

Vibe Check Survey

Participant characteristics

What is your age?

Which country were you born in?

- ☐ Australia
☐ Country other than Australia

What is your main language spoken at home?

- ☐ English
☐ Other (please specify)

How would you describe your gender?

- ☐ Man
☐ Woman
☐ Non-binary
☐ Genderfluid
☐ Trans masculine
☐ Trans man
☐ Trans feminine
☐ Trans woman
☐ Woman of trans experiences
☐ Man of trans experiences
☐ Transgender
☐ Agender
☐ Genderqueer
☐ Bigender
☐ Demigender
☐ Intergender
☐ Multigender
☐ Pangender
☐ Polygender
☐ Gender Nonconforming
☐ Gender Questioning
☐ Genderless
☐ Gender bender
☐ Gender variant
☐ Greygender
☐ Brotherboy
☐ Sistergirl
☐ Two-spirit
☐ Other cultural gender identity (please specify)
☐ Other gender identity (please specify)
☐ None of the above
☐ Unsure
☐ Prefer not to respond

We understand gender is complex and that one label often does not (and cannot) capture one's gender. However, if you could only pick one, which of the terms below best describes your current gender identity?

- ☐ Man (cis or trans)
☐ Woman (cis or trans)
☐ Non-binary
☐ Other

What was your sex recorded at birth?

- ☐ Male
☐ Female
☐ Unsure
☐ Prefer not to say

Which term/s best describe your current sexual orientation?

- ☐ Gay/lesbian
- ☐ Bisexual/Bi+
- ☐ Demisexual
- ☐ Heterosexual
- ☐ Queer
- ☐ Questioning
- ☐ Aromantic
- ☐ Asexual
- ☐ Pansexual
- ☐ Unsure
- ☐ Prefer not to say

What is your postcode?

Are you currently employed?

- ☐ Yes, full-time
- ☐ Yes, part-time
- ☐ Yes, casual
- ☐ I am a full-time student
- ☐ No, I am not currently employed
- ☐ No, I have never been employed
- ☐ Unable to work

What is the total of all income you usually receive per year before tax? This includes wages and salaries, government pensions, benefits, allowances, and other income.

- ☐ \$1 - \$7,799 per year
- ☐ \$7,800 - \$15,599 per year
- ☐ \$15,600 - \$20,799 per year
- ☐ \$20,800 - \$25,999 per year
- ☐ \$26,000 - \$33,799 per year
- ☐ \$33,800 - \$41,599 per year
- ☐ \$41,600 - \$51,999 per year
- ☐ \$52,000 - \$64,999 per year
- ☐ \$65,000 - \$77,999 per year
- ☐ \$78,000 - \$90,999 per year
- ☐ \$91,000 - \$103,999 per year
- ☐ \$104,000 - \$155,999 per year
- ☐ \$156,000 - \$181,999 per year
- ☐ \$182,000 or more per year
- ☐ Prefer not to say

What is the highest level of education you have attained?

- ☐ Primary school
- ☐ Secondary school
- ☐ Vocational education (including TAFE and private training providers)
- ☐ Cert IV/Diploma
- ☐ Undergraduate degree
- ☐ Postgraduate degree

About what proportion of your friends and acquaintances use drugs?

- ☐ All or almost all
- ☐ More than half
- ☐ About half
- ☐ Less than half
- ☐ None

Patterns of substance use

Have you ever tried smoking a cigarette, even one or two puffs?

- ☐ No
☐ Yes

How often do you currently smoke cigarettes?

- ☐ 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

The following questions ask about your smoking over the past 6 months. Even if you don't smoke regularly at the moment, answer these thinking about the instances when you were smoking

In a typical week, how many cigarettes do you smoke each day?

Monday: _____ cigarette/s
Tuesday: _____ cigarette/s
Wednesday: _____ cigarette/s
Thursday: _____ cigarette/s
Friday: _____ cigarette/s
Saturday: _____ cigarette/s
Sunday: _____ cigarette/s

Vaping

The next questions ask about use of vapes, sometimes known as vaping, vape pens, vaporisers, e-cigarettes, electronic cigarettes, e-cigars, e-pipes, pods, Juul, electronic nicotine delivery systems (ENDS), puff bars, e-shisha, and e-hookah. These are battery-operated devices that hold and heat e-liquids that emit vapours which the user inhales.

Have you ever used a vape, even one or two puffs?

- ☐ No
☐ Yes

Which did you use first, vapes or tobacco cigarettes?

- ☐ I have not used tobacco cigarettes
☐ Tobacco first
☐ E-cigarettes first
☐ Started both at the same time

Have you used a vape to help you quit smoking tobacco cigarettes?

- ☐ No
☐ Yes

When did you last vape?

- ☐ Within the past 30 days
☐ More than 1 month ago, but within the past 6 months
☐ More than 6 months ago, but within the past 12 months
☐ More than 12 months ago

How often were you vaping?

- ☐ Daily
☐ At least weekly (but not daily)
☐ At least monthly (but not weekly)
☐ Less than monthly
☐ I only tried them once or twice
☐ Never used

During the past 30 days, on how many days did you vape?
_____ days (use a number between 0 and 30)

Thinking about the past 30 days, in a typical week, how many sessions did you vape each day. A 'session' is a period or block of time when you are vaping:

Monday: _____ session/s
Tuesday: _____ session/s
Wednesday: _____ session/s
Thursday: _____ session/s
Friday: _____ session/s
Saturday: _____ session/s
Sunday: _____ session/s

Alcohol use

How often do you have a drink containing alcohol? _____

On a day when you are drinking alcohol, how many alcoholic drinks do you typically have?

_____ How often do you have 5 or more drinks on one occasion?

_____ How often during the last year have you been unable to do what was normally expected (e.g, work, university, chores) of you because of drinking?

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

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

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

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

_____ Has a relative, a friend, a doctor, or another health worker been concerned about your drinking or suggested you cut down?

Cannabis use

How often do you use cannabis?

_____ How many hours were you "stoned" on a typical day when you were using cannabis?

_____ How often during the last 6 months did you find that you were not able to stop using cannabis once you had started?

_____ How often during the last 6 months were you unable to do what was normally expected (e.g, work, university, chores) from you because of using cannabis?

_____ How often in the past 6 months have you devoted a great deal of your time to getting, using, or recovering from cannabis?

_____ How often during the last 6 months have you had a problem with your memory or concentration after using cannabis?

_____ How often do you use cannabis in situations that could be physically hazardous, such as driving, operating machinery, or caring for children?

_____ Have you ever thought about cutting down, or stopping, your use of cannabis?

In the last 12 months, how often, if at all, have you used these types of substances? By number of 'times', we mean the number of days you used the substance.

	Never (0)	1-2 in the past 12 months (1)	Once a month or less often (2)	2-4 times a month (3)	2-3 times a week (4)	4 or more times a week (5)
Cocaine (i.e, coke, snow, blow)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ecstasy/MDMA (i.e, M, MD, Molly, X, pingers, caps)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benzodiazepines (e.g., diazepam/Valium, alprazolam/Xanax, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GHB/GBL/1,4-BD (i.e. G)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ketamine (i.e, K, Ket, horse tranq, special K)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amyl Nitrite/Alkyl Nitrite (e.g, poppers, rush, jungle juice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmaceutical opioids (e.g, Oxycontin, (oxy), percocet (perc), vicodin, morphin, codeine, fentanyl)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Steroids (e.g, anabolic steroids, testosterone, roids)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Naturally occurring hallucinogens (e.g,Psilocybin, magic mushrooms, shrooms, DMT, changa, salvia, mescaline, cactus)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LSD (i.e, tabs, acid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meth/Amphetamine (i.e., crystal, ice, glass, speed, base)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription stimulants (i.e., dexamphetamine (dexies), methylphenidate (ritalin, concerta), modafinil (provigil))	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin (i.e, H, smack, junk)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nitrous Oxide (i.e, nangs, whippets, laughing gas)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mephedrone (i.e, M-cat, bath salts)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Synthetic cannabis (e.g., spice, K2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Patterns of polysubstance use

As a refresher we consider polysubstance use the co-use, simultaneous or sequential use of two or more drugs within the same session e.g. drinking alcohol and smoking cannabis in the same night.

Within the past 12 months, what is the most common combination of alcohol and/or other drugs that you have taken at the same time (within the same session)?
Tick all that apply.

- ☐ Alcohol
- ☐ Tobacco (including nicotine-containing vapes)
- ☐ Cannabis (i.e., marijuana, weed, bud)
- ☐ Cocaine (i.e., coke, snow, blow)
- ☐ Ecstasy/MDMA (i.e., M, MD, Molly, X, pingers, caps)
- ☐ Benzodiazepines (e.g., Benzos, xanax (a.k.a xannies), valium, ativan, klonopin)
- ☐ GHB/GBL/1,4-BD (i.e. G)
- ☐ Ketamine (i.e., K, Ket, horse tranq, special K)
- ☐ Amyl Nitrite/Alkyl Nitrite (e.g., Poppers, rush, jungle juice)
- ☐ Pharmaceutical opioids (e.g., Oxycontin (oxy), percocet (perc), vicodin, morphine, codeine, fentanyl)
- ☐ Steroids (e.g, Anabolic steroids, testosterone, roids)
- ☐ Naturally occurring hallucinogens (e.g,Psilocybin, magic mushrooms, shrooms, DMT, changa, salvia, mescaline, cactus)
- ☐ LSD (i.e, tabs, acid)
- ☐ Meth/Amphetamine (i.e., crystal, ice, glass, speed)
- ☐ Prescription stimulants (i.e., dexamfetamine (dexies), methylphenidate (ritalin, concerta), modafinil (provigil))
- ☐ Heroin (i.e, H, smack, junk)
- ☐ Nitrous Oxide (i.e, nangs, whippets, laughing gas)
- ☐ Mephedrone (i.e, M-cat, bath salts)
- ☐ Synthetic cannabis (e.g., spice, K2)
- ☐ Other (please specify) _____
- ☐ None

You stated that within the past 12 months, the most common combination of substances you have taken during the same session involved [drug_combo]. What substance are you most likely to use first?

- | | |
|---|-----------------------|
| Alcohol | <input type="radio"/> |
| Tobacco (including cigarettes and nicotine-containing vapes) | <input type="radio"/> |
| Cannabis (i.e., marijuana, weed, bud) | <input type="radio"/> |
| Cocaine (i.e., coke, snow, blow) | <input type="radio"/> |
| Ecstasy/MDMA (i.e., M, MD, Molly, X, pingers, caps) | <input type="radio"/> |
| Benzodiazepines (e.g., Benzos, xanax (a.k.a xannies), valium, ativan, klonopin) | <input type="radio"/> |
| GHB/GBL/1,4-BD (i.e. G) | <input type="radio"/> |
| Ketamine (i.e., K, Ket, horse tranq, special K) | <input type="radio"/> |
| Amyl Nitrite/Alkyl Nitrite (e.g., Poppers, rush, jungle juice) | <input type="radio"/> |
| Pharmaceutical opioids (e.g., Oxycontin (oxy), percocet (perc), vicodin, morphine, codeine, fentanyl) | <input type="radio"/> |
| Steroids (e.g, Anabolic steroids, testosterone, roids) | <input type="radio"/> |
| Naturally occurring hallucinogens (e.g, Psilocybin, magic mushrooms, shrooms, DMT, changa, salvia, mescaline, cactus) | <input type="radio"/> |
| LSD (i.e, tabs, acid) | <input type="radio"/> |
| Meth/Amphetamine (i.e., crystal, ice, glass, speed) | <input type="radio"/> |
| Prescription stimulants (i.e., dexamfetamine (dexies), methylphenidate (ritalin, concerta), modafinil (provigil)) | <input type="radio"/> |
| Heroin (i.e, H, smack, junk) | <input type="radio"/> |
| Nitrous Oxide (i.e, nangs, whippets, laughing gas) | <input type="radio"/> |
| Mephedrone (i.e, M-cat, bath salts) | <input type="radio"/> |

Synthetic cannabis (e.g., spice,
K2)

☐

Other drugs not listed (please
specify)

☐

None

☐

Other drugs not listed

You stated that within the past 12 months, the most common combination of drugs that you have taken in the same day involved: [drug_combo]. Why do you use these specific drugs? For example, why do you take one of these drugs after the other? Feel free to write as much or as little as you like.

You stated that within the past 12 months, the most common combination of drugs that you have taken in the same day involved: [drug_combo]. In what situations would you use this combination of drugs? (tick all that apply)

- ☐ Work or school/university
- ☐ Private home-based social gatherings with friends (e.g., gathering at your house, gathering at a friend's house)
- ☐ Mainstream clubs and 'nights out'
- ☐ Mainstream music festivals or events (e.g., Splendour, Rabbits Eat Lettuce)
- ☐ LGBTQA+ clubs and 'nights out'
- ☐ LGBTQA+ music festivals or events (e.g., Poof Doof, Tropical Fruits)
- ☐ Bush doofs (e.g., Psyfari, Skydance)
- ☐ Meeting someone for a romantic or sexual encounter (e.g., a Tinder date, a Grindr hook-up)
- ☐ Swinging or fetish parties (e.g., Hellfire)
- ☐ Sex on premises venues (sometimes called 'cruising' e.g., Bodyline, 357)
- ☐ Sex parties or group orgies (sometimes called 'chemsex')
- ☐ Other (please specify) _____

You stated that within the past 12 months, the most common combination of drugs that you have taken in the same day involved: [drug_combo]. Who are you around when you use this combination of psychoactive drugs? (tick all that apply)

- ☐ Alone by myself
- ☐ By yourself but around other people
- ☐ Friend/s
- ☐ Boyfriend(s)/Girlfriend(s)/Partner(s)
- ☐ Family member/s
- ☐ Colleague/s
- ☐ Other (please specify) _____

Within the past 12 months, how often have you taken this combination of drugs?

- ☐ 1-2 times in the past 12 months
- ☐ Once a month or less often
- ☐ 2-4 times a month
- ☐ 2-3 times a week
- ☐ 4 or more times a week

Within the past 12 months, have you ever had an enjoyable time when using this combination of drugs? For example, having fun, laughing, creating positive memories.

- ☐ Never
- ☐ 1-2 times in the past 12 months
- ☐ Once a month or less often
- ☐ 2-4 times a month
- ☐ 2-3 times a week
- ☐ 4 or more times a week

Within the past 12 months, have you ever experienced any unexpected negative physical and/or emotional effects (e.g. had a 'bad trip') when using this combination of drugs? For example, feeling uncontrollably scared, panicked, confused, or worried.

- ☐ Never
- ☐ 1-2 times in the past 12 months
- ☐ Once a month or less often
- ☐ 2-4 times a month
- ☐ 2-3 times a week
- ☐ 4 or more times a week

Thinking about your experience(s) taking this combination of drugs, is there anything you would do differently on the next occasion to have a better time? E.g. taking more or less of a drug, taking one drug before or after another, or only using certain drug/s around certain people. Feel free to write as little or as much as you like.

Intentions for future polysubstance use

	Very unlikely	Unlikely	Neutral	Likely	Very Likely
In the future, how likely are you to use this combination of drugs alone by yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the future, how likely are you to use this combination of drugs by yourself but around others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the future, how likely are you to use this combination of drugs with friend/s?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the future, how likely are you to use this combination of drugs with boyfriend(s)/girlfriend(s)/partner(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the future, how likely are you to use this combination of drugs with family member/s?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the future, how likely are you to use this combination of drugs with colleague/s?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Alcohol use harms

How many times did the following things happen to you while you were drinking alcohol or because of your alcohol use during the last 3 years?

	Never	1-2 times	3-5 times	6-10 times	More than 10 times
Not able to do your homework or study for a test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Got into fights with other people (friends, relatives, strangers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caused shame or embarrassment to someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neglected your responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relatives avoided you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt that you needed more alcohol than you used to in order to get the same effect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tried to control your drinking (tried to drink only at certain times of the day or in certain places, that is, tried to change your pattern of drinking)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had withdrawal symptoms, that is, felt sick because you stopped or cut down on drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt that you had a problem with alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Missed a day (or part of a day) of school or work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wanted to stop drinking but couldn't	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suddenly found yourself in a place that you could not remember getting to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt you were going crazy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had a bad time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt physically or psychologically dependent on alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was told by a friend, neighbour or relative to stop or cut down drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the last 12 months, did any person under the influence of or affected by ALCOHOL...?

No

Yes

Verbally abuse you

☐☐

Physically abuse you

☐☐

Put you in fear

☐☐

Which of the following persons under the influence of or affected by alcohol were responsible for the incident(s) referred to in the previous question? (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 romantic partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Former romantic partner	<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"/>

Where did the alcohol-related incident(s) referred to in the previous question occur? (select each of the incidents that occurred to you from the top row, and moving down the list of locations, mark all that apply)

	Verbal abuse	Physical abuse	Put you in fear
In my own home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In a pub or club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At a party	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At my workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At school/university	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transport (e.g. train)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the street	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Somewhere else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next few questions ask you about drug use harms

**In the last 12 months, did any person under the influence of or affected by ILLICIT DRUGS...?
(mark one response for each row)**

	No	Yes
Verbally abuse you	<input type="radio"/>	<input type="radio"/>
Physically abuse you	<input type="radio"/>	<input type="radio"/>
Put you in fear	<input type="radio"/>	<input type="radio"/>

Which of the following persons under the influence of or affected by illicit drugs were responsible for the incident(s) referred to in the previous question? (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 romantic partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Former romantic partner	<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"/>

Where did the drug-related incident(s) referred to in the previous occur? (select each of the incidents that occurred to you from the top row, and moving down the list of locations, mark all that apply)

	Verbal abuse	Physical abuse	Put you in fear
In my own home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In a pub or club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At a party	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At my workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At school/university	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transport (e.g. train)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the street	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Somewhere else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drug use concerns

Have you ever had a concern about your own drug use?

- ☐ No
☐ Yes

Have your boyfriend/s, girlfriend/s, or partner/s ever had a concern about your drug use?

- ☐ No
☐ Yes
☐ Not applicable - I have never had a boyfriend/girlfriend/partner

Have your family member/s ever had a concern about your drug use?

- ☐ No
☐ Yes

Have your friend/s ever had a concern about your drug use?

- ☐ No
☐ Yes

Have your school/university classmates ever had a concern about your drug use?

- ☐ No
☐ Yes

Have your colleagues ever had a concern about your drug use?

- ☐ No
☐ Yes

Perceived importance of harm reduction resources and education

On a scale of 1 to 5 (1 = Not at all concerned, 5 = Extremely concerned), how concerned are you about the potential effects of using multiple substances at the time listed below? Please note, there is no right or wrong answer.

	Not at all concerned (1)	Slightly concerned (2)	Somewhat concerned (3)	Moderately concerned (4)	Extremely concerned (5)
Having an accident or injuring yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Displaying more aggression and violent behaviours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospitalisation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol poisoning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interaction effects between certain drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing drug tolerance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing drug dependence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being annoying or inconvenient to your friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having arguments or fights with your partner(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spending too much money on substances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gambling more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engaging in 'riskier' sexual practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Missing days at school and/or work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having unwanted sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Disseminating harm minimisation messaging

We want to create some resources to help young adults prevent unwanted harms from engaging in polysubstance use. The following questions relate to what you would like these resources to say and how we should share them with people.

If someone was thinking of engaging in polysubstance use for the first time, what tips would you give them to have fun and stay safe? Feel free to write as much or as little as you like.

Which social media platform/s would be best to share these polysubstance use harm reduction messaging and resources for young adults? Tick all that apply.

- ☐ Instagram
- ☐ Facebook
- ☐ LinkedIn
- ☐ X/Twitter
- ☐ Discord
- ☐ Snapchat
- ☐ Mainstream dating apps (e.g., Tinder, Bumble, Hinge)
- ☐ LGBTQA+ dating apps typically used by gay men (e.g., Grindr, Scruff)
- ☐ LGBTQA+ dating apps typically used by gay women (e.g., Her, Taimi)
- ☐ Other

Are there any other ways you think would be good to share these harm reduction messaging and resources?

Do you support pill testing/drug checking?

- ☐ No
- ☐ Yes

Would you use pill testing facilities?

- ☐ No
- ☐ Yes

Why would you use pill testing facilities?

Why would you NOT use pill testing facilities?

Mental health and wellbeing**Over the last two weeks, how often have you been bothered by the following problems?**

	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious, or on edge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble relaxing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being so restless that it is hard to sit still	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worrying too much about different things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming easily annoyed or irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling afraid, as if something awful might happen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

On a typical work/study day:

What time is it when you usually attempt sleep? _____ PM/AM

How long does it usually take you to fall asleep? _____ Minutes

What time do you finally wake-up in the morning? _____ AM/PM

On a typical free day:

What time is it when you usually attempt sleep? _____ PM/AM

How long does it usually take you to fall asleep? _____ Minutes

What time do you finally wake-up in the morning? _____ AM/PM

In the last 2 weeks, have you had any difficulty falling asleep?

- ☐ None
☐ Mild difficulty
☐ Moderate difficulty
☐ Severe difficulty
☐ Very severe difficulty

Pain**The next questions are about bodily or physical pain you have had in the past 4 weeks.**

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

- ☐ None
- ☐ Very mild
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Very severe

During the past 4 weeks, did pain interfere not at all, a little bit, moderately, quite a bit or extremely, with your normal work (including both work outside the home and housework)?

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