

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

Section T

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.



T7. 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

T8. Which of the following did you **use at the same time on at least one occasion that you used GHB?**



(Mark all that apply)

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

Section U

U1. About what proportion of your friends and acquaintances use Inhalants?
(e.g. Solvents, Aerosols, Glue, Petrol, Laughing gas, Whippits, Nitrous, Snappers, Poppers, Pearlers, Rushamines, Locker room, Bolt, Bullet, Rush, Climax, Red gold)



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

U2. Have you ever used Inhalants?



- Yes (Continue) No (Skip to V1)

U3. About what age were you when you **first** used Inhalants?



Age in years:

U4. Have you used Inhalants in the **last 12 months**?



- Yes (Continue) No (Skip to V1)

U5. 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

U6. Have you used Inhalants in the **last month**?



- Yes (Continue) No (Skip to U8)

U7. Have you used Inhalants in the **last week**?



- Yes No



U8. In the last 12 months, how often did you use Inhalants?

(Mark one response only)



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

U9a. Where did you first obtain Inhalants?

(Mark one response only)



U9b. Where do/did you usually obtain Inhalants?

(Mark one response only)



U9a **U9b**
First **Usually**

- | | | |
|---|--------------------------|--------------------------|
| 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"/> |
| Bought/buy at a shop/retail outlet
(e.g. petrol station, hardware store, supermarket etc.) | <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"/> |

U10. Where do/did you usually use Inhalants?

(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

U11. On a day you use Inhalants, on average how many hits do you normally have?



Number of hits:

U12. What form of Inhalants do you use?

(Mark all that apply)



- Petrol
- Volatile Solvents
(glue, butane, aerosol sprays, cleaning fluid, felt pens, liquid paper, paint thinner)
- Anaesthetics
(nitrous oxide, ether, chloroform)
- Nitrites
(amyl nitrate (poppers, snappers), butyl (rush, bolt, climax, video head cleaner))
- Other

U13. Which of the following did you use at the same time, on at least one occasion that you used Inhalants?

(Mark all that apply)



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

U14. What drug would you mostly use when Inhalants are not available?

(Mark one response only)



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

Section V

V1. Not including Heroin, have you ever used other Opiates/Opioids such as morphine or pethidine which were not supplied to you medically?



Yes (Continue) No (Skip to W1)

V2. Have you used other Opiates/Opioids which were not supplied to you medically, in the last 12 months?



Yes (Continue) No (Skip to W1)

V3. What type of other Opiates/Opioids (not supplied to you medically) have you used in the last 12 months?

(Mark all that apply)



Morphine

Pethidine

Other

V4. How have you used other Opiates/Opioids (not supplied to you medically) in the last 12 months?

(Mark all that apply)



Swallowed

Injected

Other

V5. In the last 12 months, which of the following did you use at the same time, on at least one occasion that you used these other Opiates/Opioids (not supplied to you medically)?

(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

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

Section W

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.

W1. 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 X1)

W2. About what age were you when you first injected yourself with illicit drugs?

(This includes being injected by someone else)



Age in years:

W3. What illicit drug did you first inject?

(This includes being injected by someone else)

(Mark one response only)

Heroin

Methadone

Other Opiates/Opioids (Morphine, Pethidine)

Methamphetamines/Amphetamines (Speed)

Cocaine or Crack Cocaine

LSD or other Hallucinogens

Ecstasy

Benzodiazepines

Steroids

Other drugs

W4. 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/Opioids (Morphine, Pethidine)

Methamphetamines/Amphetamines (Speed)

Cocaine or Crack Cocaine

LSD or other Hallucinogens

Ecstasy

Benzodiazepines

Steroids

Other drugs

Have not injected any of these drugs in the last 12 months (Skip to X1)

W5. On average, **how often** have you injected yourself with illicit drugs **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

W6. Where do you usually get needles and syringes?

(Mark all that apply)

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

W7. Have you used a needle and syringe program **in the last 12 months**? (e.g. Needle exchange program)

- ☎
- Yes No

W8. 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

W9. 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 W12)

W10. 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
- More than 5 years ago (Skip to W12)
- Never

W11. 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

W12. 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

W13. Have you heard or seen any health promotion message relating to safer injecting practices?



- Yes No

Reminder:



Are you filling in the boxes correctly?



Are you shading the boxes fully for any mistakes?