

## Section T

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

Yes  No  (Skip to U1)

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

Yes  No  (Skip to U1)

**T3. What type of other opiates which were not supplied to you medically, have you tried in the past 12 months?**  
(Mark all that apply)

Morphine

Pethidine

Other

**T4. How have you used other opiates which were not supplied to you medically in the past 12 months?**  
(Mark all that apply)

Swallowed

Injected

Other

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

Alcohol

Marijuana/Cannabis

Heroin

Cocaine/Crack

Tranquillisers/Sleeping Pills

Anti-depressants

Pain killers/Analgesics

Barbiturates

Amphetamines/Speed

Ecstasy/Designer Drugs

Other

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

## Section U

This section deals with the use of injectable drugs that are not medically prescribed to inject. Some examples of injectable drugs are Steroids, Speed, Heroin, Pethidine, Cocaine and Ecstasy.

**U1. Have you ever injected any drugs, apart from any that were prescribed for you to inject?**  
(This includes being injected by someone else)

Yes  (Continue) No  (Skip to U14)

**U2. About what age were you when you first injected yourself with illegal drugs?**  
(This includes being injected by someone else)

Age in years:

**U3. What illegal drug did you first inject?**  
(This includes being injected by someone else)  
(Mark one response only)

Heroin

Methadone

Other opiates (Morphine, Pethidine)

Amphetamines/Speed

Cocaine or Crack Cocaine

LSD or other Hallucinogens (Trips etc.)

Ecstasy

Benzodiazepines

Steroids

Other drugs

**U4. In the last 12 months, have you injected any of these drugs?** (This includes being injected by someone else)  
(Mark all that apply)

Heroin

Methadone

Other opiates (Morphine, Pethidine)

Amphetamines/Speed

Cocaine or Crack Cocaine

LSD or other Hallucinogens (Trips etc.)

Ecstasy

Benzodiazepines

Steroids

Other drugs

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

**U5. On average, how often have you injected yourself with illegal drugs in the past 12 months?**

(This includes being injected by someone else)  
(Mark one response only)

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

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

(Mark all that apply)

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

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

- Yes  No

**U8. After you have used a needle/syringe, about how often do you throw it on the ground or leave it in a place that might cause injury to someone else?**

(Mark one response only)

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

**U9. Have you ever used a needle or other injecting equipment after someone else had already used it?**

(Mark one response only)

- Yes, and I bleached  
and/or rinsed it first
- Yes, but did not bleach  
or rinse it first
- No  (Skip to U12)

**U10. How long ago did you last use a needle or other injecting equipment which had been already used by someone else?**

- Less than a month ago
- Between 1 and 12 months ago
- Between 1 and 5 years ago  (Skip to U12)
- More than 5 years ago  (Skip to U12)
- Never  (Skip to U12)

**U11. How many times in the last 12 months have you used a needle or other injecting equipment after someone else had already used it?**

- Once or twice
- 3-5 times
- 6-10 times
- More than 10 times

**U12. How long ago did someone else use a needle or other injecting equipment after you had used it?**

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

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

- Yes  No

ALL PLEASE ANSWER

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

(Mark one response for each procedure)

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

If no procedure has been done, then Go to V1.

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

- Yes  No

## Section V

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

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

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

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

- Alcohol \$ 

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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**V2. During the past 12 months, in general, how did you obtain your tobacco, alcohol or other drugs?**  
(Mark all that apply for each drug type)

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

**V3. During the past 12 months, did you have a period of a month or more when you spent a great deal of time getting, using, or getting over the effects of illegal drugs?**

Yes       No

**V4. For each of the drugs listed below, do you personally approve or disapprove their regular use by an adult?**

(Mark one response for each drug type below)

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

**V5. What is your main drug of choice (that is, your favourite or preferred drug), and what is your next drug of choice?**

(Mark only one response in each column)

	First Choice	Next Choice
Tobacco	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana/Cannabis	<input type="checkbox"/>	<input type="checkbox"/>
Heroin	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine/Crack	<input type="checkbox"/>	<input type="checkbox"/>
Tranquillisers/Analgesics	<input type="checkbox"/>	<input type="checkbox"/>
Pain-killers/Sleeping Pills	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamines/Speed	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy/Designer Drugs	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
No first drug of choice	<input type="checkbox"/>	
No next drug of choice		<input type="checkbox"/>

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

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

- Friends used/was offered by a friend (peer pressure)
- Wanted to see what it was like (curiosity)
- To feel better/to stop feeling unhappy
- To take a risk
- To do something exciting
- Family problems (eg. parents separated, didn't get on with parents)
- Work/school/relationship problems
- Traumatic experience (eg. sexual or physical assault, death of someone close)
- To lose weight
- Don't know

**Other (Please write in):**

1

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

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

**Other (Please write in):**

2

**OFFICE USE ONLY:**     1     2

## Section W

**W1. In the past 12 months, did any person affected by alcohol...**

(Mark one response for each row)

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

**W2. In the past 12 months, did any person affected by illicit drugs...**

(Mark one response for each row)

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

If No to all in W1 and W2, Skip to W10

**W3. Which of the following list of persons affected by alcohol or illicit drugs was responsible for the incident(s) referred to above?**

(Select each of the incidents that occurred to you from the top row, and moving down the list of persons, mark all that apply)

	Verbal abuse	Physical abuse	Put you in fear
Spouse or partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sibling (brother/sister)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other relative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other house/flat resident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current boy/girl friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Former spouse/partner/ boy/girl friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work/school/university mate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other person known to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not known to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PLEASE CHECK AGAIN THAT ALL THE INCIDENTS  
HAVE THE APPROPRIATE ANSWERS**

**W4. Where did the incident(s) referred to occur?**

(Select each of the incidents that occurred to you from the top row, and moving down the list of locations, mark all that apply)

	Verbal abuse	Physical abuse	Put you in fear
In my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In a pub or club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At my workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At school/university	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transport (e.g. train)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the street	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Somewhere else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**W5. What was the most serious physical injury you sustained as a result of the incident(s)?**

(Mark one response only)

- Bruising/abrasions
- Burns, not requiring admission to hospital
- Minor lacerations (e.g. cuts/scratches)
- Lacerations requiring suturing (stitches), not requiring admission to hospital
- Fractures (broken bones) not requiring admission to hospital
- Sufficiently serious to require admission to hospital at least overnight
- Not relevant – no physical injury sustained

**W6. Were the incidents reported to the police?**

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

### Reminder:

Please cross inside the box, like this:



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

**W7. Are there any reasons why you didn't report all of the incidents to the police?**

(Mark all that apply)

- Too trivial/unimportant
- Private matter
- Police could not do anything
- Police would not do anything
- Did not want offender punished
- Too confused/upset
- Afraid of reprisal/revenge
- Incident is not uncommon for me  
(e.g. It is to be expected at parties,  
working in pubs)
- Other

**W8. In general, at the time(s) the alcohol or other drug-related incident(s) took place, had you also been drinking alcohol or consuming drugs other than alcohol?**

(Mark one response only)

- Yes, alcohol only
- Yes, other drugs only
- Yes, both alcohol and other drugs
- No, neither alcohol nor other drugs

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

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

ALL PLEASE ANSWER

**W10. In the past 12 months, did you undertake the following activities while under the influence of alcohol?**

(Mark yes or no for each activity)

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

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

(Mark yes or no for each activity)

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

## Section X

**X1. In the past 3 months, how many days of work, school, TAFE or university did you miss because of your personal use of alcohol?**

(Please write your best estimate in whole days (eg. 0, 1, 2, 10, etc.) in the boxes provided)

Number of days:

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

**X2. In the past 3 months, how many days of work, school, TAFE or university did you miss because of your personal use of drugs other than alcohol?**

(Please write your best estimate in whole days (eg. 0, 1, 2, 10, etc.) in the boxes provided)

Number of days:

**X3. In the past 3 months, how many days of work, school, TAFE or university did you miss because of any illness or injury?**

(Please write your best estimate in whole days (eg. 0, 1, 2, 10, etc.) in the boxes provided)

Number of days:

ALL PLEASE ANSWER

**X4. Have you ever participated in an alcohol or other drug treatment program to help you reduce or to quit your consumption?**

(Mark one response for each type of program)

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

## FEMALES ONLY

(MALES SKIP TO Y1)

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

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

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

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

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

**X7. In the last 12 months when you were pregnant, in general, did you drink more, less or the same amount of alcohol compared to when you were neither pregnant nor breastfeeding?**  
(Mark one response only)

More

Less

Same amount

Don't drink alcohol

Not applicable, was not pregnant in the last 12 months

**X8. In the last 12 months when you were breastfeeding, in general, did you drink more, less or the same amount of alcohol compared to when you were neither pregnant nor breastfeeding?**  
(Mark one response only)

More

Less

Same amount

Don't drink alcohol

Not applicable, was not breastfeeding in the last 12 months

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

Yes

No

Not applicable, don't smoke

(Skip to Y1)

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

Partner

Parents

Sibling (brother/sister)

Doctor/specialist

Nurse/midwife

Pharmacist

Other



## Section Y – Policy Support

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

<b>Strongly support</b>	<b>Support</b>	<b>Neither support nor oppose</b>	<b>Oppose</b>	<b>Strongly oppose</b>	<b>Don't know enough to say</b>
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**Y1. Starting with the first set, to reduce the problems associated with excessive alcohol use, to what extent would you support or oppose...**

(Mark one response in each row)

	Strongly support	Support	Neither support nor oppose	Oppose	Strongly oppose	Don't know enough to say
Increasing the price of alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing the number of outlets that sell alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing trading hours for all pubs and clubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serving only low alcohol drinks, such as low alcohol beer at sporting events or venues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increasing the number of alcohol-free public events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increasing the number of alcohol-free zones or dry areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raising the legal drinking age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stricter enforcement of the law against serving customers who are drunk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More severe legal penalties for drink driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restricting late night trading of alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strict monitoring of late night licensed premises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limiting advertising for alcohol on TV until after 9:30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Banning alcohol sponsorship of sporting events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requiring information on national drinking guidelines on all alcohol containers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increasing the size of standard drink labels on alcohol containers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Y2. Thinking now about the problems associated with tobacco use, to what extent would you support or oppose measures such as...**

(Mark one response in each row)

	Strongly support	Support	Neither support nor oppose	Oppose	Strongly oppose	Don't know enough to say
Stricter enforcement of the law against supplying cigarettes to customers who are under age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immediate ban on tobacco advertising at sporting events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Banning smoking in the workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Banning smoking in shopping centres	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Banning smoking in restaurants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Banning smoking in pubs/clubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increasing the tax on tobacco products to pay for <u>health education</u> programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increasing the tax on tobacco products to <u>contribute to the cost</u> of treating smoking related diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increasing the tax on tobacco products to <u>discourage</u> people from smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making it harder to buy tobacco in shops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Y3. Thinking now about the problems associated with heroin use, to what extent would you support or oppose measures such as...**

(Mark one response in each row)

	Strongly support	Support	Neither support nor oppose	Oppose	Strongly oppose	Don't know enough to say
Needle and Syringe programs (e.g. Needle exchange program)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone maintenance programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment with drugs other than methadone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Regulated</u> injecting rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trial of prescribed heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapid detoxification therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Naltrexone, a drug that blocks the effects of heroin and other opioids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Y4. Still using the same scale, and considering the following drugs, to what extent would you support or oppose the personal use of the following drugs being made legal?**

(Mark one response in each row)

	Strongly support	Support	Neither support nor oppose	Oppose	Strongly oppose	Don't know enough to say
Marijuana/Cannabis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamines/Speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Y5. To what extent would you support or oppose increased penalties for the sale or supply of the following drugs?**

(Mark one response in each row)

	Strongly support	Support	Neither support nor oppose	Oppose	Strongly oppose	Don't know enough to say
Marijuana/Cannabis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamines/Speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Y6. For each of the following 5 drug categories, how would you allocate \$100 over the three areas of education, treatment and law enforcement.

Starting with alcohol, if you were given \$100 to spend on reducing misuse of alcohol, how much would you allocate to each of these areas?  
(Enter whole dollars only)

Education (e.g. information services) \$

Treatment (e.g. counselling, therapy) \$

Law enforcement (e.g. stop illegal sale or use) \$

Check that total is: \$

Y7. And if you were given \$100 to spend on reducing the harm associated with tobacco use, how much would you allocate to each of these areas?  
(Enter whole dollars only)

Education (e.g. information services) \$

Treatment (e.g. counselling, therapy) \$

Law enforcement (e.g. stop illegal sale or use) \$

Check that total is: \$

Y8. And if you were given \$100 to spend on reducing marijuana/cannabis use, how much would you allocate to each of these areas?  
(Enter whole dollars only)

Education (e.g. information services) \$

Treatment (e.g. counselling, therapy) \$

Law enforcement (e.g. stop illegal sale or use) \$

Check that total is: \$

Y9. And if you were given \$100 to spend on reducing amphetamine or speed use, how much would you allocate to each of these areas?  
(Enter whole dollars only)

Education (e.g. information services) \$

Treatment (e.g. counselling, therapy) \$

Law enforcement (e.g. stop illegal sale or use) \$

Check that total is: \$

Y10. And if you were given \$100 to spend on reducing heroin or cocaine use, how much would you allocate to each of these areas?  
(Enter whole dollars only)

Education (e.g. information services) \$

Treatment (e.g. counselling, therapy) \$

Law enforcement (e.g. stop illegal sale or use) \$

Check that total is: \$

## Section Z

**Z1. Are you male or female?**

- Male   
Female

**Z2. What is your current age?**

Age in years:

**Z3. What is your present marital status?**

(Mark one response only)

- Never Married   
Widowed   
Divorced   
Separated but not divorced   
Married (including de facto,  
or living with life partner)

**Z4. Are you of Aboriginal or Torres Strait Islander origin?**

(Mark one response only)

- No   
Yes, Aboriginal   
Yes, Torres Strait Islander   
Yes, both Aboriginal and Torres Strait  
Islander

**Z5a. In which country were you born?**

(Mark one response only)

- Australia  (Go to Z6)  
China   
Germany   
Greece   
Hong Kong   
India   
Ireland (Republic of)   
Italy   
Lebanon   
Malaysia   
Malta   
Netherlands   
New Zealand   
Philippines   
Poland   
South Africa   
Turkey   
United Kingdom (England,  
Scotland, Wales, Northern Ireland)   
USA   
Vietnam   
Yugoslavia (The former)   
**Other (Please write in)**

1

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

Year:

Will be in Australia for less than one year

OFFICE USE ONLY:

1

ALL PLEASE ANSWER

**Z6. What is the main language spoken at home?**  
(Mark one response only)

- English
- Arabic (including Lebanese)
- Cantonese
- German
- Greek
- Italian
- Mandarin
- Serbian/Croatian
- Spanish
- Vietnamese
- Other Asian Language
- Other European Language

**Other (Please write in)**

1

**Z7. What other languages are spoken at home?**  
(Mark all that apply)

- English
- Arabic (including Lebanese)
- Cantonese
- German
- Greek
- Italian
- Mandarin
- Serbian/Croatian
- Spanish
- Vietnamese
- Other Asian Language
- Other European Language

**Other (Please write in)**

2

None

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

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

**Z9. Have you ever been in paid work?**

- Yes
- No  (Go to Z12)

OFFICE USE ONLY:

1  2

**Z10. What kind of industry, business or service is/was carried out by your main or last employer?**

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

OFFICE USE ONLY (FOR ANZSIC CODING)

**Z11. What kind of work do you do (or did you do when you last worked)?**  
(Describe job in which you work(ed) most hours only.)

Title (including award/Government classification if possible)

Main Duties/tasks

OFFICE USE ONLY (FOR ASCO CODING)

ALL PLEASE ANSWER

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

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

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

- Yes
- No  (Go to Z15)

**Z14. What is the highest qualification that you have obtained?**  
(Mark one response only)

- Trade certificate
- Non-trade certificate
- Associate Diploma
- Undergraduate Diploma
- Bachelor Degree
- Master's Degree, Postgraduate Degree or Postgraduate Diploma
- Doctorate

ALL PLEASE ANSWER

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

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

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

(Mark one response only)

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

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

**Z17b. Are there any dependent children in this household?**

(Dependent children are defined as children aged 0-14, or older children who are still financially dependent, such as full-time students.)

- Yes
- No  (Go to Z19)

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

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

ALL PLEASE ANSWER

**Z19. Which category best describes this household?**  
(Mark one response only)

- Person living alone
- Couple:**
  - Couple living alone
  - Couple with non-dependent child(ren)
  - Couple with dependent child(ren)
  - Couple with dependant and non-dependent child(ren)
- Single Parent:**
  - Single parent with non-dependent child(ren)
  - Single parent with dependent child(ren)
  - Single parent with dependent and non-dependent child(ren)
- Non-related adults sharing house/apartment/flat**
- Other household type**

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

(Mark all responses that apply)

- No  (Go to Z22)
- Spouse/partner
- Parent(s)
- Older relative (eg. Aunt, grandparent)
- Child(ren) aged 0-5
- Child(ren) aged 6-17
- Child(ren) aged 18 or more
- Friend/peer/close-age sibling (brother or sister)
- Neighbour
- Other

**Z21. Did this affect the honesty with which you completed the questionnaire?**  
(Mark one response only)

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

ALL PLEASE ANSWER

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

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

**Z23a. What is the postcode for this dwelling?**

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

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**Z23b. The Australian Institute of Health and Welfare has asked us to verify that only persons who were selected to complete this questionnaire did so. We will be telephoning about 10% of respondents in the next few weeks.**

That is, you have about a one in ten chance, of receiving a telephone call to confirm that you completed this questionnaire.

Please indicate below if you give permission for a telephone call to be made. We only require your first name and telephone number.

This page will be removed from the rest of the questionnaire and will be destroyed after the telephone call. Your name and phone number will never be linked to your answers.

I give permission for a telephone call.

First Name:

Phone number:

Or

I do not give permission

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

/  / 2001  
Day      Month      Year

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