Office use only

Area no.

Postcode

Date / /

ID Sample 1 Questionnaire

Relationship *Sample 2* respondent to *Sample 1* respondent: (cross one):

Spouse/Partner ☐ Child ☐

Parent/Guardian ☐ Sibling ☐

Other relative ☐

Unrelated housemate ☐

Commonwealth Department of Health and Family Services
Public Health Division

Roy Morgan Research

AIHW
For health and welfare statistics and information

1998 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 sixth 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 the Department of Health and Family Services to effectively examine important health and social issues and certain behaviour relating to drug use, and to measure the extent of drug use and the community's attitude to drugs.

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 still sealed, to the survey team for processing. The survey is managed by the Australian Institute of Health and Welfare on behalf of the department. 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.

Please be as honest and 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 using a **blue or black 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:

  2 4

  Please do not cross the number 7. Please make sure to write only one number in each box.

- Other questions will ask you to write your answer on the lines provided. Please ensure that you **print** your answer like this:

  Last year I travelled to Bali on Holiday

- If you wish to change your answer to any question, please use **liquid paper** to make the change. If you do not have any liquid paper, put a line right throught the wrong answer and mark the right answer with a cross.

- If you see an arrow like this (➔), you should follow the direction exactly. For example, ➔ **C1** means that you should miss all of the questions after the one you have just answered, until you come to the question marked **C1**. If you do not see the arrow, just answer the next question.

A note for all, but more 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 drugs and how widely drugs are used. You might feel embarrassed about giving honest answers. You might even be afraid that the researchers will be able to identify you, or that your answers will be shown to your parents. This will not, and can not, 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 (perhaps up to 11,000 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.

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 Institute of Health and Welfare or the Department of Health and Family Services will let them look at the answers you provide. Your answers will help in planning health and other services for the community.

SECTION A. Perceptions

A1. When people talk about "a drug <u>problem</u>", which two drugs do you first think of?

CROSS ONLY <u>ONE</u> DRUG CATEGORY IN EACH COLUMN

	1st drug?	2nd drug?
Alcohol	☐	☐
Tobacco	☐	☐
Tea/coffee/caffeine	☐	☐
Barbiturates (*e.g. Barbies, Barbs, Downers, Reds, Purple hearts*)	☐	☐
Tranquillisers, sleeping pills (*e.g. Tranks, Sleepers, Valium, Serapax, Serries, Mandrax, Mandies, Rohypnol,Rowies*)	☐	☐
Pain killers, analgesics (*e.g. Aspirin, Paracetamol, Mersyndol*)	☐	☐
Steroids	☐	☐
Inhalants (*e.g. Glue, Petrol, Solvents, Rush, Amyl, Laughing Gas*)	☐	☐
Marijuana/Hashish/Cannabis Resin (*e.g. Grass, Dope, Hooch, Pot, Weed, Smoko, Hash, Mull, Block, Chokie, Skunk, Gunja, Yandi*)	☐	☐
Naturally occurring Hallucinogens (*e.g. Datura, Angel's Trumpet, Magic Mushrooms*)	☐	☐
LSD/Synthetic Hallucinogens (*e.g. Acid, Trips*)	☐	☐
Amphetamines/Speed (*e.g. Goey, Go-go, Zip, "Uppers", Ice, Amphet, Meth, Ox Blood, Leopards Blood, MDA, Bromo MDA, MDEA, Methylamphetamine, Eve*)	☐	☐
Heroin (*e.g. Hammer, Smack, Skag, Shit, Rock, Slow*)	☐	☐
Cocaine (*e.g. Coke, Crack, Big C, Blow, Candi, Ceci, Charlie*)	☐	☐
Ecstasy/Designer Drugs (*e.g. XTC, E, Ex, Ecci, E and C, "Adam", MDMA, PMA, GHB*)	☐	☐
Drugs other than listed	☐	☐
None/can't think of any	☐	☐

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

CROSS ONLY ONE DRUG CATEGORY

	SINGLE RESPONSE (The one causing the most deaths)
Narcotics (e.g. Heroin)	
Alcohol	
Prescribed drugs (e.g. Pain relievers, Valium, Serapax, Sleeping Pills)	
Amphetamines (e.g. Speed, "uppers")	
Tobacco	
Cocaine	
Marijuana/Cannabis	

A3. Which one of these things do you think is the most serious concern for the general community?

CROSS ONE BOX ONLY

- Marijuana/hash use
- Tobacco smoking
- Heroin use
- Sharing needles or syringes
- Excessive use of Barbiturates
- Excessive drinking of Alcohol
- Excessive use of Tranquillisers
- Sniffing Glue/Petrol/Solvents/Rush
- Ecstasy/Designer Drug use
- Amphetamine/Speed use
- Cocaine/Crack use
- Hallucinogen use
- Excessive use of Pain killers/Analgesics
- Steroid use
- None of these

A4. If you needed any information about the health effects of alcohol, tobacco and/or other drugs, where would you go to obtain that information?

_____

_____

_____

_____

_____

_____

_____

_____

IF NONE/DON'T KNOW → **B1.**

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A5. Have you in fact used any of the sources you just mentioned for information about the health effects of alcohol, tobacco or other drugs in the past 12 months?

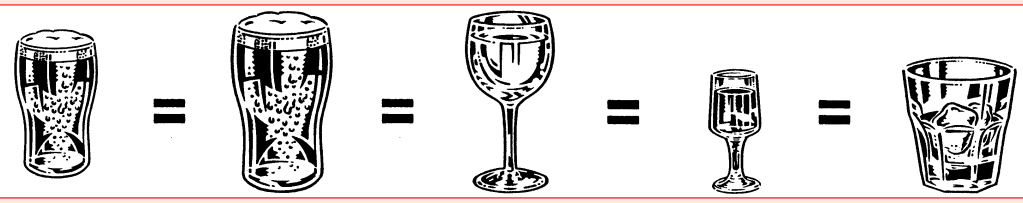
- Yes
- No

SECTION B. Perceptions of health risks

ALCOHOL

B1. BEFORE ANSWERING THIS QUESTION, PLEASE REFER TO THE DIAGRAM BELOW. IT SHOWS EXAMPLES OF A STANDARD DRINK. WHISKY, FOR EXAMPLE IS FOUR TIMES AS STRONG AS WINE, SO A NIP OF WHISKY HAS THE SAME AMOUNT OF ALCOHOL AS A WHOLE GLASS OF WINE.

EACH ONE CONTAINS EXACTLY THE SAME AMOUNT OF ALCOHOL



A middy, pot, handle (or schooner SA only) of *full strength* beer 285 ml

A schooner (or pint SA only) of *light* beer 425 ml

A small glass of wine 100 ml

A glass of port 60 ml

A nip of spirits 30 ml

OTHER EXAMPLES OF STANDARD DRINK QUANTITIES:

Wine	1 bottle (750 ml) = **7 standard drinks** 1 cask (4 litres) = **38 standard drinks**
Full-strength Beer	1 can or stubby of beer = **1.5 standard drinks** 1 bottle of beer (750 ml) = **3 standard drinks** 1 six-pack of beer = **9 standard drinks**
Light Beer	1 six-pack of *light* beer = **5 standard drinks** 1 case or slab of *light* beer = **20 standard drinks**
Other drinks	1 stubby of cider (375 ml) = **1.5 standard drinks** 1 bottle of spirits (750 ml) = **24 standard drinks**

Thinking now in terms of "standard drinks", how many standard drinks do you think an <u>adult male</u> could drink <u>everyday</u> before their health would be affected?

Number of drinks per day for adult male

ENTER WHOLE NUMBER (E.G. 0, 3, 6 etc.) ☐☐

Don't know ☐

B2. And how many standard drinks <u>per day</u> do you think an <u>adult female</u> could drink before her health was affected?

Number of drinks per day for adult female

ENTER WHOLE NUMBER (E.G. 0, 3, 6 etc.) ☐☐

Don't know ☐

B3. As far as you know, is the number of standard drinks shown on cans and bottles of alcoholic beverages?

CROSS <u>ONE</u> BOX ONLY

Yes ☐

No ☐

Don't know ☐

TOBACCO

B4. Thinking now about tobacco, do you think that non-smokers who live with smokers might one day develop health problems because of that other person's cigarette smoke?

CROSS <u>ONE</u> BOX ONLY

Yes ☐

No ☐

Not sure ☐

B5. And do you avoid places where you may be exposed to other peoples' cigarette smoke?

CROSS ONE BOX ONLY

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

B6. What no-smoking policies or restrictions, if any, does your workplace, school or college have in place?

CROSS ONE BOX ONLY

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

B7. Do you currently smoke tobacco at least weekly?

- Yes
- No → **C1.**

B8. During the past 6 months, have you done any of the following?

CROSS AS MANY BOXES AS APPLY

- Discussed smoking and health at home
- Rung the "Quit" line
- Asked your doctor for help to quit
- Used nicotine gum or nicotine patch
- Bought a product other than nicotine patch to help you quit
- Read "how to quit" literature
- Something else to help you quit
- None of the above
- Can't say

B9. During the past 6 months, has anybody at your house been trying to get you to quit smoking?

CROSS AS MANY BOXES AS APPLY

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

REMINDER:

Please cross inside the box, like this: X

If you see an arrow (→) after the box you have just marked, go straight to the question indicated.

SECTION C.
State/Territory regulations relating to cannabis use

C1. As far as you are aware, are the following activities legal or illegal in this State or Territory?

CROSS ONE BOX PER ACTIVITY

Activity	Legal	Illegal	Unsure, don't know
Grow cannabis/marijuana *for supply to others*			
Possess cannabis/marijuana *for supply to others*			
Sell cannabis/marijuana to someone else for money			
Sell a small quantity of cannabis/marijuana to someone else for *their* personal use			
Actually *use small quantities* of cannabis/marijuana			
Grow small quantities of cannabis/marijuana *for personal use*			
Possess small quantities of cannabis/ marijuana for personal use			
Possess implements for smoking or using cannabis/marijuana			
Drive a vehicle after smoking cannabis/marijuana			

C2. In your opinion, should the possession of small quantities of cannabis/marijuana for personal use be legal, or illegal?

CROSS ONE BOX ONLY

- Legal → **C5.**
- Illegal
- Unsure, Don't know

C3. Do you think the possession of small quantities of cannabis/marijuana for personal use should be a criminal offence, that is, should offenders acquire a criminal record?

CROSS ONE BOX ONLY

- Yes
- No
- Unsure, Don't know

C4. What single category best describes what you think should happen to anyone found in possession of small quantities of cannabis/marijuana for personal use?

CROSS ONE BOX ONLY

- A caution or warning only
- Something similar to a parking fine, up to $200
- A compulsory drug education program
- A substantial fine, around $1,000
- A community service order
- Weekend detention
- A gaol sentence
- Some other arrangement

C5. If cannabis/marijuana were legal to use, would you . . .

CROSS ONE BOX ONLY

- Not use it, even if it were legal and available
- Try it
- Use it about as often as I do now
- Use it more often than I do now
- Use it less often than I do now
- Don't know

C6. When thinking about drug use, which of the following statements most closely corresponds to your understanding of the term "decriminalised"?

CROSS ONE BOX ONLY

- Legal, no penalty applies
- Illegal, caution, small fine up to $200 applies
- Don't know

SECTION D. Medical profile

D1. When was the last time you consulted a doctor about any illness or injury?

CROSS ONE BOX ONLY

- Within the last 3 months
- More than 3, but within the last 6 months
- More than 6, but within the last 12 months
- More than 12 months ago
- Have never consulted a doctor

D2. Not counting any times you just went to the outpatients clinic or casualty, how many times have you been admitted, at least overnight, to a hospital in the last 12 months?

WRITE IN THE NUMBER OF TIMES IN WHOLE NUMBERS (E.G. 1, 3, 5) OR CROSS THE BOX "NOT ADMITTED" . . . AS APPROPRIATE.

Number of times admitted to hospital in last 12 months ____ times

Not admitted to hospital in last 12 months

SECTION E. Personal Health

INSTRUCTIONS: THE FOLLOWING QUESTIONS ASK FOR YOUR VIEWS ABOUT YOUR HEALTH, HOW YOU FEEL AND HOW WELL YOU ARE ABLE TO DO YOUR USUAL ACTIVITIES.

ANSWER EVERY QUESTION BY MARKING THE AREA AS INDICATED. IF YOU ARE UNSURE ABOUT HOW TO ANSWER A QUESTION, PLEASE GIVE THE BEST ANSWER YOU CAN.

E1. In general, would you say your health is:

CROSS ONE BOX ONLY

- Excellent
- Very Good
- Good
- Fair
- Poor

E2. Compared to one year ago, how would you rate your health in general now?

CROSS ONE BOX ONLY

- Much better now than one year ago
- Somewhat better now than one year ago
- About the same as one year ago
- Somewhat worse now than one year ago
- Much worse now than one year ago

E3. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

CROSS ONE BOX ON EACH LINE

Activities	Yes, Limited A Lot	Yes, Limited A Little	No, Not Limited At All
Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports			
Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf			
Lifting or carrying groceries			
Climbing several flights of stairs			
Climbing one flight of stairs			
Bending, kneeling or stooping			
Walking more than one kilometre			
Walking half a kilometre			
Walking 100 metres			
Bathing or dressing yourself			

E4. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

CROSS ONE BOX ON EACH LINE

	YES	NO
Cut down on the amount of time you spent on work or other activities		
Accomplished less than you would like		
Were limited in the kind of work or other activities		
Had difficulty performing the work or other activities (for example, it took extra effort)		

E5. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

CROSS ONE BOX ON EACH LINE

	YES	NO
Cut down on the amount of time you spent on work or other activities		
Accomplished less than you would like		
Didn't do work or other activities as carefully as usual		

E6. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours or groups?

CROSS ONE BOX ONLY

- Not at all
- Slightly
- Moderately
- Quite a bit
- Extremely

E7. How much bodily pain have you had during the past 4 weeks?

CROSS ONE BOX ONLY

- No bodily pain
- Very mild
- Mild
- Moderate
- Severe
- Very severe

E8. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

CROSS ONE BOX ONLY

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

E9. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks -

CROSS ONE BOX ON EACH LINE

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
Did you feel full of life?						
Have you been a very nervous person?						
Have you felt so down in the dumps that nothing could cheer you up?						
Have you felt calm and peaceful?						
Did you have a lot of energy?						
Have you felt down?						
Did you feel worn out?						
Have you been a happy person?						
Did you feel tired?						

E10. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives etc.)?

CROSS ONE BOX ONLY

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

E11. How TRUE or FALSE is each of the following statements for you?

CROSS ONE BOX ON EACH LINE

	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
I seem to get sick a little easier than other people					
I am as healthy as anybody I know					
I expect my health to get worse					
My health is excellent					

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

We remind you that 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.

Answers are completely confidential.

You may telephone 1800 654 856 (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.

THANK YOU FOR YOUR PATIENCE AND YOUR HELP WITH THIS SURVEY

REMINDER:

Please cross inside the box, like this: X

If you see an arrow (➔) after the box you have just marked, go straight to the question indicated.

SECTION F.

F1. In the past 12 months, have you been offered or had the opportunity to use any of the following?

CROSS THE "YES" OR "NO" BOX FOR EACH OF THE ITEMS

	Yes	No
Tobacco		
Alcohol		
Pain Killers/Analgesics for non-medical purposes *(e.g. Aspirin, Paracetamol, Mersyndol)*		
Tranquillisers/sleeping pills for non-medical purposes *(e.g. Tranks, Sleepers, Valium, Serapax, Serries, Mandrax, Mandies, Rohypnol, Rowies)*		
Steroids for non-medical purposes *(e.g. Roids, Juice, Gear)*		
Barbiturates for non-medical purposes *(e.g. Barbies, Downers, Reds, Purple hearts)*		
Marijuana *(e.g. Cannabis, Grass, Dope, Hooch, Pot, Weed, Smoko, Hash, Mull, Block, Chokie, Ganja, Yandi, Skunk)*		
Heroin *(e.g. Hammer, Smack, Skag, Shit, Rock, Slow)*		
Amphetamines *(e.g. Speed, Goey, Go-go, Zip, "Uppers", Ice, Amphet, Meth, Methylamphetamine, Ox Blood, Leopards Blood, MDA, Bromo, MDEA, Eve)*		
Cocaine *(e.g. Coke, Crack, Big C, Blow, Candy, Ceci, Charlie)*		
Naturally occurring Hallucinogens *(e.g. Magic Mushrooms, Datura, Angel's Trumpet)*		
LSD/Synthetic Hallucinogens *(e.g. Acid, Trips)*		
Ecstasy/Designer drugs *(e.g. XTC, E, Ex, Ecci, E and C, "Adam", MDMA, PMA, GHB)*		
Inhalants *(e.g. Glue, Petrol, Solvents, Rush, Amyl, Laughing Gas)*		
Kava		

SECTION G.

G1. About what proportion of your friends and acquaintances smoke tobacco?

CROSS ONE BOX ONLY

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

G2. In the last 12 months, have you or any other members of this household regularly smoked tobacco in the home?

REGULARLY SMOKED MEANS AT LEAST ONE CIGARETTE, CIGAR, OR PIPE A DAY

- Yes inside the home
- No, only smoke outside the home
- No-one at home regularly smokes

G3. Have you personally ever tried smoking cigarettes or other forms of tobacco?

- Yes
- No → **H1.**

G4. Have you ever smoked a full cigarette?

- Yes
- No → **H1.**

G5. About what age were you when you smoked your first full cigarette?

ENTER WHOLE YEARS ONLY (E.G. 21, 35, 47)

Age in years

G6. Who supplied you with your first cigarette?

CROSS ONE BOX ONLY

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

G7. Would you have smoked at least 100 cigarettes (manufactured or roll your own), or the equivalent amount of tobacco in your life?

- Yes
- No

G8. Have you ever smoked on a daily basis?

- Yes
- No → **G12.**

G9. About what age were you when you started smoking daily?

ENTER WHOLE YEARS ONLY (E.G. 21, 35, 47)

Age in years

G10. Are you still a daily smoker?

- Yes → **G12.**
- No

G11. About what age were you when you last smoked daily?

ENTER WHOLE YEARS ONLY (E.G. 21, 35, 47)

Age in years

G12. In the last 12 months, have you . . .

CROSS AS MANY BOXES AS APPLY

- Successfully given up smoking (for more than a month)?
- Tried to give up unsuccessfully?
- Changed to cigarette brand with lower tar or nicotine content?
- Reduced the amount of tobacco you smoke in a day?
- None of these

G13. Where do you usually obtain your cigarettes now?

CROSS ONE BOX ONLY

- Friend or acquaintance
- Sibling (brother or sister)
- Parent
- Spouse/partner
- Other relative
- Steal them
- Purchase from shop/tobacco retailer
- Other
- Not relevant – don't smoke now → **G16.**

G14. Are you planning on giving up smoking?

- Yes, within 30 days
- Yes, after 30 days, but within the next 3 months
- Yes, but not within the next 3 months
- No

REMINDER:

Please cross inside the box, like this: X

If you see an arrow (→) after the box you have just marked, go straight to the question indicated.

G15. Please read through all the statements below, and then cross the one statement which best describes your current use of tobacco/cigarettes.

Now smoke occasionally, but **less than once a week**

Now smoke occasionally, but **at least once a week**, about . . .

- 5 or less cigarettes a week
- 6 – 10 cigarettes a week
- 11 – 15 cigarettes a week
- 16 – 20 cigarettes a week
- 21 – 25 cigarettes a week
- 26 – 30 cigarettes a week
- 31 or more a week

Now smoke regularly, **everyday or most days**, about . . .

- 5 or less cigarettes a day
- 6 – 10 cigarettes a day
- 11 – 15 cigarettes a day
- 16 – 20 cigarettes a day
- 21 – 25 cigarettes a day
- 26 – 30 cigarettes a day
- 31 or more a day

IF STILL SMOKE: → **H1.**

IF YOU NO LONGER SMOKE AT ALL, PLEASE ANSWER THE FOLLOWING QUESTION:

G16. About what age were you when you last smoked tobacco?

ENTER WHOLE YEARS ONLY (E.G. 21, 35, 47)

Age in years

SECTION H.

H1. About what proportion of your friends and acquaintances consume alcohol?

CROSS ONE BOX ONLY

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

H2. Have you ever tried alcohol?

- Yes
- No → **J1.**

H3. Have you ever had a full glass of alcohol? (*e.g. a glass of wine, a whole nip of spirits, a can of beer, etc.*)

- Yes
- No → **J1.**

H4. About what age were you when you had your first glass of alcohol?

ENTER WHOLE YEARS ONLY (E.G. 29, 38)

Age in years

H5. Who supplied you with the first glass of alcohol you consumed?

CROSS ONE BOX ONLY

- Friend or acquaintance
- Sibling (brother or sister)
- Parent
- Spouse/partner
- Other relative
- Stole it
- Purchased it myself from retailer (e.g. pub, bottleshop)
- Other
- Can't recall

H6. When did you last have an alcoholic drink of any kind?

CROSS ONE BOX ONLY

- Today
- Yesterday
- 2 to 3 days ago
- 4 to 6 days ago
- One week ago
- 1 to 3 weeks ago
- 1 to 3 months ago
- 4 to 6 months ago
- 7 to 12 months ago
- More than one year ago → **H35.**

H7. How often do you have an alcoholic drink of any kind?

CROSS ONE BOX ONLY

- Everyday
- 4 to 6 days a week
- 2 to 3 days a week
- About 1 day a week
- 2 to 3 days a month
- About 1 day a month
- Less often
- No longer drink alcohol → **H35.**

H8. Where do you usually obtain your alcohol now?

CROSS ONE BOX ONLY

- Friend or acquaintance
- Sibling (brother or sister)
- Parent
- Spouse/partner
- Other relative
- Steal it
- Purchase it myself from retailer (e.g. pub, bottleshop)
- Other

H9. When you have an alcoholic drink, how often do you do any of the following?

CROSS ONE BOX FOR EACH ITEM BELOW

	Never	Rarely	Some times	Most of the time	Always	Not Relevant (Never have more than 1 or 2 drinks)
Count the number of drinks you have						
Deliberately alternate between alcoholic and non-alcoholic drinks						
Make a point of eating while consuming alcohol						
Quench your thirst by having a non-alcoholic drink before having alcohol						
Only drink low alcohol drinks						
Limit the number of drinks you have in an evening (e.g. when driving)						
Refuse an alcoholic drink you are offered because you really don't want it						

H10. What type of alcohol do you usually drink?

CROSS AS MANY BOXES AS APPLY

- Cask wine
- Bottled wine
- Regular Beer (greater than 4% Alc/Vol)
- Mid Strength Beer (3% to 3.9% Alc/Vol)
- Low Alcohol Beer (1.0% to 2.9% Alc/Vol)
- Premixed spirits (e.g. UDL)
- Bottled Spirits
- Alcoholic Soda (e.g. Sub-Zero)
- Cider
- Fruit flavoured "coolers"
- Other

H11. Where do you usually drink alcohol?

CROSS AS MANY BOXES AS APPLY

- In my home
- At a friend's house
- At parties
- At restaurants/cafes
- At a licensed premises (e.g. pub/club)
- At an educational institution (e.g. school/university)
- At my workplace
- In public places (e.g. parks)
- In a car or other vehicle
- Somewhere else

H12. In the last 12 months have you . . .

CROSS AS MANY BOXES AS APPLY

- Reduced the amount of alcohol you drink at any one time?
- Reduced the number of times you drink?
- Switched to drinking more low-alcohol drinks than you used to?
- None of the above → **H14.**

H13. What was the main reason for doing that?

CROSS ONE BOX 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)
- Taste/enjoyment (e.g. prefer low alcohol beer, don't get drunk)
- Drink driving regulations
- Financial reasons
- Other

H14. On a day that you have an alcoholic drink, how many standard drinks do you usually have?

REMEMBER, A STANDARD "DRINK" IS A SMALL GLASS OF WINE OR MIDDY OF BEER, A NIP OF SPIRITS, OR A MIXED DRINK

CROSS ONE BOX ONLY

- 13 or more drinks
- 9 to 12 drinks
- 7 to 8 drinks
- 5 to 6 drinks
- 3 to 4 drinks
- 1 to 2 drinks

IF FEMALE → H25.

IF MALE, PLEASE CONTINUE.

MALES ONLY

H15. In the past 12 months, how often have you had more than 6 standard drinks in a day?

CROSS ONE BOX ONLY

Every day	4 to 6 days a week	2 to 3 days a week	About 1 day a week	2 to 3 days a month	About 1 day a month	Less often	Never
☐	☐	☐	☐	☐	☐	☐	☐

H16. In the past 12 months, how often have you had 5 or 6 standard drinks in a day?

CROSS ONE BOX ONLY

Every day	4 to 6 days a week	2 to 3 days a week	About 1 day a week	2 to 3 days a month	About 1 day a month	Less often	Never
☐	☐	☐	☐	☐	☐	☐	☐

H17. In the past 12 months, how often have you had 1 to 4 standard drinks in a day?

CROSS ONE BOX ONLY

Every day	4 to 6 days a week	2 to 3 days a week	About 1 day a week	2 to 3 days a month	About 1 day a month	Less often	Never
☐	☐	☐	☐	☐	☐	☐	☐

H18. When you drink more than 4 standard drinks in a day, how many standard drinks do you usually have?

13 or more standard drinks ☐

9 to 12 standard drinks ☐

7 to 8 standard drinks ☐

5 to 6 standard drinks ☐

Not applicable (Not consumed 4+ drinks) ☐ → **J1.**

H19. On the last occasion you drank more than 4 standard drinks in a day, how many standard drinks did you actually have?

13 or more standard drinks ☐

9 to 12 standard drinks ☐

7 to 8 standard drinks ☐

5 to 6 standard drinks ☐

H20. In the past 12 months, about how often have you been unable to remember afterwards what happened while you were drinking?

Every day	4 to 6 days a week	2 to 3 days a week	About 1 day a week	2 to 3 days a month	About 1 day a month	Less often but at least once	Never
☐	☐	☐	☐	☐	☐	☐	☐

H21. In the last 2 weeks, did you ever have 7 or more standard drinks on one occasion?

Yes ☐

No ☐ → **J1.**

H22. In the last 2 weeks, did you ever have 12 or more standard drinks on one occasion?

Yes ☐

No ☐ → **J1.**

H23. In the last 2 weeks how many times have you had 12 or more standard drinks on one occasion?

ENTER WHOLE NUMBERS ONLY (E.G. 1, 3, 4)

Number of times ☐☐

H24. On any of these occasions, did you intend to get drunk?

Yes ☐ → **J1.**

No ☐ → **J1.**

FEMALES ONLY

H25. In the past 12 months, how often have you had more than 4 standard drinks in a day?

CROSS ONE BOX ONLY

Every day	4 to 6 days a week	2 to 3 days a week	About 1 day a week	2 to 3 days a month	About 1 day a month	Less often	Never
☐	☐	☐	☐	☐	☐	☐	☐

H26. In the past 12 months, how often have you had 3 or 4 standard drinks in a day?

CROSS ONE BOX ONLY

Every day	4 to 6 days a week	2 to 3 days a week	About 1 day a week	2 to 3 days a month	About 1 day a month	Less often	Never

H27. In the past 12 months, how often have you had 1 or 2 standard drinks in a day?

CROSS ONE BOX ONLY

Every day	4 to 6 days a week	2 to 3 days a week	About 1 day a week	2 to 3 days a month	About 1 day a month	Less often	Never

H28. When you drink more than 2 standard drinks in a day, how many standard drinks do you usually have?

13 or more standard drinks

9 to 12 standard drinks

7 to 8 standard drinks

5 to 6 standard drinks

3 to 4 standard drinks

Not applicable (Not consumed 2+ drinks) → **J1.**

H29. On the last occasion you drank more than 2 standard drinks in a day, how many standard drinks did you actually have?

13 or more standard drinks

9 to 12 standard drinks

7 to 8 standard drinks

5 to 6 standard drinks

3 to 4 standard drinks

H30. In the past 12 months, about how often have you been unable to remember afterwards what happened while you were drinking?

Every day	4 to 6 days a week	2 to 3 days a week	About 1 day a week	2 to 3 days a month	About 1 day a month	Less often but at least once	Never

H31. In the last 2 weeks, did you ever have 5 or more standard drinks on one occasion?

Yes

No → **J1.**

H32. In the last 2 weeks, did you ever have 8 or more standard drinks on one occasion?

Yes

No → **J1.**

H33. In the last 2 weeks how many times have you had 8 or more standard drinks on one occasion?

ENTER WHOLE NUMBERS ONLY (E.G. 1, 3, 4)

Number of times

H34. On any of these occasions, did you intend to get drunk?

Yes → **J1.**

No → **J1.**

IF YOU DID NOT DRINK IN THE PAST 12 MONTHS, PLEASE ANSWER THE FOLLOWING QUESTION:

H35. About what age were you when you last had an alcoholic drink?

ENTER WHOLE NUMBERS ONLY (E.G. 1, 3, 4)

Age in years

SECTION J.

J1. Have you ever used someone else's medications 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

No → **K1.**

J2. Which medications originally prescribed or recommended for someone else have you used in the past 12 months when you were feeling unwell?

CROSS AS MANY AS APPLY

Painkillers/Analgesics

Tranquilisers/Sleeping Pills

Barbiturates

Steroids

Amphetamines

Others

None

SECTION K.

The next five sections (K – O) use the term "for non-medical purposes" to describe the usage we are interested in. For these sections, the term "for non-medical purposes" means:

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

K1. Have you ever tried Pain Killers/Analgesics for non-medical purposes? (*e.g. Aspirin, Paracetamol, Mersyndol*)

Yes ☐

No ☐ → **L1.**

K2. Have you used Pain Killers/Analgesics for non-medical purposes, in the past 12 months?

Yes ☐

No ☐ → **L1.**

K3. In the past 12 months, which of the following did you use at the same time, on at least one occasion that you used Painkillers/ Analgesics for non-medical purposes?

CROSS AS MANY BOXES AS APPLY

Alcohol ☐

Marijuana/Cannabis ☐

Heroin ☐

Cocaine ☐

Benzodiazepines ☐

Anti-depressants ☐

Barbiturates ☐

Not used any of the above at the same time as Painkillers/Analgesics ☐

SECTION L.

L1. Have you ever tried Tranquilisers/Sleeping Pills for non-medical purposes? (*e.g. Valium, Serapax, Rohypnol*)

Yes ☐

No ☐ → **M1.**

L2. Have you used Tranquilisers/Sleeping Pills for non-medical purposes in the past 12 months?

Yes ☐

No ☐ → **M1.**

L3. In the past 12 months, which of the following did you use at the same time, on at least one occasion that you used Tranquilisers/ Sleeping Pills for non-medical purposes?

CROSS AS MANY BOXES AS APPLY

Alcohol ☐

Marijuana/Cannabis ☐

Heroin ☐

Cocaine ☐

Painkillers/Analgesics ☐

Not used any of the above at the same time as Tranquiliser/Sleeping Pills ☐

SECTION M.

M1. Have you ever tried Steroids for non-medical purposes? (*e.g. Roids, Juice, Gear*)

Yes ☐

No ☐ → **N1.**

M2. Have you used Steroids for non-medical purposes in the past 12 months?

Yes ☐

No ☐ → **N1.**

M3. How have you used steroids for non-medical purposes in the past 12 months?

CROSS AS MANY BOXES AS APPLY

Swallowed ☐

Injected ☐

M4. In the past 12 months, which of the following did you use at the same time, on at least one occasion that you used Steroids for non-medical purposes?

CROSS AS MANY BOXES AS APPLY

Alcohol ☐

Marijuana/Cannabis ☐

Heroin ☐

Cocaine ☐

Benzodiazepines ☐

Anti-depressants ☐

Barbiturates ☐

Painkillers/Analgesics ☐

Not used any of the above at the same time as Steroids ☐

SECTION N.

N1. Have you ever tried Barbiturates for non-medical purposes? (*e.g. Barbies, Downers, Reds, Purple Hearts*)

Yes ☐

No ☐ → **O1.**

N2. Have you used Barbiturates for non-medical purposes in the past 12 months?

Yes ☐

No ☐ → **O1.**

N3. In the past 12 months, which of the following did you use at the same time, on at least one occasion that you used Barbiturates for non-medical purposes?

CROSS AS MANY BOXES AS APPLY

Alcohol ☐

Marijuana/Cannabis ☐

Heroin ☐

Cocaine ☐

Benzodiazepines ☐

Anti-depressants ☐

Painkillers/Analgesics ☐

Not used any of the above at the same time as Barbiturates ☐

SECTION O.

O1. Have you ever tried Amphetamines for non-medical purposes? (*e.g. Speed, Goey, Go-go, Zip, "Uppers", Ice, Amphet, Meth, Methylamphetamine, Ox Blood, Leopards Blood, MDA, Bromo, MDEA, Eve*)

Yes ☐

No ☐ → **P1.**

O2. Have you used Amphetamines for non-medical purposes in the past 12 months?

Yes ☐

No ☐ → **P1.**

O3. What type of amphetamines have you used for non-medical purposes in the past 12 months?

CROSS AS MANY BOXES AS APPLY

Amphetamine powder ☐

Amphetamine liquid ☐

Prescription amphetamines ☐

O4. How have you used amphetamines for non-medical purposes in the past 12 months?

CROSS AS MANY BOXES AS APPLY

- Smoked
- Snorted
- Swallowed
- Injected

O5. In the past 12 months, which of the following did you use at the same time, on at least one occasion that you used Amphetamines?

CROSS AS MANY BOXES AS APPLY

- Alcohol
- Marijuana/Cannabis
- Heroin
- Cocaine
- Benzodiazepines
- Anti-depressants
- Barbiturates
- Painkillers/Analgesics
- Not used any of the above at the same time as Amphetamines

SECTION P.

P1. Have you ever tried Marijuana (or Cannabis)?
(Any Cannabis products, e.g. Grass, Dope, Pot, Weed, Mull, Hash, Skunk)

- Yes
- No → **Q1.**

P2. Have you used Marijuana (or Cannabis), in the past 12 months?

- Yes
- No → **Q1.**

P3. How do you most commonly use Marijuana (or Cannabis)?

CROSS ONE BOX ONLY

- Usually smoked as “joints” (e.g. reefers, spliffs)
- Usually smoked from a “bong” or pipe
- Usually by eating it (e.g. hash cookies)

P4. And what type of Marijuana (or Cannabis) do you most commonly use?

CROSS ONE BOX ONLY

- Leaf
- Heads
- Resin (including Hash)
- Oil (including Hash oil)
- “Skunk”
- Other

P5. In the past 12 months, which of the following did you use at the same time, on at least one occasion that you used Marijuana or Cannabis?

CROSS AS MANY BOXES AS APPLY

- Alcohol
- Heroin
- Cocaine
- Benzodiazepines
- Anti-depressants
- Barbiturates
- Painkillers/Analgesics
- Not used any of the above at the same time as Marijuana (or Cannabis)

SECTION Q.

Q1. Have you ever tried Heroin? *(e.g. Hammer, Smack, Skag, Rock)*

Yes ☐

No ☐ → **Q8.**

Q2. Have you used Heroin in the past 12 months?

Yes ☐

No ☐ → **Q8.**

Q3. What type of heroin have you tried in the past 12 months?

Heroin powder ☐

Heroin rock ☐

Q4. How have you used heroin in the past 12 months?

CROSS AS MANY BOXES AS APPLY

Smoked ☐

Snorted ☐

Swallowed ☐

Injected ☐

Q5. In the past 12 months, which of the following did you use at the same time, on at least one occasion that you used Heroin?

CROSS AS MANY BOXES AS APPLY

Alcohol ☐

Marijuana/Cannabis ☐

Cocaine ☐

Benzodiazepines ☐

Anti-depressants ☐

Barbiturates ☐

Painkillers/Analgesics ☐

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

HEROIN OVERDOSES

Q6. How many times have you overdosed when using heroin?

ENTER WHOLE NUMBER ONLY (E.G. 0, 1, 4, 5)

☐☐ times

IF 0 TIMES, → Q8.

Q7. When was the last time you overdosed when using heroin?

Less than a month ago ☐

Over 1, but less than 3 months ago ☐

Over 3, but less than 6 months ago ☐

Between 6 and 12 months ago ☐

More than 12 months ago ☐

Q8. In the past 12 months, how many times have you been present when someone else overdosed when using heroin?

ENTER WHOLE NUMBER ONLY (E.G. 0, 1, 4, 5)

☐☐ times

IF 0 TIMES, → R1.

Q9. Did you always call for an ambulance or for other health assistance when someone else overdosed?

Yes, always ☐ → **R1.**

Yes, sometimes ☐

No, never ☐

Q10. Why didn't you always call for an ambulance or for other health assistance when someone else overdosed?

CROSS AS MANY BOXES AS APPLY

I/we were too inebriated/intoxicated at the time ☐

I/we didn't want to get involved ☐

I/we were capable of handling the overdose ☐

I/we were afraid the police would get involved ☐

Other reason ☐

SECTION R.

R1. Have you ever tried Methadone other than that which was supplied to you as part of a medically supervised maintenance program?
(e.g. Done, Junk, Jungle Juice)

Yes ☐

No ☐ → **S1.**

R2. Have you used Methadone which had not been supplied to you as part of a medically supervised maintenance program in the past 12 months?

Yes ☐

No ☐ → **S1.**

R3. What type of methadone which was not supplied to you as part of a medically supervised maintenance program have you tried in the past 12 months?

CROSS AS MANY BOXES AS APPLY

Methadone syrup ☐

Physeptone tablets ☐

R4. How have you used methadone which was not supplied to you as part of a medically supervised maintenance program in the past 12 months?

CROSS AS MANY BOXES AS APPLY

Swallowed ☐

Injected ☐

REMINDER:

Please cross inside the box, like this: ☒

If you see an arrow (→) after the box you have just marked, go straight to the question indicated.

R5. In the past 12 months, which of the following did you use at the same time, on at least one occasion that you used Methadone which had not been supplied to you as part of a medically supervised program?

CROSS AS MANY BOXES AS APPLY

Alcohol ☐

Marijuana/Cannabis ☐

Heroin ☐

Cocaine ☐

Benzodiazepines ☐

Anti-depressants ☐

Barbiturates ☐

Painkillers/Analgesics ☐

Not used any of the above at the same time as Methadone not supplied as part of a medically supervised program ☐

SECTION S.

S1. Have you ever tried Cocaine?
(e.g. Coke, Crack, Blow, Charlie)

Yes ☐

No ☐ → **T1.**

S2. Have you used Cocaine in the past 12 months?

Yes ☐

No ☐ → **T1.**

S3. What type of cocaine have you used in the past 12 months?

CROSS AS MANY BOXES AS APPLY

Cocaine powder ☐

Crack cocaine (smokable crystals) ☐

S4. How have you used Cocaine in the past 12 months?

CROSS AS MANY BOXES AS APPLY

- Smoked
- Snorted
- Swallowed
- Injected

S5. In the past 12 months, which of the following did you use at the same time, on at least one occasion that you used Cocaine?

CROSS AS MANY BOXES AS APPLY

- Alcohol
- Marijuana/Cannabis
- Heroin
- Benzodiazepines
- Anti-depressants
- Barbiturates
- Painkillers/Analgesics
- Not used any of the above at the same time as Cocaine

SECTION T.

T1. Have you ever tried LSD/Synthetic hallucinogens or naturally occurring hallucinogens? *(e.g. Acid, Trips, Magic Mushrooms, Datura, Angel's Trumpet)*

- Yes
- No → **U1.**

T2. Have you used LSD/Synthetic hallucinogens or naturally occurring hallucinogens in the past 12 months?

- Yes
- No → **U1.**

T3. What forms of LSD/Synthetic hallucinogens or naturally occurring hallucinogens have you tried in the past 12 months?

CROSS AS MANY BOXES AS APPLY

- Tabs
- Liquid
- Magic Mushrooms
- Datura/Angel's Trumpet

T4. In the past 12 months, which of the following did you use at the same time, on at least one occasion that you used LSD/Synthetic hallucinogens or naturally occurring hallucinogens?

CROSS AS MANY BOXES AS APPLY

- Alcohol
- Marijuana/Cannabis
- Heroin
- Cocaine
- Benzodiazepines
- Anti-depressants
- Barbiturates
- Painkillers/Analgesics
- Not used any of the above at the same time as LSD/Synthetic hallucinogens or naturally occurring hallucinogens

SECTION U.

U1. Have you ever tried Ecstasy/Designer Drugs? *(e.g. XTC, E, MDMA, Ecci, Adam, Fantasy)*

- Yes
- No → **V1.**

U2. Have you used Ecstasy/Designer Drugs in the past 12 months?

- Yes
- No → **V1.**

U3. In the past 12 months, which of the following did you use at the same time, on at least one occasion that you used Ecstasy or Designer Drugs?

CROSS AS MANY BOXES AS APPLY

- Alcohol ☐
- Marijuana/Cannabis ☐
- Heroin ☐
- Cocaine ☐
- Benzodiazepines ☐
- Anti-depressants ☐
- Barbiturates ☐
- Painkillers/Analgesics ☐
- Not used any of the above at the same time as Ectasy/Designer Drugs ☐

SECTION V.

V1. Have you ever tried Inhalants? *(e.g. Glue, Petrol, Solvent, Rush)*

- Yes ☐
- No ☐ → **W1.**

V2. Have you used Inhalants in the past 12 months?

- Yes ☐
- No ☐ → **W1.**

V3. In the past 12 months, which of the following did you use at the same time, on at least one occasion that you used Inhalants?

CROSS AS MANY BOXES AS APPLY

- Alcohol ☐
- Marijuana/Cannabis ☐
- Heroin ☐
- Cocaine ☐
- Benzodiazepines ☐
- Anti-depressants ☐
- Barbiturates ☐
- Painkillers/Analgesics ☐
- Not used any of the above at the same time as Inhalants ☐

SECTION W.

W1. Have you ever injected yourself with illegal drugs?

- Yes ☐
- No ☐ → **W12.**

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

ENTER WHOLE YEARS ONLY (E.G. 21, 35, 47)

Age in years ☐☐

W3. What illegal drug did you first inject?

CROSS ONE BOX ONLY

- Heroin ☐
- Methadone ☐
- Other opiates ☐
- Amphetamines ☐
- Cocaine ☐
- Hallucinogens ☐
- Ecstasy ☐
- Benzodiazepines ☐
- Steroids ☐
- Other ☐

W4. Have you injected yourself with illegal drugs in the past 12 months?

- Yes ☐
- No ☐ → **W7.**

REMINDER:

Please cross inside the box, like this: ☒

If you see an arrow (→) after the box you have just marked, go straight to the question indicated.

W5. Which of the following drugs have you injected yourself with in the past 12 months?

CROSS AS MANY BOXES AS APPLY

- Heroin
- Methadone
- Other opiates
- Amphetamines
- Cocaine
- Hallucinogens
- Ecstasy
- Benzodiazepines
- Steroids
- Other

W6. On average, how often have you injected yourself with illegal drugs in the past 12 months?

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

W7. Have you used a needle exchange in the past 12 months?

- Yes
- No

W8. Have you ever used a needle after someone else had already used it?

- Yes, and I bleached and/or rinsed it first
- Yes, but I did not bleach or rinse it first
- No → **W11.**

W9. How long ago did you last use a needle which had already been used by someone else?

- Less than a month ago
- Between 1 and 12 months ago
- Between 1 and 5 years ago → **W11.**
- More than 5 years ago → **W11.**

W10. How many times in the last 12 months have you used a needle after someone else had already used it?

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

W11. How long ago did someone else use a needle 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:

W12. Which of the following procedures have you ever undergone and which procedures have you undergone in the past 12 months?

CROSS AT LEAST ONE BOX IN EACH COLUMN

	In last 12 months	Ever	
Tattoo(s)			
Ear piercing			
Body piercing			
None			→ **X1.**

W13. Had you been drinking alcohol or using other drugs when any of these procedures were undertaken?

- Yes
- No

SECTION X.

This section looks at how drugs are used and the consequences of drug use in the community. The information provided will be used by health and social researchers to identify patterns of use and the potential harms this use might cause.

X1. In your opinion, for each of the drugs listed below . . .

do you personally think that regular use by an adult is OK, or not OK?

***Regular use* means everyday for tobacco and alcohol, and at least once a month for other drugs**

CROSS THE 'OK' OR 'NOT OK' BOX FOR EACH DRUG AS APPROPRIATE

	Regular Use by Adult is . . . OK	Not OK
Tobacco/cigarettes		
Alcohol		
Pain killers/Analgesics for non-medical purposes		
Tranquillisers/Sleeping pills for non-medical purposes		
Steroids for non-medical purposes		
Barbiturates for non-medical purposes		
Marijuana/Cannabis		
Heroin		
Amphetamines (speed/uppers)		
Cocaine/Crack		
Naturally occurring Hallucinogens		
LSD/Synthetic hallucinogens		
Ecstasy/Designer Drugs		
Glue/Petrol/Solvents/Rush		
Methadone for non-medical purposes		

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

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

X2. As far as you know, about what proportion of your friends and acquaintances have ever used the following substances?

CROSS ONE BOX ONLY FOR EACH SUBSTANCE

Substance	All	Most	About Half	A Few	None
1. **Marijuana/Cannabis**					
2. **Heroin**					
3. (non-maintenance) **Methadone**					
4. **Cocaine**					
5. **LSD/Synthetic hallucinogens**					
6. **Naturally occurring Hallucinogens**					
7. **Ecstasy or other designer drugs**					
8. **Inhalants**					
9. **Painkillers or analgesics** (for non-medical purposes)					
10. **Tranquilisers or sleeping pills** (for non-medical purposes)					
11. **Barbiturates** (for non-medical purposes)					
12. **Amphetamines** (for non-medical purposes)					
13. **Steroids** (for non-medical purposes)					

X3. For each of the following substances, please summarise your own usage.

For example:
I have never tried substance A, so I put in a cross in the 'Never used' column.
I first used Substance B when I was 21, but I stopped using it when I was 23.
I still use Substance C. I first used it when I was 18 and I'm 25 now.

Substance	Never used	Age FIRST used		Age LAST used	
Substance A	X				
Substance B		2	1	2	3
Substance C		1	8	2	5

Substance	Never used	Age FIRST used		Age LAST used	
1. **Marijuana/ Cannabis**					
2. **Heroin**					
3. (non-maintenance) **Methadone**					
4. **Cocaine**					
5. **LSD/Synthetic hallucinogens**					
6. **Naturally Occurring Hallucinogens**					
7. **Ecstasy or other designer drugs**					
8. **Inhalants**					
9. **Painkillers or Analgesics** (for non-medical purposes)					
10. **Tranquilisers or sleeping pills** (for non-medical purposes)					
11. **Barbiturates** (for non-medical purposes)					
12. **Amphetamines** (for non-medical purposes)					
13. **Steroids** (for non-medical purposes)					

IF YOU ANSWERED 'NEVER USED' TO ALL OF THE SUBSTANCES LISTED ABOVE → X8.

X4. How often do you currently use the substances listed below?

CROSS ONE BOX FOR EACH SUBSTANCE

Substance	Don't currently use	Every day	Once a week or more	About once a month	Every few months	Once or twice a year	Less often
1. **Marijuana/ Cannabis**							
2. **Heroin**							
3. (non-maintenance) **Methadone**							
4. **Cocaine**							
5. **LSD/ Synthetic hallucinogens**							
6. **Naturally occurring hallucinogens**							
7. **Ecstasy or other designer drugs**							
8. **Inhalants**							
9. **Painkillers/ Analgesics** (for non-medical purposes)							
10. **Tranquilisers or sleeping pills** (for non-medical purposes)							
11. **Barbiturates** (for non-medical purposes)							
12. **Amphetamines** (for non-medical purposes)							
13. **Steroids** (for non-medical purposes)							

X5. For each substance you have ever used, please indicate where you first obtained it?

CROSS ONE BOX ONLY FOR EACH SUBSTANCE EVER USED:

LEAVE BLANK THOSE SUBSTANCES NEVER USED

Substance	Friend or acquaintance	Brother or Sister	Parent	Spouse or Partner	Other Relative	Street Dealer	Stole it	Other (please specify)	e.g. grew it, from the wild, bought over counter, doctor shopping/forging scripts, trainer/sports professional
1. **Marijuana**									
2. **Heroin**									
3. (non-maintenance) **Methadone**									
4. **Cocaine**									
5. **LSD/Synthetic hallucinogens**									
6. **Naturally Occurring Hallucinogens**									
7. **Ecstasy or other designer drugs**									
8. **Inhalants**									
9. **Painkillers/ Analgesics** (for non-medical purposes)									
10. **Tranquilisers/ Sleeping Pills** (for non-medical purposes)									
11. **Barbiturates** (for non-medical purposes)									
12. **Amphetamines** (for non-medical purposes)									
13. **Steroids** (for non-medical purposes)									

X6. For each substance you currently use, please indicate where you usually obtain it from now?

CROSS ONE BOX ONLY FOR EACH SUBSTANCE CURRENTLY USED:

LEAVE BLANK THOSE SUBSTANCES NOT CURRENTLY USED

Substance	Friend or acquaintance	Brother or Sister	Parent	Spouse or Partner	Other Relative	Street Dealer	Steal it	Other (please specify)	e.g. grow it, from the wild, buy over counter, doctor shopping/forging scripts, trainer/sports professional
1. **Marijuana**									
2. **Heroin**									
3. (non-maintenance) **Methadone**									
4. **Cocaine**									
5. **LSD/Synthetic hallucinogens**									
6. **Naturally Occurring Hallucinogens**									
7. **Ecstasy or other designer drugs**									
8. **Inhalants**									
9. **Painkillers/ Analgesics** (for non-medical purposes)									
10. **Tranquilisers/ Sleeping Pills** (for non-medical purposes)									
11. **Barbiturates** (for non-medical purposes)									
12. **Amphetamines** (for non-medical purposes)									
13. **Steroids** (for non-medical purposes)									

X7. For each substance you currently use, where do you use?

CROSS AS MANY BOXES AS APPLY FOR EACH SUBSTANCE

LEAVE BLANK THOSE SUBSTANCES WHICH YOU DO NOT CURRENTLY USE

Substance	In my own home	Friends house	Parties	Restaur-ants cafes	Licensed Premises (e.g. pubs, clubs)	School, TAFE, Uni etc.	Work Place	Public Places (e.g. park)	Car, other vehicle	Other places
1. **Marijuana**										
2. **Heroin**										
3. (non-maintenance) **Methadone**										
4. **Cocaine**										
5. **LSD/Synthetic hallucinogens**										
6. **Naturally Occurring Hallucinogens**										
7. **Ecstasy or other designer drugs**										
8. **Inhalants**										
9. **Painkillers/ Analgesics** (for non-medical purposes)										
10. **Tranquilisers/ Sleeping Pills** (for non-medical purposes)										
11. **Barbiturates** (for non-medical purposes)										
12. **Amphetamines** (for non-medical purposes)										
13. **Steroids** (for non-medical purposes)										

X8. What are your main drugs of choice? That is, your favourite or preferred drug, and when it is not available, what is your next favourite drug?

CROSS ONE "FAVOURITE" DRUG AND ONE "NEXT FAVOURITE" DRUG

	Favourite	Next Favourite
Tobacco		
Alcohol		
Marijuana/Cannabis		
Heroin		
Methadone		
Other opiates		
Cocaine		
Hallucinogens		
Inhalants		
Ecstasy		
Amphetamines		
Steroids		
Benzodiazepines		
None		

SECTION Y.

Y1. How many times in the past 12 months has a person or persons affected by alcohol . . .

CROSS ONE BOX PER INCIDENT

	Never	Once only	2–5 times	6–9 times	10+ times
Verbally abused you?					
Physically abused you?					
Put you in fear?					
Damaged your property?					
Stolen your property?					

Y2. How many times in the past 12 months has a person or persons affected by drugs other than alcohol . . .

CROSS ONE BOX PER INCIDENT

	Never	Once only	2–5 times	6–9 times	10+ times
Verbally abused you?					
Physically abused you?					
Put you in fear?					
Damaged your property?					
Stolen your property?					

IF NEVER TO ALL FOR BOTH Y1. AND Y2., → Y12.

Y3. Where did the incidents referred to occur?

CROSS AS MANY BOXES AS APPLY

	In my home	In pubs & clubs	At my work place	At school/ uni. etc.	In the street	Some where else
Verbal abuse						
Physical abuse						
Put in fear						
Property damage						
Property stolen						

Y4. On what day(s) did the incident(s) occur?

CROSS ONE BOX ONLY

On weekdays and weekends

On weekdays only

On weekends only

Y5. At what time(s) did the incident(s) occur?

CROSS ONE BOX ONLY

- During the day and night
- During the daytime only
- At night only

Y6. Which of the following list of persons affected by alcohol or other drugs was responsible for the incidents referred to above?

SELECT EACH OF THE INCIDENTS THAT OCCURRED TO YOU FROM THE TOP ROW, AND MOVING DOWN THE LIST OF PERSONS, CROSS AS MANY BOXES AS APPLY.

	Verbal abuse	Physical abuse	Put you in fear	Property damage	Property stolen
Spouse or Partner					
Parent					
Child					
Sibling					
Other relative					
Other house/ flat resident					
Current boy/girl friend					
Former spouse/ partner boy/girl friend					
Work/ school mate					
Friend/ acquaintance					
Not known to me					

PLEASE CHECK ONCE AGAIN THAT ALL OF THE INCIDENTS HAVE THE APPROPRIATE ANSWERS.

Y7. Did any of these incidents involve sexual abuse?

- Yes
- No
- Not relevant (not physically abused) → **Y11.**

Y8. What was the most serious injury you sustained as a result of the incident(s)?

CROSS ONE BOX ONLY

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

Y9. Were the incidents reported to police?

- No – none
- Yes – some
- Yes – all → **Y11.**

Y10. Are there any reasons why you didn't report all of the incidents?

CROSS AS MANY BOXES AS 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

Y11. 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?

CROSS ONE BOX ONLY

- Yes, alcohol only
- Yes, drugs other than alcohol only
- Yes, both alcohol and other drugs
- No, neither alcohol or other drugs

REMINDER:

Please cross inside the box, like this: X

If you see an arrow (➔) after the box you have just marked, go straight to the question indicated.

Y12. In the past 12 months, how many times did you undertake the following activities while under the influence of ALCOHOL?

FOR EACH OF THE ACTIVITIES, CROSS ONE BOX ONLY

IF YOU HAVE NOT DRUNK ALCOHOL IN THE PAST 12 MONTHS, CROSS "NEVER" FOR EVERY ACTIVITY

	Never	Once only	2 – 5 times	6 – 9 times	10+ times
Drove a motor vehicle					
Operated hazardous machinery					
Verbally abused someone					
Physically abused someone					
Caused damage to property					
Stole property					
Created a public disturb-ance or nuisance					

Y13. In the past 12 months, how many times did you undertake the following activities while under the influence of DRUGS OTHER THAN ALCOHOL?

FOR EACH OF THE ACTIVITIES, CROSS ONE BOX ONLY

IF YOU HAVE NOT USED DRUGS OTHER THAN ALCOHOL IN THE PAST 12 MONTHS, CROSS "NEVER" FOR EVERY ACTIVITY

	Never	Once only	2 – 5 times	6 – 9 times	10+ times
Drove a motor vehicle	☐	☐	☐	☐	☐
Operated hazardous machinery	☐	☐	☐	☐	☐
Verbally abused someone	☐	☐	☐	☐	☐
Physically abused someone	☐	☐	☐	☐	☐
Caused damage to property	☐	☐	☐	☐	☐
Stole property	☐	☐	☐	☐	☐
Created a public disturb-ance or nuisance	☐	☐	☐	☐	☐

Y14. Did you undertake any of the following activities in order to buy alcohol or other drugs for your personal use in the past 12 months?

CROSS AS MANY BOXES AS APPLY FOR EACH ACTIVITY

Activity	To buy alcohol	To buy drugs	No
Stole money (without force, threats)	☐	☐	☐
Stole property (without force, threats)	☐	☐	☐
Used a weapon, force or strong-arm methods to get money from a person	☐	☐	☐
Used a weapon, force or strong-arm methods to get things other than money from a person	☐	☐	☐
Committed a fraud (e.g. cashed a cheque which did not belong to you)	☐	☐	☐
Sold illegal drugs	☐	☐	☐

SECTION Z.

The following question is an attempt to match answers that you have given to some of the questions in the last section, with how often you might be at a higher risk of the incidents occurring.

You might prefer not to answer the question but we would like to remind you that only the survey team will have access to your responses and once the data is compiled, this questionnaire form will be destroyed.

Answers you give will never be linked to your name or address.

Z1. How often are you away from your home at least some of the time . . .?

CROSS ONE BOX FOR EACH TIME PERIOD

	Never	Rarely	Sometimes	Frequently	Almost always	Prefer not to answer
During the week in the daytime?						
During the week at night time?						
On weekends during the daytime?						
On weekends at night time?						

SECTION XX.

XX1. In the past 3 months, how many days of work, school, TAFE or university did you miss because of your personal use of alcohol?

(PLEASE WRITE YOUR BEST ESTIMATE IN WHOLE DAYS (E.G. 0, 1, 3, 5) IN THE BOX PROVIDED)

☐☐ days

or

☐ not applicable (don't work or study) → **XX4.**

XX2. In the past 3 months, how many days of work, school, TAFE or university did you miss because of your personal use of drugs other than alcohol?

(PLEASE WRITE YOUR BEST ESTIMATE IN WHOLE DAYS (E.G. 0. 1, 3, 5) IN THE BOX PROVIDED)

☐☐ days

XX3. And in the past 3 months, how many days of work, school, TAFE or university did you miss because of any illness or injury?

(PLEASE WRITE YOUR BEST ESTIMATE IN WHOLE DAYS (E.G. 0. 1, 3, 5) IN THE BOX PROVIDED)

☐☐ days

XX4. Have you ever participated in an alcohol or other drug treatment program to help you reduce your consumption?

CROSS ONE BOX FOR EACH TYPE OF PROGRAM

	No	Last 12 months	Yes, but not in last 12 months
Smoking (e.g. Quit)			
Alcohol (e.g. Alcoholic Anonymous)			
Detoxification Centre			
Methadone Maintenance			
Prescription Drugs (e.g. GP supervised)			
Other			

SECTION YY. POLICY SUPPORT

The next few questions are about how strongly you would support or oppose some policies, and they will all use the same scale.

Strongly support	Support	Neither support or oppose	Oppose	Strongly oppose

YY1. Starting with the first set, to reduce the problems associated with excessive ALCOHOL use, to what extent would you support or oppose . . .

CROSS ONLY ONE BOX PER MEASURE

	Strongly support	Support	Neither support or oppose	Oppose	Strongly oppose
Increasing the price of alcohol?					
Reducing the number of outlets that sell alcohol?					
Reducing trading hours, for all pubs and clubs?					
Raising the legal drinking age?					
Increasing the number of alcohol-free public events?					
Increasing the number of alcohol-free zones or dry areas?					
Stricter enforcement of the law against serving customers who are drunk?					
Serving only low alcohol drinks, such as low alcohol beer at sporting events or venues?					
Limiting advertising for alcohol on TV until after 9:30 pm?					
Banning alcohol sponsorship of sporting events?					
More severe legal penalties for drivers who are drunk?					

REMINDER:

Please cross inside the box, like this: X

If you see an arrow (➔) after the box you have just marked, go straight to the question indicated.

YY2. Thinking now about the problems associated with TOBACCO use, to what extent would you support or oppose measures such as . . .

CROSS ONLY ONE BOX PER MEASURE

	Strongly support	Support	Neither support or oppose	Oppose	Strongly oppose
Stricter enforcement of the law against supplying cigarettes to customers who are under age?					
Banning tobacco advertising at sporting events?					
Banning smoking in the workplace?					
Banning smoking in shopping centres?					
Banning smoking in restaurants?					
Banning smoking in pubs/clubs?					
Increasing the tax on tobacco products to pay for health education programs?					
Increasing the tax on tobacco products to contribute to the cost of treating smoking related diseases?					
Increasing the tax on tobacco products to discourage people from smoking?					

YY3. Thinking now about the problems associated with HEROIN use, to what extent would you support or oppose measures such as . . .

CROSS ONLY ONE BOX PER MEASURE

	Strongly support	Support	Neither support or oppose	Oppose	Strongly oppose
Free needle/ syringe exchanges?					
Methadone maintenance programs?					
Treatment with drugs other than methadone?					
Regulated injecting rooms (sometimes referred to as “shooting galleries”)?					
Rapid detoxification therapy (sometimes referred to as “the Israeli” treatment)?					

YY4. 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?

CROSS ONLY ONE BOX PER DRUG

	Strongly support	Support	Neither support or oppose	Oppose	Strongly oppose
Marijuana (or Cannabis)?					
Heroin?					
Amphetamines/ speed?					
Cocaine?					

YY5. To what extent would you support or oppose <u>increased</u> penalties for <u>the sale or supply</u> of the following drugs?

CROSS ONLY <u>ONE</u> BOX PER DRUG

	Strongly support	Support	Neither support or oppose	Oppose	Strongly oppose
Marijuana (or Cannabis)?	☐	☐	☐	☐	☐
Heroin?	☐	☐	☐	☐	☐
Amphetamines/ speed?	☐	☐	☐	☐	☐
Cocaine?	☐	☐	☐	☐	☐

YY6. A National illicit drugs policy, "Tough on Drugs" has recently been announced. Using the same scale as before, do you generally support or oppose the policy?

CROSS <u>ONE</u> BOX ONLY

Strongly support	Support	Neither support or oppose	Oppose	Strongly oppose
☐	☐	☐	☐	☐

Or

Don't know enough about the "Tough On Drugs Policy" to say ☐

YY7. For each of the following 5 drug categories, how would you allocate $100 over these three areas <u>to reduce the use</u> of that drug.

Starting with ALCOHOL, if you were given $100 to spend on <u>reducing</u> alcohol use, how much would you allocate to each of these areas. . .

ENTER WHOLE DOLLARS ONLY
(E.G. 030, 045, 025)

Education (e.g. information services)	$ ☐☐☐
Treatment (e.g. counselling, therapy)	$ ☐☐☐
Law enforcement (e.g. stop illegal sale or use)	$ ☐☐☐
CHECK THAT TOTAL IS	**$** 1 0 0

YY8. And if you were given $100 to spend on <u>reducing</u> TOBACCO use, how much would you allocate to each of these areas . . .

ENTER WHOLE DOLLARS ONLY
(E.G. 030, 045, 025)

Education (e.g. information services)	$ ☐☐☐
Treatment (e.g. counselling, therapy)	$ ☐☐☐
Law enforcement (e.g. stop illegal sale or use)	$ ☐☐☐
CHECK THAT TOTAL IS	**$** 1 0 0

YY9. And if you were given $100 to spend on reducing MARIJUANA/CANNABIS use, how much would you allocate to each of these areas . . .

ENTER WHOLE DOLLARS ONLY
(E.G. 030, 045, 025)

Education (e.g. information services)	$ ☐☐☐
Treatment (e.g. counselling/therapy)	$ ☐☐☐
Law enforcement (e.g. stop illegal sale or use)	$ ☐☐☐
CHECK THAT TOTAL IS	**$** 1 0 0

YY10. And if you were given $100 to spend on <u>reducing</u> AMPHETAMINE or SPEED use, how much would you allocate to each of these areas . . .

ENTER WHOLE DOLLARS ONLY
(E.G. 030, 045, 025)

Education (e.g. information services)	$ ☐☐☐
Treatment (e.g. counselling/therapy)	$ ☐☐☐
Law enforcement (e.g. stop illegal sale or use)	$ ☐☐☐
CHECK THAT TOTAL IS	**$** 1 0 0

YY11. And if you were given $100 to spend on reducing HEROIN and COCAINE use, how much would you allocate to each of these areas . . .

ENTER WHOLE DOLLARS ONLY
(E.G. 030, 045, 025)

Education (e.g. information services)	$	
Treatment (e.g. counselling/therapy)	$	
Law enforcement (e.g. stop illegal sale or use)	$	
CHECK THAT TOTAL IS	**$**	1 0 0

SECTION ZZ. DEMOGRAPHICS

ZZ1. What is your date of birth or what is your current age?

ENTER DATE OF BIRTH OR AGE IN WHOLE YEARS (E.G. 31, 25, 19)

Date / Month / Year 19

Or age in whole years

ZZ2. What is your present marital status?

CROSS ONE BOX ONLY

- Never Married
- Widowed
- Divorced
- Separated but not divorced
- Married (including de facto)

ZZ3. Are you of Aboriginal or Torres Strait Islander origin?

CROSS ONE BOX ONLY

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

ZZ4. In which country were you born?

CROSS ONE BOX ONLY

- Australia
- China
- Germany
- Greece
- Hong Kong
- India
- Ireland
- 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 (specify) _____

ZZ5. What is the main language spoken at home?

CROSS ONE BOX ONLY

- English
- Arabic (including Lebanese)
- Chinese (Mandarin, Cantonese)
- German
- Greek
- Italian
- Serbian/Croatian
- Spanish
- Vietnamese
- Other Asian language
- Other European language
- Other (specify) _____

ZZ6. What <u>other</u> languages are spoken at home?

English

Arabic (including Lebanese)

Chinese (Mandarin, Cantonese)

German

Greek

Italian

Serbian/Croatian

Spanish

Vietnamese

Other Asian language

Other European language

Other (specify) _____

None

ZZ7. We would also like to know about your current employment status. Are you <u>mainly</u> . . . ?

CROSS <u>ONE</u> BOX ONLY

Working full-time for pay? → **ZZ9.**

Working part-time for pay? → **ZZ9.**

A full-time student?

A part-time student?

Unemployed?

Doing home duties?

Retired or on a pension?

ZZ8. Have you ever been in paid work?

Yes

No → **ZZ11.**

ZZ9. What kind of industry, business or service is/was carried out by your main or last employer?

DESCRIBE AS FULLY AS POSSIBLE
(e.g. Self-employed plumbing, footwear manufacturing, Commonwealth government, State/Territory government, Local government, family business/farm)

_____

_____

Office use (for ANZSIC coding)

ZZ10. What kind of work do you do (or did you do when you last worked)?

ENTER INFORMATION FOR JOB IN WHICH YOU WORK(ED) <u>MOST HOURS ONLY</u>

Title (including award / Government classification if possible)

_____

_____

_____

_____

Main duties/tasks

_____

_____

_____

_____

Office use (for ASCO coding)

ZZ11. How many years of high school (and college for persons in the ACT) did you complete?

ENTER WHOLE NUMBERS <u>FROM 0 TO 6 ONLY</u>

years

or

Still at high school → **ZZ13.**

ZZ12. What is the highest educational qualification that you have obtained?

CROSS ONE BOX ONLY

- School certificate/intermediate certificate/equivalent
- HSC/SACE/VCE/Higher school certificate/leaving certificate/equivalent
- Non-trade qualification
- Trade qualification
- Associate Diploma
- Undergraduate Diploma
- Bachelor Degree
- Postgraduate Degree or Diploma
- No qualification

ZZ13. Which one of the following groups would represent your personal annual income, before tax, from all sources?

CROSS ONE BOX ONLY

- No personal income at all
- up to $5,000 (up to about $100/week)
- $5,001 - $12,000 (up to $230/week)
- $12,001 – $20,000 (up to $380/week)
- $20,001 – $30,000 (up to $580/week)
- $30,001 – $40,000 (up to $770/week)
- $40,001 – $50,000 (up to $960/week)
- $50,001 - $60,000 (up to $1,150/week)
- $60,001 – $80,000 (up to $1,540/week)
- $80,001 – $100,000 (up to $1,920/week)
- $100,001 or more
- Prefer not to say
- Don’t know

ZZ14. Which one of the following groups would represent the combined household annual income, before tax, from all sources?

CROSS ONE BOX ONLY

- up to $5,000 (up to about $100/week)
- $5,001 – $12,000 (up to $230/week)
- $12,001 – $20,000 (up to $380/week)
- $20,001 – $30,000 (up to $580/week)
- $30,001 – $40,000 (up to $770/week)
- $40,001 – $50,000 (up to $960/week)
- $50,001 – $60,000 (up to $1,150/week)
- $60,001 – $80,000 (up to $1,540/week)
- $80,001 – $100,000 (up to $1,920/week)
- $100,001-$120,000 (up to $2,310/week)
- $120,001 or more
- Prefer not to say
- Don’t know

ZZ15. Are there any dependent children now living 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 → **ZZ17.**

ZZ16. Of all the children, how many fall into these age categories?

ENTER NUMBER OF CHILDREN FOR EACH AGE GROUP, AS APPLICABLE

- 0-2 years old
- 3-5 years old
- 6-8 years old
- 9-11 years old
- 12-14 years old

ZZ17. Which category best describes this household?

CROSS ONE BOX ONLY

- Person living alone
- Couple living alone
- Non-related adults sharing house/ apartment/flat
- Parents with non-dependent children
- Parents/guardians with dependent children
- Sole parent/guardian with non-dependent children
- Sole parent/guardian with dependent children
- All other households with non-dependent children
- All other households with dependent children

ZZ18. Are you male or female?

- Female
- Male → **ZZ20.**

ZZ19. Are you currently . . .

CROSS ONE BOX ONLY

- Neither Pregnant nor Breastfeeding
- Pregnant and Breastfeeding
- Pregnant only
- Breastfeeding only

ZZ20. Was anyone else present when you were completing the questionnaire?

CROSS AS MANY BOXES AS APPLY

- No → **ZZ22.**
- Spouse/partner
- Parent(s)
- Older relative (e.g. aunt, grandparent)
- Child(ren) aged 6-17
- Child(ren) aged 18 or more
- Friend/peer/close-age sibling (brother or sister)
- Neighbour
- Other

ZZ21. Did this affect the honesty with which you completed the questionnaire?

CROSS ONE BOX ONLY

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

ZZ22. Did anyone else help you complete the questionnaire?

CROSS ONE BOX ONLY

- Yes – a great deal
- Yes – a bit
- Yes – a little
- Not at all

ZZ23. The Department of Health and Family Services has asked us to verify that only persons who were selected to complete questionnaires did so. We will be telephoning about 10% of respondents in the next few weeks.

That is, you have about a one in ten chance only, 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.

☐ I give permission for a telephone call.

First Name_____

Phone number ( ) _____

Or

☐ I do not give permission.

ZZ24. Please write the date that you completed this questionnaire below:

☐☐ / ☐☐ / ☐☐

Thank you for completing this questionnaire: your help is very much appreciated

That concludes the survey.

Please seal this questionnaire in the envelope provided.

The Roy Morgan Research interviewer will be back to collect on the date and time that he or she specified.

Thank you for completing this questionnaire:
your help is very much appreciated.