



Confidential Form Indigenous Social Survey 2002

Please record the time you start this form.

Why this Information is Needed

The information collected in this form is about behaviours which may affect people's health. With your answers you will help us to measure the extent of some of these behaviours in Aboriginal and Torres Strait Islander communities.

Confidentiality

The answers you provide will be treated confidentially. The Australian Bureau of Statistics is required by the *Census and Statistics Act 1905* to maintain the confidentiality of all information provided to it. No information will be released in a way that would enable an individual or household to be identified.

Authority for this Survey

The information asked for is collected under the authority of the *Census and Statistics Act 1905*.

Completion of this form is voluntary.

Dennis Trewin
Australian Statistician

INTERVIEWER USE ONLY

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PERS

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

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

1 Have you ever used Pain Killers or Analgesics?

e.g. Aspirin, Paracetamol, Mersyndol.

- Yes Go to 2
No Go to 4

2 Have you used Pain Killers or Analgesics for non-medical purposes?

- Yes Go to 3
No Go to 4

3 Have you used Pain Killers or Analgesics for non-medical purposes in the last 12 months?

- Yes Go to 4
No Go to 4

4 Have you ever used Tranquillisers or Sleeping Pills?

e.g. Benzos, Temazzies, Tranks, Sleepers, Valium, Serapax, Mandrax, Mandies, Rohypnol, Rowies.

- Yes Go to 5
No Go to 7

5 Have you ever used Tranquillisers or Sleeping Pills for non-medical purposes?

- Yes Go to 6
No Go to 7

6 Have you used Tranquillisers or Sleeping Pills for non-medical purposes in the last 12 months?

- Yes Go to 7
No Go to 7

7 Have you ever used Amphetamines or Speed?

e.g. Crystal, Whizz, Goey, Gogo, Zip, Uppers, Ice.

- Yes Go to 8
No Go to 9

8 Have you used Amphetamines or Speed in the last 12 months?

- Yes Go to 9
No Go to 9

9 Have you ever used Marijuana, Hashish or Cannabis Resin?

e.g. Pot, Grass, Weed, Ganja, Reefer, Joint, MaryJane, Rope, Yandi, Mull, Dope, Skunk, Bhang, Hash.

- Yes Go to 10
No Go to 11

10 Have you used Marijuana, Hashish or Cannabis Resin in the last 12 months?

- Yes Go to 11
No Go to 11

11 Have you ever used Heroin?

e.g. Hammer, Smack, Gear, Horse, H, Boy, Junk.

- Yes Go to 12
No Go to 13

12 Have you used Heroin in the last 12 months?

- Yes Go to 13
No Go to 13

13 Have you ever used Cocaine?

e.g. Coke, Crack, Flake, Snow, White Lady/Girl, Happy Dust, Gold Dust, Toot, Scotty, Charlie, Cecil, C, Freebase.

Yes Go to 14

No Go to 15

14 Have you used Cocaine in the last 12 months?

Yes Go to 15

No Go to 15

15 Have you ever used LSD or Synthetic Hallucinogens?

Synthetic Hallucinogens include LSD, Psilocybin, MDA, PCP, Acid, Trips, Wedges, Windowpane, Blotter, Microdot, Angel Dust, Hog, Loveboat.

Yes Go to 16

No Go to 17

16 Have you used LSD or Synthetic Hallucinogens in the last 12 months?

Yes Go to 17

No Go to 17

17 Have you ever used Naturally Occurring Hallucinogens?

Naturally Occurring Hallucinogens include Magic Mushrooms, Blue Meanies, Gold Tops, Mushies, Datura, Angel's Trumpet.

Yes Go to 18

No Go to 19

18 Have you used Naturally Occurring Hallucinogens in the last 12 months?

Yes Go to 19

No Go to 19

19 Have you ever used Ecstasy or Designer Drugs?

e.g. XTC, E, Ex, Eccei, E and C, "Adam", MDMA, PMA, GHB.

Yes Go to 20

No Go to 21

20 Have you used Ecstasy or Designer Drugs in the last 12 months?

Yes Go to 21

No Go to 21

21 Have you ever sniffed Petrol?

Yes Go to 22

No Go to 23

22 Have you sniffed Petrol in the last 12 months?

Yes Go to 23

No Go to 23

23 Have you ever used Other Inhalants?

e.g. Chroming, Solvents, Aerosols, Glue, Paint thinner, Laughing Gas, Whippits, Nitrous, Snappers, Poppers, Pearlers, Rushamines, Locker Room, Bolt, Bullet, Rush, Climax, Red Gold.

Yes Go to 24

No Go to 25

24 Have you used Other Inhalants in the last 12 months?

Yes Go to 25

No Go to 25

25 Have you ever used Kava?

Yes Go to 26

No Go to 27

26 Have you used Kava in the last 12 months?

Yes Go to 27

No Go to 27

27 Please record the time you finish this form.

28 You have now finished the form. Thank you for your help.

*Please do not fold the form.
Please place the form in the envelope,
seal it and hand it back to the interviewer.*

