



Please **colour in** the appropriate boxes e.g.  or insert a number as required.

What is your residential postcode?

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- ☐ Yes ☐ No ☐ Unsure

- ☐ Full time work ☐ TAFE student ☐ Gap year ☐ Looking for work
☐ Part time work ☐ University student ☐ Other If other, please specify _____

- ☐ Female ☐ Male ☐ Other ☐ Rather not say

- ☐ Yes ☐ No

[illegible]

(YYYY):

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- ☐ Yes ☐ No

- ☐ Not taken in the past month ☐ Stopped in the last week
- ☐ Stopped in the last month ☐ YES, currently taking

- ☐ Don't use OR Number of times (enter the number in the boxes)

- ☐ Don't smoke OR

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 Number of cigarettes (enter the number in the boxes)

9. How many times have you smoked an e-cigarette in the last week?

☐ Don't smoke OR Number of times

10. How many times have you smoked a water pipe (e.g. shisha) in the last month?

☐ Don't smoke OR Number of times

11. Does any other person at home smoke cigarettes (Fill in all that apply)?

☐ Yes, outside the house ☐ Yes, inside the house ☐ No

12. How many days in the last week have you been to a party, pub, bar or nightclub?

☐ 0 ☐ 1 ☐ 2 ☐ 3
☐ 4 ☐ 5 ☐ 6 ☐ 7 days

13. How many days have you had a drink containing alcohol in the last month?

☐ Don't drink alcohol OR Number of times (enter the number in the box)

14. How many drinks containing alcohol do you have on a typical day when you are drinking?

Number of drinks

15. How many people have you kissed (kissing with tongues, not just lips or cheeks) in the last week?

Number of people

16. Are you currently in a relationship?

☐ Yes ☐ No

If YES, do they smoke cigarettes?

☐ Yes ☐ No

17. Including yourself how many people live where you currently reside?

Number of people

18. How many bedrooms are there where you currently live?

Number of bedrooms

19. What ethnic group do you identify with (Fill in all that apply)?

☐ Aboriginal ☐ Torres Strait Islander ☐ Caucasian ☐ Asian
☐ Middle East ☐ African ☐ Pacific Islander ☐ Other

If other, please specify _____

Thank you for completing this questionnaire.