

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

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

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

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

## Section M

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

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

M2. Have you ever used Marijuana/Cannabis?

- Yes  (Continue) No  (Skip to N1)

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

Age in years:

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

- Yes  (Continue) No  (Skip to N1)

M5. During the last 12 months, did you find that you couldn't stop or cut down on your use of Marijuana/Cannabis, even though you wanted to or tried to?

- Yes  No

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

- Yes  (Continue) No  (Skip to M8)

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

- Yes  No

M8. In the last 12 months, how often did you use Marijuana/Cannabis?  
(Mark one response only)

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

**M9a. Where did you first obtain Marijuana/Cannabis?**

(Mark one response only)



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

(Mark one response only)



	<b>M9a</b>	<b>M9b</b>
	<b><u>First</u></b>	<b><u>Usually</u></b>

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Friend or acquaintance                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Brother or sister                         | <input type="checkbox"/> | <input type="checkbox"/> |
| Parent                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Spouse or partner                         | <input type="checkbox"/> | <input type="checkbox"/> |
| Other relative                            | <input type="checkbox"/> | <input type="checkbox"/> |
| Dealer on the street                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Dealer delivery to my home                | <input type="checkbox"/> | <input type="checkbox"/> |
| Visit to the dealer's house               | <input type="checkbox"/> | <input type="checkbox"/> |
| Dealer at another location                | <input type="checkbox"/> | <input type="checkbox"/> |
| Grew/grow my own<br>(made/make it myself) | <input type="checkbox"/> | <input type="checkbox"/> |
| Stole/steal it                            | <input type="checkbox"/> | <input type="checkbox"/> |
| Other                                     | <input type="checkbox"/> | <input type="checkbox"/> |

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

(Mark all that apply)



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

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



Number of cones, bongs or joints:

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

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

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

(Mark all that apply)



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

**M13. How have you used Marijuana/Cannabis?**

(Mark all that apply)



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

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

(Mark all that apply)



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

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

(Mark one response only)



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

## Section N

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



- All   
Most   
About half   
A few   
None

**N2. Have you ever used Heroin?**



Yes  (Continue)    No  (Skip to O1)



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



Age in years:

**N4. Have you used Heroin in the last 12 months?**



Yes  (Continue)    No  (Skip to O1)



**N5. During the last 12 months, did you find that you couldn't stop or cut down on your use of Heroin, even though you wanted to or tried to?**



Yes                       No

**N6. Have you used Heroin in the last month?**



Yes  (Continue)    No  (Skip to N8)

**N7. Have you used Heroin in the last week?**



Yes                       No

**N8. In the last 12 months, how often did you use Heroin?**  
(Mark one response only)



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

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



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



	N9a	N9b
	<u>First</u>	<u>Usually</u>
Friend or acquaintance	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>
Parent	<input type="checkbox"/>	<input type="checkbox"/>
Spouse or partner	<input type="checkbox"/>	<input type="checkbox"/>
Other relative	<input type="checkbox"/>	<input type="checkbox"/>
Dealer on the street	<input type="checkbox"/>	<input type="checkbox"/>
Dealer delivery to my home	<input type="checkbox"/>	<input type="checkbox"/>
Visit to the dealer's house	<input type="checkbox"/>	<input type="checkbox"/>
Dealer at another location	<input type="checkbox"/>	<input type="checkbox"/>
Doctor shopping/forged script	<input type="checkbox"/>	<input type="checkbox"/>
Stole/steal it	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

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



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

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



Number of hits:

**N12. What form of Heroin do you use?**

(Mark all that apply)



- Heroin powder
- Heroin rock

**N13. How have you used Heroin?**

(Mark all that apply)



- Smoked
- Snorted
- Swallowed
- Injected
- Other

**N14. Which of the following did you use at the same time, on at least one occasion that you used Heroin?**

(Mark all that apply)



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

**N15. What drug would you mostly use when Heroin is not available?**

(Mark one response only)



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

**Section O**

**O1. About what proportion of your friends and acquaintances use Methadone other than that which was supplied as part of a medically supervised maintenance program? (e.g. Done, Junk, Jungle juice)**



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

**O2. Have you ever used Methadone (not supplied to you medically)?**



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

**O3. About what age were you when you first used Methadone (not supplied to you medically)?**



Age in years:

**O4. Have you used Methadone (not supplied to you medically) in the last 12 months?**



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

**O5. During the last 12 months, did you find that you couldn't stop or cut down on your use of Methadone (not supplied to you medically), even though you wanted to or tried to?**



- Yes
- No

**O6. Have you used Methadone (not supplied to you medically) in the last month?**



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