




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

-  Smoked   
 Snorted   
 Swallowed   
 Injected   
 Other

**P14. Which of the following did you use at the same time, on at least one occasion that you used Cocaine?**  
(Mark all that apply)

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

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

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

## Section Q

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



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

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

- All   
 Most   
 About half   
 A few   
 None

**Q2. Have you ever used any Hallucinogens?**



Yes  (Continue) No  (Skip to R1)

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



Age in years:

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



Yes  (Continue) No  (Skip to R1)

**Q5. During the last 12 months, did you find that you couldn't stop or cut down on your use of Hallucinogens, even though you wanted to or tried to?**

Yes  No



**Q6. Have you used Hallucinogens in the last month?**

Yes  (Continue) No  (Skip to Q8)



**Q7. Have you used Hallucinogens in the last week?**

Yes  No



+

Q8. In the last 12 months, how often did you use Hallucinogens?

(Mark one response only)



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

Q9a. Where did you first obtain Hallucinogens?

(Mark one response only)

Q9b. Where do/did you usually obtain Hallucinogens?

(Mark one response only)



	Q9a <u>First</u>	Q9b <u>Usually</u>
Friend or acquaintance	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>
Parent	<input type="checkbox"/>	<input type="checkbox"/>
Spouse or partner	<input type="checkbox"/>	<input type="checkbox"/>
Other relative	<input type="checkbox"/>	<input type="checkbox"/>
Dealer on the street	<input type="checkbox"/>	<input type="checkbox"/>
Dealer delivery to my home	<input type="checkbox"/>	<input type="checkbox"/>
Visit to the dealer's house	<input type="checkbox"/>	<input type="checkbox"/>
Dealer at another location	<input type="checkbox"/>	<input type="checkbox"/>
Doctor shopping/forged script	<input type="checkbox"/>	<input type="checkbox"/>
Stole/steal it	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Q10. Where do/did you usually use Hallucinogens?

(Mark all that apply)



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

+

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



Number of trips:

Q12. What form of Hallucinogens do you use?

(Mark all that apply)



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

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

(Mark all that apply)



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

Q14. What drug would you mostly use when Hallucinogens are not available?

(Mark one response only)



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

## Section R

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



- All   
Most   
About half   
A few   
None

**R2. Have you ever used Ecstasy?**



Yes  (Continue)    No  (Skip to S1)

**R3. About what age were you when you first used Ecstasy?**



Age in years:

**R4. Have you used Ecstasy in the last 12 months?**



Yes  (Continue)    No  (Skip to S1)

**R5. During the last 12 months, did you find that you couldn't stop or cut down on your use of Ecstasy, even though you wanted to or tried to?**



Yes                       No

**R6. Have you used Ecstasy in the last month?**



Yes  (Continue)    No  (Skip to R8)

**R7. Have you used Ecstasy in the last week?**



Yes                       No

**R8. In the last 12 months, how often did you use Ecstasy?**



(Mark one response only)



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

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



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



	R9a	R9b
	<u>First</u>	<u>Usually</u>
Friend or acquaintance	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>
Parent	<input type="checkbox"/>	<input type="checkbox"/>
Spouse or partner	<input type="checkbox"/>	<input type="checkbox"/>
Other relative	<input type="checkbox"/>	<input type="checkbox"/>
Dealer on the street	<input type="checkbox"/>	<input type="checkbox"/>
Dealer delivery to my home	<input type="checkbox"/>	<input type="checkbox"/>
Visit to the dealer's house	<input type="checkbox"/>	<input type="checkbox"/>
Dealer at another location	<input type="checkbox"/>	<input type="checkbox"/>
Doctor shopping/forged script	<input type="checkbox"/>	<input type="checkbox"/>
Stole/steal it	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

**R10. Where do/did you usually use Ecstasy?**  
(Mark all that apply)



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

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



Number of tablets/pills:

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

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

R12. Which of the following did you use at the same time, on at least one occasion that you used Ecstasy?

(Mark all that apply)



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

R13. What drug would you mostly use when Ecstasy is not available?

(Mark one response only)



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

## Section S

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



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

S2. Have you ever used Ketamine?



Yes  (Continue) No  (Skip to T1)

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



Age in years:

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



Yes  (Continue) No  (Skip to T1)

S5. Have you used Ketamine in the last month?



Yes  (Continue) No  (Skip to S7)

S6. Have you used Ketamine in the last week?



Yes  No

S7. In the last 12 months how often did you use Ketamine?

(Mark one response only)



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



## Section T

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



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

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



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

**T2. Have you ever used GHB?**



Yes  (Continue)    No  (Skip to U1)

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



Age in years:

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



Yes  (Continue)    No  (Skip to U1)

**T5. Have you used GHB in the last month?**



Yes  (Continue)    No  (Skip to T7)

**T6. Have you used GHB in the last week?**



Yes                       No

### Reminder:

Please cross inside the box, like this:



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

