



INTERVIEWER TO COMPLETE:

14 & OVER

ROTATION: 21

Form Number: [ ]

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Placement attempt:

1st  3rd   
2nd  Oth

SA1 & Ref No. [ ][ ][ ][ ][ ][ ][ ][ ] / [ ][ ][ ][ ][ ][ ][ ][ ]

Age: [ ][ ][ ][ ]

Date: [ ][ ][ ] / [ ][ ][ ] / 2016  
Day Month Year

No. 12+ in HH: [ ][ ][ ]



## 2016 National Drug Strategy Household Survey

### What is the National Drug Strategy Household Survey?

- The 2016 National Drug Strategy Household Survey collects information on tobacco, alcohol and other drug use, attitudes and beliefs.
- The survey is conducted about every three years and started in 1985.
- It is managed by the Australian Institute of Health and Welfare (AIHW) on behalf of the Australian Government Department of Health.

### How confidential is the information I give you?

- **All answers** you provide will be **treated confidentially**.
- The research is carried out in compliance with the *Privacy Act 1988* and the information is only used for research purposes.
- The survey is conducted under the **AIHW Act 1987**, which **prohibits the release of information about individuals collected in the survey**.

### How will my answers be used?

- Your answers will be used by researchers to help in understanding what people think about tobacco, alcohol and other drugs and how widely these drugs are used.
- The answers you give will not be released to anyone (including the police).

### Do I have to participate in the survey?

- Participation in this survey is entirely voluntary.
- If there are any questions you do not want to answer for any reason, please leave that question blank.
- It is important that you **complete this questionnaire by yourself** and be as honest and accurate as possible.

### Are you 12 – 17 years old?

- It is important that our younger respondents know that your **answers will not be shown to anyone**, this includes your parents.
- Please don't be afraid or embarrassed to give honest answers.
- Your answers will simply become part of a bigger pool of answers and no one will know who you are.

### What do I do when I've completed the survey?

- Once you have completed the survey, seal it in the envelope provided and a Roy Morgan Research fieldworker will return to collect it.
- The fieldworker will then return the sealed envelope to the survey team for processing.
- 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.

### How is the information processed?

- All survey forms are coded so the researchers will not know who you are. Your answers will be grouped with the answers of over 22,000 other people before the researchers get to see them.
- Researchers will use all these answers to show things like 'most young people do not smoke' or 'three quarters of women drink alcohol'.
- When released in late-2017, the results of the survey will be available on the Institute's website ([www.aihw.gov.au](http://www.aihw.gov.au)).

OFFICE USE ONLY    INT     RP

STATUS: [ ][ ][ ]





### How to complete this form:

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

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

Right



Wrong



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	or		6
---	---	----	--	---

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 need to change an answer, completely fill in the wrong box and put a cross in the box you want to answer, like this:

Wrong box

Right box

- 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.

**FOR THIS SURVEY 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. Morphine).

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## Start Here

### Demographics

#### 1. What is your sex?

Male

Female

Other (Please write in):

1

#### 2. What is your current age?

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

Age in years:

#### 3. Which one of the following best describes your present marital status?

(Mark one response only)

NOT ASKED  
12 - 13

Never married

Widowed

Divorced

Separated but not divorced

Married (including de facto, or living with life partner)

#### 4. 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

#### 5. 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



+

+

+

6a. How many people aged 12 and over live in this household, including yourself?

 

6b. 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  (Continue)

No  (Skip to A1)

6c. For how many of these children are you the parent or guardian?

NOT ASKED  
12 - 13

 

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

0 – 2 years old

9 – 11 years old

3 – 5 years old

12 – 14 years old

6 – 8 years old

15 years and over

## Section A – Perceptions

A1. When people talk about “a drug problem”, which is the first drug you think of?

(Mark only one drug category)

Alcohol

Tobacco

Marijuana/Cannabis

(e.g. Pot, Grass, Weed, Reefer, Joint, MaryJane, Acapulco gold, Rope, Mull, Cone, Spliff, Dope, Hydro, Bhang, Ganja, Hash, Chronic)

Meth/amphetamine   
(e.g. Speed, Base, Ice, Crystal, Meth, Amphet, Shabu, Tina, Paste, Skates, Ox blood, Leopards blood, Whizz, Zip)

Cocaine   
(e.g. Coke, Crack, Flake, Snow, White lady/girl, Happy dust, Gold dust, Toot, Scotty, Charlie, Cecil, C, Freebase)

Ecstasy   
(e.g. Molly, XTC, E, Ex, Ecce, E and C, Adam, MDMA, MDDA, MDEA, Eve, PMA)

Heroin   
(e.g. Hammer, Smack, Horse, H, Boy, Junk, Gear)

Pain-killers/Pain-relievers and Opioids   
(e.g. Panadeine Forte, Nurofen Plus, Mersyndol, Disprin Forte, Morphine, Oxycodone)

Methadone/Buprenorphine   
(e.g. Done, Junk, Jungle juice, Bupe, Sub)

Steroids   
(e.g. Roids, Juice, Gear, Andriol, Halotestin)

Drugs other than listed

None/Can't think of any

**Reminder: Your answers are completely confidential and are protected by law. Your responses are used for research purposes only. You and your household will never be identified. Your accurate and honest responses to this survey are important and appreciated.**

**Reminder:**

Are you using a **black ballpoint pen**?

+

+



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

(Mark one response only)

- Alcohol
- Tobacco
- Marijuana/Cannabis
- Meth/amphetamine
- Cocaine
- Ecstasy
- Heroin
- Pain-killers/Pain-relievers and Opioids  
(e.g. Morphine, Panadeine Forte, Nurofen Plus)
- Methadone/Buprenorphine
- Steroids
- 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)

- Excessive drinking of alcohol
- Tobacco smoking
- Marijuana/Cannabis
- Non-medical use of Meth/amphetamine
- Cocaine
- Ecstasy
- Heroin
- Non-medical use of Pain-killers/Pain-relievers and Opioids (e.g. Morphine, Panadeine Forte, Nurofen Plus)
- Non-medical use of Methadone/Buprenorphine
- 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**  
"Pharmaceuticals" includes prescription pharmaceuticals (such as sleeping pills, methadone or Panadeine Forte) and any other pharmaceuticals (such as Nurofen Plus) wherever and however they are obtained.

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

1. **by itself to induce a drug experience or feeling;**
2. **with other drugs in order to enhance a drug experience;**
3. **for performance enhancement (e.g. athletic); or**
4. **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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-medical use of Tranquillisers, Sleeping pills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-medical use of Prescription Pain-killers/Pain-relievers and Opioids (e.g. Oxycodone, Panadeine Forte, Morphine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-medical use of Over-the-counter Pain-killers/Pain-relievers and Opioids (e.g. a codeine product such as Nurofen Plus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-medical use of Steroids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sniffing Petrol/Glue/Aerosols/Solvents	<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"/>
Hallucinogens/LSD/Magic Mushrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-medical use of Methadone/Buprenorphine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-medical use of Meth/amphetamine	<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"/>
Cocaine/Crack	<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"/>
Kava	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





**A5. What SINGLE action best describes what you think should happen to anyone found in possession of small quantities of the following drugs for personal use?**

(Mark one response only for each drug type i.e. each column)

	Marijuana/ Cannabis	Ecstasy	Heroin	Meth/ amphetamine for non-medical use	Hallucinogens
No action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A caution or warning only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referral to drug education program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referral to treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Something similar to a parking fine, up to \$200	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A substantial fine, around \$1,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A community service order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weekend detention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A prison sentence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some other arrangement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A6. 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

**A7. 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

### Reminder:

Are you filling in the boxes correctly?

RIGHT



WRONG



Are you shading the boxes fully for any mistakes?

Wrong box

Right box





## 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)

- Prescription Pain-killers/Pain-relievers and Opioids   
 Over-the-counter Pain-killers/Pain-relievers and Opioids   
 Antibiotics   
 Anti-depressants   
 Tranquillisers/Sleeping pills   
 Methadone/Buprenorphine   
 Ritalin   
 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"/>
Chronic pain	<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 style="width: 150px; height: 25px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <u>major</u> illness (Please write in type):			
2 <input style="width: 150px; height: 25px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Reminder:

Are you using a **black ballpoint pen**?

OFFICE USE ONLY	1	1	2	2	2
	<input type="checkbox"/>				





**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

**Please ensure that you 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.**



There is no Section C

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
No (Skip to D24 on page 9)

D3. Have you ever smoked a full cigarette?

- Yes
No (Skip to D24 on page 9)

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
Yes, I used to smoke daily, but not now
No, never smoked daily

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? (Mark one response only)

- Daily
At least weekly (but not daily)
Less often than weekly
Not at all, but I have smoked in the last 12 months
Not at all and I have not smoked in the last 12 months

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

Age in years: [ ] [ ] (If not smoked in last 12 months skip to D24 on page 9 after answering D11)

D12. Where did you obtain the cigarettes or other tobacco products you are currently smoking? (Mark one response only)

- Got them from a friend/relative
Stole them
Purchased them myself from:
Major supermarket chain
Local convenience or grocery store/milk bar/deli
Petrol station
Tobacconist
Newsagent/news stand
Entertainment establishment
Bottle shop or liquor store
Internet
From person selling tobacco independently
Other
Don't know





**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**?

or

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

or

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

or

Not at all

**D15. How often, if at all, do you now smoke the following tobacco products?**  
(Mark one response only for each product, i.e. each row)

	Daily	At least weekly (but not daily)	Less often than weekly	Not at all
Cigarillos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cigars (not including cigarillos)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water pipe tobacco (e.g. shisha, hookah, nargillas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pipe tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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

**Reminder:**  
Are you using a **black ballpoint pen**?

**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 on page 9)

**D18. Which of the following motivated you to try quitting or giving up smoking?**  
(Mark all that apply)

Health warnings on tobacco packets

Government advertisements on TV

Press or radio advertising by pharmaceutical companies for products such as nicotine gum, patches or Bupropion (Zyban, etc.) and Varenicline (Champix)

Quitline

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

Information on an internet website

Pamphlets or brochures on how to quit

Quit smoking mobile device App

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)

**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
- Increase in cost
- More restrictions on where I can smoke
- 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
- Contacted the Quitline
- 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
- Tried to quit smoking by going cold turkey
- Used Quit smoking mobile device App
- Done something else to help you quit
- None of the above
- Don't know

**ALL PLEASE ANSWER****D24. 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

**D25. Do you avoid places where you may be exposed to other people's cigarette smoke?**

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

**D26. Which, if any, of the following products have you ever used and which have you used in the last 12 months?**(Mark one response 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shishas/Hookas/Nargillas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bidis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Electronic cigarettes or e-cigarettes are personal vaporising devices where users inhale vapour rather than smoke. The vapours usually contain flavourings and may contain nicotine as well.**

**D27. How often, if at all, do you currently use electronic cigarettes?**(Mark one response only)

- Daily
- At least weekly (but not daily)
- At least monthly (but not weekly)
- Less than monthly
- I used to use them, but no longer use
- I only tried them once or twice
- Never used  (Skip to D31 on page 10)

OFFICE USE ONLY

1	2
---	---





**D28. About what age were you when you first tried/used an electronic cigarette?**

Age in years:

**D29. What was/were your main reason(s) for using electronic cigarettes?**  
(Mark all that apply)

- To help me quit smoking
- To try to cut down on the number of cigarettes I smoke/smoked
- To try to stop me going back to smoking regular cigarettes
- I think they are less harmful than regular cigarettes
- They are cheaper than regular cigarettes
- I think they taste better than regular cigarettes
- You can smoke in places where regular cigarettes are banned (e.g. inside restaurants, pubs or bars)
- They seem more acceptable than regular cigarettes
- Out of curiosity
- Other

**D30. Where do you usually obtain your electronic cigarettes?**  
(Mark one response only)

- From the Internet - Australian retailer
- From the Internet - Overseas retailers
- From the Internet - unsure of the origin of the retailer
- Friend or family member
- Tobacco retail outlet
- Pharmacy/chemist
- Other retail outlet

**D31. In the last 3 months, have you seen any tobacco products in Australia which do not have the plain packaging/graphic health warning?**

- Yes  (Continue)      No  (Skip to D34)

**D32. Approximately how many of these packets have you purchased in the last 3 months?**  
(Mark one response only)

- Have seen it, but not purchased  (Skip to D34)
- Purchased 1 – 2 packets
- Purchased 3 – 5 packets
- Purchased 6 – 9 packets
- Purchased 10 – 14 packets
- Purchased 15 or more packets

1

OFFICE USE ONLY

**D33. In the last 3 months, from what kind of outlet did you usually purchase cigarettes that did not have the plain packaging/graphic health warning?**  
(Mark one response only)

- A supermarket, convenience or grocery store
- A tobacconist
- A person selling tobacco independently (e.g. a local market, in the street, from their car or van)
- Over the Internet
- Other (Please write in):  
1
- Don't know

**D34. Have you seen or heard of unbranded tobacco (also called 'chop chop') usually sold loose in plastic bags either as tobacco or rolled into cigarettes?**

- Yes  (Continue)      No  (Skip to E1 on page 11)

**D35. Have you ever smoked it?**

- Yes  (Continue)      No  (Skip to E1 on page 11)

**D36. 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 on page 11)

**D37. 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

**D38. During the last 12 months when you smoked unbranded tobacco (also called 'chop chop') was that. . . ?**

(Mark one response only)

- Usually unbranded loose tobacco rather than loose cigarettes
- Usually unbranded loose cigarettes rather than loose tobacco
- Sometimes unbranded loose tobacco and sometimes unbranded loose cigarettes



## Section E – Alcohol

**E1. Have you ever tried alcohol?**

Yes  (Continue)      No  (Skip to E28 on page 17)

**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 E28 on page 17)

**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 E28 on page 17, 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 E13 on page 12)

**E8a. What type of alcohol is your main drink, the one you drink most often?**

(Mark one response only)

**E8b. What other types of alcohol do you usually drink?**  
(Mark all that apply)

PLEASE ANSWER	E8a. <u>Main</u> <u>drink</u>	AND	E8b. <u>Usual</u> <u>others</u>
Cask wine	<input type="checkbox"/>		<input type="checkbox"/>
Bottled wine	<input type="checkbox"/>		<input type="checkbox"/>
Regular strength beer (greater than 4% Alc/Vol)	<input type="checkbox"/>		<input type="checkbox"/>
Mid strength beer (3% to 3.9% Alc/Vol)	<input type="checkbox"/>		<input type="checkbox"/>
Low alcohol beer (1% to 2.9% Alc/Vol)	<input type="checkbox"/>		<input type="checkbox"/>
Home-brewed beer	<input type="checkbox"/>		<input type="checkbox"/>
Pre-mixed spirits in a can (e.g. UDL, Jim Beam & Cola, Woodstock)	<input type="checkbox"/>		<input type="checkbox"/>
Bottled spirits and liqueurs (e.g. scotch, brandy, vodka, rum, Kahlua, Midori, Baileys, etc.)	<input type="checkbox"/>		<input type="checkbox"/>
Pre-mixed spirits in a bottle (e.g. Bacardi Breezer, Vodka Cruiser, Smirnoff Ice)	<input type="checkbox"/>		<input type="checkbox"/>
Cider	<input type="checkbox"/>		<input type="checkbox"/>
Fortified wine, port, vermouth, sherry, etc.	<input type="checkbox"/>		<input type="checkbox"/>
Other pre-mixed drinks (e.g. beer and wine based)	<input type="checkbox"/>		<input type="checkbox"/>
Other	<input type="checkbox"/>		<input type="checkbox"/>
No other type of alcohol			<input type="checkbox"/>

**E9. In the last 12 months have you changed your main drink, the one you drink most often?**

Yes  (Continue)      No  (Skip to E11 on page 12)

**E10. Which type of alcohol used to be your main drink?**  
(Mark one response only)

- 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, Woodstock)
- Bottled spirits and liqueurs (e.g. scotch, brandy,  
vodka, rum, Kahlua, Midori, Baileys, etc.)
- Pre-mixed spirits in a bottle  
(e.g. Bacardi Breezer, Vodka Cruiser, Smirnoff Ice)
- Cider
- Fortified wine, port, vermouth, sherry, etc.
- Other pre-mixed drinks (e.g. beer and wine based)
- Other



**E11. Where do you usually drink alcohol?**

(Mark all that apply)

- In my own/spouse's/partner's 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

**E12. Where do you usually obtain your alcohol?**

(Mark one response only)

- Friend or acquaintance
- Brother or sister
- Parent
- Spouse or partner
- Other relative
- Get stranger/someone not known to me to get it
- Steal it
- Purchase it myself to take away and drink elsewhere
- Purchase it myself to drink at that venue (e.g. pub, café)
- Other

**E13. 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
- Changed your main drink
- None of the above  *(Skip to E15 on page 13)*

**E14. What were the reasons for doing that?**

(Mark all that apply)

- 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
- The price of the alcohol I drink/drank has increased
- Other

**If you no longer drink alcohol (at E7) – Skip to E17 on page 13**

**Reminder:**

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



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

- Wrong box
- Right box





**E15. 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 14).**

(Mark one response only)

- |  |  |                                       |
|--|--|---------------------------------------|
| 20 or more drinks <input type="checkbox"/> | 9 – 10 drinks <input type="checkbox"/> | 2 drinks <input type="checkbox"/>     |
| 16 – 19 drinks <input type="checkbox"/>    | 7 – 8 drinks <input type="checkbox"/>  | 1 drink <input type="checkbox"/>      |
| 13 – 15 drinks <input type="checkbox"/>    | 5 – 6 drinks <input type="checkbox"/>  | Half a drink <input type="checkbox"/> |
| 11 – 12 drinks <input type="checkbox"/>    | 3 – 4 drinks <input type="checkbox"/>  |                                       |

**E16. When you have an alcoholic drink, how often do you do any of the following?**

(Mark one response for each row below)

**NOT ASKED  
12 - 13**

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

**E17. 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. Please ensure that you have marked a response for each amount, even if your answer is “Never” for that row.)

	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"/>							
11 – 19 standard drinks a day	<input type="checkbox"/>							
7 – 10 standard drinks a day	<input type="checkbox"/>							
5 – 6 standard drinks a day	<input type="checkbox"/>							
3 – 4 standard drinks a day	<input type="checkbox"/>							
1 – 2 standard drinks a day	<input type="checkbox"/>							
Less than 1 standard drink per day	<input type="checkbox"/>							
None	<input type="checkbox"/>							

**E18. Please mark the day of the week that is today.**

(Mark one response only)

**NOT ASKED  
ONLINE OR  
TELEPHONE**

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

**E19. 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 E21 on page 17)





# Standard Drinks Guide

The numbers in **bold** are the approximate number of 'standard drinks' in some typical alcohol containers.

## BEER/CIDER



**1.1**  
285ml Pot/Middy\*  
Full Strength  
(4.8% Alc. Vol)

**0.8**  
285ml Pot/Middy\*  
Mid Strength  
(3.5% Alc. Vol)

**0.6**  
285ml Pot/Middy\*  
Low Strength  
(2.7% Alc. Vol)



**1.6**  
425ml Schooner\*\*  
Full Strength  
(4.8% Alc. Vol)

**1.2**  
425ml Schooner\*\*  
Mid Strength  
(3.5% Alc. Vol)

**0.9**  
425ml Schooner\*\*  
Low Strength  
(2.7% Alc. Vol)



**1.4**  
375ml  
Full Strength  
(4.8% Alc. Vol)

**1.0**  
375ml  
Mid Strength  
(3.5% Alc. Vol)

**0.8**  
375ml  
Low Strength  
(2.7% Alc. Vol)



**34**  
24 x 375ml (carton)  
Full Strength  
(4.8% Alc. Vol)

**24**  
24 x 375ml  
Mid Strength  
(3.5% Alc. Vol)

**19**  
24 x 375ml  
Low Strength  
(2.7% Alc. Vol)



**1.1**  
285ml  
Pot/Middy\*  
(5% Alc. Vol)

**1.5**  
375ml  
Bottle  
(5% Alc. Vol)

**1.7**  
425ml Schooner\*\*  
(5% Alc. Vol)

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

## WINE



**1.6**  
150ml  
Average  
Restaurant Serving  
of Red Wine  
(13.5% Alc. Vol)

**1.0**  
100ml  
Standard Serve  
of Red Wine  
(13.5% Alc. Vol)

**8.0**  
750ml  
Bottle of Red Wine  
(13.5% Alc. Vol)



**1.4**  
150ml  
Average  
Restaurant Serving  
of White Wine  
(11.5% Alc. Vol)

**1.0**  
100ml  
Standard Serve  
of White Wine  
(11.5% Alc. Vol)

**7.5**  
750ml  
Bottle of White Wine  
(12.5% Alc. Vol)



**43**  
4 Litres  
Cask Red Wine  
(13.5% Alc. Vol)

**21**  
2 Litres  
Cask Red Wine  
(13.5% Alc. Vol)

**39**  
4 Litres  
Cask White Wine  
(12.5% Alc. Vol)

**19.5**  
2 Litres  
Cask White Wine  
(12.5% Alc. Vol)



**0.9**  
60ml  
Standard Serve  
of Port  
(18% Alc. Vol)

**28**  
2 Litres  
Cask of Port  
(17.5% Alc. Vol)



**1.4**  
150ml  
Average Restaurant  
Serve of Champagne  
(12% Alc. Vol)

**7.5**  
750ml  
Bottle of Champagne  
(12.5% Alc. Vol)

## SPIRITS



**1.0**  
30ml  
High Strength  
Spirit Nip/Shot  
(40% Alc. Vol)

**22**  
700ml  
High Strength  
Bottle of Spirits  
(40% Alc. Vol)



**1.1**  
275ml  
Full Strength  
RTD#  
(5% Alc. Vol)

**1.2**  
330ml  
Full Strength  
RTD  
(5% Alc. Vol)

**2.6**  
660ml  
Full Strength  
RTD  
(5% Alc. Vol)



**1.5**  
275ml  
High Strength  
RTD  
(7% Alc. Vol)

**1.8**  
330ml  
High Strength  
RTD  
(7% Alc. Vol)

**3.6**  
660ml  
High Strength  
RTD  
(7% Alc. Vol)



**1.0**  
250ml  
Full Strength Pre-mix Spirits  
(5% Alc. Vol)

**1.2**  
300ml  
Full Strength Pre-mix Spirits  
(5% Alc. Vol)

**1.5**  
375ml  
Full Strength Pre-mix Spirits  
(5% Alc. Vol)

**1.7**  
440ml  
Full Strength Pre-mix Spirits  
(5% Alc. Vol)



**1.4-1.9**  
250ml  
High Strength Pre-mix Spirits  
(7-10% Alc. Vol)

**1.6**  
300ml  
High Strength Pre-mix Spirits  
(7% Alc. Vol)

**2.1**  
375ml  
High Strength Pre-mix Spirits  
(7% Alc. Vol)

**2.4**  
440ml  
High Strength Pre-mix Spirits  
(7% Alc. Vol)

# Ready-to-drink





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	8



**E20. How many bottles, glasses, cans or nips of alcohol did you drink yesterday?****NOT ASKED TELEPHONE**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		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
Regular strength beer (greater than 4% Alc/Vol)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Mid strength beer (3% to 3.9% Alc/Vol)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Low alcohol beer (1% to 2.9% Alc/Vol)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
*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
	Cask wine				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Bottled wine			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
CIDER	Cans (375- 440 mL)	Small Bottles (330- 375 mL)	Medium Bottles (500 mL)	Small glass (210 mL)	Medium glass (285 mL)*	Large glass (425 mL)	Other size (write in):	3	
	Cider	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
PRE-MIXED DRINKS			Pre-mixed Drink Cans (250- 300 mL)	Pre-mixed Drink Cans (375- 440 mL)	Pre-mixed Drink Bottles (Approx 250 mL)	Pre-mixed Drink Bottles (275-350mL)	Large Pre-mixed Drink Bottles (Approx. 650 mL)	Other size (write in):	4
	Pre-mixed spirits in cans or bottles (e.g. UDL, Woodstock, Bacardi Breezer, Vodka Cruiser)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Other pre-mixed drinks (e.g. beer or wine based)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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):	5	
	Bottled spirits and liqueurs (e.g. gin, vodka, rum, Kahlua)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
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):	6
	Port, vermouth, sherry, etc.		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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):	7	
	Other (please write in):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
	8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	





**E21. 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

**E22. 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

**E23. 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

**E24. 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

**E25. 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

**E26. 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

**E27. 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**

**E28. 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

**Reminder: Your answers are completely confidential and are protected by law. Your responses are used for research purposes only. You and your household will never be identified. Your accurate and honest responses to this survey are important and appreciated.**





## ALL PLEASE ANSWER

E29. Before today, had you ever heard of a “standard drink” of alcohol?

Yes  (Continue) No  (Skip to E31)

E30. As far as you know, is the number of “standard drinks” shown on cans and bottles of alcoholic beverages?

Yes   
No   
Don't know

E31. 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

E32. 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

E33. 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

E34. 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

E35. 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

## Section F – Pain-killers/ Pain-relievers and Opioids

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

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

This section asks about the use of Pain-killers, Pain-relievers and Opioids (e.g. Panadeine Forte, Nurofen Plus, Mersyndol, Disprin Forte, Morphine and Oxycodone).

This does not include the use of paracetamol, aspirin and ibuprofen where these drugs are the only active ingredients.

F1. Have you ever used Pain-killers/Pain-relievers and Opioids?

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

F2. Have you ever used Pain-killers/Pain-relievers and Opioids 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/Pain-relievers and Opioids for non-medical purposes?

Age in years:

F4a. Have you used Pain-killers/Pain-relievers and Opioids for non-medical purposes in the last 12 months?

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

F4b. In the last 12 months, which of the following Pain-killers/Pain-relievers and Opioids have you used for non-medical purposes?  
(Mark all that apply)

NOT ASKED  
12 - 13

- Over-the-counter codeine products (e.g. Nurofen Plus, Panadeine, Panadeine Extra, Disprin Forte)
- Prescription codeine products (e.g. Panadeine Forte)
- Oxycodone (Endone, OxyContin)
- Tramadol
- Morphine
- Fentanyl
- Gabapentinoids (Neurontin, Lyrica)
- Other prescription Pain-killers/Pain-relievers and Opioids





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

Yes

No

NOT ASKED  
12 - 13

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

Yes  (Continue)

No  (Skip to F8)

NOT ASKED  
12 - 13

**F7. Have you used Pain-killers/Pain-relievers and Opioids for non-medical purposes in the last week?**

Yes

No

NOT ASKED  
12 - 13

**F8. In the last 12 months, how often did you use Pain-killers/Pain-relievers and Opioids for non-medical purposes?**  
(Mark one response only)

NOT ASKED  
12 - 13

- 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/Pain-relievers and Opioids for non-medical purposes?**  
(Mark one response only in **First** column)

NOT ASKED  
12 - 13

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

NOT ASKED  
12 - 13

PLEASE ANSWER

**F9a. First** AND **F9b. Usually**

- |                                    |                          |                          |
|------------------------------------|--------------------------|--------------------------|
| Bought/buy at pharmacy/chemist     | <input type="checkbox"/> | <input type="checkbox"/> |
| Friend                             | <input type="checkbox"/> | <input type="checkbox"/> |
| Relative                           | <input type="checkbox"/> | <input type="checkbox"/> |
| Partner                            | <input type="checkbox"/> | <input type="checkbox"/> |
| Dealer                             | <input type="checkbox"/> | <input type="checkbox"/> |
| Doctor shopping/forged script      | <input type="checkbox"/> | <input type="checkbox"/> |
| Prescription for medical condition | <input type="checkbox"/> | <input type="checkbox"/> |
| Internet                           | <input type="checkbox"/> | <input type="checkbox"/> |
| Stole/Steal it                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Other                              | <input type="checkbox"/> | <input type="checkbox"/> |

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

NOT ASKED  
12 - 13

- In my own/spouse's/partner's 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

## Reminder:

Are you filling in the boxes correctly?



Are you shading the boxes fully for any mistakes?

Wrong box

Right box





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

**NOT ASKED**  
12 - 13

- Alcohol
- Tobacco
- Tranquillisers, Sleeping pills for non-medical purposes
- Steroids for non-medical purposes
- Sniffing Petrol/Glue/Aerosols/Solvents
- Marijuana/Cannabis
- Hallucinogens/LSD/Magic Mushrooms
- Meth/amphetamine for non-medical purposes
- Heroin
- Cocaine/Crack
- Ecstasy
- GHB
- Ketamine
- Kava
- Other
- Not used any of the above at the same time as Pain-killers/Pain-relievers and Opioids for non-medical purposes

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

**NOT ASKED**  
12 - 13

- Alcohol
- Tobacco
- Tranquillisers, Sleeping pills for non-medical purposes
- Steroids for non-medical purposes
- Sniffing Petrol/Glue/Aerosols/Solvents
- Marijuana/Cannabis
- Hallucinogens/LSD/Magic Mushrooms
- Meth/amphetamine for non-medical purposes
- Heroin
- Cocaine/Crack
- Ecstasy
- GHB
- Ketamine
- Kava
- 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. Sleepers, Benzos, Tranks, Temazzies, Temaze, Rivotril, Serepax, Serries, Xanax, Xannies, Stilnox, Rohypnol, Rowies, Valium).

- 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  **NOT ASKED 12 - 13**
- G6. Have you used Tranquillisers/Sleeping pills for non-medical purposes in the last month?**  
**NOT ASKED 12 - 13** Yes  (Continue) No  (Skip to G8)
- G7. Have you used Tranquillisers/Sleeping pills for non-medical purposes in the last week?**  
Yes  No  **NOT ASKED 12 - 13**
- G8. In the last 12 months, how often did you use Tranquillisers/Sleeping pills for non-medical purposes?**  
(Mark one response only) **NOT ASKED 12 - 13**
- 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)

NOT  
ASKED  
12 - 13

**G9b. Where do/did you usually obtain Tranquillisers/  
Sleeping pills for non-medical purposes?**  
(Mark one response only in Usually column)

NOT ASKED  
12 - 13

PLEASE ANSWER

**G9a.**  
First AND **G9b.**  
Usually

- |                                    |                          |                          |
|------------------------------------|--------------------------|--------------------------|
| Friend                             | <input type="checkbox"/> | <input type="checkbox"/> |
| Relative                           | <input type="checkbox"/> | <input type="checkbox"/> |
| Partner                            | <input type="checkbox"/> | <input type="checkbox"/> |
| Dealer                             | <input type="checkbox"/> | <input type="checkbox"/> |
| Doctor shopping/forged script      | <input type="checkbox"/> | <input type="checkbox"/> |
| Prescription for medical condition | <input type="checkbox"/> | <input type="checkbox"/> |
| Internet                           | <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)

NOT ASKED  
12 - 13

- In my own/spouse's/partner's 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

**Reminder:**

Are you using a **black ballpoint pen**?

## Section H – Steroids

This section asks about the use of Steroids (e.g. Roids, Juice, Gear, Andriol, Halotestin, Proviron, Sustanon, Testomet).

**H1. Have you ever used Steroids?**

- Yes  (Continue) No  (Skip to K1a on page 22)

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

- Yes  (Continue) No  (Skip to K1a on page 22)

**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 K1a on page 22)

**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

NOT ASKED  
12 - 13

**H6. Have you used Steroids for non-medical purposes in the last month?**

NOT ASKED  
12 - 13

- Yes  (Continue) No  (Skip to H8)

**H7. Have you used Steroids for non-medical purposes in the last week?**

- Yes  No

NOT ASKED  
12 - 13

**H8. In the last 12 months, how often did you use Steroids for non-medical purposes?**  
(Mark one response only)

NOT ASKED  
12 - 13

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

**There are no Sections I or J**



## Section K – Meth/amphetamine

This section asks about the use of Meth/amphetamine (e.g. Speed, Ice, Crystal, Whizz, Ritalin, Pseudoephedrine based cold and flu tablets)

**K1a.** In the last 12 months, have you been offered or had the opportunity to use Meth/amphetamine?

Yes  No

**K1b.** About what proportion of your friends and acquaintances currently use Meth/amphetamine? (Mark one response only)

All   
 Most   
 About half   
 A few   
 None   
 Don't know

**K1c.** Have you ever used Meth/amphetamine?

Yes  (Continue) No  (Skip to L1a on page 24)

**K1d.** Have you ever used Meth/amphetamine for non-medical purposes?

Yes  (Continue) No  (Skip to L1a on page 24)

**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 L1a on page 24)

**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  **NOT ASKED 12 - 13**

**K5.** Have you used Meth/amphetamine for non-medical purposes in the last month?

**NOT ASKED 12 - 13** Yes  (Continue) No  (Skip to K7)

**K6.** Have you used Meth/amphetamine for non-medical purposes in the last week?

Yes  No  **NOT ASKED 12 - 13**

**K7.** In the last 12 months, how often did you use Meth/amphetamine for non-medical purposes? (Mark one response only)

**NOT ASKED 12 - 13** 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) **NOT ASKED 12 - 13**

**K8b.** Where do/did you usually obtain Meth/amphetamine for non-medical purposes? (Mark one response only in **Usually** column)

<b>NOT ASKED 12 - 13</b>	<b>PLEASE ANSWER</b>	<b>K8a. First</b>	<b>AND</b>	<b>K8b. Usually</b>
	Friend	<input type="checkbox"/>		<input type="checkbox"/>
	Relative	<input type="checkbox"/>		<input type="checkbox"/>
	Partner	<input type="checkbox"/>		<input type="checkbox"/>
	Dealer	<input type="checkbox"/>		<input type="checkbox"/>
	Doctor shopping/forged script	<input type="checkbox"/>		<input type="checkbox"/>
	Prescription for medical condition	<input type="checkbox"/>		<input type="checkbox"/>
	Internet	<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)

**NOT ASKED 12 - 13** In my own/spouse's/partner's 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

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

**NOT ASKED 12 - 13** Number of points   **OR** Number of grams

If less than 1, indicate to the nearest fraction:

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



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

(Mark all that apply)

NOT ASKED  
12 - 13

- Powder/Speed
- Liquid
- Crystal, Ice
- Base/Paste/Pure
- Tablet
- Prescription Amphetamine for non-medical purposes
- Capsules
- Other

**K11b. In the last 12 months what are all the forms of Meth/amphetamine that you have used?**

(Mark all that apply)

NOT ASKED  
12 - 13

- Powder/Speed
- Liquid
- Crystal, Ice
- Base/Paste/Pure
- Tablet
- Prescription Amphetamine for non-medical purposes
- Capsules
- Other

**K11c. In the last 12 months, what was the main form of Meth/amphetamine that you used?**

(Mark one response only)

NOT ASKED  
12 - 13

- Powder/Speed
- Liquid
- Crystal, Ice
- Base/Paste/Pure
- Tablet
- Prescription Amphetamine for non-medical purposes
- Capsules
- Other

**K12. In the last 12 months, what was the main way that you used Meth/amphetamine for non-medical purposes?**

(Mark one response only)

NOT ASKED  
12 - 13

- Smoked
- Snorted
- Swallowed
- Injected
- Other

**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)

NOT ASKED  
12 - 13

- Alcohol
- Tobacco
- Tranquillisers, Sleeping pills for non-medical use
- Pain-killers/Pain-relievers and Opioids (e.g. Panadeine Forte, Nurofen Plus, Morphine)
- Steroids for non-medical use
- Sniffing Petrol/Glue/Aerosols/Solvents
- Marijuana/Cannabis
- Hallucinogens/LSD/Magic Mushrooms
- Methadone/Buprenorphine for non-medical use
- Heroin
- Cocaine/Crack
- Ecstasy
- GHB
- Ketamine
- Kava
- 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)

NOT ASKED  
12 - 13

- Alcohol
- Tobacco
- Tranquillisers, Sleeping pills for non-medical use
- Pain-killers/Pain-relievers and Opioids (e.g. Panadeine Forte, Nurofen Plus, Morphine)
- Steroids for non-medical use
- Sniffing Petrol/Glue/Aerosols/Solvents
- Marijuana/Cannabis
- Hallucinogens/LSD/Magic Mushrooms
- Methadone/Buprenorphine for non-medical use
- Heroin
- Cocaine/Crack
- Ecstasy
- GHB
- Ketamine
- Kava
- Other
- Cocktail/Combination of drugs
- No other drug





## Section L – Marijuana/Cannabis

**L1a. In the last 12 months, have you been offered or had the opportunity to use Marijuana/Cannabis?**

Yes  No

**L1b. About what proportion of your friends and acquaintances currently use Marijuana/Cannabis?**  
(Mark one response only)

All   
Most   
About half   
A few   
None   
Don't know

**L1c. Have you ever used Marijuana/Cannabis?**

Yes  (Continue) No  (Skip to M1 on page 26)

**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 M1 on page 26)

**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

**L8a. Where did you first obtain Marijuana/Cannabis?**  
(Mark one response only in First column)

**L8b. Where do/did you usually obtain Marijuana/Cannabis?**  
(Mark one response only in Usually column)

PLEASE ANSWER	<b>L8a. First</b>	AND	<b>L8b. Usually</b>
Friend	<input type="checkbox"/>		<input type="checkbox"/>
Relative	<input type="checkbox"/>		<input type="checkbox"/>
Partner	<input type="checkbox"/>		<input type="checkbox"/>
Dealer	<input type="checkbox"/>		<input type="checkbox"/>
Prescription for medical condition	<input type="checkbox"/>		<input type="checkbox"/>
Internet	<input type="checkbox"/>		<input type="checkbox"/>
Grew/grow my own (made/make it myself)	<input type="checkbox"/>		<input type="checkbox"/>
Stole/Steal it	<input type="checkbox"/>		<input type="checkbox"/>
Other	<input type="checkbox"/>		<input type="checkbox"/>

**L9. Where do/did you usually use Marijuana/Cannabis?**  
(Mark all that apply)

In my own/spouse's/partner's 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



+

**L10. On a day you use Marijuana/Cannabis, on average how many cones, bongs or joints do you normally have?**

Number of  
cones or bongs

 

OR

Number of  
joints

 

If less than 1, indicate to the nearest fraction:

cones or bongs

$\frac{1}{4}$

$\frac{1}{2}$

$\frac{3}{4}$

OR

joints

$\frac{1}{4}$

$\frac{1}{2}$

$\frac{3}{4}$

**L11. What form of Marijuana/Cannabis do you use?**  
(Mark all that apply)

Leaf

Head

Resin (including Hash)

Oil (including Hash oil)

Other

**L12. How have you used Marijuana/Cannabis?**  
(Mark all that apply)

Smoked as joints (e.g. reefers, spliffs)

Smoked from a bong or pipe

By eating it (e.g. Hash cookies)

Marijuana/Cannabis and tobacco mixed

Other

**Reminder: Your answers are completely confidential and are protected by law. Your responses are used for research purposes only. You and your household will never be identified. Your accurate and honest responses to this survey are important and appreciated.**

+

**L13. Which of the following did you use at the same time, on at least one occasion that you used Marijuana/Cannabis?**

(Mark all that apply)

Alcohol

Tobacco

Tranquillisers, Sleeping pills for non-medical use

Pain-killers/Pain-relievers and Opioids  
(e.g. Panadeine Forte, Nurofen Plus, Morphine)

Steroids for non-medical use

Sniffing Petrol/Glue/Aerosols/Solvents

Hallucinogens/LSD/Magic Mushrooms

Methadone/Buprenorphine for non-medical use

Meth/amphetamine for non-medical use

Heroin

Cocaine/Crack

Ecstasy

GHB

Ketamine

Kava

Other

Not used any of the above at the  
same time as Marijuana/Cannabis

**L14. What drug would you mostly use when Marijuana/Cannabis is not available?**  
(Mark one response only)

Alcohol

Tobacco

Tranquillisers, Sleeping pills for non-medical use

Pain-killers/Pain-relievers and Opioids  
(e.g. Panadeine Forte, Nurofen Plus, Morphine)

Steroids for non-medical use

Sniffing Petrol/Glue/Aerosols/Solvents

Hallucinogens/LSD/Magic Mushrooms

Methadone/Buprenorphine for non-medical use

Meth/amphetamine for non-medical use

Heroin

Cocaine/Crack

Ecstasy

GHB

Ketamine

Kava

Other

Cocktail/Combination of drugs

No other drug

+

+



## Section M – Heroin

M1. Have you ever used Heroin?

Yes  (Continue) No  (Skip to N1)

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 N1)

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  **NOT ASKED 12 - 13**

M5. Have you used Heroin in the last month?

**NOT ASKED 12 - 13** Yes  (Continue) No  (Skip to M7)

M6. Have you used Heroin in the last week?

Yes  No  **NOT ASKED 12 - 13**

M7. In the last 12 months, how often did you use Heroin?

(Mark one response only)

**NOT ASKED 12 - 13** Every day   
 Once a week or more   
 About once a month   
 Every few months   
 Once or twice a year

M8. On a day you use Heroin, on average how many hits do you normally have?

**NOT ASKED 12 - 13** Number of hits:

## 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 O1a on page 27)

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

Yes  (Continue) No  (Skip to O1a on page 27)

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 O1a on page 27)

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  **NOT ASKED 12 - 13**

N6. Have you used Methadone or Buprenorphine (not supplied to you medically) in the last month?

**NOT ASKED 12 - 13** Yes  (Continue) No  (Skip to O1a on page 27)

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

Yes  No  **NOT ASKED 12 - 13**





## Section O – Cocaine

**O1a. In the last 12 months, have you been offered or had the opportunity to use Cocaine?**

Yes  No

**O1b. About what proportion of your friends and acquaintances currently use Cocaine?**

(Mark one response only)

All   
 Most   
 About half   
 A few   
 None   
 Don't know

**O1c. Have you ever used Cocaine?**

Yes  (Continue) No  (Skip to P1 on page 29)

**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 29)

**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?**

No  NOT ASKED 12 - 13

**O5. Have you used Cocaine in the last month?**

NOT ASKED 12 - 13 Yes  (Continue) No  (Skip to O7)

**O6. Have you used Cocaine in the last week?**

Yes  No  NOT ASKED 12 - 13

**O7. In the last 12 months, how often did you use Cocaine?**

(Mark one response only)

NOT ASKED 12 - 13 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)

NOT ASKED 12 - 13

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

(Mark one response only in Usually column)

NOT ASKED 12 - 13

PLEASE ANSWER	O8a. <u>First</u>	AND	O8b. <u>Usually</u>
Friend	<input type="checkbox"/>		<input type="checkbox"/>
Relative	<input type="checkbox"/>		<input type="checkbox"/>
Partner	<input type="checkbox"/>		<input type="checkbox"/>
Dealer	<input type="checkbox"/>		<input type="checkbox"/>
Internet	<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)

NOT ASKED 12 - 13

In my own/spouse's/partner's 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

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

NOT ASKED 12 - 13

Number of grams	OR	Number of points	OR	Number of lines
<input style="width: 20px; height: 20px;" type="text"/>		<input style="width: 20px; height: 20px;" type="text"/>		<input style="width: 20px; height: 20px;" type="text"/>

If less than 1, indicate to the nearest fraction:

grams	OR	points	OR	lines
$\frac{1}{4}$ <input type="checkbox"/>		$\frac{1}{4}$ <input type="checkbox"/>		$\frac{1}{4}$ <input type="checkbox"/>
$\frac{1}{2}$ <input type="checkbox"/>		$\frac{1}{2}$ <input type="checkbox"/>		$\frac{1}{2}$ <input type="checkbox"/>
$\frac{3}{4}$ <input type="checkbox"/>		$\frac{3}{4}$ <input type="checkbox"/>		$\frac{3}{4}$ <input type="checkbox"/>



**O11a. What forms of Cocaine have you ever used?**(Mark all that apply in Ever column)NOT ASKED  
12 - 13**O11b. In the last 12 months, what was the main form of Cocaine that you used?**(Mark one response only in Main column)NOT ASKED  
12 - 13

PLEASE ANSWER	O11a. Forms Ever Used	AND	O11b. Main Form Used
---------------	--------------------------------	-----	-------------------------------

- |                                   |                          |     |                          |
|-----------------------------------|--------------------------|-----|--------------------------|
| Cocaine powder                    | <input type="checkbox"/> | AND | <input type="checkbox"/> |
| Crack Cocaine (smokeable crystal) | <input type="checkbox"/> |     | <input type="checkbox"/> |
| Other                             | <input type="checkbox"/> |     | <input type="checkbox"/> |

**O12. In the last 12 months, what was the main way that you used Cocaine?**(Mark one response only)NOT ASKED  
12 - 13

- Smoked
- Snorted
- Swallowed
- Injected
- Other

**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)NOT ASKED  
12 - 13

- Alcohol
- Tobacco
- Tranquillisers, Sleeping pills for non-medical use
- Pain-killers/Pain-relievers and Opioids (e.g. Panadeine Forte, Nurofen Plus, Morphine)
- Steroids for non-medical use
- Sniffing Petrol/Glue/Aerosols/Solvents
- Marijuana/Cannabis
- Hallucinogens/LSD/Magic Mushrooms
- Methadone/Buprenorphine for non-medical use
- Meth/amphetamine for non-medical use
- Heroin
- Ecstasy
- GHB
- Ketamine
- Kava
- 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)NOT ASKED  
12 - 13

- Alcohol
- Tobacco
- Tranquillisers, Sleeping pills for non-medical use
- Pain-killers/Pain-relievers and Opioids (e.g. Panadeine Forte, Nurofen Plus, Morphine)
- Steroids for non-medical use
- Sniffing Petrol/Glue/Aerosols/Solvents
- Marijuana/Cannabis
- Hallucinogens/LSD/Magic Mushrooms
- Methadone/Buprenorphine for non-medical use
- Meth/amphetamine for non-medical use
- Heroin
- Ecstasy
- GHB
- Ketamine
- Kava
- Other
- Cocktail/Combination of drugs
- No other drug



## Section P – Hallucinogens

This section asks about the use of Hallucinogens (e.g. Acid, Trips, Mushies, Magic mushrooms, Blotter, Angel dust, Blue meanies).

P1. Have you ever used any Hallucinogens?

Yes  (Continue) No  (Skip to Q1a)

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 Q1a)

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

NOT ASKED  
12 - 13

P5. Have you used Hallucinogens in the last month?

NOT ASKED  
12 - 13

Yes  (Continue) No  (Skip to P7)

P6. Have you used Hallucinogens in the last week?

Yes  No

NOT ASKED  
12 - 13

P7. In the last 12 months, how often did you use Hallucinogens?

(Mark one response only)

NOT ASKED  
12 - 13

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

## Section Q – Ecstasy

Q1a. In the last 12 months, have you been offered or had the opportunity to use Ecstasy?

Yes  No

Q1b. About what proportion of your friends and acquaintances currently use Ecstasy?

(Mark one response only)

- All   
Most   
About half   
A few   
None   
Don't know

Q1c. Have you ever used Ecstasy?

Yes  (Continue) No  (Skip to R1 on page 31)

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 R1 on page 31)

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	<input type="checkbox"/>		<input type="checkbox"/>
Relative	<input type="checkbox"/>		<input type="checkbox"/>
Partner	<input type="checkbox"/>		<input type="checkbox"/>
Dealer	<input type="checkbox"/>		<input type="checkbox"/>
Internet	<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/partner's 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

**Q10a. What forms of Ecstasy have you ever used?**  
(Mark all that apply in **Ever** column)

**Q10b. In the last 12 months, what was the main form of Ecstasy that you used?**  
(Mark one response only in **Main** column)

PLEASE ANSWER	Q10a. <b>Forms Ever Used</b>	AND	Q10b. <b>Main Form Used</b>
Pills/Tablets	<input type="checkbox"/>		<input type="checkbox"/>
Capsules	<input type="checkbox"/>		<input type="checkbox"/>
Crystals/Rock	<input type="checkbox"/>		<input type="checkbox"/>
Powder	<input type="checkbox"/>		<input type="checkbox"/>

**Q11. On a day you use Ecstasy, on average how many tablets/pills/capsules or grams do you normally have?**

Number of tablets/pills		Number of capsules		Number of grams
<input type="text"/>	OR	<input type="text"/>	OR	<input type="text"/>

If less than 1, indicate to the nearest fraction:

tablets/pills		capsules		grams
$\frac{1}{4}$ <input type="checkbox"/>	OR	$\frac{1}{4}$ <input type="checkbox"/>	OR	$\frac{1}{4}$ <input type="checkbox"/>
$\frac{1}{2}$ <input type="checkbox"/>		$\frac{1}{2}$ <input type="checkbox"/>		$\frac{1}{2}$ <input type="checkbox"/>
$\frac{3}{4}$ <input type="checkbox"/>		$\frac{3}{4}$ <input type="checkbox"/>		$\frac{3}{4}$ <input type="checkbox"/>

**Q12. 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
- Tobacco
- Tranquillisers, Sleeping pills for non-medical use
- Pain-killers/Pain-relievers and Opioids (e.g. Panadeine Forte, Nurofen Plus, Morphine)
- Steroids for non-medical use
- Sniffing Petrol/Glue/Aerosols/Solvents
- Marijuana/Cannabis
- Hallucinogens/LSD/Magic Mushrooms
- Methadone/Buprenorphine for non-medical use
- Meth/amphetamine for non-medical use
- Heroin
- Cocaine/Crack
- GHB
- Ketamine
- Kava
- Other
- Not used any of the above at the same time as Ecstasy

**Q13. Which drug would you mostly use when Ecstasy is not available?**  
(Mark one response only)

- Alcohol
- Tobacco
- Tranquillisers, Sleeping pills for non-medical use
- Pain-killers/Pain-relievers and Opioids (e.g. Panadeine Forte, Nurofen Plus, Morphine)
- Steroids for non-medical use
- Sniffing Petrol/Glue/Aerosols/Solvents
- Marijuana/Cannabis
- Hallucinogens/LSD/Magic Mushrooms
- Methadone/Buprenorphine for non-medical use
- Meth/amphetamine for non-medical use
- Heroin
- Cocaine/Crack
- GHB
- Ketamine
- Kava
- Other
- Cocktail/Combination of drugs
- No other drug





## Section R – Ketamine

R1. Have you ever used Ketamine?

NOT ASKED 12 - 13 Yes  (Continue) No  (Skip to S1)

R2. About what age were you when you first used Ketamine?

NOT ASKED 12 - 13 Age in years:

R3. Have you used Ketamine in the last 12 months?

NOT ASKED 12 - 13 Yes  (Continue) No  (Skip to S1)

R4. Have you used Ketamine in the last month?

NOT ASKED 12 - 13 Yes  (Continue) No  (Skip to R6)

R5. Have you used Ketamine in the last week?

NOT ASKED 12 - 13 Yes  No

R6. In the last 12 months, how often did you use Ketamine?

(Mark one response only)

NOT ASKED 12 - 13

Every day

Once a week or more

About once a month

Every few months

Once or twice a year

## Section S – GHB

S1. Have you ever used GHB?

NOT ASKED 12 - 13 Yes  (Continue) No  (Skip to T1 on page 32)

S2. About what age were you when you first used GHB?

NOT ASKED 12 - 13 Age in years:

S3. Have you used GHB in the last 12 months?

NOT ASKED 12 - 13 Yes  (Continue) No  (Skip to T1 on page 32)

S4. Have you used GHB in the last month?

NOT ASKED 12 - 13 Yes  (Continue) No  (Skip to S6)

S5. Have you used GHB in the last week?

NOT ASKED 12 - 13 Yes  No

S6. In the last 12 months, how often did you use GHB?

(Mark one response only)

NOT ASKED 12 - 13

Every day

Once a week or more

About once a month

Every few months

Once or twice a year

Reminder: Your answers are completely confidential and are protected by law. Your responses are used for research purposes only. You and your household will never be identified. Your accurate and honest responses to this survey are important and appreciated.



## Section T – Synthetic Cannabis

T1. Have you ever used Synthetic Cannabis/Cannabinoids (e.g. K2, Spice, Kronic)?

NOT  
ASKED  
12 - 13

Yes  (Continue) No  (Skip to TT1)

T2. Have you used Synthetic Cannabis/Cannabinoids in the last 12 months?

NOT  
ASKED  
12 - 13

Yes  No

## Section TT – Other Psychoactive Substances

TT1. Have you ever used any Other Psychoactive Substances?

Other Psychoactive Substances include a range of drugs. Some of the more well-known substances include DMT, Mephedrone, Methylone, Meow Meow, MDPV, 2C-B, NBOMe, 25C, BZP, MDAI.

NOT  
ASKED  
12 - 13

Yes  (Continue) No  (Skip to U1)

TT2. Have you used any of these Other Psychoactive Substances in the last 12 months?

NOT  
ASKED  
12 - 13

Yes  No

## 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).

Nasal sprays, inhalers or puffers used for asthma and similar conditions should not be included here.

U1. Have you ever used Inhalants?

Yes  (Continue) No  (Skip to W1 on page 33)

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 W1 on page 33)

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 to?

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. First** AND **U8b. Usually**

- |                                    |                          |                          |
|------------------------------------|--------------------------|--------------------------|
| Friend                             | <input type="checkbox"/> | <input type="checkbox"/> |
| Relative                           | <input type="checkbox"/> | <input type="checkbox"/> |
| Partner                            | <input type="checkbox"/> | <input type="checkbox"/> |
| Dealer                             | <input type="checkbox"/> | <input type="checkbox"/> |
| Internet                           | <input type="checkbox"/> | <input type="checkbox"/> |
| Bought/buy at a shop/retail outlet | <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/partner's 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

**U10. On a day you use Inhalants, on average how many times do you use them?**

Number of times:

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

(Mark all that apply)

- Petrol
- Other volatile solvents (e.g. glue, paint thinners, nail polish remover, marker pens)
- Aerosols (e.g. spray paints, deodorants, hair spray)
- Gases (e.g. anaesthetics, nitrous oxide (laughing/happy gas), fuel gases (butane lighters) refrigerant gases (Freon gases from air conditioning units))
- Nitrites (e.g. Rush, bolt, bullet, red gold, climax, poppers, snappers)
- Other

**There is no Section V**

**Section W – Injectable 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)

**NOT ASKED 12 - 13**

Yes  (Continue) No  (Skip to X1 on page 35)

**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)

**NOT ASKED 12 - 13**

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)

**NOT ASKED 12 - 13**

- Heroin
- Other Opiates/Opioids (Morphine, Pethidine, Oxycodone (Endone))
- Meth/amphetamine
- Cocaine or Crack Cocaine
- LSD or other Hallucinogens
- Ecstasy
- Benzodiazepines
- Steroids
- Ketamine
- Methadone/Buprenorphine
- GHB
- 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)

NOT ASKED  
12 - 13

- Heroin
- Other Opiates/Opioids   
(Morphine, Pethidine, Oxycodone (Endone))
- Meth/amphetamine
- Cocaine or Crack Cocaine
- LSD or other Hallucinogens
- Ecstasy
- Benzodiazepines
- Steroids
- Ketamine
- Methadone/Buprenorphine
- GHB
- Other drugs

Have not injected any of these drugs in the last 12 months  (Skip to X1 on page 35)

**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)

NOT ASKED  
12 - 13

- 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)

NOT ASKED  
12 - 13

- Chemist
- Centre based needle and syringe program
- Mobile needle and syringe program
- Friends
- Hospital or doctor
- Diabetes Australia
- Health centre
- Vending machine
- Other

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

Yes

No

NOT ASKED  
12 - 13

**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)

NOT ASKED  
12 - 13

- 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)

NOT ASKED  
12 - 13

- Yes, and I bleached and/or rinsed it first
- Yes, but I did not bleach or rinse it first
- No  (Skip to X1 on page 35)

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

(Mark one response only)

NOT ASKED  
12 - 13

- Never
- Not in the last 12 months
- Once or twice
- 3 – 5 times
- 6 – 10 times
- More than 10 times

**Reminder:**

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



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

Wrong box

Right box





## Section X – Attitudes

### X1. What is your main drug of choice (that is, your favourite or preferred drug)?

(Mark one response only)

- Alcohol
- Tobacco
- Tranquillisers, Sleeping pills
- Prescription Pain-killers/Pain-relievers and Opioids (e.g. Oxycodone, Panadeine Forte, Morphine)
- Over-the-counter Pain-killers/Pain-relievers and Opioids (e.g. a codeine product such as Nurofen Plus)
- Steroids
- Sniffing Petrol/Glue/Aerosols/Solvents
- Marijuana/Cannabis
- Hallucinogens/LSD/Magic Mushrooms
- Methadone/Buprenorphine
- Meth/amphetamine
- Heroin
- Cocaine/Crack
- Ecstasy
- GHB
- Ketamine
- Kava
- Other
- No main drug of choice

If you have ever used an illicit drug, please answer X2a and X2b, then go to Section Y.

If you have never used an illicit drug, please answer X3, then go to Section Y.

### X2a. What factors influenced your decision to first use an illicit drug (including marijuana/cannabis)?

(Mark all that apply)

- Friends or family member were using it/ offered by friend or family member
- Thought it would improve mood/ to stop feeling unhappy
- To do something exciting
- To see what it was like/curiosity
- To enhance an experience
- Other (Please write in):

1

1

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### X2b. Please mark the response that best applies to you.

(Mark one response only)

- I only tried illicit drugs once
- I used to use illicit drugs, but no longer do

### I continue to use illicit drugs, mainly because of:

- Influence of friends or family
- Addiction/dependency
- Wanting to improve mood/to stop feeling unhappy
- Wanting to do something exciting
- Wanting to enhance experiences
- Other (Please write in):

2

	<input type="checkbox"/>
--	--------------------------

### X3. 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

**Reminder: Your answers are completely confidential and are protected by law. Your responses are used for research purposes only. You and your household will never be identified. Your accurate and honest responses to this survey are important and appreciated.**

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## Section Y – Harms

**Y1. In the last 12 months, did any person under the influence of or 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"/>

**If Yes to any in Y1 continue.  
If No to all in Y1, Skip to Y9 on page 37.**

**Y2. Which of the following persons under the influence of or affected by alcohol were responsible for the incident(s) referred to in Y1?**  
(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"/>

**NOT ASKED  
12 - 13  
OR  
TELEPHONE**

**PLEASE CHECK AGAIN THAT ALL THE INCIDENTS MENTIONED IN Y1 HAVE THE APPROPRIATE ANSWERS IN Y2**

**Y3. Where did the alcohol-related incident(s) referred to in Y1 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)

**NOT ASKED  
12 - 13**

	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"/>

**Y4. What was the most serious physical injury you sustained as a result of the alcohol-related incident(s) referred to in Y1?**  
(Mark one response only)

**NOT ASKED 12 - 13  
OR TELEPHONE**

- 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

**Y5. Was the most serious alcohol-related incident reported to the police?**

**NOT ASKED 12 - 13 OR TELEPHONE**

- Yes  (Skip to Y7)      No  (Continue)

**Y6. Are there any reasons why you didn't report the most serious alcohol-related incident to the police?**  
(Mark all that apply)

**NOT ASKED  
12 - 13  
OR  
TELEPHONE**

- 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

**Y7. In general, at the time(s) the alcohol-related incident(s) took place, had you also been drinking alcohol or consuming drugs other than alcohol?**  
(Mark one response only)

**NOT ASKED  
12 - 13  
OR  
TELEPHONE**

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

**Y8. Did any of the alcohol-related incidents of physical abuse involve sexual abuse?**

**NOT ASKED  
12 - 13  
OR  
TELEPHONE**

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



## ALL PLEASE ANSWER

**Y9. In the last 12 months, did any person under the influence of or 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 Yes to any in Y9 continue.**  
**If No to all in Y9, Skip to Y17 on page 38.**

**Y10. Which of the following persons under the influence of or affected by illicit drugs were responsible for the incident(s) referred to in Y9?**  
(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 Y9 HAVE THE APPROPRIATE ANSWERS IN Y10.**

**Y11. Where did the drug-related incident(s) referred to in Y9 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)

NOT ASKED  
12 - 13

	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"/>

**Y12. What was the most serious physical injury you sustained as a result of the drug-related incident(s) referred to in Y9?**  
(Mark one response only)

NOT ASKED 12 - 13  
OR TELEPHONE

- 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

**Y13. Was the most serious drug-related incident reported to the police?**

NOT ASKED 12 - 13 OR TELEPHONE

- Yes  (Skip to Y15)      No  (Continue)

**Y14. Are there any reasons why you didn't report the most serious drug-related incident to the police?**  
(Mark all that apply)

NOT ASKED  
12 - 13  
OR  
TELEPHONE

- 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

**Y15. In general, at the time(s) the drug-related incident(s) took place, had you also been drinking alcohol or consuming drugs other than alcohol?**  
(Mark one response only)

NOT ASKED  
12 - 13  
OR  
TELEPHONE

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

**Y16. Did any of the drug-related incidents of physical abuse involve sexual abuse?**

NOT ASKED  
12 - 13  
OR  
TELEPHONE

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





## ALL PLEASE ANSWER

**Y17. In the last 12 months, did you undertake the following activities while under the influence of or affected by 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"/> |
| I did not drink alcohol in the last 12 months | <input type="checkbox"/> |                          |

**Y18. In the last 12 months, did you undertake the following activities while under the influence of or affected by 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"/> |
| I did not use illicit drugs in the last 12 months | <input type="checkbox"/> |                          |

**Y19a. In the last 12 months, have any of the following happened to you while under the influence of or affected by alcohol?**  
(Mark all that apply)

- Injury requiring medical attention
- Injury requiring admission to hospital
- Intoxication requiring medical attention
- Intoxication requiring admission to hospital
- None of the above
- I did not drink alcohol in the last 12 months

**Y19b. In the last 12 months, have any of the following happened to you while under the influence of or affected by illicit drugs?**  
(Mark all that apply)

- Injury requiring medical attention
- Injury requiring admission to hospital
- Overdose requiring medical attention
- Overdose requiring admission to hospital
- None of the above
- I did not use illicit drugs in the last 12 months



## Section Z – Lifestyle

**Z1. 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:

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 own 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:

**Z3. In the last 3 months, how many days of work, school, TAFE or university did you miss because of your own 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:

**Z4. Have you ever participated in a tobacco, alcohol or other drug treatment program to help you reduce or to quit your consumption?**

(Mark one response for each type of program)

NOT ASKED  
12 - 13

	Yes, in the last 12 months	Yes, more than 12 months ago	No
Telephone helplines (e.g. Quit, Lifeline)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer group community-based support (e.g. AA, NA, Smart Recovery)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Withdrawal management (detoxification-naltrexone)	<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"/>
Online/Internet support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information and education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opioid pharmacotherapy (e.g. Methadone maintenance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medications to help quit smoking (e.g. Zyban, Champix)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medications to help with problem drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## MALES SKIP TO SECTION YY ON PAGE 41

**Z5. At any stage in the last 12 months were you...?**  
(Mark all that apply)

NOT ASKED  
12 - 13

Pregnant  } (Continue)  
Breastfeeding

Neither pregnant nor breastfeeding at any time in the past 12 months  (Skip to Section YY on page 41)

**Z6a. For your most recent pregnancy, what date would you estimate that you fell pregnant?**

Please write in day, month, year format, e.g. 20 June 2015 would be written as:

NOT ASKED  
12 - 13

Day

Month

Year

**Z6b. How many weeks pregnant were you when your most recent pregnancy was confirmed?**

NOT ASKED  
12 - 13

Weeks

**Z7. Are you currently... ?**

NOT ASKED  
12 - 13

Pregnant and breastfeeding

Pregnant only

Breastfeeding only

Neither pregnant nor breastfeeding

**Z8a. Was there any time in the last 12 months when you were pregnant but did not yet know you were pregnant?**

Yes  (Continue)

No  (Skip to Z8c on page 40)

NOT ASKED  
12 - 13

Not applicable, was not pregnant in the last 12 months  (Skip to Z8d on page 40)

**Z8b. At any time in the last 12 months when you were pregnant but did not yet know, did you use any of the following?**  
(Mark all that apply)

NOT ASKED  
12 - 13

Alcohol

Tobacco

Prescription Pain-killers/Pain-relievers and Opioids for non-medical use

Illicit drugs (e.g. Marijuana, Ecstasy, Cocaine, Hallucinogens)

None of these



**Z8c. At any time in the last 12 months when you were pregnant, did you use any of the following after you knew you were pregnant?**

(Mark all that apply)

NOT ASKED  
12 - 13

Alcohol   
Tobacco

Prescription Pain-killers/Pain-relievers and Opioids for non-medical use

Illicit drugs (e.g. Marijuana, Ecstasy, Cocaine, Hallucinogens)

None of these

Not applicable, was not pregnant in the last 12 months

**Z8d. At any time in the last 12 months when you were breastfeeding, did you use any of the following?**

(Mark all that apply)

NOT ASKED  
12 - 13

Alcohol   
Tobacco

Prescription Pain-killers/Pain-relievers and Opioids for non-medical use

Illicit drugs (e.g. Marijuana, Ecstasy, Cocaine, Hallucinogens)

None of these

Not applicable, was not breastfeeding in the last 12 months

**Z9. 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)

NOT ASKED  
12 - 13

More   
Less   
Same amount   
Don't drink alcohol

(Continue)

Not applicable, was not pregnant in the last 12 months  (Skip to Z10)

**Z9a. In the last 12 months when you were pregnant, how often did you have a drink containing alcohol?**

(Mark one response only)

NOT ASKED  
12 - 13

Never  (Skip to Z10)  
Monthly or less   
Two to four times a month   
Two to three times per week   
Four or more times a week

**Z9b. In the last 12 months when you were pregnant, how many drinks containing alcohol did you have on a typical day when you were drinking?**

(Mark one response only)

NOT ASKED  
12 - 13

1 - 2   
3 - 4   
5 - 6   
7 - 9   
10 or more

**Z9c. In the last 12 months when you were pregnant, how often did you have six or more drinks on one occasion?**

(Mark one response only)

NOT ASKED  
12 - 13

Never   
Less than monthly   
Monthly   
Two or three times per week   
Four or more times a week

**Z10. 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)

NOT ASKED  
12 - 13

More   
Less   
Same amount   
Don't drink alcohol   
Not applicable, was not breastfeeding in the last 12 months

**Z11. In the last 12 months when you were pregnant or breastfeeding did anyone advise you not to smoke?**

NOT ASKED  
12 - 13

Yes  (Continue)  
No   
Not applicable, don't smoke  (Skip to Section YY on page 41)

**Z12. Who advised you not to smoke?**

(Mark all that apply)

NOT ASKED  
12 - 13

Spouse or partner   
Parent/s   
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)

NOT ASKED 12 - 13 OR TELEPHONE	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"/>
Stricter enforcement of law against supplying minors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support for regulation of alcohol supply to minors on private premises	<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)

NOT ASKED 12 - 13  
OR TELEPHONE

	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"/>
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"/>
Implementing a national 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"/>
Raising the legal age for sale or supply of tobacco products to those aged 21 years and over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Banning all additives (e.g. flavouring) in cigarettes and other tobacco products, to make them less attractive to young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restrictions on where and when electronic cigarettes can be advertised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restricting the use of electronic cigarettes in public places (similar to the current restrictions for cigarettes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prohibiting the sale of electronic cigarettes to people 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 injecting drug use, to what extent would you support or oppose measures such as . . . ?**  
**Some examples of injectable drugs are Heroin, Speed and Ice.**

(Mark one response in each row)

NOT ASKED 12 - 13  
OR TELEPHONE

	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"/>
<u>Regulated</u> injecting rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone/Buprenorphine 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"/>
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"/>
Voluntary 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"/>
The availability of take-home Naloxone, a drug that reverses the effects of a Heroin/ Methadone/Morphine overdose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





**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. . .?**

(Mark one response in each row)

NOT ASKED  
TELEPHONE

	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"/>

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

(Mark one response in each row)

NOT ASKED  
TELEPHONE

	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. 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)

NOT ASKED 12 - 13  
OR TELEPHONE

	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"/>

**YY7. What drug and alcohol policies, if any, does your workplace, school or college have in place?**

(Mark all that apply)

	Workplace	School/ College
Do not currently have a workplace	<input type="checkbox"/>	
Do not currently go to a school or college		<input type="checkbox"/>
A policy on alcohol use	<input type="checkbox"/>	<input type="checkbox"/>
A policy on drug use	<input type="checkbox"/>	<input type="checkbox"/>
No policy on alcohol or drug use	<input type="checkbox"/>	<input type="checkbox"/>
Unsure if an alcohol or drug policy exists	<input type="checkbox"/>	<input type="checkbox"/>
Drug testing	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol testing	<input type="checkbox"/>	<input type="checkbox"/>
Provision of education or information concerning alcohol or drugs	<input type="checkbox"/>	<input type="checkbox"/>
Access to any type of assistance with alcohol or drug problems	<input type="checkbox"/>	<input type="checkbox"/>
Access to any type of assistance with quitting smoking	<input type="checkbox"/>	<input type="checkbox"/>
A ban on smoking in most or all outdoor areas within the grounds	<input type="checkbox"/>	<input type="checkbox"/>
None	<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)

<b>NOT ASKED 12 - 13</b>	Education (e.g. information services) \$	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Treatment (e.g. counselling, therapy) \$	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Law enforcement (e.g. stop illegal sale or use) \$	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Check the total is: \$</b>		<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

**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)

<b>NOT ASKED 12 - 13</b>	Education (e.g. information services) \$	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Treatment (e.g. counselling, therapy) \$	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Law enforcement (e.g. stop illegal sale or use) \$	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Check the total is: \$</b>		<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

**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)

<b>NOT ASKED 12 - 13</b>	Education (e.g. information services) \$	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Treatment (e.g. counselling, therapy) \$	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Law enforcement (e.g. stop illegal sale or use) \$	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Check the total is: \$</b>		<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

## Section ZZ – Demographics

**ZZ1. In which country were you born?**  
(Mark one response only)

- Australia  *(Skip to ZZ3 on page 45)*
- 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

**ZZ2. 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

1

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**ALL PLEASE ANSWER**

**ZZ3. What is the main language spoken at home?**  
(Mark one response only)

- English   
 Aboriginal and/or Torres Strait Islander languages   
 Language other than English

**ZZ4. Do you think of yourself as . . . ?**  
(Mark one response only)

**NOT ASKED  
12 - 13**

- Heterosexual or straight   
 Homosexual (gay or lesbian)   
 Bisexual   
 Not sure; undecided   
 Something else; other

**ZZ5a. Which of the following best describes your main current employment status?**  
(Mark one response only)

**ZZ5b. What other categories, if any, also describe what you currently do?**  
(Mark all that apply)

- |   | <b>ZZ5a.<br/>Main</b>    | <b>ZZ5b.<br/>Other</b>   |
|---|--------------------------|--------------------------|
| Self employed                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Employed for wages, salary,<br>or payment in kind | <input type="checkbox"/> | <input type="checkbox"/> |
| Unemployed  | <input type="checkbox"/> | <input type="checkbox"/> |
| Looking for work                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Solely engaged in home duties                     | <input type="checkbox"/> | <input type="checkbox"/> |
| A student   | <input type="checkbox"/> | <input type="checkbox"/> |
| Retired or on a pension                           | <input type="checkbox"/> | <input type="checkbox"/> |
| Volunteer/charity work                            | <input type="checkbox"/> | <input type="checkbox"/> |
| Unable to work                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Other   | <input type="checkbox"/> | <input type="checkbox"/> |
| No other  | <input type="checkbox"/> | <input type="checkbox"/> |

**If Self employed or employed in ZZ5a or ZZ5b,  
skip to ZZ7.**

**ZZ6. Have you ever been in paid work?**

**NOT ASKED  
12 - 13**

- Yes  (Continue)      No  (Skip to ZZ9  
on page 46)

**ZZ7. 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)

Job title (Including award/Government classification if possible, e.g. secondary school teacher, metal engineering process worker, commercial property cleaner, registered nurse) **NOT ASKED 12 - 13**



Main Duties/tasks



**ZZ8. What kind of industry, business or service is carried out by your main employer** (or employer when you last worked)? **NOT ASKED 12 - 13**

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



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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>
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## ALL PLEASE ANSWER

**ZZ9. What is the highest year of primary or secondary school you have completed?**  
(Mark one response only)

NOT ASKED  
12 - 13

- Did not go to school  *(Skip to ZZ11)*
- 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

**ZZ10. Are you still at school?**

NOT ASKED  
12 - 13

- Yes
- No

## ALL PLEASE ANSWER

**ZZ11. Have you completed a trade certificate or other educational qualification?**

NOT ASKED  
12 - 13

- Yes
- No  *(Skip to ZZ13)*

**ZZ12. What is the highest qualification that you have obtained?**  
(Mark one response only)

NOT ASKED  
12 - 13

- Certificate I or Certificate II
- Certificate III or Certificate IV
- Associate Diploma
- Undergraduate Diploma
- Bachelor Degree
- Master's Degree, Postgraduate Degree or Postgraduate Diploma
- Doctorate

## ALL PLEASE ANSWER

**ZZ13. Which of the following groups would represent your personal annual income, before tax, from all sources?**  
(Mark one response only)

- \$156,000 or more (\$3,000 or more/week)
- \$104,000 – \$155,999 (\$2,000 – \$2,999/week)
- \$91,000 – \$103,999 (\$1,750 – \$1,999/week)
- \$78,000 – \$90,999 (\$1,500 – \$1,749/week)
- \$65,000 – \$77,999 (\$1,250 – \$1,499/week)
- \$52,000 – \$64,999 (\$1,000 – \$1,249/week)
- \$41,600 – \$51,999 (\$800 – \$999/week)
- \$33,800 – \$41,599 (\$650 – \$799/week)
- \$26,000 – \$33,799 (\$500 – \$649/week)
- \$20,800 – \$25,999 (\$400 – \$499/week)
- \$15,600 – \$20,799 (\$300 – \$399/week)
- \$7,800 – \$15,599 (\$150 – \$299/week)
- \$1 – \$7,799 (\$1 – \$149/week)
- Nil Income
- Negative Income
- Prefer not to say
- Don't know

**ZZ14. Which of the following groups would represent the combined household annual income, before tax, from all sources?**  
(Mark one response only)

NOT ASKED 12 - 13

- \$208,000 or more (\$4,000 or more/week)
- \$156,000 – \$207,999 (\$3,000 – \$3,999/week)
- \$104,000 – \$155,999 (\$2,000 – \$2,999/week)
- \$91,000 – \$103,999 (\$1,750 – \$1,999/week)
- \$78,000 – \$90,999 (\$1,500 – \$1,749/week)
- \$65,000 – \$77,999 (\$1,250 – \$1,499/week)
- \$52,000 – \$64,999 (\$1,000 – \$1,249/week)
- \$41,600 – \$51,999 (\$800 – \$999/week)
- \$33,800 – \$41,599 (\$650 – \$799/week)
- \$26,000 – \$33,799 (\$500 – \$649/week)
- \$20,800 – \$25,999 (\$400 – \$499/week)
- \$15,600 – \$20,799 (\$300 – \$399/week)
- \$7,800 – \$15,599 (\$150 – \$299/week)
- \$1 – \$7,799 (\$1 – \$149/week)
- Nil Income
- Negative Income
- Prefer not to say
- Don't know





## ALL PLEASE ANSWER

**ZZ15. Was anyone else present when you were completing this questionnaire?**  
(Mark all responses that apply)

- No  (Skip to ZZ17)
- 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

**ZZ16. 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

**ZZ17. Did anyone else help you complete this questionnaire?**  
(Mark one response only)

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

**ZZ18. 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)



## ALL PLEASE ANSWER

**ZZ19. Which of the following does this household have?**  
(Mark all that apply. Please don't count business numbers or numbers ONLY used for the Internet or fax)

- A landline phone number listed in the White Pages
- A landline phone number NOT listed in the White Pages
- A landline phone number, I don't know if it is listed in the White Pages
- A mobile phone number listed in the White Pages
- A mobile phone number NOT listed in the White Pages
- A mobile phone number, I don't know if it is listed in the White Pages
- None of the above

**ZZ20. Please write the date that you completed this questionnaire below:**

		/			/	2	0	1	6
Day			Month			Year			

NOT ASKED ONLINE OR TELEPHONE

**ZZ21. How long did it take to complete this questionnaire?**

Hours		Minutes	

NOT ASKED TELEPHONE

NOW PLEASE TURN TO PAGE 49



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+

+

**INTENTIONALLY LEFT BLANK**

+

+



## Statistical Linkage Key

### Please read this:

With your permission, we would like to collect some information from you so that your data from *this survey* and your data from *other government records* may be *linked* (i.e. combined) – but kept completely *confidential*. This data linking would only be for research purposes.

This linking would be done by using a ‘*Statistical Linkage Key*’, which is simply a group of *letters and numbers* that contains enough information to link records for statistical analysis, but cannot be used to identify anyone.

Answering this section is *optional and entirely voluntary*. It is also completely *confidential*. For more detail on confidentiality please see the information below.

To answer this section, please go to the next page.

### Remember - Your confidentiality and privacy are protected

- Your actual name and other personal details will NOT be used at all in the linking of your survey data to other government records.
- No information from this survey will ever be added to any of your other government records.
- The linking of this data will only ever be used for statistical purposes. It will never be used for any legal, administrative or other purposes.
- Statistical reports will only contain combined information from many people and will not identify any individual.
- All your responses are treated confidentially. The research is carried out in compliance with the *Privacy Act 1988* and the information is used for research purposes only.
- The AIHW has specific legislation (Section 29 of the *AIHW Act 1987*) which prevents identifiable information about you from being released to anyone.

### How to complete this:

To create the Statistical Linkage Key, we need a few specific letters from both your first name and your surname. Please print **ONLY** these letters in the boxes on the next page: the 2<sup>nd</sup> and 3<sup>rd</sup> letters of your first or given name, and the 2<sup>nd</sup>, 3<sup>rd</sup> and 5<sup>th</sup> letters of your surname (family name).

### EXAMPLE ONLY:

e.g. if your name is DAVID JOHNSON you would write in:

Letters of given name: 

	A	V				
--	---	---	--	--	--	--

Letters of family name: 

	O	H		S		
--	---	---	--	---	--	--

If your name isn't long enough, use the number 2 for blank spaces.

e.g. if your name is JO LIU, you would write in:

Letters of given name: 

	O	2				
--	---	---	--	--	--	--

Letters of family name: 

	I	U		2		
--	---	---	--	---	--	--

Do not count hyphens, apostrophes or blank spaces.

e.g. if your name is JO-ANNE O'NEIL, you would write in:

Letters of given name: 

	O	A				
--	---	---	--	--	--	--

Letters of family name: 

	N	E		L		
--	---	---	--	---	--	--





## Statistical Linkage Key continued

### What is data linkage?

Data linkage refers to the bringing together of information from more than one source that relates to the same person. This allows researchers to tell a bigger story than analysing data from just one source. For example, comparing the data on women who received the HPV vaccination with data on women who developed cervical cancer provided strong evidence that overall, the vaccination was effective in reducing cervical cancer.

### Consent

By completing this information:

- I consent to other government agencies and departments releasing to researchers information relating to me, for linking purposes only.
- I consent to researchers linking my responses with records of government agencies and departments relating to me, such as Medicare records and Emergency presentations.
- I understand that at no time will any information be released that publicly identifies me.

Please fill in the letters below using the example on the previous page.

Letters of given name:

--	--	--	--	--	--	--

2nd 3rd

Letters of family name:

--	--	--	--	--	--	--

2nd 3rd 5th

### EXAMPLE ONLY:

Please also write in your date of birth, as shown below.  
e.g. 20 June 1972 would be written as:

Date of birth: 

D	D
2	0

 / 

M	M
0	6

 / 

Y	Y	Y	Y
1	9	7	2

Date of birth: 

D	D

 / 

M	M

 / 

Y	Y	Y	Y

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

