

## ATTACHMENT 2

### Being Real Survey

Please answer the following questions as best you can. If unsure, please feel free to ask questions.

Age:		Sex / Gender:			
Education: (Please Circle)	Primary	High school	Certificate / TAFE	University	Post Graduate
Employment: (Please Circle)	None/ Centrelink	Self	Full time	Part time	Casual
Accommodation: (Please Circle)	Nothing permanent/ Homeless	Share rent	Private rent	Family	Public
	Other				
Aboriginal / Torres Strait Islander: (Please Circle)		Yes	No	Do you use illegal drugs? (Please Circle)	
		Yes	No		
Which drugs do you currently use? (Please Circle)					
Alcohol	Tobacco	Cannabis	Heroin	Benzos	
Speed	Crystal Meth	Other:			
How have you used drugs? (Please Circle)					
Smoke	Inject	Swallow	Sniff/Inhale	Other:	
How often do you use illegal drugs? (Please Circle)					
Never	Every now and then	Once a month	Once a week	Most days	Every day
How long have you used drugs?					
How would you describe the reasons for using?					
Currently on treatment?    Yes    No					
Type of treatment:					
Would you say you have any problems connected to drug use?					