances currently use Marijuana/Cannabis?**  
(Mark one response only)
- [ ] All
- [ ] Most
- [ ] About half
- [ ] A few
- [ ] None
- [ ] Don’t know

**L1c. Have you ever used Marijuana/Cannabis?**
- [ ] Yes (Continue)  
- [ ] No (Skip to M1 on page 25)

**L2. About what age were you when you first used Marijuana/Cannabis?**
- Age in years: ___

**L3. Have you used Marijuana/Cannabis in the last 12 months?**
- [ ] Yes (Continue)  
- [ ] No (Skip to M1 on page 25)

**L4. During the last 12 months, did you find that you couldn’t stop or cut down on your use of Marijuana/Cannabis, even though you wanted to or tried to?**
- [ ] Yes  
- [ ] No

**L5. Have you used Marijuana/Cannabis in the last month?**
- [ ] Yes (Continue)  
- [ ] No (Skip to L7)

**L6. Have you used Marijuana/Cannabis in the last week?**
- [ ] Yes  
- [ ] No

**L7. In the last 12 months, how often did you use Marijuana/Cannabis?**  
(Mark one response only)
- [ ] Every day
- [ ] Once a week or more
- [ ] About once a month
- [ ] Every few months
- [ ] Once or twice a year

**L7a. During the last 3 months, have you had a strong craving, desire or urge to use Marijuana/Cannabis?**  
(Mark one response only)
- Yes, had a craving/desire/urge to use every week or more often
- Yes, had a craving/desire/urge to use but not as often as weekly
- No, have not had a craving/desire/urge to use in the last 3 months

**L7b. During the last 3 months, has anyone expressed concern about your use of Marijuana/Cannabis?**
- [ ] Yes  
- [ ] No

**L8a. Where did you first obtain Marijuana/Cannabis?**  
(Mark one response only in First column)

**L8b. Where do/did you usually obtain Marijuana/Cannabis?**  
(Mark one response only in Usually column)

<table>
<thead>
<tr>
<th>PLEASE ANSWER</th>
<th>L8a. First</th>
<th>AND</th>
<th>L8b. Usually</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friend</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Relative</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Partner</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Dealer</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Prescription for medical condition</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Internet</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Grew/grow my own (made/make it myself)</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Stole/Steal it</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Other</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

**Reminder:**
Are you filling in the boxes correctly?

- [ ] RIGHT  
- [ ] WRONG

Are you shading the boxes fully for any mistakes?
- Wrong box [ ]
- Right box [ ]
L9. Where do/did you usually use Marijuana/Cannabis? (Mark all that apply)

- In my own/spouse’s/partner’s home
- At a friend’s house
- At a party at someone’s house
- At raves/dance parties
- At licensed premises (e.g. pubs, clubs)
- At school, TAFE, university, etc.
- At my workplace
- In public places (e.g. parks, beaches)
- In a car or other vehicle
- Somewhere else

L10. On a day you use Marijuana/Cannabis, on average how many cones, bongs or joints do you normally have?

<table>
<thead>
<tr>
<th>Number of cones or bongs</th>
<th>Number of joints</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If less than 1, indicate to the nearest fraction:

<table>
<thead>
<tr>
<th>cones or bongs</th>
<th>joints</th>
</tr>
</thead>
<tbody>
<tr>
<td>¼</td>
<td>¼</td>
</tr>
<tr>
<td>½</td>
<td>½</td>
</tr>
<tr>
<td>¾</td>
<td>¾</td>
</tr>
</tbody>
</table>

L11. What form of Marijuana/Cannabis do you use? (Mark all that apply)

- Leaf
- Head
- Resin (including Hash)
- Oil (including Hash oil)
- Other

L12. How have you used Marijuana/Cannabis? (Mark all that apply)

- Smoked as joints (e.g. reefers, spliffs)
- Smoked from a bong or pipe
- Inhaled through a vaporising device
- By eating it (e.g. Hash cookies)
- Marijuana/Cannabis and tobacco mixed
- Other

L13. Which of the following did you use at the same time, on at least one occasion that you used Marijuana/Cannabis? (Mark all that apply)

- Alcohol
- Tobacco
- Tranquilisers, Sleeping pills for non-medical use
- Pain-killers/Pain-relievers and Opioids (e.g. Oxycodeone, Morphine, or Codeine products such as Panadeine Forte) for non-medical use
- Steroids for non-medical use
- Sniffing Petrol/Glue/Aerosols/Solvents
- Hallucinogens/LSD/Magic Mushrooms
- Methadone/Buprenorphine for non-medical use
- Meth/amphetamine for non-medical use
- Heroin
- Cocaine/Crack
- Ecstasy
- GHB
- Ketamine
- Kava
- Other
- Not used any of the above at the same time as Marijuana/Cannabis

L14. Have you used Marijuana/Cannabis for medical purposes in the last 12 months? (Mark one response only)

- Yes, only for medical purposes
- Yes, but sometimes for medical purposes and sometimes for other reasons
- No, have not used it for medical purposes

L15. Was the medical Marijuana/Cannabis prescribed by a doctor? (Mark one response only)

- Yes, always prescribed by a doctor
- Yes, sometimes prescribed by a doctor
- No, was not prescribed by a doctor

Reminder: Your answers are completely confidential and are protected by law. Your responses are used for research purposes only. You and your household will never be identified. Your accurate and honest responses to this survey are important and appreciated.
Section M – Heroin

M1. Have you ever used Heroin?
   Yes ☐ (Continue)  No ☐ (Skip to N1)

M2. About what age were you when you first used Heroin?
   Age in years: ☐

M3. Have you used Heroin in the last 12 months?
   Yes ☐ (Continue)  No ☐ (Skip to N1)

M4. During the last 12 months, did you find that you couldn’t stop or cut down on your use of Heroin, even though you wanted to or tried to?
   Yes, in the last 3 months ☐
   Yes, in the last 12 months, but not in the last 3 months ☐
   No ☐

M5. Have you used Heroin in the last month?
   Yes ☐ (Continue)  No ☐ (Skip to M7)

M6. Have you used Heroin in the last week?
   Yes ☐  No ☐

M7. 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 ☐

M8. On a day you use Heroin, on average how many grams do you normally have?
   Number of grams: ☐
   If less than 1, indicate to the nearest fraction:
   grams
   ¼ ☐
   ½ ☐
   ¾ ☐

M9. During the last 3 months, has anyone expressed concern about your use of Heroin?
   Yes ☐  No ☐

Section N – Methadone or Buprenorphine

This section asks about the use of Methadone (e.g. Done, Junk, Jungle juice) and/or Buprenorphine (e.g. Bupe, Sub).

N1. Have you ever used Methadone or Buprenorphine?
   Yes ☐ (Continue)  No ☐ (Skip to O1a on page 26)

N2. Have you ever used Methadone or Buprenorphine (not supplied to you medically)?
   Yes ☐ (Continue)  No ☐ (Skip to O1a on page 26)

N3. About what age were you when you first used Methadone or Buprenorphine (not supplied to you medically)?
   Age in years: ☐

N4. Have you used Methadone or Buprenorphine (not supplied to you medically) in the last 12 months?
   Yes ☐ (Continue)  No ☐ (Skip to O1a on page 26)

N5. During the last 12 months, did you find that you couldn’t stop or cut down on your use of Methadone or Buprenorphine (not supplied to you medically), even though you wanted to or tried to?
   Yes ☐  No ☐

N6. Have you used Methadone or Buprenorphine (not supplied to you medically) in the last month?
   Yes ☐ (Continue)  No ☐ (Skip to O1a on page 26)

N7. Have you used Methadone or Buprenorphine (not supplied to you medically) in the last week?
   Yes ☐  No ☐

Reminder:
Are you using a black ballpoint pen?
Section O – Cocaine

O1a. In the last 12 months, have you been offered or had the opportunity to use Cocaine?
   Yes ☐  No ☐

O1b. About what proportion of your friends and acquaintances currently use Cocaine?
   (Mark one response only)
   All ☐
   Most ☐
   About half ☐
   A few ☐
   None ☐
   Don’t know ☐

O1c. Have you ever used Cocaine?
   Yes ☐ (Continue)  No ☐ (Skip to P1 on page 27)

O2. About what age were you when you first used Cocaine?
   Age in years: ________

O3. Have you used Cocaine in the last 12 months?
   Yes ☐ (Continue)  No ☐ (Skip to O7)  (Skip to P1 on page 27)

O4. During the last 12 months, did you find that you couldn’t stop or cut down on your use of Cocaine, even though you wanted to or tried to?
   Yes ☐  No ☐

O5. Have you used Cocaine in the last month?
   Yes ☐ (Continue)  No ☐ (Skip to O7)

O6. Have you used Cocaine in the last week?
   Yes ☐  No ☐

O7. 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 ☐

O8a. Where did you first obtain Cocaine?
   (Mark one response only in First column)
   Friend ☐
   Relative ☐
   Partner ☐
   Dealer ☐
   Internet ☐
   Stole/Steal it ☐
   Other ☐

O8b. Where do/did you usually obtain Cocaine?
   (Mark one response only in Usually column)
   Please answer AND
   Friend ☐
   Relative ☐
   Partner ☐
   Dealer ☐
   Internet ☐
   Stole/Steal it ☐
   Other ☐

O9. Where do/did you usually use Cocaine?
   (Mark all that apply)
   In my own/spouse’s/partner’s home ☐
   At a friend’s house ☐
   At a party at someone’s house ☐
   At licensed premises (e.g. pubs, clubs) ☐
   At raves/dance parties ☐
   At schools, TAFE, university, etc. ☐
   At my workplace ☐
   In public places (e.g. parks, beaches) ☐
   In a car or other vehicle ☐
   Somewhere else ☐

O10. On a day you use Cocaine, on average how many grams, points or lines do you normally have?

   Number of grams
   ________
   If less than 1, indicate to the nearest fraction:
   ⅛ ☐  ⅛ ☐  ⅛ ☐
   ⅛ ☐  ⅛ ☐  ⅛ ☐
   ⅛ ☐  ⅛ ☐  ⅛ ☐

   Number of points
   ________
   ________
   ________

   Number of lines
   ________
   ________
   ________

   Number of grams
   ________
   ________
   ________
**O11a. What forms of Cocaine have you ever used?**
(Mark all that apply in **Ever** column)

<table>
<thead>
<tr>
<th>Please Answer</th>
<th>O11a. Forms Ever Used</th>
<th>O11b. Main Form Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cocaine powder</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Crack Cocaine (smokeable crystal)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**O11b. In the last 12 months, what was the main form of Cocaine that you used?**
(Mark one response only in **Main** column)

**PLEASE ANSWER**

- Smoked ☐
- Snorted ☐
- Swallowed ☐
- Injected ☐
- Other ☐

**O12. In the last 12 months, what was the main way that you used Cocaine?**
(Mark one response only)

- Smoked ☐
- Snorted ☐
- Swallowed ☐
- Injected ☐
- Other ☐

**O13. 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 ☐
- Tobacco ☐
- Tranquilisers, Sleeping pills for non-medical use ☐
- Pain-killers/Pain-relievers and Opioids (e.g. Oxycodone, Morphine, or Codeine products such as Panadeine Forte) for non-medical use ☐
- Steroids for non-medical use ☐
- Sniffing Petrol/Glue/Aerosols/Solvents ☐
- Marijuana/Cannabis ☐
- Hallucinogens/LSD/Magic Mushrooms ☐
- Methadone/Buprenorphine for non-medical use ☐
- Meth/amphetamine for non-medical use ☐
- Heroin ☐
- Ecstasy ☐
- GHB ☐
- Ketamine ☐
- Kava ☐
- Other ☐

**Not used any of the above at the same time as Cocaine** ☐

**Section P – Hallucinogens**

This section asks about the use of Hallucinogens (e.g. Acid, Trips, LSD, Mushies, Magic mushrooms, Angel dust, DMT, Mescaline, Peyote).

**P1. Have you ever used any Hallucinogens?**
Yes ☐ No ☐
(Skip to Q1a on page 28)

**P2. About what age were you when you first used Hallucinogens?**
Age in years:

**P3. Have you used Hallucinogens in the last 12 months?**
Yes ☐ No ☐
(Skip to P7)

**P4. During the last 12 months, did you find that you couldn't stop or cut down on your use of Hallucinogens, even though you wanted to or tried to?**
Yes ☐ No ☐

**P5. Have you used Hallucinogens in the last month?**
Yes ☐ No ☐
(Skip to P7)

**P6. Have you used Hallucinogens in the last week?**
Yes ☐ No ☐

**P7. In the last 12 months, how often did you use Hallucinogens?**
(Mark one response only)
- Every day ☐
- Once a week or more ☐
- About once a month ☐
- Every few months ☐
- Once or twice a year ☐

**P8. In the last 12 months, what forms of Hallucinogens have you used?**
(Mark all that apply)
- LSD/Acid/Tabs ☐
- Mushrooms/Psilocybin ☐
- DMT ☐
- Mescaline (e.g. Peyote Cactus, San Pedro Cactus) ☐
- PCP/Angel dust ☐
- Other forms (Please write in):
Section Q – Ecstasy

Q1a. In the last 12 months, have you been offered or had the opportunity to use Ecstasy?
   Yes □  No □

Q1b. About what proportion of your friends and acquaintances currently use Ecstasy?
   (Mark one response only)
   All □  Most □  About half □  A few □  None □  Don’t know □

Q1c. Have you ever used Ecstasy?
   Yes □ (Continue)  No □ (Skip to R1 on page 29)

Q2. About what age were you when you first used Ecstasy?
   Age in years:  □

Q3. Have you used Ecstasy in the last 12 months?
   Yes □ (Continue)  No □ (Skip to R1 on page 29)

Q4. During the last 12 months, did you find that you couldn’t stop or cut down on your use of Ecstasy, even though you wanted to or tried to?
   Yes □  No □

Q5. Have you used Ecstasy in the last month?
   Yes □ (Continue)  No □ (Skip to Q7)

Q6. Have you used Ecstasy in the last week?
   Yes □  No □

Q7. In the last 12 months, how often did you use Ecstasy?
   (Mark one response only)
   Every day □  Once a week or more □  About once a month □  Every few months □  Once or twice a year □

Q8a. Where did you first obtain Ecstasy?
   (Mark one response only in First column)

Q8b. Where do/did you usually obtain Ecstasy?
   (Mark one response only in Usually column)

Q9. Where do/did you usually use Ecstasy?
   (Mark all that apply)

Q10a. What forms of Ecstasy have you ever used?
   (Mark all that apply in Ever column)

Q10b. In the last 12 months, what was the main form of Ecstasy that you used?
   (Mark one response only in Main column)
Q11. On a day you use Ecstasy, on average how many tablets/pills/capsules or grams do you normally have?

Number of tablets/pills

Number of capsules

Number of grams

If less than 1, indicate to the nearest fraction:

<table>
<thead>
<tr>
<th>tablets/pills</th>
<th>capsules</th>
<th>grams</th>
</tr>
</thead>
<tbody>
<tr>
<td>¼</td>
<td>¼</td>
<td>¼</td>
</tr>
<tr>
<td>½</td>
<td>½</td>
<td>½</td>
</tr>
<tr>
<td>¾</td>
<td>¾</td>
<td>¾</td>
</tr>
</tbody>
</table>

Q12. Which of the following did you use at the same time, on at least one occasion that you used Ecstasy? (Mark all that apply)

- Alcohol
- Tobacco
- Tranquillisers, Sleeping pills for non-medical use
- Pain-killers/Pain-relievers and Opioids (e.g. Oxycodeone, Morphine, or Codeine products such as Panadeine Forte) for non-medical use
- Steroids for non-medical use
- Sniffing Petrol/Glue/Aerosols/Solvents
- Marijuana/Cannabis
- Hallucinogens/LSD/Magic Mushrooms
- Methadone/Buprenorphine for non-medical use
- Meth/amphetamine for non-medical use
- Heroin
- Cocaine/Crack
- GHB
- Ketamine
- Kava
- Other

Not used any of the above at the same time as Ecstasy

Section R – Ketamine

R1. Have you ever used Ketamine?

Yes ☐  (Continue)  No ☐  (Skip to S1)

R2. About what age were you when you first used Ketamine?

Age in years: ___

R3. Have you used Ketamine in the last 12 months?

Yes ☐  (Continue)  No ☐  (Skip to S1)

R4. Have you used Ketamine in the last month?

Yes ☐  (Continue)  No ☐  (Skip to R6)

R5. Have you used Ketamine in the last week?

Yes ☐  No ☐

R6. In the last 12 months, how often did you use Ketamine? (Mark one response only)

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

Section S – GHB

S1. Have you ever used GHB?

Yes ☐  (Continue)  No ☐  (Skip to T1 on page 30)

S2. About what age were you when you first used GHB?

Age in years: ___

S3. Have you used GHB in the last 12 months?

Yes ☐  (Continue)  No ☐  (Skip to S1 on page 30)

S4. Have you used GHB in the last month?

Yes ☐  (Continue)  No ☐  (Skip to S6)

S5. Have you used GHB in the last week?

Yes ☐  No ☐

S6. In the last 12 months, how often did you use GHB? (Mark one response only)

Every day ☐  Once a week or more ☐  About once a month ☐  Every few months ☐  Once or twice a year ☐
Section U – Inhalants

This section asks about the use of Inhalants (e.g. Chroming, Sniffing, Solvents, Aerosols, Glue, Petrol, Laughing gas, Whippits, Nitrous, Snappers, Poppers, Pearlers, Rushamines, Locker room, Bolt, Bullet, Rush, Climax, Red gold, Amyl, Bulbs).

Nasal sprays, inhalers or puffers used for asthma and similar conditions should not be included here.

U1. Have you ever used Inhalants?
   Yes □ (Continue) No □ (Skip to V1 on page 31)

U2. About what age were you when you first used Inhalants?
   Age in years: __________

U3. Have you used Inhalants in the last 12 months?
   Yes □ No □ (Skip to V1 on page 31)

U4. During the last 12 months, did you find that you couldn’t stop or cut down on your use of Inhalants, even though you wanted to or tried to?
   Yes □ No □

U5. Have you used Inhalants in the last month?
   Yes □ (Continue) No □ (Skip to U7)

U6. Have you used Inhalants in the last week?
   Yes □ No □

U7. In the last 12 months, how often did you use Inhalants?
   (Mark one response only)
   Every day □
   Once a week or more □
   About once a month □
   Every few months □
   Once or twice a year □

Section T – Synthetic Cannabis

T1. Have you ever used Synthetic Cannabis/Cannabinoids (e.g. K2, Spice, Kronic)?
   Yes □ (Continue) No □ (Skip to TT1)

T2. Have you used Synthetic Cannabis/Cannabinoids in the last 12 months?
   Yes □ No □

Section TT – Other Synthetic Drugs

Other synthetic drugs, also known as Emerging Psychoactive Substances, are drugs that often mimic the effects of more established illegal drugs. These are sometimes referred to as research chemicals, analogues, or bath salts. Some of the more well-known substances include Mephedrone, NBOMe, Methylone, Flakka, MDPV, 2C-I, BZP, Carfentanyl and Krokodil.

TT1. Have you ever used any Other Synthetic Drugs/Emerging Psychoactive Substances?
   Yes □ (Continue) No □ (Skip to U1)

TT2. Have you used any Other Synthetic Drugs/Emerging Psychoactive Substances in the last 12 months?
   Yes □ No □

TT3. In the last 12 months, what types of Other Synthetic Drugs/Emerging Psychoactive Substances have you used?
   (Please write in)
U8a. Where did you first obtain Inhalants? (Mark one response only in First column)  
Friend □  Relative □  Partner □  Dealer □  Internet □  Bought/buy at a shop/retail outlet □  Stole/steal it □  Other □

U8b. Where do/did you usually obtain Inhalants? (Mark one response only in Usually column)  

PLEASE ANSWER U8a. First AND U8b. Usually

Friend □  Relative □  Partner □  Dealer □  Internet □  Bought/buy at a shop/retail outlet □  Stole/steal it □  Other □

U9. Where do/did you usually use Inhalants? (Mark all that apply)

In my own/spouse’s/partner’s home □  At a friend’s house □  At a party at someone’s house □  At raves/dance parties □  At restaurants/cafés □  At licensed premises (e.g. pubs, clubs) □  At school, TAFE, university, etc. □  At my workplace □  In public places (e.g. parks, beaches) □  In a car or other vehicle □  Somewhere else □

V1. 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 W1 on page 32)

V2. About what age were you when you first injected yourself with a drug not prescribed to inject? (This includes being injected by someone else)  
Age in years: □ □ □ □

V3. What drug, not prescribed to inject, did you first inject? (This includes being injected by someone else) (Mark one response only)

Heroin □  Other Opiates/Opioids □  Meth/amphetamine □  Cocaine or Crack Cocaine □  LSD or other Hallucinogens □  Ecstasy □  Benzodiazepines □  Steroids □  Ketamine □  Methadone/Buprenorphine □  GHB □  Other drugs □

V4. What drug(s), not prescribed to inject, have you injected in the last 12 months? (This includes being injected by someone else) (Mark all that apply)

Heroin □  Other Opiates/Opioids □  Meth/amphetamine □  Cocaine or Crack Cocaine □  LSD or other Hallucinogens □  Ecstasy □  Benzodiazepines □  Steroids □  Ketamine □  Methadone/Buprenorphine □  GHB □  Other drugs □  Have not injected any of these drugs in the last 12 months □ (Skip to W1 on page 32)
Section W – Experiences Using Illicit Drugs

If you have ever used at least one illicit drug (including, but not limited to, Marijuana/Cannabis and non-medical use of pharmaceuticals), please answer this section. If you have never used an illicit drug, please go to Section X on page 33.

W1. What factors influenced your decision to first use an illicit drug (including Marijuana/Cannabis)? (Mark all that apply)

- Friends or family member were using it/offered by friend or family member
- Thought it would improve mood/to stop feeling unhappy
- To do something exciting
- To see what it was like/curiosity
- To enhance an experience
- Other (Please write in):

W2a. What is the main reason that you continue to use illicit drugs? (Mark one response only)

- Influence of friends or family
- Addiction/dependency
- Wanting to improve mood/to stop feeling unhappy
- Wanting to do something exciting
- Wanting to enhance experiences
- Enjoyment/wanting to get high or have fun
- Other (Please write in):

V5. On average, how often have you injected yourself with a drug not prescribed to inject in the last 12 months? (This includes being injected by someone else) (Mark one response only)

- More than 3 times a day
- 2 – 3 times a day
- Once a day
- More than once a week (but less than once a day)
- Once a week or less

V6. Where do you usually get needles and syringes? (Mark all that apply)

- Chemist
- Centre based needle and syringe program
- Mobile needle and syringe program
- Friends
- Hospital or doctor
- Diabetes Australia
- Health centre
- Vending machine
- Other

V7. Have you used a needle and syringe program in the last 12 months?

- Yes
- No

V8. Where did you dispose of the LAST needle and/or syringe (or fit pack, sharps bin or other fit container) that you used? (Mark one response only)

- Rubbish bin at home
- Plastic rubbish bin
- Public needle disposal bin
- Needle and syringe program
- Regulated injecting room/"shooting gallery"
- Street or laneway
- Other

V9. 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 I did not bleach or rinse it first
- No (Skip to W1)

V10. How many times in the last 12 months have you used a needle or other injecting equipment after someone else had already used it? (Mark one response only)

- Never
- 3 – 5 times
- Not in the last 12 months
- 6 – 10 times
- Once or twice
- More than 10 times

Reminder:
Are you using a black ballpoint pen?
W2b. Are there any other reasons that you continue to use illicit drugs? (Mark all that apply)

- Influence of friends or family
- Addiction/dependency
- Wanting to improve mood/to stop feeling unhappy
- Wanting to do something exciting
- Wanting to enhance experiences
- Enjoyment/wanting to get high or have fun
- Other (Please write in):

- None of the above
- I did not use illicit drugs in the last 12 months

W3. In the last 12 months, did you undertake any of the following activities while under the influence of or affected by illicit drugs? (Mark all that apply)

- Went to work
- Went swimming
- Operated a boat
- Drove a motor vehicle
- Operated hazardous machinery
- Created a public disturbance or nuisance
- Caused damage to property
- Stole money, goods or property
- Verbally abused someone
- Physically abused someone
- None of the above
- I did not use illicit drugs in the last 12 months

W4. In the last 12 months, have any of the following happened to you while under the influence of or affected by illicit drugs? (Mark all that apply)

- Injury requiring medical attention
- Injury requiring admission to hospital
- Overdose requiring medical attention
- Overdose requiring admission to hospital
- None of the above

Reminder: Your answers are completely confidential and are protected by law. Your responses are used for research purposes only. You and your household will never be identified. Your accurate and honest responses to this survey are important and appreciated.
Section Y – Harms

Y1. In the last 12 months, did any person under the influence of or affected by alcohol . . .? (Mark one response for each row)

<table>
<thead>
<tr>
<th>Verbally abuse you</th>
<th>Physically abuse you</th>
<th>Put you in fear</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

If Yes to any in Y1 continue.  
If No to all in Y1, Skip to Y9 on page 35.

Y2. Which of the following persons under the influence of or affected by alcohol were responsible for the incident(s) referred to in Y1? (Select each of the incidents that occurred to you from the top row, and moving down the list of persons, mark all that apply)

<table>
<thead>
<tr>
<th>Incident</th>
<th>Spouse or partner</th>
<th>Parent</th>
<th>Child</th>
<th>Brother or sister</th>
<th>Other relative</th>
<th>Other house/flat resident</th>
<th>Current boy/girl friend</th>
<th>Former spouse/partner/boy/girl friend</th>
<th>Work/school/university mate</th>
<th>Friend</th>
<th>Other person known to me</th>
<th>Not known to me</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal abuse</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Put you in fear</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

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

Y3. Where did the alcohol-related incident(s) referred to in Y1 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)

<table>
<thead>
<tr>
<th>Incident</th>
<th>In my own home</th>
<th>In a pub or club</th>
<th>At a party</th>
<th>At my workplace</th>
<th>At school/university</th>
<th>Public transport (e.g. train)</th>
<th>In the street</th>
<th>Somewhere else</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal abuse</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Put you in fear</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Y4. What was the most serious physical injury you sustained as a result of the alcohol-related incident(s) referred to in Y1? (Mark one response only)

<table>
<thead>
<tr>
<th>Injury</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bruising/abrasions</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Burns, not requiring admission to hospital</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Minor lacerations (e.g. cuts/scratches)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Lacerations requiring suturing (stitches), not requiring admission to hospital</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Fractures (broken bones) not requiring admission to hospital</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Sufficiently serious to require admission to hospital at least overnight</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Not relevant – no physical injury sustained</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Y5. Was the most serious alcohol-related incident reported to the police?  
Yes | No |

Y6. Are there any reasons why you didn’t report the most serious alcohol-related incident to the police? (Mark all that apply)

<table>
<thead>
<tr>
<th>Reason</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Too trivial/unimportant</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Private matter</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Police could not do anything</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Police would not do anything</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Did not want offender punished</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Too confused/upset</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Afraid of reprisal/revenge</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Incident is not uncommon for me (e.g. it is to be expected at parties, working in pubs)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Other</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Y7. In general, at the time(s) the alcohol-related incident(s) took place, had you also been drinking alcohol or consuming drugs other than alcohol? (Mark one response only)

<table>
<thead>
<tr>
<th>Substance</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, alcohol only</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Yes, other drugs only</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Yes, both alcohol and other drugs</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>No, neither alcohol nor other drugs</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Y8. Did any of the alcohol-related incidents of physical abuse involve sexual abuse?  
Yes | No |

Not relevant (not physically abused) | Yes | No |
ALL PLEASE ANSWER

Y9. In the last 12 months, did any person under the influence of or affected by illicit drugs...?
(Mark one response for each row)

Yes No
Verbally abuse you
Physically abuse you
Put you in fear

If Yes to any in Y9 continue.
If No to all in Y9, Skip to Z1 on page 36.

Y10. Which of the following persons under the influence of or affected by illicit drugs were responsible for the incident(s) referred to in Y9?
(Select each of the incidents that occurred to you from the top row, and moving down the list of persons, mark all that apply)

Spouse or partner
Parent
Child
Brother or sister
Other relative
Other house/flat resident
Current boy/girl friend
Former spouse/partner/boy/girl friend
Work/school/university mate
Friend
Other person known to me
Not known to me

Put you in fear
Verbally abuse you
Physically abuse you

PLEASE CHECK AGAIN THAT ALL THE INCIDENTS MENTIONED IN Y9 HAVE THE APPROPRIATE ANSWERS IN Y10.

Y11. Where did the drug-related incident(s) referred to in Y9 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)

In my own home
In a pub or club
At a party
At my workplace
At school/university
Public transport (e.g. train)
In the street
Somewhere else

Put you in fear
Verbally abuse you
Physically abuse you

Y12. What was the most serious physical injury you sustained as a result of the drug-related incident(s) referred to in Y9?
(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

Y13. Was the most serious drug-related incident reported to the police?

Yes (Skip to Y15)
No (Continue)

Y14. Are there any reasons why you didn't report the most serious drug-related incident 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

Y15. In general, at the time(s) the 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

Y16. Did any of the drug-related incidents of physical abuse involve sexual abuse?

Yes
No
Not relevant (not physically abused)
Section Z – Lifestyle

Z1. An injury is any physical harm to your body (e.g. cuts, bruises, breaks, burns, concussion, electric shocks, poisoning and suffocation, etc.). In the last 3 months, how many days of work, school, TAFE or university did you miss because of any illness or injury? (Please write your best estimate in whole days (e.g. 0, 1, 2, 10, etc.) in the boxes provided)

Number of days missed because of:
- Injury: [ ]
- Any illness: [ ]

Not applicable (don’t work or study): [ ] (Skip to Z4)

Z2. In the last 3 months, how many days of work, school, TAFE or university did you miss because of your own use of alcohol? (Please write your best estimate in whole days (e.g. 0, 1, 2, 10, etc.) in the boxes provided)

Number of days missed: [ ]

Z3. In the last 3 months, how many days of work, school, TAFE or university did you miss because of your own use of drugs other than alcohol? (Please write your best estimate in whole days (e.g. 0, 1, 2, 10, etc.) in the boxes provided)

Number of days missed: [ ]

Z4. Have you ever participated in a tobacco, alcohol or other drug treatment program to help you reduce or to quit your consumption? (Mark one response for each type of program)

Yes, in the last 12 months [ ]
Yes, more than 12 months ago [ ]
No [ ]

Telephone helplines (e.g. Quit, Lifeline) [ ]
Peer group community-based support (e.g. AA, NA, Smart Recovery) [ ]
Withdrawal management (detoxification-naltrexone) [ ]
Counselling [ ]
Therapeutic community [ ]
Online/Internet support [ ]
Residential rehabilitation [ ]
Information and education [ ]
Opioid pharmacotherapy (e.g. Methadone maintenance) [ ]
Medications to help quit smoking (e.g. Zyban, Champix) [ ]
Medications to help with problem drinking [ ]
Other [ ]

Z5. At any stage in the last 12 months were you...? (Mark all that apply)

- Pregnant [ ]
- Breastfeeding [ ]

Neither pregnant nor breastfeeding at any time in the past 12 months [ ] (Skip to Section YY on page 38)

Z6a. For your most recent pregnancy, what date would you estimate that you fell pregnant? Please write in day, month, year format, e.g. 20 March 2019 would be written as:

Weeks

Z6b. How many weeks pregnant were you when your most recent pregnancy was confirmed?

Z7. Are you currently...?

Pregnant and breastfeeding [ ]
Pregnant only [ ]
Breastfeeding only [ ]
Neither pregnant nor breastfeeding [ ]

Z8a. Was there any time in the last 12 months when you were pregnant but did not yet know you were pregnant?

Yes [ ] (Continue) No [ ] (Skip to Z8c on page 37)

Not applicable, was not pregnant in the last 12 months [ ] (Skip to Z8d on page 37)

Z8b. At any time in the last 12 months when you were pregnant but did not yet know, did you use any of the following? (Mark all that apply)

- Alcohol [ ]
- Tobacco [ ]
- Prescription Pain-killers/Pain-relievers and Opioids for non-medical use [ ]
- Marijuana/Cannabis [ ]
- Other Illicit drugs (e.g. Ecstasy, Cocaine, Hallucinogens) [ ]
- None of these [ ]
Z8c. At any time in the last 12 months when you were pregnant, did you use any of the following after you knew you were pregnant? (Mark all that apply)

- Alcohol ☐
- Tobacco ☐
- Prescription Pain-killers/Pain-relievers and Opioids for non-medical use ☐
- Marijuana/Cannabis ☐
- Other Illicit drugs (e.g. Ecstasy, Cocaine, Hallucinogens) ☐
- None of these ☐
- Not applicable, was not pregnant in the last 12 months ☐

Z8d. At any time in the last 12 months when you were breastfeeding, did you use any of the following? (Mark all that apply)

- Alcohol ☐
- Tobacco ☐
- Prescription Pain-killers/Pain-relievers and Opioids for non-medical use ☐
- Marijuana/Cannabis ☐
- Other Illicit drugs (e.g. Ecstasy, Cocaine, Hallucinogens) ☐
- None of these ☐
- Not applicable, was not breastfeeding in the last 12 months ☐

Z8. 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 ☐

Z9. 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 ☐ (Skip to Z10)

Z9a. In the last 12 months when you were pregnant, how often did you have a drink containing alcohol? (Mark one response only)

- Never ☐ (Skip to Z10)
- Monthly or less ☐
- Two to four times a month ☐
- Two to three times per week ☐
- Four or more times a week ☐

Z9b. In the last 12 months when you were pregnant, how many drinks containing alcohol did you have on a typical day when you were drinking? (Mark one response only)

- 1 – 2 ☐
- 3 – 4 ☐
- 5 – 6 ☐
- 7 – 9 ☐
- 10 or more ☐

Z9c. In the last 12 months when you were pregnant, how often did you have six or more drinks on one occasion? (Mark one response only)

- Never ☐
- Less than monthly ☐
- Monthly ☐
- Two or three times per week ☐
- Four or more times a week ☐

Z10. 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 ☐

Z11. In the last 12 months when you were pregnant or breastfeeding did anyone advise you not to smoke? Yes ☐ (Continue)

- No ☐ (Skip to Section YY on page 38)

- Not applicable, don’t smoke ☐

Z12. Who advised you not to smoke? (Mark all that apply)

- Spouse or partner ☐
- Parent/s ☐
- Brother or sister ☐
- Doctor or Specialist ☐
- Nurse or Midwife ☐
- Pharmacist ☐
- Other ☐
### Section YY – Policy Support

The next few questions are about how strongly you would support or oppose some policies. Please use the scale below.

<table>
<thead>
<tr>
<th>Strongly support</th>
<th>Support</th>
<th>Neither support nor oppose</th>
<th>Oppose</th>
<th>Strongly oppose</th>
<th>Don’t know enough to say</th>
</tr>
</thead>
</table>

YY1. Starting with the first set, to reduce the problems associated with excessive alcohol use, to what extent would you support or oppose...? (Mark one response in each row)

- Increasing the price of alcohol
- To have a minimum price for different alcoholic drinks. The price would be based on how much alcohol content is in each drink
- Reducing the number of outlets that sell alcohol
- Reducing trading hours for all pubs and clubs
- Serving only low alcohol drinks, such as low alcohol beer at sporting events or venues
- Increasing the number of alcohol-free zones or dry areas
- Raising the legal drinking age
- Stricter enforcement of the law against serving customers who are drunk
- More severe legal penalties for drink driving
- Restricting late night trading of alcohol
- Strict monitoring of late night licensed premises
- Limiting advertising for alcohol on TV until after 9.30pm
- Banning alcohol sponsorship of sporting events
- Requiring information on national drinking guidelines on all alcohol containers
- Increasing the size of standard drink labels on alcohol containers
- Displaying health warnings on all alcoholic containers
- Increasing the tax on alcohol products to pay for health, education, and the cost of treating alcohol related problems
- Stricter enforcement of law against supplying minors
- Support for regulation of alcohol supply to minors on private premises
**YY2. Thinking now about the problems associated with tobacco use, to what extent would you support or oppose measures such as . . .?**

(Mark one response in each row)

<table>
<thead>
<tr>
<th>Stricter enforcement of the law against supplying cigarettes to customers who are under age</th>
<th>Strongly support</th>
<th>Support</th>
<th>Neither support nor oppose</th>
<th>Oppose</th>
<th>Strongly oppose</th>
<th>Don’t know enough to say</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increasing the tax on tobacco products to pay for health education programs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increasing the tax on tobacco products to contribute to the cost of treating smoking related diseases</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increasing the tax on tobacco products to discourage people from smoking</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Making it harder to buy tobacco in shops</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implementing a national licensing scheme for tobacco retailers</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Stricter penalties for the sale or supply of tobacco products to those under 18 years of age</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Raising the legal age for sale or supply of tobacco products to those aged 21 years and over</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Banning all additives (e.g. flavouring) in cigarettes and other tobacco products, to make them less attractive to young people</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Restrictions on where and when electronic cigarettes can be advertised</td>
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</tr>
<tr>
<td>Restricting the use of electronic cigarettes in public places (similar to the current restrictions for cigarettes)</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prohibiting the sale of electronic cigarettes to people under 18 years of age</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**YY3. Thinking now about injecting drug use, to what extent would you support or oppose measures such as . . .?**

Some examples of injectable drugs are Heroin, Speed and Ice. (Mark one response in each row)

<table>
<thead>
<tr>
<th>Strongly support</th>
<th>Support</th>
<th>Neither support nor oppose</th>
<th>Oppose</th>
<th>Strongly oppose</th>
<th>Don’t know enough to say</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needle and syringe programs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regulated injecting rooms</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Methadone/Buprenorphine maintenance programs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment with drugs other than methadone</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trial of prescribed heroin</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rapid detoxification therapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voluntary use of Naltrexone, a drug that blocks the effects of heroin and other opiates/opioids</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The availability of take-home Naloxone, a drug that reverses the effects of a Heroin/ Methadone/Morphine overdose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
YY4. 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)

<table>
<thead>
<tr>
<th>Drug</th>
<th>Strongly support</th>
<th>Support</th>
<th>Neither support nor oppose</th>
<th>Oppose</th>
<th>Strongly oppose</th>
<th>Don't know enough to say</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana/Cannabis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heroin</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meth/amphetamine (i.e. Speed, Ice, Crystal, Base)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cocaine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ecstasy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

YY5. 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)

<table>
<thead>
<tr>
<th>Drug</th>
<th>Strongly support</th>
<th>Support</th>
<th>Neither support nor oppose</th>
<th>Oppose</th>
<th>Strongly oppose</th>
<th>Don't know enough to say</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana/Cannabis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heroin</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meth/amphetamine (i.e. Speed, Ice, Crystal, Base)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cocaine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ecstasy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

YY6. Thinking about the use of illicit drugs and harm minimisation, to what extent would you support or oppose measures such as...?
(Mark one response in each row)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Workplace</th>
<th>School/College</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allowing potential drug users to test their pills/drugs at designated sites. The test will inform them of the purity and the substances the drug contains</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervised drug consumption facilities/rooms</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

YY7. What drug and alcohol policies, if any, does your workplace, school or college have in place?
(Mark all that apply)

<table>
<thead>
<tr>
<th>Policy</th>
<th>Workplace</th>
<th>School/College</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do not currently have a workplace</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do not currently go to a school or college</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A policy on alcohol use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A policy on drug use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No policy on alcohol or drug use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unsure if an alcohol or drug policy exists</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug testing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol testing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provision of education or information concerning alcohol or drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to any type of assistance with alcohol or drug problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to any type of assistance with quitting smoking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A ban on smoking in most or all outdoor areas within the grounds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
YY8. For each of the following 3 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 the total is: $100

YY9. 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 the total is: $100

YY10. And if you were given $100 to spend on reducing illicit drug 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 the total is: $100

ZZ1. In which country were you born? (Mark one response only)

Australia ☐ (Skip to ZZ3 on page 42)
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):

ZZ2. In what year did you first arrive in Australia to live here for one year or more?

Year: 
Not applicable – will be in Australia for less than one year ☐
**ALL PLEASE ANSWER**

**ZZ3.** What is the main language spoken at home?  
(Mark one response only)

- English
- Aboriginal and/or Torres Strait Islander languages
- Language other than English

**ZZ4.** Do you think of yourself as...?  
(Mark one response only)

- Heterosexual or straight
- Homosexual (gay or lesbian)
- Bisexual
- Not sure; undecided
- Something else; other

**ZZ5a.** Which of the following best describes your main current employment status?  
(Mark one response only)

<table>
<thead>
<tr>
<th>ZZ5a. Main</th>
<th>ZZ5b. Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self employed</td>
<td>No</td>
</tr>
<tr>
<td>Employed for wages, salary, or payment in kind</td>
<td>No</td>
</tr>
<tr>
<td>Unemployed</td>
<td>No</td>
</tr>
<tr>
<td>Looking for work</td>
<td>No</td>
</tr>
<tr>
<td>Solely engaged in home duties</td>
<td>No</td>
</tr>
<tr>
<td>A student</td>
<td>No</td>
</tr>
<tr>
<td>Retired or on a pension</td>
<td>No</td>
</tr>
<tr>
<td>Volunteer/charity work</td>
<td>No</td>
</tr>
<tr>
<td>Unable to work</td>
<td>No</td>
</tr>
<tr>
<td>Other</td>
<td>No</td>
</tr>
<tr>
<td>No other</td>
<td>No</td>
</tr>
</tbody>
</table>

If Self employed or employed in ZZ5a or ZZ5b, skip to ZZ7.

**ZZ6.** Have you ever been in paid work?  

- Yes (Continue)  
- No (Skip to ZZ9 on page 43)

**ZZ7.** 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)

Job title (Including award/Government classification if possible, e.g. secondary school teacher, metal engineering process worker, commercial property cleaner, registered nurse)

Main Duties/tasks

**ZZ8.** What kind of industry, business or service is carried out by your main employer (or employer when you last worked)?  

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

**ZZ9.** Have you ever been in paid work?  

- Yes (Continue)  
- No (Skip to ZZ9 on page 43)
ALL PLEASE ANSWER

ZZ9. What is the highest year of primary or secondary school you have completed? (Mark one response only)

Did not go to school □ (Skip to ZZ1)
Year 6 or below □
Year 7 or equivalent □
Year 8 or equivalent □
Year 9 or equivalent □
Year 10 or equivalent □
Year 11 or equivalent □
Year 12 or equivalent □

ZZ10. Are you still at school?

Yes □
No □ (Skip to ZZ11)

ALL PLEASE ANSWER

ZZ11. Have you completed a trade certificate or other educational qualification?

Yes □
No □ (Skip to ZZ13)

ALL PLEASE ANSWER

ZZ13. Which of the following groups would represent your personal annual income, before tax, from all sources? (Mark one response only)

$156,000 or more ($3,000 or more/week) □
$104,000 – $155,999 ($2,000 – $2,999/week) □
$91,000 – $103,999 ($1,750 – $1,999/week) □
$78,000 – $90,999 ($1,500 – $1,749/week) □
$65,000 – $77,999 ($1,250 – $1,499/week) □
$52,000 – $64,999 ($1,000 – $1,249/week) □
$41,600 – $51,999 ($800 – $999/week) □
$33,800 – $41,599 ($650 – $799/week) □
$26,000 – $33,799 ($500 – $649/week) □
$20,800 – $25,999 ($400 – $499/week) □
$15,600 – $20,799 ($300 – $399/week) □
$7,800 – $15,599 ($150 – $299/week) □
$1 – $7,799 ($1 – $149/week) □
Nil Income □
Negative Income □
Prefer not to say □
Don't know □

ZZ14. Which of the following groups would represent the combined household annual income, before tax, from all sources? (Mark one response only)

$208,000 or more ($4,000 or more/week) □
$156,000 – $207,999 ($3,000 – $3,999/week) □
$104,000 – $155,999 ($2,000 – $2,999/week) □
$91,000 – $103,999 ($1,750 – $1,999/week) □
$78,000 – $90,999 ($1,500 – $1,749/week) □
$65,000 – $77,999 ($1,250 – $1,499/week) □
$52,000 – $64,999 ($1,000 – $1,249/week) □
$41,600 – $51,999 ($800 – $999/week) □
$33,800 – $41,599 ($650 – $799/week) □
$26,000 – $33,799 ($500 – $649/week) □
$20,800 – $25,999 ($400 – $499/week) □
$15,600 – $20,799 ($300 – $399/week) □
$7,800 – $15,599 ($150 – $299/week) □
$1 – $7,799 ($1 – $149/week) □
Nil Income □
Negative Income □
Prefer not to say □
Don't know □
ALL PLEASE ANSWER

ZZ15. Was anyone else present when you were completing this questionnaire? (Mark all responses that apply)

- No [ ] (Skip to ZZ17)
- Spouse or partner [ ]
- Parent(s) [ ]
- Older relative (e.g. aunt, grandparent) [ ]
- Child(ren) aged 0 – 5 [ ]
- Child(ren) aged 6 – 17 [ ]
- Child(ren) aged 18 or more [ ]
- Friend/peer/close-age sibling (brother or sister) [ ]
- Neighbour [ ]
- Other [ ]

ALL PLEASE ANSWER

ZZ19. Which of the following does this household have? (Mark all that apply. Please don’t count business numbers or numbers ONLY used for the Internet or fax)

- A landline phone number listed in the White Pages [ ]
- A landline phone number NOT listed in the White Pages [ ]
- A landline phone number, I don’t know if it is listed in the White Pages [ ]
- A mobile phone number listed in the White Pages [ ]
- A mobile phone number NOT listed in the White Pages [ ]
- A mobile phone number, I don’t know if it is listed in the White Pages [ ]
- None of the above [ ]

ZZ20. Please write the date that you completed this questionnaire below:

[ ] / [ ] / 2019

Day Month Year

ZZ21. How long did it take to complete this questionnaire?

[ ] Hours [ ] Minutes

NOW PLEASE TURN TO PAGE 45
Statistical Linkage Key

Please read this:

With your permission, we would like to collect some information from you so that your data from this survey and your data from other government records may be linked (i.e. combined) – but kept completely confidential. This data linking would only be for research purposes.

This linking would be done by using a ‘Statistical Linkage Key’, which is simply a group of letters and numbers that contains enough information to link records for statistical analysis, but cannot be used to identify anyone.

Answering this section is optional and entirely voluntary. It is also completely confidential. For more detail on confidentiality please see the information below.

To answer this section, please go to the next page.

Remember - Your confidentiality and privacy are protected

• Your actual name and other personal details will NOT be used at all in the linking of your survey data to other government records.
• No information from this survey will ever be added to any of your other government records.
• The linking of this data will only ever be used for statistical purposes. It will never be used for any legal, administrative or other purposes.
• Statistical reports will only contain combined information from many people and will not identify any individual.
• All your responses are treated confidentially. The research is carried out in compliance with the Privacy Act 1988 and the information is used for research purposes only.
• The AIHW has specific legislation (Section 29 of the AIHW Act 1987) which prevents identifiable information about you from being released to anyone.

How to complete this:

To create the Statistical Linkage Key, we need a few specific letters from both your first name and your surname. Please print ONLY these letters in the boxes on the next page: the 2nd and 3rd letters of your first or given name, and the 2nd, 3rd and 5th letters of your surname (family name).

EXAMPLE ONLY:

e.g. if your name is DAVID JOHNSON you would write in:

Letters of given name: A V

Letters of family name: O H S

If your name isn’t long enough, use the number 2 for blank spaces.
e.g. if your name is JO LIU, you would write in:

Letters of given name: O 2

Letters of family name: I U 2

Do not count hyphens, apostrophes or blank spaces.
e.g. if your name is JO-ANNE O’NEIL, you would write in:

Letters of given name: O A

Letters of family name: N E L
Statistical Linkage Key continued

What is data linkage?
Data linkage refers to the bringing together of information from more than one source that relates to the same person. This allows researchers to tell a bigger story than analysing data from just one source. For example, comparing the data on women who received the HPV vaccination with data on women who developed cervical cancer provided strong evidence that overall, the vaccination was effective in reducing cervical cancer.

Consent

By completing this information:

• I consent to other government agencies and departments releasing to researchers information relating to me, for linking purposes only.

• I consent to researchers linking my responses with records of government agencies and departments relating to me, such as Medicare records and Emergency presentations.

• I understand that at no time will any information be released that publicly identifies me.

Please fill in the letters below using the example on the previous page.

Letters of given name: 

Letters of family name: 

EXAMPLE ONLY:

Please also write in your date of birth, as shown below.
e.g. 20 June 1972 would be written as:

Date of birth: 20 / 06 / 1972

Date of birth:
Thank you for completing this questionnaire. Your help is very much appreciated.