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The Intergenerational Health Effects of Service in the Military

Appendix 6

Questionnaire – Vietnam veterans

Revised
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CMVH
CENTRE FOR MILITARY & VETERANS' HEALTH

YOUR DEPLOYMENT TO VIETNAM

We would like to know some specific details about your deployment to Vietnam.

1. **What were your MAIN duties during your deployment to Vietnam?** (please mark all boxes that apply)

- ❑ Combat
- ❑ Medical / welfare
- ❑ On board small craft (eg RHIB)
- ❑ On board above deck (major / minor vessel)
- ❑ On board below deck (major / minor vessel)
- ❑ Intelligence
- ❑ Military police
- ❑ Musician
- ❑ Air force protection
- ❑ Logistics / supply
- ❑ Air crew
- ❑ Engineering
- ❑ Catering
- ❑ Administrative
- ❑ Communications
- ❑ Flight operations
- ❑ Warfare Branch
- ❑ Other, please specify _____

2. **What was your rank when you were FIRST deployed to Vietnam?**

Please specify_____

3. **Please indicate your service status <u>during this deployment.</u>**

- ❑ Reservist on Full Time Service
- ❑ Full time member
- ❑ Conscription
- ❑ Other _____ please specify

4. **Were you given a medical waiver in order to deploy to Vietnam?**

❑ Yes ❑ No ❑ Don't know

5. **Were you given an administrative waiver in order to deploy to Vietnam?**

❑ Yes ❑ No ❑ Don't know

6. **How many times did you deploy to Vietnam?** _____

7. **How long in total were you deployed to Vietnam?** _____/_____ (months/weeks)

8. **When did your FIRST deployment to Vietnam begin?**

Please include the month and year if you can recall them. _____/_____(month/year)

9. **When did your LAST deployment to Vietnam end?**

Please include the month and year if you can recall them _____/_____(month/year)

10. **When you first deployed to Vietnam did you know how long you would be deploying for?**

❑ Yes ❑ No ❑ Don't know

11. **Why did you leave Vietnam?** Please tick all that apply.

❑ End of the deployment

❑ Returned to Australia because of injury or illness

❑ Compassionate reasons or problems with family

❑ To attend a professional / military training course

❑ A routine posting to another unit

❑ To return to civilian employment (Reserve or Specialist forces only)

❑ Disciplinary reasons

❑ Administrative reasons (please specify) _____

❑ Other reason (please specify) _____

12. **Overall, how would you describe your deployment experience?**

❑ Very negative

❑ Negative

❑ Neither Negative or Positive

❑ Positive

❑ Very Positive

INSTRUCTIONS: *The following questionnaire asks you about events that may have occurred during your deployment. Please read each event statement carefully and then indicate, by marking the square, how often you experienced the event, how it affected you at the time and how it affects you now.*

NOTE: *Some of this material may have the capacity to cause distress to some participants. You are free to omit answering any material which you find upsets you. If you do become distressed, contact telephone numbers where assistance or advice can be obtained are available at the start of this questionnaire.*

It is important that you mark a response in each of the three columns.

How often did the following occur…?	How often did you experience the event?					How did it affect you at the time? (felt fear, horror, or helplessness)				How does it affect you now? (feelings of fear, horror or helplessness)			
	Never	Rarely	On occasion (x2-5)	Often (x6-10)	Very often (x11+)	Not at all	A little	A moderate amount	A great deal	Not at all	A little	A moderate amount	A great deal
You were in danger of being killed e.g. combat, motor vehicle accident (MVA), assault, sexual assault, natural disaster, hostage situation	❑	❑	❑	□	□	□	□	□	□	□	□	□	□
You were in danger of being injured e.g. combat, MVA, assault, sexual assault, natural disaster, hostage situation	□	□	□	□	□	□	□	□	□	□	□	□	□
You had to handle dead bodies e.g. disaster situation, temporary morgue, mass graves including any form of human remains	□	□	□	□	□	□	□	□	□	□	□	□	□
You saw dead bodies e.g. disaster situation, temporary morgue, mass graves including any form of human remains	□	□	□	□	□	□	□	□	□	□	□	□	□
You heard of a close friend or co-worker who had been injured or killed e.g. combat, MVA, disaster situation	□	□	□	□	□	□	□	□	□	□	□	□	□
You were present when a close friend or co-worker was injured or killed e.g. combat, MVA, disaster situation	□	□	□	□	□	□	□	□	□	□	□	□	□
You feared that you had been exposed to a contagious disease,	□	□	□	□	□	□	□	□	□	□	□	□	□

How often did the following occur…?	How often did you experience the event?					How did it affect you at the time? (felt fear, horror, or helplessness)				How does it affect you now? (feelings of fear, horror or helplessness)			
	Never	Rarely	On occasion (x2-5)	Often (x6-10)	Very often (x11+)	Not at all	A little	A moderate amount	A great deal	Not at all	A little	A moderate amount	A great deal
toxic agent or injury e.g. radioactivity, HIV, chemical warfare													
You were witness to human degradation and misery on a large scale e.g. refugee camps, starvation	□	□	□	□	□	□	□	□	□	□	□	□	□
You heard of a loved one who had been injured or killed	□	□	□	□	□	□	□	□	□	□	□	□	□
You were present when a loved one was injured or killed	□	□	□	□	□	□	□	□	□	□	□	□	□
You believe your action or inaction resulted in someone being seriously injured e.g. in combat or as a result of rules of engagement or UN restrictions not allowing you to act	□	□	□	□	□	□	□	□	□	□	□	□	□
You believe your actions or inaction resulted in someone being killed, e.g. in combat or as a result of rules of engagement or UN restrictions not allowing you to act	□	□	□	□	□	□	□	□	□	□	□	□	□

13. Were there any events that you found to be traumatic but that are not listed above?
Please specify below:

14. Below is a list of factors that some people may find stressful. Please read each factor carefully, and then indicate, by filling in the box, the response that best describes how much stress that factor caused you DURING your deployment.

	No stress	Slight stress	Moderate stress	A lot of stress	Extreme stress
Risk of unauthorised discharge (UD) of weapons	□	□	□	□	□
Risk of vehicle accidents	□	□	□	□	□
Living conditions	□	□	□	□	□
Isolation from Australia	□	□	□	□	□
Isolation from other deployed members	□	□	□	□	□
Personal privacy	□	□	□	□	□
Sorting out problems at home	□	□	□	□	□
Boredom	□	□	□	□	□
Living and working with the same people	□	□	□	□	□
Overload of work	□	□	□	□	□
Periods of high activity then low or no activity	□	□	□	□	□
Health concerns	□	□	□	□	□
Behaviour of others	□	□	□	□	□
Living in a different culture	□	□	□	□	□
Separation from family and friends	□	□	□	□	□
Threat of danger	□	□	□	□	□
Not getting on with others	□	□	□	□	□
Lack of opposite sex company	□	□	□	□	□
Language barriers	□	□	□	□	□
Sorting out disagreements with others	□	□	□	□	□
Frustration generally	□	□	□	□	□
Thinking about returning home	□	□	□	□	□
The overseas organisation (eg. UN, MFO)	□	□	□	□	□
Your role in the country	□	□	□	□	□
Completing deployment's objectives	□	□	□	□	□
ADF's lack of concern with deployed troops/sailors/ airmen	□	□	□	□	□
The Australian military hierarchy	□	□	□	□	□
Leadership	□	□	□	□	□
The deployment's rules and regulations	□	□	□	□	□
Double standards	□	□	□	□	□
Contact with family/friends	□	□	□	□	□
Taking leave back in Australia	□	□	□	□	□
Taking leave other than in Australia	□	□	□	□	□

	No stress	Slight stress	Moderate stress	A lot of stress	Extreme stress
Mail service	□	□	□	□	□
Working with military of other countries	□	□	□	□	□
Length of deployment	□	□	□	□	□
Please list any other stressful experiences and fill in which best describes how much stress it caused					
	□	□	□	□	□
	□	□	□	□	□
	□	□	□	□	□

POST DEPLOYMENT EXPERIENCES

We would like to know about some of the experiences you may have had after returning from your deployment to Vietnam.

INSTRUCTIONS: *Please indicate whether you have experienced any of the items listed below, as a result of your deployment to Vietnam. If YES, please estimate, for each section, whether you experienced the item a little, somewhat or a lot.*

1.As a result of your deployment to East Timor have you experienced, or felt, any of the following?	**No**	**Yes**		
		How much?		
		A Little	Some	A lot
Greater self-pride?	□	□	□	□
Rewarded for a job well done?	□	□	□	□
A greater appreciation for your country?	□	□	□	□
Jealousy or resentfulness from other Defence Force members?	□	□	□	□
Lack of recognition for your efforts during your deployment by the Australian Government?	□	□	□	□
Lack of recognition for your efforts during your deployment by the ADF?	□	□	□	□
Lack of recognition for your efforts during your deployment by the Australian people?	□	□	□	□
Inadequately debriefed following your deployment activities?	□	□	□	□
Improved as a leader?	□	□	□	□
Tougher, more confident or more self assured?	□	□	□	□
More knowledgeable of world issues?	□	□	□	□

Disillusioned by the scenes that you witnessed?	□	□ □ □
Valued and respected for your deployment activities?	□	□ □ □
More appreciative of being alive?	□	□ □ □
More respectful of other Australian and allied veterans?	□	□ □ □
Well looked after by the ADF or the Australian Government?	□	□ □ □
Stronger bonds with the members of your ship/unit/squadron?	□	□ □ □
Proud to be an Australian veteran?	□	□ □ □

2. Since your return from your deployment to Vietnam, has your marital status <u>changed?</u>

<u>Select all that apply.</u> Since my deployment I have:

□ Not changed my marital status
□ Married, or started living with a partner
□ Separated from a partner
□ Divorced from a partner
□ Been widowed
□ Other_____

<u>DIAGNOSED OR TREATED MEDICAL CONDITIONS</u>

We would like to know whether a medical doctor has ever diagnosed you with, or treated you for, any of the following medical problems or conditions. ***If YES,*** *please indicate the year you were first diagnosed, and whether you have been treated by a medical doctor for this condition in the* ***past year.***

1. Has a medical doctor ever diagnosed you with, or treated you for any of the following medical problems or conditions?	**NO**	**YES**	**If YES**	
			Year first diagnosed	Has this condition been treated by a doctor in the past year?
High blood pressure	□	□		□ NO □ YES
Heart disease or condition	□	□		□ NO □ YES
Stroke	□	□		□ NO □ YES
Epilepsy	□	□		□ NO □ YES
Migraines	□	□		□ NO □ YES
Motor neurone disease	□	□		□ NO □ YES

1. Has a medical doctor ever diagnosed you with, or treated you for any of the following medical problems or conditions?	**NO**	**YES**	**If YES**	
			Year first diagnosed	Has this condition been treated by a doctor in the past year?
Multiple sclerosis	□	□		□ NO □ YES
Asthma	□	□		□ NO □ YES
Bronchitis	□	□		□ NO □ YES
Pneumonia	□	□		□ NO □ YES
Tuberculosis (TB)	□	□		□ NO □ YES
Other lung disease e.g. emphysema	□	□		□ NO □ YES
Stomach or duodenal ulcers	□	□		□ NO □ YES
Colitis / Crohn's disease	□	□		□ NO □ YES
Hepatitis or yellow jaundice	□	□		□ NO □ YES
Cirrhosis of the liver	□	□		□ NO □ YES
Bowel disorder e.g. diarrhoea, constipation, bleeding	□	□		□ NO □ YES
Irritable bowel syndrome	□	□		□ NO □ YES
Kidney disease e.g. stones, infection, bleeding	□	□		□ NO □ YES
Bladder disease e.g. infection, bleeding	□	□		□ NO □ YES
Incontinence or difficulty passing urine	□	□		□ NO □ YES
Diabetes	□	□		□ NO □ YES
A thyroid problem	□	□		□ NO □ YES
Blood disorder	□	□		□ NO □ YES
Malaria	□	□		□ NO □ YES
Dengue	□	□		□ NO □ YES
Any significant infections	□	□		□ NO □ YES
Leishmaniasis	□	□		□ NO □ YES
Filariasis	□	□		□ NO □ YES
Arthritis or rheumatism	□	□		□ NO □ YES
Fibrositis or fibromyalgia	□	□		□ NO □ YES
Back or neck problems	□	□		□ NO □ YES
Joint problems	□	□		□ NO □ YES
Eye or vision problems e.g. glaucoma	□	□		□ NO □ YES

1. Has a medical doctor ever diagnosed you with, or treated you for any of the following medical problems or conditions?	**NO**	**YES**	**If YES**	
			Year first diagnosed	Has this condition been treated by a doctor in the past year?
Sinus problems	□	□		□ NO □ YES
Ear infection	□	□		□ NO □ YES
Hearing loss	□	□		□ NO □ YES
Dermatitis	□	□		□ NO □ YES
Eczema	□	□		□ NO □ YES
Psoriasis	□	□		□ NO □ YES
Malignant melanoma	□	□		□ NO □ YES
Other skin cancer e.g. squamous cell or basal cell skin cancers	□	□		□ NO □ YES
Any other kind of cancer, tumour or malignancy (please specify type)	□	□		□ NO □ YES
More than 25 moles on your body	□	□		□ NO □ YES
Any other skin problem	□	□		□ NO □ YES
Any disease of the hair or scalp, including hair loss.	□	□		□ NO □ YES
Chronic Fatigue Syndrome	□	□		□ NO □ YES
Alcohol abuse or dependency	□	□		□ NO □ YES
Drug abuse or dependency	□	□		□ NO □ YES
Anxiety, stress or depression	□	□		□ NO □ YES
Post Traumatic Stress Disorder	□	□		□ NO □ YES
Other psychiatric or psychological condition needing treatment or counselling (please specify type)	□	□		□ NO □ YES
Sleep apnoea	□	□		□ NO □ YES
Narcolepsy	□	□		□ NO □ YES
Hay fever	□	□		□ NO □ YES
Fungal disease or candidiasis	□	□		□ NO □ YES
Multiple chemical sensitivity or environmental illness	□	□		□ NO □ YES

1. Has a medical doctor ever diagnosed you with, or treated you for any of the following medical problems or conditions?	**NO**	**YES**	**If YES**	
			Year first diagnosed	Has this condition been treated by a doctor in the past year?
Sick building syndrome	□	□		□ NO □ YES
Food allergy	□	□		□ NO □ YES
Any disease of the genital organs	□	□		□ NO □ YES
Sexual problems	□	□		□ NO □ YES

2. Apart from those listed in the table above, are there any other medical problems or conditions which a medical doctor has diagnosed you with, or treated you for?

□ NO □ YES

If YES, please complete the following table indicating which condition/s, what year were you first diagnosed, and have you been treated for that condition by a medical doctor in the past year?

Which condition?	**Year first diagnosed**	**Has this condition been treated by a doctor in the past year?**
		□ NO □ YES
		□ NO □ YES
		□ NO □ YES
		□ NO □ YES

	Better than usual ▼	Same as Usual ▼	Less than usual ▼	Much less than usual ▼
3. Have you recently been able to concentrate on whatever you're doing?	☐1	☐2	☐3	☐4

	Not at all ▼	No more than usual ▼	Rather more than usual ▼	Much more than usual ▼
4. Have you recently lost much sleep over worry?	☐1	☐2	☐3	☐4

	More so than usual ▼	Same as usual ▼	Less so than usual ▼	Much less capable ▼
5. Have you recently felt that you are playing a useful part in things?	☐1	☐2	☐3	☐4
6. Have you recently felt capable of making decisions about things?	☐1	☐2	☐3	☐4

	Not at all ▼	No more than usual ▼	Rather more than usual ▼	Much more than usual ▼
7. Have you recently felt constantly under strain?	☐1	☐2	☐3	☐4
8. Have you recently felt you couldn't overcome your difficulties?	☐1	☐2	☐3	☐4

	More so than usual ▼	Same as usual ▼	Less so than usual ▼	Much less capable ▼
9. Have you recently been able to enjoy your normal day-to-day activities?	☐1	☐2	☐3	☐4
10. Have you recently been able to face up to your problems?	☐1	☐2	☐3	☐4

	Not at all ▼	No more than usual ▼	Rather more than usual ▼	Much more than usual ▼

11. Have you recently been feeling unhappy and depressed?	☐1	☐2	☐3	☐4
12. Have you recently been losing confidence in yourself?	☐1	☐2	☐3	☐4
13. Have you recently been thinking of yourself as a worthless person?	☐1	☐2	☐3	☐4

	More so than usual ▼	Same as usual ▼	Less so than usual ▼	Much less capable ▼
14. Have you recently been feeling reasonably happy, all things considered?	☐1	☐2	☐3	☐4

15. In the past <u>month</u>, about how often did you feel tired for no good reason?

☐	☐	☐	☐	☐
All of the Time	Most of the time	Some of the time	A little of the time	None of the time

16. In the past <u>month</u>, about how often did you feel nervous?

☐	☐	☐	☐	☐
All of the Time	Most of the time	Some of the time	A little of the time	None of the time

17. In the past <u>month</u>, about how often did you feel so nervous that nothing could calm you down?

☐	☐	☐	☐	☐
All of the Time	Most of the time	Some of the time	A little of the time	None of the time

18. In the past <u>month</u>, about how often did you feel hopeless?

☐	☐	☐	☐	☐
All of the Time	Most of the time	Some of the time	A little of the time	None of the time

19. In the past <u>month</u>, about how often did you feel restless or fidgety?

All of the Time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

20. In the past <u>month</u>, about how often did you feel so restless that you could not sit still?

All of the Time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

21. In the past <u>month</u>, about how often did you feel depressed?

All of the Time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

22. In the past <u>month</u>, about how often did you feel that everything was an effort?

All of the Time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

23. In the past <u>month</u>, about how often did you feel so sad that nothing could cheer you up?

All of the Time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

24. In the past <u>month</u>, about how often did you feel worthless?

All of the Time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

*150.How much you have been bothered by the following problem **in the past month**?*	**Not at all**	**A little bit**	**Moderately**	**Quite a bit**	**Extremely**
a. Repeated, disturbing *memories, thoughts or images* of a stressful experience from the past?	☐1	☐2	☐3	☐4	☐5
b. Repeated, disturbing *dreams* of a stressful experience from the past?	☐1	☐2	☐3	☐4	☐5
c. Suddenly *acting or feeling* as if a stressful experience were happening again (as if you were reliving it)?	☐1	☐2	☐3	☐4	☐5
d. Feeling *very upset* when *something reminded* you of a stressful experience from the past?	☐1	☐2	☐3	☐4	☐5
e. Having *physical reactions* (eg heart pounding, trouble breathing, sweating) when *something reminded* you of a stressful experience from the past?	☐1	☐2	☐3	☐4	☐5
f. Avoiding *thinking about* or *talking about* a stressful experience from the past or avoiding *having feelings* related to it?	☐1	☐2	☐3	☐4	☐5
g. Avoiding *activities* or *situations* because *they reminded* you of a stressful experience from the past?	☐1	☐2	☐3	☐4	☐5
h. Trouble *remembering important parts* of a stressful experience from the past?	☐1	☐2	☐3	☐4	☐5
i. Loss of *interest* in activities that you used to enjoy?	☐1	☐2	☐3	☐4	☐5
j. Feeling *distant* or *cut off* from other people?	☐1	☐2	☐3	☐4	☐5
k. Feeling *emotionally numb* or being unable to have loving feelings for those close to you?	☐1	☐2	☐3	☐4	☐5
l. Feeling as if your *future* somehow will be *cut short*?	☐1	☐2	☐3	☐4	☐5
m. Trouble *falling* or *staying* asleep?	☐1	☐2	☐3	☐4	☐5
n. Feeling *irritable* or having *angry* outbursts?	☐1	☐2	☐3	☐4	☐5
o. Having *difficulty concentrating*?	☐1	☐2	☐3	☐4	☐5
p. Being *"super alert"* or watchful or on guard?	☐1	☐2	☐3	☐4	☐5
q. Feeling *jumpy* or easily startled?	☐1	☐2	☐3	☐4	☐5

DRUGS AND ALCOHOL

1. How often do you have a drink containing alcohol?

Never	Less than once a month	Monthly	Weekly	Daily or almost daily
☐	☐	☐	☐	☐

If NEVER, go to question **68**

In answering the following questions, please remember that a standard drink contains 10g of pure alcohol

2. How many 'standard' drinks (see above) containing alcohol do you have on a typical day when you are drinking?

1 or 2	3 or 4	5 or 6	7 to 9	10 or more
☐	☐	☐	☐	☐

3. How often do you have six or more drinks on one occasion?

Never	Less than once a month	Monthly	Weekly	Daily or almost daily
☐	☐	☐	☐	☐

4. How often during the last year have you found that you were not able to stop drinking once you had started?

Never	Less than once a month	Monthly	Weekly	Daily or almost daily
☐	☐	☐	☐	☐

5. How often during the last year have you failed to do what was normally expected from you because of drinking?

Never	Less than once a month	Monthly	Weekly	Daily or almost daily
☐	☐	☐	☐	☐

6. How often during the last year have you needed a drink in the morning to get yourself going after a heavy drinking session?

Never	Less than once a month	Monthly	Weekly	Daily or almost daily
□	□	□	□	□

7. How often during the last year have you had a feeling of guilt or remorse after drinking?

Never	Less than once a month	Monthly	Weekly	Daily or almost daily
□	□	□	□	□

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never	Less than once a month	Monthly	Weekly	Daily or almost daily
□	□	□	□	□

9. Have you or someone else been injured as a result of your drinking?

No	Yes, but not in the last year	Yes, during the last year
□	□	□

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

No	Yes, but not in the last year	Yes, during the last year
□	□	□

11.How old were you when you first used cannabis?

____ years (write '0' if never used)

12.With whom did you use your first cannabis?

a) alone
b) with one friend
c) with a group of friends
d) with one or more colleagues
e) with others: _____

13.Where did you first use cannabis?

a) bar/café
b) discoteque
c) live music club

d) coffee shop
e) friend's home
f) home
g) work
h) a party
i) school
j) other: _____

14.How did you first use cannabis?

a) smoking
b) eating
c) other: _____

15.When you first used cannabis, was it offered to you, did you ask for it or did you buy it?

a) offered (unasked and free)
b) asked for it (got it free)
c) bought it myself

These questions are about the way you used cannabis during four periods, namely

a) the first year of cannabis use
b) your period of heaviest cannabis use
c) last year
d) the last three months

16.During your first year of use, did you use cannabis?

a) daily
b) not daily, but more than once a week
c) once a week
d) less than once a week, but at least once a month
e) less than once a month

17.During your period of heaviest use, did you use cannabis?

a) daily
b) not daily, but more than once a week
c) once a week
d) less than once a week, but at least once a month
e) less than once a month

18. During the last year, did you use cannabis?

a) daily
b) not daily, but more than once a week
c) once a week
d) less than once a week, but at least once a month
e) less than once a month

f) none

19.During the last three months, did you use cannabis?

a) daily
b) not daily, but more than once a week
c) once a week
d) less than once a week, but at least once a month
e) less than once a month
f) none

20.i) Do you think you will use cannabis in the future?

a) yes, definitely
b) possibly
c) no, definitely not

ii) Do you consider yourself as someone who has stopped using cannabis?

d) yes
e) no

21. Which method(s) of using cannabis has been most appropriate for you (circle all that apply) during your first year of use?

a) smoking
b) eating
c) other: _____

22.Which method(s) of using cannabis have been most appropriate for you during your period of heaviest use?

a) smoking
b) eating
c) other: _____

23.Which method(s) of using cannabis has been most appropriate for you during the last year?

a) smoking
b) eating
c) other: _____

24. Which method(s) of using cannabis has been most appropriate for you during the last three months.

a) smoking
b) eating
c) other: _____

25.How long was it between your first and next use of cannabis?

_____ years
_____months

_____ weeks
_____ days

26.How old were you when you started to use cannabis regularly? We define *regularly* as *with relatively short intervals*, e.g. mostly every weekend, or every week

_____ years old

27.i) How old were you when you used the most cannabis?

a) _____ years

ii) How long was this period?

a) _____ months
b) less than one month
c) less than one week

28. Could you tell me which one resembles your pattern of use best in terms of regularity and frequency?

a) *Pattern 1* I immediately started using large amounts after I first tried cannabis but gradually decreased since then.
b) *Pattern 2* My cannabis use has gradually increased over the years.
c) *Pattern 3* I started using cannabis at the same level that I still use, and the amount and frequency have not changed.
d) *Pattern 4* My use increased gradually until it reached a peak, then it decreased.
e) *Pattern 5* I have started and stopped using cannabis many times.
f) *Pattern 6* My use pattern has varied considerably over the years.

29.How old were you when you first used ecstasy?

____ years (write '0' if never used)

30.With whom did you use your first ecstasy?

a) alone
b) with one friend
c) with a group of friends
d) with one or more colleagues
e) with others: _____

31.Where did you first use ecstasy?

a) bar / cafe
b) discotheque
c) live music club
d) coffee shop
e) friend's home
f) home
g) work
h) a party
i) school
j) other: _____

32. How did you first use ecstasy?

a) eating
b) snorting
c) injecting
d) other: _____

33. When you first used ecstasy, was it offered to you, did you ask for it or did you buy it?

a) offered (unasked and free)
b) asked for it (got it free)
c) bought it myself

These questions are about the way you used ecstasy during four periods, namely

a) the first year of ecstasy use
b) your period of heaviest ecstasy use
c) last year
d) the last three months

34. During your first year of use, did you use ecstasy?

a) daily
b) not daily, but more than once a week
c) once a week
d) less than once a week, but at least once a month
e) less than once a month

35. During your period of heaviest use, did you use ecstasy?

a) daily
b) not daily, but more than once a week
c) once a week
d) less than once a week, but at least once a month
e) less than once a month

36. During the last year, did you use ecstasy?

a) daily
b) not daily, but more than once a week
c) once a week
d) less than once a week, but at least once a month
e) less than once a month
f) none

37. During the last three months, did you use ecstasy?

a) daily
b) not daily, but more than once a week
c) once a week
d) less than once a week, but at least once a month
e) less than once a month
f) none

38.i) Do you think you will use ecstasy in the future?

a) yes, definitely
b) possibly
c) no, definitely not

ii) Do you consider yourself as someone who has stopped using ecstasy?

a) yes
b) no

39. Which method(s) of using ecstasy has been most appropriate for you (circle all that apply) during your first year of use?

a) eating
b) snorting
c) injecting
d) other: _____

40. Which method(s) of using ecstasy have been most appropriate for you during your period of heaviest use?

a) eating
b) snorting
c) injecting
d) other: _____

41.Which method(s) of using ecstasy has been most appropriate for you during the last year?

a) eating
b) snorting
c) injecting
d) other: _____

42. Which method(s) of using ecstasy has been most appropriate for you during the last three months?

a) eating
b) snorting
c) injecting
d) other: _____

43.How long was it between your first and next use of ecstasy?

_____ years
_____months
_____ weeks
_____ days

44.How old were you when you started to use ecstasy regularly? We define *regularly* as *with relatively short intervals*, e.g. mostly every weekend, or every week

_____ years old

45.i) How old were you when you used the most ecstasy?

_____ years

ii) How long was this period?

a) _____ months
b) less than one month
c) less than one week

46. Could you tell me which one resembles your pattern of use best in terms of regularity and frequency?

a) *Pattern 1*: I immediately started using large amounts after I first tried ecstasy but gradually decreased since then.
b) *Pattern 2*: My ecstasy use has gradually increased over the years.
c) *Pattern 3*: I started using ecstasy at the same level that I still use, and the amount and frequency have not changed.
d) *Pattern* 4: My use increased gradually until it reached a peak, then it decreased.
e) *Pattern 5*: I have started and stopped using ecstasy many times.
f) *Pattern 6*: My use pattern has varied considerably over the years.

47.How old were you when you first used amphetamines?

____ years (write '0' if never used)

48.With whom did you use your first amphetamines?

a) alone
b) with one friend
c) with a group of friends
d) with one or more colleagues
e) with others: _____

49.Where did you first use amphetamines?

a) bar / cafe
b) discotheque
c) live music club
d) coffee shop
e) friend's home
f) home
g) work
h) a party
i) school
j) other: _____

50.How did you first use amphetamines?

a) snorting
b) eating
c) injecting
d) smoking
e) absorption (rubbing on genitals/shafting)
f) other: _____

51.When you first used amphetamines, was it offered to you, did you ask for it or did you buy it?

a) offered (unasked and free)
b) asked for it (got it free)
c) bought it myself

These questions are about the way you used amphetamines during four periods, namely

a) the first year of amphetamines use
b) your period of heaviest amphetamines use
c) last year

d) the last three months

52.During your first year of use, did you use amphetamines?

a) daily
b) not daily, but more than once a week
c) once a week
d) less than once a week, but at least once a month
e) less than once a month

53.During your period of heaviest use, did you use amphetamines?

a) daily
b) not daily, but more than once a week
c) once a week
d) less than once a week, but at least once a month
e) less than once a month

54.During the last year, did you use amphetamines?

a) daily
b) not daily, but more than once a week
c) once a week
d) less than once a week, but at least once a month
e) less than once a month
f) none

55.During the last three months, did you use amphetamines?

a) daily
b) not daily, but more than once a week
c) once a week
d) less than once a week, but at least once a month
e) less than once a month
f) none

56.i) Do you think you will use amphetamines in the future?

a) yes, definitely
b) possibly
c) no, definitely not

ii) Do you consider yourself as someone who has stopped using amphetamines?

a) yes
b) no

57. Which method(s) of using amphetamines has been most appropriate for you (circle all that apply) during your first year of use?

a) snorting
b) eating
c) injecting
d) smoking
e) absorbtion (rubbing on genitals/shafting)
d) other: _____

58.Which method(s) of using amphetamines have been most appropriate for you during your period of heaviest use?

a) snorting
b) eating
c) injecting
d) smoking
e) absorption
f) other: _____

59.Which method(s) of using amphetamines has been most appropriate for you during the last year?

a) snorting
b) eating
c) injecting
d) smoking
e) absorption
f) other: _____

60. Which method(s) of using amphetamines has been most appropriate for you during the last three months?

a) snorting
b) eating
c) injecting
d) smoking
e) absorption
f) other: _____

61.How long was it between your first and next use of amphetamines?

_____ years
_____months
_____ weeks
_____ days

62.How old were you when you started to use amphetamines regularly? We define *regularly* as *with relatively short intervals*, e.g. mostly every weekend, or every week

_____ years old

63.i) How old were you when you used the most amphetamines?

_____ years

ii) How long was this period?

a) _____ months
b) less than one month
c) less than one week

64.Could you tell me which one resembles your pattern of use best in terms of regularity and frequency?

a) *Pattern 1* I immediately started using large amounts after I first tried amphetamine but gradually decreased since then.
b) *Pattern 2* My amphetamine use has gradually increased over the years.
c) *Pattern 3* I started using amphetamine at the same level that I still use, and the amount and frequency have not changed.
d) *Pattern 4*My use increased gradually until it reached a peak, then it decreased.
e) *Pattern 5* I have started and stopped using amphetamines many times.
f) *Pattern 6* My use pattern has varied considerably over the years.

65.How old were you when you first used heroin?

____ years (write '0' if never used)

66.With whom did you use your first heroin?

a) alone
b) with one friend
c) with a group of friends
d) with one or more colleagues
e) with others: _____

67. Where did you first use heroin?

a) bar / cafe
b) discotheque
c) live music club
d) coffee shop
e) friend's home
f) home
g) work
h) a party
i) school
j) other: _____

68.How did you first use heroin?

a) eating
b) injecting
c) smoking
d) absorption (rubbing on genitals/shafting)
e) other: _____

69.When you first used heroin, was it offered to you, did you ask for it or did you buy it?

a) offered (unasked and free)
b) asked for it (got it free)
c) bought it myself

These questions are about the way you used heroin during four periods, namely

a) the first year of heroin use
b) your period of heaviest heroin use
c) last year
d) the last three months

70.During your first year of use, did you use heroin?

a) daily
b) not daily, but more than once a week

c) once a week
d) less than once a week, but at least once a month
e) less than once a month

71.During your period of heaviest use, did you use heroin?

a) daily
b) not daily, but more than once a week
c) once a week
d) less than once a week, but at least once a month
e) less than once a month

72.During the last year, did you use heroin?

a) daily
b) not daily, but more than once a week
c) once a week
d) less than once a week, but at least once a month
e) less than once a month
f) none

73.During the last three months, did you use heroin?

a) daily
b) not daily, but more than once a week
c) once a week
d) less than once a week, but at least once a month
e) less than once a month
f) none

74.i) Do you think you will use heroin in the future?

a) yes, definitely
b) possibly
c) no, definitely not

ii) Do you consider yourself as someone who has stopped using heroin?

d) yes
e) no

75. Which method(s) of using heroin has been most appropriate for you (circle all that apply) during your first year of use?

a) eating
b) injecting
c) smoking
d) absorption (rubbing on genitals/shafting)
e) other: _____

76.Which method(s) of using heroin have been most appropriate for you during your period of heaviest use?

a) eating
b) injecting
c) smoking
d) absorption
e) other: _____

77.Which method(s) of using heroin has been most appropriate for you during the last year?

a) eating
b) injecting
c) smoking
d) absorption
e) other: _____

78. Which method(s) of using heroin has been most appropriate for you during the last three months?

a) eating
b) injecting
c) smoking
d) absorption
e) other: _____

79.How long was it between your first and next use of heroin?

_____ years
_____months
_____ weeks
_____ days

80.How old were you when you started to use heroin regularly? We define *regularly* as *with relatively short intervals*, e.g. mostly every weekend, or every week

_____ years old

81.i) How old were you when you used the most heroin?

_____ years

ii) How long was this period?

d) _____ months
e) less than one month
f) less than one week

82.Could you tell me which one resembles your pattern of use best in terms of regularity and frequency?

a) *Pattern 1* I immediately started using large amounts after I first tried heroin but gradually decreased since then.
b) *Pattern 2* My heroin use has gradually increased over the years.
c) *Pattern 3* I started using heroin at the same level that I still use, and the amount and frequency have not changed.
d) *Pattern 4* My use increased gradually until it reached a peak, then it decreased.
e) *Pattern 5* I have started and stopped using heroin many times.
f) *Pattern 6* My use pattern has varied considerably over the years.

DEMOGRAPHIC DATA

1. Are you male or female? □ Male □ Female

2. What is your date birth? __ __ / __ __ / 1 9 __ __ (day/ month/ year)

3. In which country were you born?

□ Australia
□ New Zealand
□ United Kingdom
□ Republic of Ireland
□ Italy
□ Germany, Federal Republic of
□ Greece
□ India
□ Canada
□ Lebanon
□ Malaysia
□ Malta
□ Philippines
□ Poland
□ South Africa
□ USA
□ Vietnam
□ China
□ Netherlands
□ Vietnam
□ Yugoslavia (Former) NFD
□ Other , please specify_____

4. Do you regard yourself as being of Aboriginal or Torres Strait Islander origin?

(If you are both Aboriginal and Torres Strait Islander origin, mark both "yes" boxes).

- ☐ NO
- ☐ YES - Aboriginal
- ☐ YES – Torres Strait Islander

5. Do you usually speak English in your household?

- ☐ YES
- ☐ NO

6. What is your current marital status? Choose one.

- ☐ Married
- ☐ De facto relationship
- ☐ Separated
- ☐ Divorced
- ☐ Widowed
- ☐ Single, never married
- ☐ Other, please specify _____

7. Which category best describes the highest educational qualification you have completed? Choose one.

- ☐ Primary school
- ☐ Secondary school up to grade 10
- ☐ Secondary school grades 11-12
- ☐ Certificate (trade, apprenticeship, technicians etc)
- ☐ Diploma (associate, undergraduate)
- ☐ Bachelor degree
- ☐ Post-graduate qualification
- ☐ Other

8. What is your current occupational status?

- ☐ Paid employment full-time
- ☐ Paid employed part-time/casual
- ☐ Volunteer/community work
- ☐ Student
- ☐ Home duties
- ☐ Retired
- ☐ Not working due to ill-health / TPI
- ☐ Unemployed
- ☐ Other, please specify _____

9. How many hours per week do you normally work? _____

10. What is your <u>main</u> source of income now? Choose one

- ☐ Wage or salary
- ☐ Own business or share in a partnership

- □ Age Service pension
- □ Invalidity Service Pension
- □ Compensation benefit
  Under the □ VEA □ SRCA □ MRCA
- □ Other government pension / allowance / benefit
- □ Child allowance
- □ Superannuation / annuity
- □ Dividends / interest / income from investments
- □ Other _____ please

11. Are you in receipt of any type of pension?

□ YES □ NO

Before income tax is taken out, what is your present yearly income (for you and your partner combined)?

INCLUDE PENSIONS AND ALLOWANCES BEFORE TAX, SUPERANNUATION OR HEALTH INSURANCE

You and partner <u>combined</u> BEFORE TAX

- □ $2400 or more per week ($124,800 or more per year)
- □ $2200-$2399 per week ($114.400-$114,399 per year)
- □ $2000-$2199 per week ($104,000-$114,399 per year)
- □ $1500-$1999 per week ($78,000 - $103,999 per year)
- □ $1000-$1499 per week ($52,000 - $77,999 per year)
- □ $800-$999 per week ($41,600-$$51,999 per year)
- □ $700-$799 per week ($36,400-$41,599 per year)
- □ $600-$699 per week ($31,200 - $36,399 per year)
- □ $500-$599 per week ($26,000-$31,199 per year)
- □ $400-$499 per week ($20,800 - $25,999 per year)
- □ $300-$399 per week ($15,600-$20,799 per year)
- □ $200-$299 per week ($10,400-$15,599 per year)
- □ $100-$199 per week ($5,200 - $10,399 per year)
- □ $50-$99 per week ($2,600 - $5,199 per year)
- □ $1-$49 per week ($1-$2,599 per year)
- □ Nil income
- □ Negative income
- □ Don't know
- □ Refused

12. Given your current needs and financial responsibilities, how would you say you and your family are getting on?

INCLUDES PARTNER AND CHILDREN LIVING AT HOME

- □ Prosperous
- □ Very comfortable
- □ Reasonably comfortable
- □ Just getting along
- □ Poor
- □ Very poor
- □ Don't know
- □ Refused

Over the last 12 months, due to shortage of money, have any of the following happened?

13. You have not been able to pay gas, electricity or telephone bills on time?

- □ Yes
- □ No
- □ Don't know
- □ Refused

14. You could not pay the mortgage or rent on time?

- □ Yes
- □ No
- □ Don't know
- □ Refused

15. Adults or children have gone without meals?

- □ Yes
- □ No
- □ Don't know
- □ Refused

16. You have been unable to heat or cool your home?

- □ Yes
- □ No
- □ Don't know
- □ Refused

17. You have pawned or sold something?

- □ Yes
- □ No
- □ Don't know
- □ Refused

18. You have sought assistance from a welfare or community organisation?

- □ Yes
- □ No
- □ Don't know
- □ Refused

19. You had financial limits on the type of food you could buy?

- □ Yes
- □ No
- □ Don't know
- □ Refused

Thank you for completing this questionnaire. Your participation is appreciated.