



INTERVIEWER TO COMPLETE:

14 & OVER

ROTATION:

CCD No.

M

F

Drop-off attempt:

1st

2nd

3rd

Oth

Date:  /  /

Age:

No. 12+ in HH:

Household ID Number:



Australian Government

Australian Institute of Health and Welfare

**Roy Morgan**  
Research



Australian Government

Department of Health and Ageing

## 2007 National Drug Strategy Household Survey

### What is the purpose of this form?

The National Drug Strategy Household Survey has been conducted since 1985. This is the ninth occasion that information from households on drug awareness, attitudes and behaviour has been collected. We would like you to complete this questionnaire by yourself.

The questionnaire is for your use only. Your answers will help researchers examine important health and social issues and certain behaviour relating to tobacco, alcohol and drug use.

### How confidential is the information you give?

Completely confidential! When you have completed this form, please seal it in the envelope provided and give it back to the Roy Morgan Research fieldworker who will return it sealed to the survey team for processing. The survey is managed by the Australian Institute of Health & Welfare (AIHW). 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.

Section 29 of the *AIHW Act* prohibits the release of information about individuals collected in the survey.

**Please be as honest and as accurate as possible. If you do not wish to answer any question for any reason, you do not have to do so. Participation in this survey is entirely voluntary.**

### How to complete this form:

- Please complete this form carefully using black ballpoint pen (not felt). Alternatively use blue pen.

Most questions only require you to answer by marking the appropriate box or boxes with a cross like this:



Please do not mark any areas outside the box.

- Other questions will require a numeric answer and can be filled in like this:

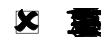
or

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 make a mistake, completely shade out the box and cross the appropriate one.



- 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.





## A note for all, but particularly, for our younger respondents.

The answers you give in this survey will be used by researchers to help in understanding what people think about tobacco, alcohol and other drugs and how widely drugs are used. You might feel embarrassed about giving honest answers. You might even be afraid that the researchers may be able to identify you, or that the answers may be shown to your parents. This will not, and cannot, happen.

All survey forms have codes entered onto them and the researchers will not know who you are. Your answers will be added to everyone else's (over 20,000 people) before the researchers get to see them. When all the answers are collected, researchers will then be able to report, for example, that "most young people do not smoke" or that "less than half of all young women drink alcohol". Your answers will simply become part of a much bigger pool of answers. When released in March and October 2008, the results of the survey will be available on the Institute's website ([www.aihw.gov.au](http://www.aihw.gov.au)).

The only researchers who will get to see the pool of answers are those who are looking at health or social issues relating to drug use. They must meet strict guidelines before the Australian Institute of Health and Welfare or the Department of Health and Ageing will let them look at the answers you provide. Your answers will help in planning health and other services for the community.

Remember, your name and address will never be linked with any of the information you provide.

## Section A – Perceptions

A1. When people talk about "a drug **problem**", which are the **first two drugs** you think of?



(Mark only one drug category in each column)

	1st drug?	2nd drug?
<b>Alcohol</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Tobacco</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Tea/coffee/caffeine</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Barbiturates</b> (e.g. Barbies, Barbs, Downers, Reds, Purple Hearts)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Tranquillisers, Sleeping pills</b> (e.g. Benzos, Temazzies, Tranks, Sleepers, Valium, Serapax, Serries, Mandrax, Mandies, Rohypnol, Rowies)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Pain-killers/Analgesics</b> (e.g. Aspirin, Paracetamol, Mersyndol, Panadeine Forte, Nurofen Plus)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Steroids</b> (e.g. Roids, Juice, Gear)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Inhalants/Solvents/Aerosols/Glue/Petrol</b> (e.g. Chroming, Sniffing, Laughing gas, Whippits, Nitrous, Snappers, Poppers, Pearlers, Rushamines, Locker room, Bolt, Bullet, Rush, Climax, Red gold, Amyl, Bulbs)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Marijuana/Cannabis</b> (e.g. Pot, Grass, Weed, Reefer, Joint, MaryJane, Acapulco gold, Rope, Mull, Cone, Spliff, Dope, Hydro, Bhang, Ganja, Hash, Chronic)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Naturally Occurring Hallucinogens</b> (e.g. Blue meanies, Gold tops, Mushies, Magic mushrooms, Datura, Angel's trumpet)	<input type="checkbox"/>	<input type="checkbox"/>
<b>LSD/Synthetic Hallucinogens/Psilocybin/PCP</b> (e.g. Acid, Trips, Wedges, Windowpane, Blotter, Microdot, Angel dust, Hog, Loveboat)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Meth/amphetamine</b> (e.g. Speed, Base, Ice, Crystal, Meth, Amphet, Shabu, Tina, Paste, Skates, Ox blood, Leopards blood, Whizz, Zip)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Heroin</b> (e.g. Hammer, Smack, Horse, H, Boy, Junk)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Cocaine</b> (e.g. Coke, Crack, Flake, Snow, White lady/girl, Happy dust, Gold dust, Toot, Scotty, Charlie, Cecil, C, Freebase)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ecstasy</b> (e.g. XTC, E, Ex, Ecce, E and C, Adam, MDMA, MDDA, MDEA, Eve, PMA)	<input type="checkbox"/>	<input type="checkbox"/>
<b>GHB</b> (e.g. Fantasy, Grievous bodily harm, GBH, Liquid E, Liquid X, 1-4B, GBL)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ketamine</b> (e.g. K, Special K, Vitamin K, KitKat, Ket)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Zanthanols</b> (e.g. Zed, Z, Zena, Zolls, Kewpie Dolls)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Kava</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs other than listed</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>None/Can't think of any more</b>	<input type="checkbox"/>	<input type="checkbox"/>





**A2. Which ONE of these drugs do you think directly or indirectly causes the most deaths in Australia?**

(Mark one response only)



- Opiates/Opioids (e.g. Heroin)
- Alcohol
- Prescribed Drugs (e.g. Pain-killers, Valium, Serapax, Sleeping pills)
- Meth/amphetamine
- Ecstasy
- Tobacco
- Cocaine/Crack
- Marijuana/Cannabis
- Hallucinogens (e.g. LSD, Magic mushrooms)
- 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)



- Marijuana/Cannabis use
- Tobacco smoking
- Heroin use
- Non-medical use of Barbiturates
- Excessive drinking of Alcohol
- Non-medical use of Tranquillisers
- Sniffing Glue/Petrol/Solvents/Rush
- Ecstasy use
- Meth/amphetamine use
- Cocaine/Crack use
- Hallucinogen use
- Non-medical use of Pain-killers/Analgesics
- 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 (see below).**

"Pharmaceuticals" includes prescription pharmaceuticals (such as sleeping pills or methadone) and any other pharmaceuticals (such as Aspirin or Paracetamol) wherever and however they are obtained.

**"NON-MEDICAL PURPOSES" MEANS DRUGS USED:**

1. **either alone or with other drugs in order to induce or enhance a drug experience;**
2. **for performance enhancement (e.g. athletic); or**
3. **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)



	Strongly approve	Approve	Neither approve nor disapprove	Disapprove	Strongly disapprove	Don't know enough to say
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco/Cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steroids for non-medical purposes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barbiturates for non-medical purposes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
Meth/amphetamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine/Crack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Naturally Occurring Hallucinogens/ LSD/Synthetic Hallucinogens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GHB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ketamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zanthanols for non-medical purposes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glue/Petrol/Solvents/Rush	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone or Buprenorphine for non-medical purposes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## 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)



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

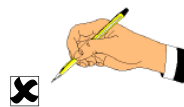
## ALL PLEASE ANSWER

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



	No	Yes Diagnosed	Yes Treated
Insulin dependent diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-insulin dependent diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension (high blood pressure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low iron (iron deficiency or anaemia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schizophrenia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bi-polar disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other form of psychosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An eating disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A sexually transmitted infection (e.g. chlamydia, genital herpes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B or C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer (Please write in type):			
1 <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other major illness (Please write in type):			
2 <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Reminder:



Are you filling in the boxes correctly?



Are you shading the boxes fully for any mistakes?

OFFICE USE ONLY 

1
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2
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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



Remember that the answers you provide in this survey are completely confidential.

THE FOLLOWING SECTIONS CONTAIN SOME QUESTIONS WHICH DEAL WITH ACTIVITIES WHICH *MAY BE AGAINST THE LAW*.

Please 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.

We remind you that only our survey team 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.

You may telephone 1800 443 182 (a free call) to speak to an officer from the Australian Institute of Health and Welfare, who will confirm the data process for you.

If you do not wish to answer any question for whatever reason, you do not have to. Participation in this survey is entirely voluntary.

This survey is conducted under the *AIHW Act*, which prohibits the release of information about individuals collected from this survey. The information you provide in the following sections may appear to be self-incriminating, however, your individual information cannot be revealed – not even to the Police or to the Courts – and you will not be identified from the responses you provide.

**THANK YOU FOR YOUR PATIENCE AND YOUR  
HELP WITH THIS SURVEY**

## Section C – Opportunity

**FOR THIS SURVEY, THE TERM "NON-MEDICAL PURPOSES" MEANS DRUGS USED:**

1. either alone or with other drugs in order to induce or enhance a drug experience;
2. for performance enhancement (e.g. athletic); or
3. for cosmetic purposes (e.g. body shaping).

**C1. In the last 12 months, have you been offered or had the opportunity to use any of the following?**

(Mark yes or no for each drug type)



	Yes	No
<b>Alcohol</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Tobacco</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Pain-killers/Analgesics</b> for non-medical purposes	<input type="checkbox"/>	<input type="checkbox"/>
<b>Tranquillisers, Sleeping pills</b> for non-medical purposes	<input type="checkbox"/>	<input type="checkbox"/>
<b>Steroids</b> for non-medical purposes	<input type="checkbox"/>	<input type="checkbox"/>
<b>Barbiturates</b> for non-medical purposes	<input type="checkbox"/>	<input type="checkbox"/>
<b>Marijuana/Cannabis</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Heroin</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Meth/amphetamine</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Cocaine</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Naturally Occurring Hallucinogens</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>LSD/Synthetic Hallucinogens/Psilocybin/PCP</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ecstasy</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>GHB</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ketamine</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Zanthanols</b> for non-medical purposes	<input type="checkbox"/>	<input type="checkbox"/>
<b>Inhalants/Solvents/Aerosols/Glue/Petrol</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Kava</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	<input type="checkbox"/>	<input type="checkbox"/>

**C2. How difficult or easy would it be for you to get some of the following drugs, if you wanted some?**

(Mark one box for each drug type)



	Probably impossible	Very difficult	Fairly difficult	Fairly easy	Very easy	Don't know
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana/Cannabis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LSD/Naturally Occurring Hallucinogens	<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"/>
Ecstasy	<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"/>
Meth/amphetamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR THIS SURVEY, THE TERM "NON-MEDICAL PURPOSES" MEANS DRUGS USED:

1. either alone or with other drugs in order to induce or enhance a drug experience;
2. for performance enhancement (e.g. athletic); or
3. for cosmetic purposes (e.g. body shaping).

C3. About what proportion of your friends and acquaintances use any of the following?  
 (Mark one response only for each drug type)



	All	Most	About half	A few	None
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Pain-killers/Analgesics for non-medical purposes	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steroids for non-medical purposes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone or Buprenorphine for non-medical purposes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barbiturates for non-medical purposes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana/Cannabis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meth/amphetamine	<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"/>
LSD/Synthetic Hallucinogens/Naturally Occurring Hallucinogens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
GHB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ketamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zanthanols for non-medical purposes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inhalants/Solvents/Aerosols/Glue/Petrol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section D – Tobacco

**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 D25 on page 10)

**D3. Have you ever smoked a full cigarette?**



- Yes  (Continue)      No  (Skip to D25 on page 10)

**D4. About what age were you when you smoked your first full cigarette?**



Age in years:

**D5. Who supplied you with your first cigarette?**

(Mark one response only)



- Friend or acquaintance
- Brother or sister
- Parent
- Spouse or partner
- Other relative
- Stole it
- Purchased it myself from shop/tobacco retailer
- Other
- Can't recall

**D6. Would you have smoked at least 100 cigarettes (manufactured or roll-your-own), or the equivalent amount of tobacco in your life?**



- Yes       No

**D7. Have you ever smoked on a daily basis?**

(Mark one response only)



- Yes, I smoke daily now  (Skip to D9)
- Yes, I used to smoke daily, but not now  (Continue)
- No, never smoked daily  (Skip to D10)

**D8. About what age were you when you stopped smoking daily?**



Age in years:

**D9. At what age did you first start smoking daily?**



Age in years:  (If now smoke daily skip to D12 after answering D9)

**D10. How often do you now smoke cigarettes, pipes or other tobacco products?**



- Daily
- At least weekly (but not daily)  (Skip to D12)
- Less often than weekly
- Not at all, but I have smoked in the last 12 months  (Skip to D17 on page 9)
- Not at all and I have not smoked in the last 12 months  (Continue)

**D11. About what age were you when you last smoked?**



Age in years:  (If not smoked in last 12 months skip to D25 on page 10 after answering D11)

**D12. Where do you usually obtain your cigarettes, pipes or other tobacco products now?**

(Mark one response only)



- Friend or acquaintance
- Brother or sister
- Parent
- Spouse or partner
- Other relative
- Steal them
- Purchase them myself from shop/tobacco retailer
- Purchase them myself over the Internet
- Other

**D13. 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

**D14. How often, if at all, do you now smoke roll-your-own cigarettes?**



Daily  → How many per **day**?

At least weekly (but not daily)  → How many per **week**?

Less often than weekly  → How many per **month**?

or  
Not at all

**D15. How often, if at all, do you now smoke cigars or pipes?**



Daily  → How many per **day**?

At least weekly (but not daily)  → How many per **week**?

Less often than weekly  → How many per **month**?

or  
Not at all

**D16. 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

**D17. In the last 12 months, have you....?**  
(Mark all that apply)



- 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  (Skip to D20)

**D18. Which of the following motivated you to try giving up, cutting down or changing to a lower tar or nicotine brand?**



- (Mark all that apply)
- Health warnings on cigarette packets
  - Government advertisements on TV, press or radio advertising by pharmaceutical companies for products such as nicotine gum, patches or Zyban
  - Tobacco Information Line (i.e. phone number on cigarette packet)
  - QUIT line
  - 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
  - It was costing too much
  - Smoking restrictions in public areas (e.g. restaurants, sporting venues, public transport etc.)
  - Smoking restrictions in the work place
  - Other

**D19. In the last 12 months, on average how much do you think you have cut down on your cigarette smoking?**



- (Mark one response only)
- 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

**D20. Are you planning on giving up smoking?**  
(Mark one response only)



- 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  (Continue)
- (Skip to D23 on page 10)



**D21. 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):

1

**D22. 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
- Other (Please write in):

2

Nothing would motivate me to quit

**D23. During the last 12 months, have you done any of the following?**

(Mark all that apply)



- Discussed smoking and health at home
- Rung the "QUIT" line
- Asked your doctor for help to quit
- Used nicotine gum, nicotine patch or nicotine inhaler
- Used a smoking cessation pill (e.g. Zyban)
- Bought a product other than nicotine patch, gum or pill to help you quit
- Read "How to Quit" literature
- Used the Internet to help you quit
- Done something else to help you quit
- None of the above
- Don't know

**D24. During the last 12 months, has anybody at your house been trying to get you to quit smoking?**

(Mark all that apply)



- Yes – Parent
- Yes – Child
- Yes – Sibling (brother or sister)
- Yes – Partner/spouse
- Yes – Friend/flatmate
- Yes – Other person
- No one trying to get me to quit
- Not applicable (live alone)

**ALL PLEASE ANSWER**

**D25. 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

**D26. Do you avoid places where you may be exposed to other people's cigarette smoke?**



- Yes, always
- Yes, sometimes
- No, never

**D27. What no-smoking policies or restrictions, if any, does your workplace, school or college have in place?**

(Mark one response only)



- No restrictions
- Allowed to smoke in own room only/office only
- Allowed to smoke in inside smoking area
- Allowed to smoke in outside smoking area
- Allowed to smoke outside building (no special area provided)
- Total ban (even outside)
- Not applicable (not working or studying)

**D28. Which, if any, of the following tobacco products have you ever used and which have you used in the last 12 months?**

(Mark one response only for each product i.e. each row)



	Never used	Used but not in last 12 months	Used in last 12 months
Chewing tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snuff/snus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hookas/Nargilas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OFFICE USE ONLY

1	2
---	---

D29. Have you seen or heard of unbranded loose tobacco (also called 'chop chop') sold in plastic bags or rolled into unbranded cigarettes?

Yes  (Continue) No  (Skip to E1)

D30. Have you ever smoked it?

Yes  (Continue) No  (Skip to E1)

D31. 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)

D32. 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

## Reminder:



Are you filling in the boxes correctly?



Are you shading the boxes fully for any mistakes?

## Section E – Alcohol

E1. Have you ever tried alcohol?

Yes  (Continue) No  (Skip to E26 on page 16)

E2. Have you ever had a full serve of alcohol?  
(e.g. a glass of wine, a whole nip of spirits, a glass of beer, etc.)

Yes  (Continue) No  (Skip to E26 on page 16)

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, bottleshop)   
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?

Age in years:  (If non-drinker in past 12 months skip to E26 on page 16, after answering E6)

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)

**E8. What type of alcohol do you usually drink?**

(Mark all that apply)



- Cask wine
- Bottled wine
- Regular strength beer (greater than 4% Alc/Vol)
- Mid strength beer (3% to 3.9% Alc/Vol)
- Low alcohol beer (1% to 2.9% Alc/Vol)
- Home-brewed beer
- Pre-mixed spirits in a can (e.g. UDL, Jim Beam & Cola)
- Bottled spirits and liqueurs (e.g. scotch, brandy, vodka, rum, Kahlua, Midori, Baileys, etc.)
- Pre-mixed spirits in a bottle (e.g. Bacardi Breezer, Sub Zero, Lemon Ruski/Stoli)
- Cider
- Fortified wine, port, vermouth, sherry, etc.
- Other

**E9. Where do you usually drink alcohol?**

(Mark all that apply)



- In my own/spouse's/partners 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 now?**

(Mark one response only)



- Friend or acquaintance
- Brother or sister
- Parent
- Spouse or partner
- Other relative
- Steal it
- Purchase it myself from retailer (e.g. pub, bottleshop)
- Get stranger/someone not known to me to get it
- 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
- None of the above  (Skip to E13)

**E12. What was the main reason for doing that?**

(Mark one response only)



- 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
- Other

**If you no longer drink alcohol (at E7) – Skip to E15 on page 13**

**E13. 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 17).**

(Mark one response only)



- 13 or more drinks
- 11 – 12 drinks
- 7 – 10 drinks
- 5 – 6 drinks
- 3 – 4 drinks
- 1 – 2 drinks



**E14. When you have an alcoholic drink, how often do you do any of the following?**

(Mark one response for each row below)

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

**E15. 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)



	Every day	5 – 6 days a week	3 – 4 days a week	1 – 2 days a week	2 – 3 days a month	About 1 day a month	Less often	Never
20 or more standard drinks a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 – 19 standard drinks a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 – 10 standard drinks a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 – 6 standard drinks a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 – 4 standard drinks a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 – 2 standard drinks a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than 1 standard drink per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**E16. Please mark the day of the week that is today.**

(Mark one response only)



- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

**E17. How many standard drinks did you have yesterday?**



Number of drinks:

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

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

None  (Skip to E19 on page 16)





The question on the next page asks how many cans, bottles, glasses or nips of alcohol did you drink yesterday.

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

BEER	Beer Cans (375-440 mL)	Small Beer Bottles (330-375 mL)	Large Beer			Large Beer Glass (425 mL)	Other size (write in)
			Bottles (Approx. 750 mL)	Small Beer Glass (210 mL)	Medium Beer Glass (285 mL)*		English Pint Glass
Home-brewed beer							
Regular strength beer (greater than 4% Alc/Vol)						2	
Mid strength beer (3% to 3.9% Alc/Vol)							
Low alcohol beer (1% to 2.9% Alc/Vol)		1					2

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

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.

OFFICE USE ONLY

1	2	3	4	5	6	7





**E18. How many bottles, glasses, cans or nips of alcohol did you drink yesterday?**

Please write in the number for each type of drink below:



BEER	Beer Cans (375-440 mL)	Small Beer Bottles (330-375 mL)	Large Beer Bottles (Approx. 750 mL)	Small Beer Glass (210 mL)	Medium Beer Glass (285 mL)*	Large Beer Glass (425 mL)	Other size (write in):	1
	Home-brewed beer							
Regular strength beer (greater than 4% Alc/Vol)								
Mid strength beer (3% to 3.9% Alc/Vol)								
Low alcohol beer (1% to 2.9% Alc/Vol)								
*NSW, WA, ACT = Middy; VIC, QLD, TAS = Pot; NT = Handle; SA = Schooner.								
WINE		Small Wine Bottles (375 mL)	Large Wine Bottles (750 mL)	Small Wine Glass (120 mL)	Medium Wine Glass (180 mL)	Large Wine Glass (220 mL)	Other size (write in):	2
	Home-made wine							
Cask wine								
Bottled wine								
PRE-MIXED SPIRITS		Pre-mixed Spirit Cans (375-440 mL)	Pre-mixed Spirit Bottles (Approx. 300 mL)	Large pre-mixed Spirit Bottles (Approx. 650 mL)	Other size (write in):		3	
	Pre-mixed spirits in cans (e.g. UDL, Jim Beam & Cola)							
Pre-mixed spirits in bottles (e.g. Lemon Ruski, Stoli, Bacardi Breezer)								
STRAIGHT SPIRITS (NOT PRE-MIXED)	Mini Spirit Bottles (50 mL)	Small Spirit Bottles (Approx. 350 mL)	Large Spirit Bottles (700 mL)	Single measure or one nip (30 mL)	Double measure or two nips (60 mL)	Triple measure or three nips (90 mL)	Other size (write in):	4
	Bottled spirits and liqueurs (e.g. gin, vodka, rum, Kahlua)							
FORTIFIED WINE		Small Bottles (375 mL)	Large Bottles (750 mL)	Small Glass (60 mL)	Medium Glass (120 mL)	Large Glass (180 mL)	Other size (write in):	5
	Port, vermouth, sherry, etc.							
OTHER	Cans (375 mL)	Small Bottles (375 mL)	Large Bottles (750 mL)	Small Glass (60 mL)	Medium Glass (120 mL)	Large Glass (180 mL)	Other size (write in):	6
	Other (please write in):							
								7





E19. In the **last 12 months**, about how often have you been **unable to remember** afterwards what happened while you were drinking?

(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 but at least once
- Never

E20. In the last 12 months, how often have you found that you were not able to stop drinking once you had started?

(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 but at least once
- Never

E21. In the last 12 months, how often have you failed to do what was normally expected of you, because of drinking?

(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 but at least once
- Never

E22. In the last 12 months, how often have you needed a first drink in the morning to get yourself going after a heavy drinking session?

(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 but at least once
- Never

E23. In the last 12 months, how often have you had a feeling of guilt or remorse after drinking?

(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 but at least once
- Never

E24. Have you, or 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

E25. Has a relative, friend, doctor or other health care worker been concerned about your drinking or suggested you cut down?

(Mark one response only)



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

## ALL PLEASE ANSWER

E26. At the present time do you consider yourself. . . ?

(Mark one response only)

















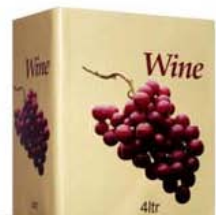


- A non-drinker
- An ex-drinker
- An occasional drinker
- A light drinker
- A social drinker
- A heavy drinker
- A binge drinker

Just a reminder, this survey is conducted under the **AIHW Act** which prohibits the release of individuals' information collected from this survey. The information you provide in the following sections may appear to be self-incriminating, however, your individual information cannot be revealed and you will not be identified from the response.

The picture below shows, in bold, the number of “standard drinks” in some typical alcohol containers.

## Standard Drinks Guide

									
<b>1.5</b> 375ml Full Strength Beer 4.9% Alc./Vol	<b>1</b> 375ml Mid Strength Beer 3.5% Alc./Vol	<b>0.8</b> 375ml Light Beer 2.7% Alc./Vol	<b>1.5</b> 375ml Full Strength Beer 4.9% Alc./Vol	<b>1</b> 375ml Mid Strength Beer 3.5% Alc./Vol	<b>0.8</b> 375ml Light Beer 2.7% Alc./Vol	<b>1</b> 285ml Middy/Pot* Full Strength Beer 4.9% Alc./Vol	<b>0.7</b> 285ml Middy/Pot* Mid Strength Beer 3.5% Alc./Vol	<b>0.5</b> 285ml Middy/Pot* Light Beer 2.7% Alc./Vol	<b>1.5</b> 170ml Standard Serve of Sparkling Wine/ Champagne 11.5% Alc/Vol
									
<b>1.5</b> 375ml Pre-mix Spirits 5% Alc/Vol	<b>1.5</b> 340ml Alcoholic Soda 5.5% Alc/Vol	<b>1</b> 30ml Spirit Nip 40% Alc/Vol	<b>22</b> 700ml Bottle of Spirits 40% Alc/Vol	<b>0.9</b> 60ml Port/Sherry Glass 18% Alc./Vol.	<b>1</b> 100ml Standard Serve of Wine 12% Alc/Vol	<b>1.8</b> 180ml Average Restaurant Serve of Wine 12% Alc/Vol	<b>7</b> 750ml Bottle of Wine 12% Alc/Vol	<b>38</b> 4 Litres Cask Wine 12% Alc/Vol	

\* NSW. WA. ACT = Middy. VIC. QLD. TAS = Pot: NT = Handle: SA = Schooner

### ALL PLEASE ANSWER

E27. Before today, had you ever heard of a “standard drink” of alcohol?



Yes  (Continue) No  (Skip to E29)

E28. As far as you know, is the number of “standard drinks” shown on cans and bottles of alcoholic beverages?



Yes   
No   
Don't know

### ALL PLEASE ANSWER

E29. Before today, had you ever heard of the Australian Alcohol Guidelines?



Yes   
No   
Don't know

E30. 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

E31. 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

E32. 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

E33. 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

**E34. And how many "standard drinks" do you believe an adult male could drink in a six hour period before he puts others' health at risk?**

(Write in whole number e.g. 0, 3, 10, etc)



Number of drinks in a six hour period:

Don't know

**E35. And how many "standard drinks" do you believe an adult female could drink in a six hour period before she puts others' health at risk?**

(Write in whole number e.g. 0, 3, 10, etc)



Number of drinks in a six hour period:

Don't know

**E36. 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

**E37. When you think about the health effects of alcohol consumption, which are the first two effects you think of?**

(Mark one response in each column)



	First Effect	Second Effect
Liver disease	<input type="checkbox"/>	<input type="checkbox"/>
Heart disease	<input type="checkbox"/>	<input type="checkbox"/>
Drunkenness	<input type="checkbox"/>	<input type="checkbox"/>
Headaches/hangovers	<input type="checkbox"/>	<input type="checkbox"/>
Loss of self-control	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>
Accidents	<input type="checkbox"/>	<input type="checkbox"/>
Violence	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Brain disease	<input type="checkbox"/>	<input type="checkbox"/>
Foetal alcohol effects	<input type="checkbox"/>	<input type="checkbox"/>
Sleep disturbances	<input type="checkbox"/>	<input type="checkbox"/>
Interactions with medications	<input type="checkbox"/>	<input type="checkbox"/>
Increased health risks in older people	<input type="checkbox"/>	<input type="checkbox"/>
Other negative effect	<input type="checkbox"/>	<input type="checkbox"/>
Lowers cholesterol/ good for the heart or blood	<input type="checkbox"/>	<input type="checkbox"/>
Relieves tension or stress	<input type="checkbox"/>	<input type="checkbox"/>
Other positive effect	<input type="checkbox"/>	<input type="checkbox"/>
No other effect	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

## Section F – Pain-killers/Analgesics

**FOR THIS SURVEY, THE TERM "NON-MEDICAL PURPOSES" MEANS DRUGS USED:**

1. either alone or with other drugs in order to induce or enhance a drug experience;
2. for performance enhancement (e.g. athletic); or
3. for cosmetic purposes (e.g. body shaping)

**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. Pethidine).

**This section asks about the use of Pain-killers and Analgesics (e.g. Aspirin, Paracetamol, Mersyndol, Panadeine Forte, Nurofen Plus).**

**F1. Have you ever used Pain-killers/Analgesics?**

Yes  (Continue) No  (Skip to G1 on page 20)



**F2. Have you ever used Pain-killers/Analgesics for non-medical purposes?**

Yes  (Continue) No  (Skip to G1 on page 20)



**F3. About what age were you when you first used Pain-killers/Analgesics for non-medical purposes?**

Age in years:



**F4. Have you used Pain-killers/Analgesics for non-medical purposes in the last 12 months?**

Yes  (Continue) No  (Skip to G1 on page 20)



**F5. During the last 12 months, did you find that you couldn't stop or cut down on your use of Pain-killers/Analgesics for non-medical purposes, even though you wanted to or tried to?**

Yes  No



**F6. Have you used Pain-killers/Analgesics for non-medical purposes in the last month?**


Yes  (Continue) No  (Skip to F8 on page 19)




F7. Have you used Pain-killers/Analgesics for non-medical purposes in the last week? 


Yes

No


F8. In the last 12 months, how often did you use Pain-killers/Analgesics 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/Analgesics for non-medical purposes? (Mark one response only in First column) 

F9b. Where do/did you usually obtain Pain-killers/Analgesics for non-medical purposes? (Mark one response only in Usually column) 


PLEASE ANSWER	F9a. <u>First</u>	AND	F9b. <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"/>
Bought/buy at a shop/retail outlet (e.g. chemist, supermarket, etc.)	<input type="checkbox"/>		<input type="checkbox"/>
Other	<input type="checkbox"/>		<input type="checkbox"/>

F10. Where do/did you usually use Pain-killers/Analgesics for non-medical purposes? (Mark all that apply) 

- In my own/spouse's/partners 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

F11. Which of the following did you use at the same time, on at least one occasion that you used Pain-killers/Analgesics for non-medical purposes? (Mark all that apply) 

- Alcohol
  - Marijuana/Cannabis
  - Heroin
  - Cocaine/Crack
  - Tranquillisers/Sleeping Pills
  - Anti-depressants
  - Barbiturates
  - Meth/amphetamine
  - Ecstasy
  - Other
- Not used any of the above at the same time as Pain-killers/Analgesics for non-medical purposes


F12. What drug would you mostly use when Pain-killers/Analgesics for non-medical purposes are not available? (Mark one response only) 

- Alcohol
- Marijuana/Cannabis
- Heroin
- Cocaine/Crack
- Tranquillisers/Sleeping Pills
- Anti-depressants
- Barbiturates
- Meth/amphetamine
- Ecstasy
- Other
- Cocktail/Combination of drugs
- No other drug

## Section G – Tranquillisers/Sleeping pills

This section asks about the use of Tranquillisers and Sleeping pills (e.g. Benzos, Temazzies, Tranks, Sleepers, Valium, Serapax, Serries, Mandrax, Mandies, Rohypnol, Rowies).

### G1. Have you ever used Tranquillisers/Sleeping pills?

 Yes  (Continue)      No  (Skip to H1 on page 21)

### G2. Have you ever used Tranquillisers/Sleeping pills for non-medical purposes?

Yes  (Continue)      No  (Skip to H1 on page 21)

### G3. About what age were you when you first used Tranquillisers/Sleeping pills for non-medical purposes?

Age in years:

### G4. Have you used Tranquillisers/Sleeping pills for non-medical purposes in the last 12 months?

Yes  (Continue)      No  (Skip to H1 on page 21)

### G5. During the last 12 months, did you find that you couldn't stop or cut down on your use of Tranquillisers/Sleeping pills for non-medical purposes, even though you wanted to or tried to?

Yes       No

### G6. Have you used Tranquillisers/Sleeping pills for non-medical purposes in the last month?

Yes  (Continue)      No  (Skip to G8)

### G7. Have you used Tranquillisers/Sleeping pills for non-medical purposes in the last week?

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)

### G9b. Where do/did you usually obtain Tranquillisers/ Sleeping pills for non-medical purposes?

(Mark one response only in Usually column)

PLEASE ANSWER	G9a. First	AND	G9b. 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"/>
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"/>

### G10. Where do/did you usually use Tranquillisers/ Sleeping pills for non-medical purposes?

(Mark all that apply)

- In my own/spouse's/partners 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



G11. Which of the following did you use at the same time, on at least one occasion that you used Tranquillisers/Sleeping pills for non-medical purposes?

(Mark all that apply)



- Alcohol
- Marijuana/Cannabis
- Heroin
- Cocaine/Crack
- Anti-depressants
- Pain-killers/Analgesics
- Barbiturates
- Meth/amphetamine
- Ecstasy
- Other

Not used any of the above at the same time as Tranquillisers/Sleeping pills for non-medical purposes

G12. What drug would you mostly use when Tranquillisers/Sleeping pills for non-medical purposes are not available?

(Mark one response only)



- Alcohol
- Marijuana/Cannabis
- Heroin
- Cocaine/Crack
- Anti-depressants
- Pain-killers/Analgesics
- Barbiturates
- Meth/amphetamine
- Ecstasy
- Other
- Cocktail/Combination of drugs
- No other drug

## 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 included.

## Section H – Steroids

H1. Have you ever used Steroids?



Yes  (Continue)

No  (Skip to J1 on page 23)

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



Yes  (Continue)

No  (Skip to J1 on page 23)

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 J1 on page 23)

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



**H9a. Where did you first obtain Steroids for non-medical purposes?**

(Mark one response only in **First** column)



**H9b. Where do/did you usually obtain Steroids for non-medical purposes?**

(Mark one response only in **Usually** column)



PLEASE ANSWER	H9a. First	AND	H9b. 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"/>
At gyms/sporting clubs/ fitness centres	<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"/>

**H10. Where do/did you usually use Steroids for non-medical purposes?**

(Mark all that apply)



- In my own/spouse's/partners 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
- At gyms/sporting clubs/fitness centres
- Somewhere else

**H11. How have you used Steroids for non-medical purposes?**

(Mark all that apply)



- Swallowed
- Injected
- Other

**H12. Which of the following did you use at the same time, on at least one occasion that you used Steroids for non-medical purposes?**

(Mark all that apply)



- Alcohol
- Marijuana/Cannabis
- Heroin
- Cocaine/Crack
- Tranquillisers/Sleeping Pills
- Anti-depressants
- Pain-killers/Analgesics
- Barbiturates
- Meth/amphetamine
- Ecstasy
- Other
- Not used any of the above at  
the same time as Steroids  
for non-medical purposes

**H13. What drug would you mostly use when Steroids for non-medical purposes are not available?**

(Mark one response only)



- Alcohol
- Marijuana/Cannabis
- Heroin
- Cocaine/Crack
- Tranquillisers/Sleeping Pills
- Anti-depressants
- Pain-killers/Analgesics
- Barbiturates
- Meth/amphetamine
- Ecstasy
- Other
- Cocktail/Combination of drugs
- No other drug

**THERE IS NO SECTION I**



## Section J – Barbiturates


This section asks about the use of Barbiturates (e.g. Barbies, Barbs, Downers, Reds, Purple Hearts).

J1. Have you ever used Barbiturates? 


Yes  (Continue) No  (Skip to K1)

J2. Have you ever used Barbiturates for non-medical purposes? 


Yes  (Continue) No  (Skip to K1)

J3. About what age were you when you first used Barbiturates for non-medical purposes? 

Age in years:

J4. Have you used Barbiturates for non-medical purposes in the last 12 months? 


Yes  (Continue) No  (Skip to K1)

J5. Have you used Barbiturates for non-medical purposes in the last month? 

Yes  (Continue) No  (Skip to J7)


J6. Have you used Barbiturates for non-medical purposes in the last week? 

Yes  No


J7. In the last 12 months, how often did you use Barbiturates 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


## Section K – Meth/amphetamine

K1. Have you ever used Meth/amphetamine for non-medical purposes? 


Yes  (Continue) No  (Skip to K15 on page 25)

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 K15 on page 25)

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)

**K8b. Where do/did you usually obtain Meth/amphetamine for non-medical purposes?**

(Mark one response only in **Usually** column)

PLEASE ANSWER	K8a. <b>First</b>	AND	K8b. <b>Usually</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"/>
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"/>

**K9. Where do/did you usually use Meth/amphetamine for non-medical purposes?**

(Mark all that apply)

- In my own/spouse's/partners 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

**K10. On a day you use Meth/amphetamine, on average how many points or grams do you normally have?**

Number of points

Number of grams

OR

If less than 1, indicate to the nearest fraction:

points

1/4

1/2

3/4

grams

1/4

1/2

3/4

OR

**K11a. What forms of Meth/amphetamine have you ever used?**

(Mark all that apply in **Ever** column)

**K11b. In the last 12 months, what was the main form of Meth/amphetamine that you used?**

(Mark one response only in **Main** column)

PLEASE ANSWER	K11a. <b>Forms Ever Used</b>	AND	K11b. <b>Main Form Used</b>
Powder	<input type="checkbox"/>		<input type="checkbox"/>
Liquid	<input type="checkbox"/>		<input type="checkbox"/>
Crystal, Ice	<input type="checkbox"/>		<input type="checkbox"/>
Base/Paste/Pure	<input type="checkbox"/>		<input type="checkbox"/>
Tablet	<input type="checkbox"/>		<input type="checkbox"/>
Prescription Amphetamines	<input type="checkbox"/>		<input type="checkbox"/>
Other	<input type="checkbox"/>		<input type="checkbox"/>

**K12a. In what ways have you ever used Meth/amphetamine?**

(Mark all that apply in **Ever** column)

**K12b. In the last 12 months, what was the main way that you used Meth/amphetamine?**

(Mark one response only in **Main** column)

PLEASE ANSWER	K12a. <b>Ways Ever Used</b>	AND	K12b. <b>Main Way Used</b>
Smoked	<input type="checkbox"/>		<input type="checkbox"/>
Snorted	<input type="checkbox"/>		<input type="checkbox"/>
Swallowed	<input type="checkbox"/>		<input type="checkbox"/>
Injected	<input type="checkbox"/>		<input type="checkbox"/>
Other	<input type="checkbox"/>		<input type="checkbox"/>

**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
- 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 Meth/amphetamine for non-medical purposes

**K14. What drug would you mostly use when Meth/amphetamine 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
- Cocktail/Combination of drugs
- No other drug

### ALL PLEASE ANSWER

**K15. What SINGLE action best describes what you think should happen to anyone found in possession of small quantities of Meth/amphetamine for personal use?** (Mark one response only)

- No action
- A caution or warning only
- Referral to drug education program
- Referral to treatment
- Something similar to a parking fine, up to \$200
- A substantial fine, around \$1,000
- A community service order
- Weekend detention
- A prison sentence
- Some other arrangement
- Don't know

## Section L – Marijuana/Cannabis

**L1. Have you ever used Marijuana/Cannabis?**

Yes  (Continue)

No  (Skip to L18 on page 27)

**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 L18 on page 27)

**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



L15. How much did you pay the last time you purchased Marijuana/Cannabis?  
(Write in amount to the nearest dollar)



Cost in dollars: \$

L16. How much Marijuana/Cannabis did you purchase on this occasion?  
(Include sharing a purchase of a particular quantity)  
(Mark one response only)



Number of kilograms  Number of grams  OR Number of pounds  Number of ounces

If less than 1, indicate to the nearest fraction:

grams  ounces   
 $\frac{1}{4}$   OR  $\frac{1}{4}$    
 $\frac{1}{2}$    $\frac{1}{2}$    
 $\frac{3}{4}$    $\frac{3}{4}$

L17. What type of Marijuana/Cannabis did you purchase on this occasion?  
(Mark one response only)



Leaf   
 Head   
 Resin   
 Other

## ALL PLEASE ANSWER

L18. 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

No

Unsure/Don't know

L19. What SINGLE action best describes what you think should happen to anyone found in possession of small quantities of Marijuana/Cannabis for personal use?  
(Mark one response only)



No action

A caution or warning only

Referral to drug education program

Referral to treatment

Something similar to a parking fine, up to \$200

A substantial fine, around \$1,000

A community service order

Weekend detention

A prison sentence

Some other arrangement

Don't know

L20. 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



## Section M – Heroin

**M1. Have you ever used Heroin?**

Yes  (Continue)      No  (Skip to M15 on page 29)

**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 M15 on page 29)

**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       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

**M8a. Where did you first obtain Heroin?**

(Mark one response only in First column)

**M8b. Where do/did you usually obtain Heroin?**

(Mark one response only in Usually column)

PLEASE ANSWER	M8a. <u>First</u>	AND	M8b. <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"/>

**M9. Where do/did you usually use Heroin?**

(Mark all that apply)

In my own/spouse's/partners 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

**M10. On a day you use Heroin, on average how many hits do you normally have?**

Number of hits:

**M11a. What forms of Heroin have you ever used?**

(Mark all that apply in Ever column)

**M11b. In the last 12 months, what was the main form of Heroin that you used?**

(Mark one response only in Main column)

PLEASE ANSWER	M11a. <u>Forms Ever Used</u>	AND	M11b. <u>Main Form Used</u>
Powder	<input type="checkbox"/>		<input type="checkbox"/>
Rock	<input type="checkbox"/>		<input type="checkbox"/>
Other	<input type="checkbox"/>		<input type="checkbox"/>

**M12a. In what ways have you ever used Heroin?**

(Mark all that apply in Ever column)

**M12b. In the last 12 months, what was the main way that you used Heroin?**

(Mark one response only in Main column)

PLEASE ANSWER	M12a. <u>Ways Ever Used</u>	AND	M12b. <u>Main Way Used</u>
Smoked	<input type="checkbox"/>		<input type="checkbox"/>
Snorted	<input type="checkbox"/>		<input type="checkbox"/>
Swallowed	<input type="checkbox"/>		<input type="checkbox"/>
Injected	<input type="checkbox"/>		<input type="checkbox"/>
Other	<input type="checkbox"/>		<input type="checkbox"/>

**M13. 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
- Meth/amphetamine
- Ecstasy
- Other

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

**M14. 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
- Meth/amphetamine
- Ecstasy
- Other
- Cocktail/Combination of drugs
- No other drug

### ALL PLEASE ANSWER

**M15. What SINGLE action best describes what you think should happen to anyone found in possession of small quantities of Heroin for personal use?**

(Mark one response only)

- No action
- A caution or warning only
- Referral to drug education program
- Referral to treatment
- Something similar to a parking fine, up to \$200
- A substantial fine, around \$1,000
- A community service order
- Weekend detention
- A prison sentence
- Some other arrangement
- Don't know

## 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 O1 on page 31)

**N2. Have you ever used Methadone or Buprenorphine (not supplied to you medically)?**

Yes  (Continue) No  (Skip to O1 on page 31)

**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 O1 on page 31)

**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 N8)

**N7. Have you used Methadone or Buprenorphine (not supplied to you medically) in the last week?**

Yes  No

**N8. In the last 12 months, how often did you use Methadone or Buprenorphine (not supplied to you medically)?**

(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 Methadone or Buprenorphine (not supplied to you medically)?**  
(Mark one response only in First column)

**N9b. Where do/did you usually obtain Methadone or Buprenorphine (not supplied to you medically)?**  
(Mark one response only in Usually column)

PLEASE ANSWER	N9a. First	AND	N9b. 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"/>
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 Methadone or Buprenorphine (not supplied to you medically)?**  
(Mark all that apply)

- In my own/spouse's/partners 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

**N11. On a day you use Methadone or Buprenorphine (not supplied to you medically), on average how many hits do you normally have?**

Number of hits:

**N12. What forms of Methadone or Buprenorphine (not supplied to you medically) do you use?**  
(Mark all that apply)

- Methadone syrup
- Physeptone tablets
- Other

**N13. How have you used Methadone or Buprenorphine (not supplied to you medically)?**  
(Mark all that apply)

- Swallowed
- Injected
- Other

**N14. Which of Methadone or Buprenorphine (not supplied to you medically) have you used in the last 12 months?**  
(Mark one response only)

- Methadone only
- Buprenorphine only
- Both Methadone and Buprenorphine

**N15. Which of the following did you use at the same time, on at least one occasion that you used Methadone or Buprenorphine (not supplied to you medically)?**  
(Mark all that apply)

- Alcohol
  - Marijuana/Cannabis
  - Heroin
  - Cocaine/Crack
  - Tranquillisers/Sleeping Pills
  - Anti-depressants
  - Pain-killers/Analgesics
  - Barbiturates
  - Meth/amphetamine
  - Ecstasy
  - Other
- Not used any of the above at the same time as Methadone or Buprenorphine (which has not been supplied medically)

**N16. What drug would you mostly use when Methadone or Buprenorphine (not supplied to you medically) is not available?**  
(Mark one response only)

- Alcohol
- Marijuana/Cannabis
- Heroin
- Cocaine/Crack
- Tranquillisers/Sleeping Pills
- Anti-depressants
- Pain-killers/Analgesics
- Barbiturates
- Meth/amphetamine
- Ecstasy
- Other
- Cocktail/Combination of drugs
- No other drug

# Section O – Cocaine

**O1. Have you ever used Cocaine?**

Yes  (Continue) No  (Skip to P1 on page 32)

**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 P1 on page 32)

**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)

**O8b. Where do/did you usually obtain Cocaine?**

(Mark one response only in **Usually** column)

PLEASE ANSWER	O8a. First	AND	O8b. 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"/>
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"/>

**O9. Where do/did you usually use Cocaine?**

(Mark all that apply)

- In my own/spouse's/partners home
- At a friend's house
- At a party at someone's house
- At raves/dance parties
- At restaurants/café's
- 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

**O10. On a day you use Cocaine, on average how many 'hits' or 'lines' do you normally have?**

Number of grams  OR Number of points  OR Number of lines

If less than 1, indicate to the nearest fraction:

grams	points	lines
1/4 <input type="checkbox"/>	OR	1/4 <input type="checkbox"/>
1/2 <input type="checkbox"/>	OR	1/2 <input type="checkbox"/>
3/4 <input type="checkbox"/>	OR	3/4 <input type="checkbox"/>

**O11a. What forms of Cocaine have you ever used?**

(Mark all that apply in **Ever** column)

**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	O11a. Forms Ever Used	AND	O11b. Main Form Used
Cocaine powder	<input type="checkbox"/>		<input type="checkbox"/>
Crack Cocaine (smokeable crystal)	<input type="checkbox"/>		<input type="checkbox"/>
Other	<input type="checkbox"/>		<input type="checkbox"/>

**O12a. In what ways have you ever used Cocaine?**  
(Mark all that apply in **Ever** column)



**O12b. In the last 12 months, what was the main way that you used Cocaine?**  
(Mark one response only in **Main** column)

PLEASE ANSWER	O12a. Ways Ever Used	AND	O12b. Main Way Used
Smoked	<input type="checkbox"/>		<input type="checkbox"/>
Snorted	<input type="checkbox"/>		<input type="checkbox"/>
Swallowed	<input type="checkbox"/>		<input type="checkbox"/>
Injected	<input type="checkbox"/>		<input type="checkbox"/>
Other	<input type="checkbox"/>		<input type="checkbox"/>

**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
- Marijuana/Cannabis
- Heroin
- Tranquillisers/Sleeping Pills
- Anti-depressants
- Pain-killers/Analgesics
- Barbiturates
- Meth/amphetamine
- Ecstasy
- GHB
- Ketamine
- Other

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

**O14. Which 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
- Meth/amphetamine
- Ecstasy
- GHB
- Ketamine
- Other
- Cocktail/Combination of drugs
- No other drug

## Section P – Hallucinogens

**P1. Have you ever used any Hallucinogens?**



Yes  (Continue)      No  (Skip to Q1 on page 34)

**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  (Continue)      No  (Skip to Q1 on page 34)

**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  (Continue)      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

**P8a. Where did you first obtain Hallucinogens?**

(Mark one response only in **First** column)

**P8b. Where do/did you usually obtain Hallucinogens?**

(Mark one response only in **Usually** column)

PLEASE ANSWER	P8a. <b>First</b>	AND	P8b. <b>Usually</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"/>
Doctor shopping/forged script	<input type="checkbox"/>		<input type="checkbox"/>
Stole/steal it	<input type="checkbox"/>		<input type="checkbox"/>
Grew/picked it myself	<input type="checkbox"/>		<input type="checkbox"/>
Other	<input type="checkbox"/>		<input type="checkbox"/>

**P9. Where do/did you usually use Hallucinogens?**

(Mark all that apply)

- In my own/spouse's/partners 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

**P10. On a day you use Hallucinogens, on average how many 'trips' do you normally have?**

Number of trips:

**P11. What forms of Hallucinogens do you use?**

(Mark all that apply)

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

**P12. 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
- Meth/amphetamine
- Ecstasy
- Other
- Not used any of the above at the same time as Hallucinogens

**P13. 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
- Meth/amphetamine
- Ecstasy
- Other
- Cocktail/Combination of drugs
- No other drug

**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 included.





## Section Q – Ecstasy

**Q1. Have you ever used Ecstasy?**  

Yes  (Continue)

No  (Skip to Q13 on page 35)

**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 Q13 on page 35)

**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)

PLEASE ANSWER	Q8a. <b>First</b>	AND	Q8b. <b>Usually</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"/>
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"/>

**Q9. Where do/did you usually use Ecstasy?**  

(Mark all that apply)

- In my own/spouse's/partners 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

**Q10. On a day you use Ecstasy, on average how many tablets/pills do you normally have?**



Number of tablets/pills:

If less than 1, indicate to the nearest fraction:

$\frac{1}{4}$

$\frac{1}{2}$

$\frac{3}{4}$



Q11. 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
  - Meth/amphetamine
  - Viagra
  - GHB
  - Ketamine
  - Other
- Not used any of the above at the same time as Ecstasy

Q12. Which 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
- Meth/amphetamine
- GHB
- Ketamine
- Other
- Cocktail/Combination of drugs
- No other drug

### ALL PLEASE ANSWER

Q13. What SINGLE action best describes what you think should happen to anyone found in possession of small quantities of Ecstasy for personal use?

(Mark one response only)



- No action
- A caution or warning only
- Referral to drug education program
- Referral to treatment
- Something similar to a parking fine, up to \$200
- A substantial fine, around \$1,000
- A community service order
- Weekend detention
- A prison sentence
- Some other arrangement
- Don't know

## Section R – Ketamine

R1. Have you ever used Ketamine?



Yes  (Continue)

No  (Skip to S1 on page 36)

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 on page 36)

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

R7. 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
- Meth/amphetamine
- Ecstasy
- GHB
- Other


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

## Section S – GHB

S1. Have you ever used GHB? 

Yes  (Continue)

No  (Skip to T1)

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 T1)

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

S7. 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

Meth/amphetamine

Ecstasy

Ketamine

Other


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

## Section T – Zanthanols

T1. Have you ever used Zanthanols?  

Yes  (Continue)

No  (Skip to U1 on page 37)

T2. About what age were you when you **first** used Zanthanols? 

Age in years:

T3. Have you used Zanthanols in the **last 12 months**? 

Yes  (Continue)

No  (Skip to U1 on page 37)

T4. Have you used Zanthanols in the **last month**? 

Yes  (Continue)

No  (Skip to T6)

T5. Have you used Zanthanols in the **last week**? 

Yes

No

T6. In the **last 12 months**, how often did you use Zanthanols? 

(Mark one response only)


Every day

Once a week or more

About once a month

Every few months

Once or twice a year

T7. Which of the following did you **use at the same time**, on at least one occasion that you used Zanthanols? 

(Mark all that apply)

Alcohol

Marijuana/Cannabis

Heroin

Cocaine/Crack

Tranquillisers/Sleeping Pills

Anti-depressants

Pain-killers/Analgesics

Barbiturates

Meth/amphetamine

Ecstasy

GHB

Ketamine

Other

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


## 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)

**U1. Have you ever used Inhalants?** 

Yes  (Continue)

No  (Skip to V1 on page 38)


**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  (Continue)

No  (Skip to V1 on page 38)

**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?** 

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

**U8a. Where did you first obtain Inhalants?** 

(Mark one response only in **First** column)

**U8b. Where do/did you usually obtain Inhalants?** 


(Mark one response only in **Usually** column)

PLEASE ANSWER	U8a. <b>First</b>	AND	U8b. <b>Usually</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"/>
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"/>

**U9. Where do/did you usually use Inhalants?** 

(Mark all that apply)

- In my own/spouse's/partners home
- At a friend's house
- At a party at someone's house
- At raves/dance parties
- At restaurants/café's
- 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

**U10. On a day you use Inhalants, on average how many hits do you normally have?** 

Number of hits:

**U11. What form of Inhalants do you use?** 

(Mark all that apply)

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

**U12. 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
  - Meth/amphetamine
  - Ecstasy
  - Other
- Not used any of the above at the same time as Inhalants

**U13. 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
- Meth/amphetamine
- Ecstasy
- Other
- Cocktail/Combination of drugs
- No other drug

## Section V – Other Opiates/Opioids

**V1. Not including Heroin, have you ever used other Opiates/Opioids such as morphine or pethidine?**

- Yes  (Continue)      No  (Skip to W1 on page 39)

**V2. Not including Heroin, have you ever used other Opiates/Opioids which were not supplied to you medically?**

- Yes  (Continue)      No  (Skip to W1 on page 39)

**V3. Have you used other Opiates/Opioids which were not supplied to you medically, in the last 12 months?**

- Yes  (Continue)      No  (Skip to W1 on page 39)

**V4. 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

**V5. How have you used other Opiates/Opioids (not supplied to you medically) in the last 12 months?**

(Mark all that apply)

- Swallowed
- Injected
- Other

**V6. 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
- Meth/amphetamine
- Ecstasy
- Other

Not used any of the above at the same time as these other Opiates/Opioids

## Section W – Injectible Drugs

This section deals with illicit injecting – that is, the injection of drugs that were 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 W13 on page 40)

**W2. 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:

**W3. What drug, not prescribed to inject, did you first inject?**

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

Heroin

Methadone

Other Opiates/Opioids (Morphine, Pethidine)

Meth/amphetamine

Cocaine or Crack Cocaine

LSD or other Hallucinogens

Ecstasy

Benzodiazepines

Steroids

Other drugs

**W4. 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

Methadone

Other Opiates/Opioids (Morphine, Pethidine)

Meth/amphetamine

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 W13 on page 40)

**W5. 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

**W6. Where do you usually get needles and syringes?**

(Mark all that apply)

Chemist

Needle and syringe program

Friends

Hospital or doctor

Diabetes Australia

Other

**W7. Have you used a needle and syringe program in the last 12 months?**

Yes

No

**W8. 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

**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 I did not bleach

or rinse it first

No  (Skip to W12 on page 40)

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

**ALL PLEASE ANSWER**

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

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 included.

### Reminder:



Are you filling in the boxes correctly?



Are you shading the boxes fully for any mistakes?

Just a reminder, this survey is conducted under the *AIHW Act* which prohibits the release of individuals' information collected from this survey. The information you provide in the following sections may appear to be self-incriminating, however, your individual information cannot be revealed and you will not be identified from the response.

## Section X – Attitudes

**X1. During the last 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
Did not obtain in last 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bought at a shop/retail outlet/ licensed premises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bought from someone else	<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"/>

**X2. 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)



	Main 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"/>
Pain-killers/Analgesics	<input type="checkbox"/>	<input type="checkbox"/>
Tranquillisers/Sleeping Pills	<input type="checkbox"/>	<input type="checkbox"/>
Meth/amphetamine	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>
GHB	<input type="checkbox"/>	<input type="checkbox"/>
Ketamine	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
No main drug of choice	<input type="checkbox"/>	
No next drug of choice		<input type="checkbox"/>

If you have ever used an illicit drug, please answer X3.  
If you have never used an illicit drug, please answer X4.

**X3. What factors influenced your decision to first use an illicit drug (including marijuana/cannabis)?**  
(Mark all that apply, then skip to Y1)



- 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 (e.g. parents separated, didn't get on with parents)
  - Work/school/relationship problems
  - Traumatic experience (e.g. sexual or physical assault, death of someone close)
  - To lose weight
  - Enhance experience of some event (e.g. dance party)
  - Can't recall
  - Don't know
  - Other (Please write in):
- 1
1

**X4. What factors influenced your decision never to try illicit drugs (including marijuana/cannabis)?**  
(Mark all that apply)



- Worry about health problems
- Didn't want to become addicted
- Fear of legal consequences
- Didn't want anyone to find out
- Didn't like to feel out of control
- Family/Friends/Peer pressure
- Didn't think it would be enjoyable
- Just not interested
- Financial reasons
- No opportunity or illicit drugs available
- Religious/moral reasons
- Didn't want to break the law
- Fear of death
- Other
- Don't know

OFFICE USE ONLY

1



## Section Y – Harms

**Y1. In the last 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"/>

**Y2. In the last 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 Y1 and Y2, Skip to Y10 on page 43**

**Y3. Which of the following persons affected by alcohol or illicit drugs were 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"/>
Brother or 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 MENTIONED IN Y1 AND Y2 HAVE THE APPROPRIATE ANSWERS IN Y3**

**Y4. 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 own 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 a party	<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"/>

**Y5. 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

**Y6. Were the incidents reported to the police?**

- No – none
- Yes – some
- Yes – all  (Skip to Y8  
on page 43)

**Y7. 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

Y8. **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

Y9. **Did any of the incidents of physical abuse involve sexual abuse?**

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

### ALL PLEASE ANSWER

Y10. **In the last 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"/> |

Y11. **In the last 12 months, did you undertake the following activities while under the influence of illicit 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"/> |

Y12. **An injury is any physical harm to your body (e.g. cuts, bruises, breaks, burns, concussion, electric shocks, poisoning and suffocation etc.). Have you had any injury in the last 4 weeks?**

(Mark one response only)



- Yes
- No
- Don't know
- (Skip to Z1 on page 44)

Y13. **Have you done any of the following in relation to this injury?**

(Mark all that apply)



- Seen a health professional for advice or treatment (e.g. doctor, nurse, physiotherapist)
- Treated the injury yourself
- Had another person treat the injury who is not a health professional
- Reduced your usual activities (e.g. taken time off work, school, TAFE or university, reduced workloads etc.)
- Had an injury, but it was not treated

Y14. **How were you injured?**

(Mark all that apply)



- Road traffic crash/accident
- High fall (from a height of 1 metre or more)
- Low fall (from ground/floor level)
- Cut with a knife/tool/other equipment
- Attacked by another person
- Other

Y15. **Did this injury/these injuries occur while you were:**

(Mark all that apply)



- Working for an income
- Doing chores/housework/working in the garden
- Playing sport or games/exercising
- Travelling in a vehicle or car
- Doing something else
- Don't know/Don't recall

## Section Z – Lifestyle

**Z1. In the last 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 (e.g. 0, 1, 2, 10, etc.) in the boxes provided)



Number of days missed:

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 personal 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:

**Z3. 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:

### ALL PLEASE ANSWER

**Z4. 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)

	Yes, in the <u>last</u> <u>12</u> <u>months</u>	Yes, but <u>not</u> in the <u>last</u> <u>12</u> <u>months</u>	No
Smoking (e.g. 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"/>

**Z5. Which of the following procedures have you undergone and when?**  
 (Mark one response for each type of procedure)



	Yes, in the <u>last</u> <u>12</u> <u>months</u>	Yes, more <u>than 12</u> <u>months</u> <u>ago</u>	Not had the procedure
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 Skip to Z7a

**Z6. Had you been drinking alcohol or using other drugs when any of these procedures were undertaken?**

Yes  No



### FEMALES ONLY

(MALES SKIP TO SECTION YY ON PAGE 46)

**Z7a. At any stage in the last 12 months were you...?**  
 (Mark all that apply)

Pregnant and breastfeeding  
at the same time

Pregnant only  (Continue)

Breastfeeding only

Neither pregnant nor  
breastfeeding at any  
time in the past 12 months  (Skip to Section  
YY on page 46)

**Z7b. For how much of the last 12 months were you...?**  
 (Please indicate in either weeks or months)

	Weeks	or	Months
Pregnant and breastfeeding at the same time	<input style="width: 40px; height: 20px;" type="text"/>	or	<input style="width: 40px; height: 20px;" type="text"/>
Pregnant only	<input style="width: 40px; height: 20px;" type="text"/>	or	<input style="width: 40px; height: 20px;" type="text"/>
Breastfeeding only	<input style="width: 40px; height: 20px;" type="text"/>	or	<input style="width: 40px; height: 20px;" type="text"/>

**Z8. Are you currently... ?**

Pregnant and breastfeeding

Pregnant only

Breastfeeding only

Neither pregnant nor breastfeeding

**Z9. At any time in the last 12 months when you were pregnant or breastfeeding, did you use any of the following. . .?**

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

	When pregnant only	When breast-feeding only	When pregnant and breast-feeding
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 or Buprenorphine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meth/amphetamine	<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	<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"/>

**Z10. 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

**Z11. 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

**Z12. In the last 12 months when you were pregnant or breastfeeding did anyone advise you not to smoke?**

Yes  (Continue)

No

Not applicable, don't smoke  (Skip to Section YY on page 46)

**Z13. Who advised you not to smoke?**

(Mark all that apply)

- Spouse or partner
- Parents
- 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.

Strongly support	Support	Neither support nor oppose	Oppose	Strongly oppose	Don't know enough to say
------------------	---------	----------------------------	--------	-----------------	--------------------------

**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)

	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"/>
Increasing the tax on alcohol products to pay for health, education, and the cost of treating alcohol related problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





**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)

	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"/>
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 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"/>
Bans on points of sale advertising and display of tobacco products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implementing a licensing scheme for tobacco retailers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stricter penalties for the sale or supply of tobacco products to those under 18 years of age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**YY3. 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	<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 opiates/opioids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**YY4. Thinking now about injecting drug use, to what extent would you support or oppose measures such as . . . ?**

Some examples of injectable drugs are Steroids, Speed, Pethidine, Cocaine and Ecstasy.

(Mark one response in each row)

	Strongly support	Support	Neither support nor oppose	Oppose	Strongly oppose	Don't know enough to say
Needles and syringe programs	<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"/>





**YY5. 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"/>
Meth/amphetamine (i.e. Speed, Ice, Crystal, Base)	<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"/>
Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**YY6. To what extent would you support or oppose the 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"/>
Meth/amphetamine (i.e. Speed, Ice, Crystal, Base)	<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"/>
Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**YY7. Thinking now about the use of marijuana/cannabis for medical purposes, 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
A clinical trial for people to use marijuana to treat medical conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A change in legislation permitting the use of marijuana for medical purposes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





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: \$

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: \$

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: \$

## Section ZZ – Demographics

ZZ1. Are you male or female?



Male

Female

ZZ2. What is your current age?

(i.e. the age you turned at your last birthday)



Age in years:

ZZ3. 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)

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

ZZ5. 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

**ZZ6a. In which country were you born?**  
(Mark one response only)



- Australia  (Skip to ZZ7)
- 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

**ZZ6b. 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

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1	2	3
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**ALL PLEASE ANSWER**

**ZZ7. 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):

2

**ZZ8. 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):

3

None

**ZZ9. Which of the following best describes your current employment status? Are you...?**

(Mark one response only)



- Self employed
  - Employed for wages, salary or payment in kind
  - Unemployed and looking for work
  - Engaged in home duties
  - A student
  - Retired or on a pension
  - Unable to work
  - Other
- (Skip to ZZ11)

**ZZ10. Have you ever been in paid work?**



- Yes
- No  (Skip to ZZ13a)

**ZZ11. What kind of industry, business or service is/was carried out by your main or last employer?**

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



OFFICE USE ONLY (FOR ANZSIC CODING)

**ZZ12. 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

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**ALL PLEASE ANSWER**

**ZZ13a. What is the highest year of primary or secondary school you have completed?**

(Mark one response only)



- Did not go to school  (Skip to ZZ14)
- 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

**ZZ13b. Are you still at school?**



- Yes
- No

**ALL PLEASE ANSWER**

**ZZ14. Have you completed a trade certificate or other educational qualification?**



- Yes
- No  (Skip to ZZ16 on page 52)

**ZZ15. 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

**ZZ16. Which of the following groups would represent your personal annual income, before tax, from all sources?**

(Mark one response only)



- \$104,000 or more (\$2,000 or more/week)
- \$83,200 – \$103,999 (\$1,600 – \$1,999/week)
- \$67,600 – \$83,199 (\$1,300 – \$1,599/week)
- \$52,000 – \$67,599 (\$1,000 – \$1,299/week)
- \$41,600 – \$51,999 (\$800 – \$999/week)
- \$31,200 – \$41,599 (\$600 – \$799/week)
- \$20,800 – \$31,199 (\$400 – \$599/week)
- \$13,000 – \$20,799 (\$250 – \$399/week)
- \$7,800 – \$12,999 (\$150 – \$249/week)
- \$1 – \$7,799 (\$1 – \$149/week)
- Nil Income
- Negative Income
- Prefer not to say
- Don't know

**ZZ17. Which of the following groups would represent the combined household annual income, before tax, from all sources?**

(Mark one response only)



- \$145,600 or more (\$2,800 or more/week)
- \$104,000 – \$145,599 (\$2,000 – \$2,799/week)
- \$83,200 – \$103,999 (\$1,600 – \$1,999/week)
- \$67,600 – \$83,199 (\$1,300 – \$1,599/week)
- \$52,000 – \$67,599 (\$1,000 – \$1,299/week)
- \$41,600 – \$51,999 (\$800 – \$999/week)
- \$31,200 – \$41,599 (\$600 – \$799/week)
- \$20,800 – \$31,199 (\$400 – \$599/week)
- \$13,000 – \$20,799 (\$250 – \$399/week)
- \$7,800 – \$12,999 (\$150 – \$249/week)
- \$1 – \$7,799 (\$1 – \$149/week)
- Nil Income
- Negative Income
- Prefer not to say
- Don't know

**ZZ18a. How many people aged 12 and over live in this household, including yourself?**




**ZZ18b. 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  (Skip to ZZ20 on page 53)

**ZZ18c. For how many of these children are you the parent or guardian?**




**ZZ19. Of all the dependent children, how many are in each of these age categories?**

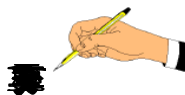


- |   |   |
|---|---|
| 0 – 2 years old <input style="width: 40px; height: 25px;" type="text"/> | 9 – 11 years old <input style="width: 40px; height: 25px;" type="text"/>  |
| 3 – 5 years old <input style="width: 40px; height: 25px;" type="text"/> | 12 – 14 years old <input style="width: 40px; height: 25px;" type="text"/> |
| 6 – 8 years old <input style="width: 40px; height: 25px;" type="text"/> | 15 years and over <input style="width: 40px; height: 25px;" type="text"/> |

### Reminder:




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



**Are you shading the boxes fully for any mistakes?**

## ALL PLEASE ANSWER

**ZZ20. 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

**ZZ21. Was anyone else present when you were completing this questionnaire?**  
(Mark all responses that apply) 

No  (Skip to ZZ23)

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

**ZZ22. Did this affect the honesty with which you completed this questionnaire?**  
(Mark one response only) 

Yes – a great deal


Yes – somewhat

Yes – a little

Not at all

Don't know

## ALL PLEASE ANSWER

**ZZ23. Did anyone else help you complete this questionnaire?**  
(Mark one response only) 

Yes – a great deal

Yes – somewhat


Yes – a little

No


**ZZ24. What is the postcode for this dwelling?** 

--	--	--	--

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

**ZZ25. Please write the date that you completed this questionnaire below:** 

	/		/	2007
Day		Month		Year

**ZZ26. How long did it take to complete this questionnaire?** 

Hours		Minutes

**NOW PLEASE GO TO ZZ27 ON PAGE 54**

**OFFICE USE ONLY:**

Mark one only

INTERVIEWER

REPLY PAID

Mark in box

STATUS



**ZZ27. 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 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

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



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+

10-Jan-2008

R04630 - 14 & over

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