



START TIME:

## HEALTH SURVEY QUESTIONNAIRE

### CHRONIC DISEASES

*This section asks about chronic diseases or illnesses you may have. A chronic disease is a physical or mental illness that has lasted, or is expected to last, for more than six months. The symptoms may come and go or be present all the time.*

#### HEART DISEASE

Q.1 Have you ever been told by a doctor that you have heart disease, such as heart attack, angina, abnormal heart rhythm. Please exclude high blood pressure, high blood cholesterol, or heart failure. We ask about these later.

☐ 1 Yes → Go to Q.2

☐ 2 No → Go to Q.5

☐ 3 Don't know → Go to Q.5

Q.2 How old were you when heart disease was first diagnosed?

Record Age

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☐ 998 At birth

☐ 999 Don't know

Q.3 What treatments do you now have for heart disease?  
(Card 3) (Multiple response)

☐ 01 No treatment

☐ 02 Aspirin

☐ 03 Other medicines, tablets, or pills (including sublingual spray)

☐ 04 Diet

☐ 05 Exercise

☐ 98 Other (Specify) \_\_\_\_\_

☐ 99 Don't know

Q.4 Have you ever had a bypass surgery or angioplasty for your heart problem?

☐ 1 Yes

☐ 2 No

☐ 3 Don't know

Q.5 Have you ever been told by a doctor that you have heart failure, inadequate heart pumping, fluid build-up in the lungs or legs?

☐ 1 Yes

☐ 2 No

☐ 3 Don't know

## STROKE

- Q.6 Have you ever been told by a doctor that you have had a stroke?  
Please exclude a “mini – stroke” or transient ischaemic attack.
- ☐ 1 Yes →Go to Q.7 ☐ 2 No →Go to Q.10  
☐ 3 Don't know →Go to Q.10
- Q.7 How old were you when you were first told by a doctor that you had a stroke?  
Record Age  ☐ 999 Don't know
- Q.8 Have you had a stroke during the past 12 months?
- ☐ 1 Yes ☐ 2 No ☐ 3 Don't know
- Q.9 What treatments do you now have for your stroke? (Card 9)
- ☐ 01 No treatment  
☐ 02 Aspirin  
☐ 03 Other medicines, tablets, or pills  
☐ 04 Diet  
☐ 05 Exercise or rehabilitation (include speech therapy, occupational therapy, physiotherapy)   
☐ 98 Other (Specify)   
☐ 99 Don't know

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## DIABETES

- Q.10 Have you ever been told by a doctor that you have diabetes, other than during pregnancy?
- ☐ 1 Yes →Go to Q.11 ☐ 2 No →Go to 'Check' before Q.13  
☐ 3 Don't know →Go to 'Check' before Q.13
- Q.11 How old were you when diabetes was first diagnosed?  
Record Age  ☐ 998 At birth ☐ 999 Don't know
- Q.12 What treatments do you now have for your diabetes? (Card 12)
- ☐ 01 No treatment ☐ 98 Other (Specify)   
☐ 02 Insulin injections   
☐ 03 Medicines, tablets, or pills   
☐ 04 Diet   
☐ 05 Exercise ☐ 99 Don't know

**ASTHMA**

*Can I just check if you are over or under 45 years of age,  
i.e. were you born in 1957 or later? → Continue  
If over 45 years, i.e. born before 1957, go to Q.18.*

Q.13 Have you ever been told by a doctor that you have asthma?

☐ 1 Yes → Go to Q.14

☐ 2 No → Go to Q.22

☐ 3 Don't know → Go to Q.22

Q.14 How old were you when asthma was first diagnosed?

Record Age

☐ 998 At birth

☐ 999 Don't know

Q.15 In the last 12 months, have you had an attack of asthma?

☐ 1 Yes

☐ 2 No

☐ 3 Don't know

Q.16 In the last 12 months, have you been woken by an attack of shortness of breath at any time?

☐ 1 Yes

☐ 2 No

☐ 3 Don't know

Q.17 What treatments do you now have for asthma? (Card 17)

☐ 1 No treatment

☐ 2 Inhalers, aerosol, or tablets

☐ 8 Other (Specify) \_\_\_\_\_

☐ 9 Don't know

Go to Q.22

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**COPD (Aged over 45 years, i.e. born before 1957)**

Q.18 I just need to confirm - are you over 45 years?

☐ 1 Yes → Go to Q.19

☐ 2 No → Go back to Q.13

Q.19 Have you ever been told by a doctor you have chronic bronchitis or emphysema?  
{If respondent says neither of these, but has asthma - circle 'Yes - asthma' and continue.}

☐ 1 Yes, chronic bronchitis/emphysema → Go to Q.20

☐ 2 Yes - asthma → Go to Q.20

☐ 3 No → Go to Q.22

☐ 4 Don't know → Go to Q.22

Q.20 How old were you when chronic lung disease was first diagnosed?

Record Age

☐ 999 Don't know

Q.21 What treatments do you **now** have for chronic lung disease? (Card 21)

☐ 1 No treatment

☐ 2 Inhalers, aerosol, or tablets

☐ 3 Physiotherapy

☐ 4 Oxygen

☐ 8 Other (Specify) \_\_\_\_\_

☐ 9 Don't know

  
  

## ARTHRITIS

Q.22 Have you ever been told by a doctor you have arthritis? Please include gout, lupus and psoriatic arthritis.

☐ 1 Yes → Go to Q.23

☐ 2 No → Go to Q.28

☐ 3 Don't know → Go to Q.28

Q.23 What kind of arthritis was that? (Card 23)

(If respondent answers more than one kind, probe "Which affects you most?")

☐ 1 Rheumatoid

☐ 2 Osteoarthritis

☐ 8 Other (Specify) \_\_\_\_\_

☐ 9 Don't know

+

Q.24 Which joint was affected first? (Card 24)

☐ 1 Small joints like fingers or hands

☐ 2 Large joints like knees or hips

☐ 3 Don't know

Q.25 How old were you when this was first diagnosed?

Record Age

☐ 999 Don't know

Q.26 What treatments do you now have for this? (Card 26)

☐ 1 No treatment

☐ 2 Medicines, tablets, or pills

☐ 3 Exercise or physiotherapy

☐ 4 Steroid injections

☐ 8 Other (Specify) \_\_\_\_\_

☐ 9 Don't know

  
  

Q.27 Have you ever had an operation or surgery because of your arthritis?

☐ 1 Yes

☐ 2 No

☐ 3 Don't know

## SPINAL DISORDERS

Q.28 Have you ever been told by a doctor you have a disorder of the neck or back? This includes lumbago, sciatica, chronic back or neck pain, vertebrae or disc problems. It can be injury-related or something you were born with.

☐ 1 Yes → Go to Q.29

☐ 2 No → Go to Q.31

☐ 3 Don't know → Go to Q.31

Q.29 How old were you when the neck or back problem was first diagnosed?

Record Age

☐ 998 At birth

☐ 999 Don't know

Q.30 What treatments have you had for your neck or back problem? (Card 30)

☐ 01 No treatment

☐ 02 Medicines, tablets, or pills

☐ 03 Exercise or physiotherapy

☐ 04 Injections

☐ 05 Had operation

☐ 98 Other (Specify) \_\_\_\_\_

☐ 99 Don't know

+

## OSTEOPOROSIS

Q.31 Have you ever been told by a doctor you have osteoporosis, thin or thinning bones?

☐ 1 Yes → Go to Q.32

☐ 2 No → Go to Q.35

☐ 3 Don't know → Go to Q.35

Q.32 Was this following a fracture?

☐ 1 Yes

☐ 2 No

☐ 3 Don't know

Q.33 How old were you when the osteoporosis was first diagnosed?

Record Age

☐ 999 Don't know

Q.34 What treatments do you now have for osteoporosis? (Card 34)

☐ 01 No treatment

☐ 02 Medicines, tablets, or pills

☐ 03 Exercise or physiotherapy

☐ 04 Injections

☐ 98 Other (Specify) \_\_\_\_\_

☐ 99 Don't know

## CANCER

Q.35 Have you ever been told by a doctor that you have cancer?

☐ 1 Yes →Go to Q.36

☐ 2 No →Go to Q.41

☐ 3 Don't know →Go to Q.41

Q.36 How old were you when cancer was first diagnosed?

Record Age

☐ 998 At birth

☐ 999 Don't know

Q.37 What kind of cancer did you have? (Card 37)

☐ 01 Lung

☐ 05 Prostate

☐ 02 Bowel

☐ 06 Melanoma

☐ 03 Cervix

☐ 07 Skin cancer (not melanoma)

☐ 04 Breast

☐ 98 Other (Specify) \_\_\_\_\_

☐ 99 Don't know

+

Q.38 Was that cancer diagnosed more than 12 months ago?

☐ 1 Yes →Go to Q.39

☐ 2 No →Go to Q.41

Q.39 In the past 12 months, have you been told by a doctor that you have cancer?

☐ 1 Yes →Go to Q.40

☐ 2 No →Go to Q.41

☐ 3 Don't know →Go to Q.41

Q.40 What kind of cancer is this? (Card 40)

☐ 01 Lung

☐ 05 Prostate

☐ 02 Bowel

☐ 06 Melanoma

☐ 03 Cervix

☐ 07 Skin cancer (not melanoma)

☐ 04 Breast

☐ 98 Other (Specify) \_\_\_\_\_

☐ 99 Don't know

## OTHER LONG-TERM ILLNESS

Q.41 Do you have any **other** long-term illness, physical or mental, that has been diagnosed by a doctor? Include any illness that has lasted six months or more or is expected to last six months or more. A long-term illness may be intermittent (episodic) - e.g. epilepsy, stomach ulcers, migraine – or continuously present.

- ☐ 1 Yes → Go to Q.42
- ☐ 2 No → Go to Q.43
- ☐ 3 Don't know → Go to Q.43

Q.42 Can you say what that is/those are? (*Multiple*) (*Card 42*)

- ☐ 01 Epilepsy
- ☐ 02 Stomach ulcers
- ☐ 03 Migraine
- ☐ 04 Irritable bowel
- ☐ 05 ME (Chronic Fatigue Syndrome)
- ☐ 06 Bipolar disorder (Manic Depression)
- ☐ 07 Schizophrenia
- ☐ 08 Multiple Sclerosis
- ☐ 09 Motor Neurone
- ☐ 98 Other (*Specify*) \_\_\_\_\_

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Q.43 Do you have any **disability or handicap** that is long term, lasting 6 months or more?

- ☐ 1 Yes
- ☐ 2 No

## HEALTH SERVICE UTILISATION

The next set of questions ask about health care providers and the way that you have used them over the last 12 months.

### HEALTH PROFESSIONALS

Q.44 Do you have a health practitioner or service, for example, a doctor or nurse or other service that you usually **first** go to see when you are feeling unwell or are injured?

- ☐ 1 Yes → Go to Q.45
- ☐ 2 No → Go to Q.46
- ☐ 3 Don't know → Go to Q.46

Q.45 What sort of practitioner is this? (Card 45)

- ☐ 1 General Practitioner / Family Doctor
- ☐ 2 Chemist or pharmacist, for health advice or medication only?
- ☐ 3 Accident and Emergency at a public hospital
- ☐ 4 Accident and Emergency at a private clinic
- ☐ 8 Other (Specify) \_\_\_\_\_

Q.46 Over the last twelve months, has a practitioner (e.g. a doctor, nurse or other practitioner) either carried out or arranged for you to have any of those? (Card 46)

- ☐ 1 CAP (Blood) test for prostate cancer
- ☐ 2 Blood pressure test
- ☐ 3 Immunisation (for anything)
- ☐ 4 Flu injection
- ☐ 5 Diabetes test
- ☐ 6 Cholesterol test
- ☐ 7 Discussed smoking
- ☐ 8 No / None of above
- ☐ 9 Don't know

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Q.47 (ASK FEMALE RESPONDENTS ONLY)

Over the last 3 years, has a health practitioner carried out or arranged for you to have either of those procedures? (Card 47)

- ☐ 1 Yes, a mammogram
- ☐ 2 Yes, a cervical smear (for cervical cancer)
- ☐ 3 Cervical smear not required - have had hysterectomy
- ☐ 4 No, neither mammogram nor smear
- ☐ 5 Don't know



## MAORI HEALTH PROVIDERS

The questions that follow are about Maori health care providers. A Maori health provider is an organisation, not a person, that delivers health services mainly for Maori, and is managed by Maori. The individual health care worker is usually of Maori ethnicity, but this is not a requirement.

This question does not refer to individual health care workers who may be Maori but are working for organisations such as mainstream general practices or public hospitals.

Q.48 In the last twelve months, have you seen a health care worker from a Maori health organisation. It may have been an asthma nurse or health promoter / auahi kore coordinator, or some other such as on Card 49?

☐ 1 Yes → Go to Q.49

☐ 2 No → Go to Q.55

☐ 3 Don't know → Go to Q.55

(Interviewer - if not sure, prompt and explain again what Maori Health Care providers are.)

Q.49 Which of these practitioners have you seen in the last 12 months? Please indicate all you may have seen. (Card 49) (Tick in **left hand** boxes below)

Q.50 FOR ALL SEEN, ASK:

How many times have you seen each of those in the past 12 months?

(Record number for each seen in grid below)

Maori Health Worker with Maori Organisation	No. of times seen
<input type="checkbox"/> 01 Midwife from a Maori provider	<input type="text"/>
<input type="checkbox"/> 02 Kaitiaki	<input type="text"/>
<input type="checkbox"/> 03 Kaiawhina +	<input type="text"/>
<input type="checkbox"/> 04 Asthma educator from a Maori provider	<input type="text"/>
<input type="checkbox"/> 05 Diabetes support worker from a Maori provider	<input type="text"/>
<input type="checkbox"/> 06 Dietitian from a Maori provider	<input type="text"/>
<input type="checkbox"/> 07 Auahi kore worker	<input type="text"/>
<input type="checkbox"/> 08 Advocate while in hospital from a Maori provider	<input type="text"/>
<input type="checkbox"/> 09 Home helper / visitor from a Maori provider	<input type="text"/>
<input type="checkbox"/> 10 Nurse from a Maori provider	<input type="text"/>
<input type="checkbox"/> 11 Doctor from a Maori provider	<input type="text"/>
<input type="checkbox"/> 98 Other (Specify) <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Q.51 The last time you saw a Maori health provider about your own health, which of those was it for? (Card 51) (Multiple response)

- ☐ 01 A disability, long-term illness or chronic condition
- ☐ 02 An injury or poisoning
- ☐ 03 Immunisation or vaccination
- ☐ 04 Spiritual well-being, e.g. to receive a blessing
- ☐ 05 Mental or emotional health
- ☐ 06 Advice on how to stay healthy, e.g. smoking, nutrition
- ☐ 07 Home help / visitor
- ☐ 08 Contraception or family planning
- ☐ 09 Maternity care
- ☐ 10 Advice on whether to see another provider
- ☐ 11 A short-term illness or temporary condition
- ☐ 12 Any other routine checkup or health advice
- ☐ 98 Something else (Specify) \_\_\_\_\_
- ☐ 99 Don't know


Q.52 In general, over the last twelve months, what are the reasons that you chose to visit a Maori health provider? (Card 52) (Multiple response)

- ☐ 01 I find they are willing to spend (more) time discussing my health (than an other health provider)
- ☐ 02 I feel more comfortable talking to someone who understands my culture
- ☐ 03 They are interested in the impact that my health and its treatment has on my whanau / family
- ☐ 04 They offer specialist services that I need, e.g. quit smoking advice
- ☐ 05 I was referred to them by my doctor
- ☐ 06 I was referred to them by a friend or relative
- ☐ 07 They were the closest provider (for that condition)
- ☐ 08 It was cheaper than going to another provider
- ☐ 98 Other (Specify) \_\_\_\_\_


Q.53 In general, over the last twelve months, when you saw a Maori health provider about your own health, how satisfied or dissatisfied were you with the consultation? (Card 53)

- ☐ 1 Very satisfied → Go to Q.55
- ☐ 2 Satisfied
- ☐ 3 Dissatisfied → Go to Q.54
- ☐ 4 Very dissatisfied
- ☐ 5 Don't know → Go to Q.55

Q.54 Why did you feel dissatisfied with that consultation? (Card 54)  
(Probe: "Any other reason?" and repeat probe until no other reason) (Multiple response)

- ☐ 01 Cost too much
- ☐ 02 Doctor didn't spend enough time / wasn't thorough enough
- ☐ 03 Didn't like doctor's manner / couldn't talk to doctor / doctor wouldn't listen
- ☐ 04 Doctor made wrong diagnosis
- ☐ 05 Doctor gave wrong treatment / didn't give any treatment / only prescribed drugs
- ☐ 06 Couldn't see usual doctor / had to see a locum
- ☐ 98 Other (Specify)
- ☐ 99 Don't know +

Q.55 In the last 12 months, has there been any time when you wanted or needed to see a Maori health provider, but you weren't able to?

- ☐ 1 Yes → Go to Q.56      ☐ 2 No → Go to instructions before Q.57
- ☐ 3 Don't know → Go to instructions before Q.57

Q.56 The last time that happened, what was the reason? (Card 56)  
(Probe: "Any other reason?" and repeat probe until no other reason.) (Multiple response)

- ☐ 01 Costs too much
- ☐ 02 Couldn't get an appointment soon enough / at a suitable time / it was after hours
- ☐ 03 I couldn't spare the time
- ☐ 04 Didn't want to make a fuss / couldn't be bothered
- ☐ 05 Had no transport to get there
- ☐ 06 Couldn't get in touch with the provider
- ☐ 07 No Maori health providers who addressed my condition
- ☐ 98 Other (Specify)
- ☐ 99 Don't know

## PACIFIC HEALTH PROVIDERS

The questions that follow are about Pacific health care providers. A Pacific health provider is an organisation, not a person, that delivers health services mainly for Pacific people, and is managed by Pacific people. The individual health care worker is usually of Pacific ethnicity, but this is not a requirement.

This question does not refer to individual health care workers who may be Pacific but are working for other health care organisations such as mainstream general practices or public hospitals. The sorts of places are on this list. (Card 57)

Q.57 In the last twelve months have you seen a health care worker in a Pacific health organisation like those on Card 57.

☐ 1 Yes → Go to Q.58

☐ 2 No → Go to Q.64

☐ 3 Don't know → Go to Q.64

*Interviewer: If not sure, prompt and explain again what Pacific health care providers are.)*

Q.58 Which of these practitioners have you seen in a Pacific Health organisation in the past 12 months? Please indicate all you may have seen. (Card 58)  
(Tick in **left hand** boxes below)

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Q.59 FOR ALL SEEN IN Q.58, ASK:

How many times have you seen each of those in the past 12 months?  
(Record number for each seen in grid below)

Worker with Pacific Health Organisation		No. of times seen
<input type="checkbox"/> 01 Midwife from a Pacific provider		<input type="text"/>
<input type="checkbox"/> 02 Health promoter from a Pacific provider		<input type="text"/>
<input type="checkbox"/> 03 Asthma educator from a Pacific provider		<input type="text"/>
<input type="checkbox"/> 04 Diabetes support worker from a Pacific provider		<input type="text"/>
<input type="checkbox"/> 05 Dietitian from a Pacific provider		<input type="text"/>
<input type="checkbox"/> 06 Advocate while in hospital from a Pacific provider		<input type="text"/>
<input type="checkbox"/> 07 Home helper/ visitor from a Pacific provider		<input type="text"/>
<input type="checkbox"/> 08 Nurse from a Pacific provider		<input type="text"/>
<input type="checkbox"/> 09 Doctor from a Pacific provider		<input type="text"/>
<input type="checkbox"/> 98 Other (Specify) _____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>

Q.60 The last time you saw a Pacific health worker about your own health, which of those was it for? (Card 60) (Multiple response)

- ☐ 01 A disability, long-term illness or chronic condition
- ☐ 02 An injury or poisoning
- ☐ 03 Immunisation or vaccination
- ☐ 04 Spiritual well-being, e.g. to receive a blessing
- ☐ 05 Mental or emotional health
- ☐ 06 Advice on how to stay healthy, e.g. smoking, nutrition
- ☐ 07 Home help / visitor
- ☐ 08 Contraception or family planning
- ☐ 09 Maternity care
- ☐ 10 Advice on whether to see another provider
- ☐ 11 A short-term illness or temporary condition
- ☐ 12 Any other routine checkup or health advice
- ☐ 98 Something else? (Specify) \_\_\_\_\_
- ☐ 99 Don't know


Q.61 In general, over the last twelve months, what are the reasons that you chose to visit a Pacific health care provider? (Card 61) (Multiple response)

- ☐ 01 I find they are willing to spend (more) time discussing my health (than an other health provider)
- ☐ 02 I feel more comfortable talking to someone who understands my culture
- ☐ 03 They are interested in the impact that my health and its treatment has on my aiga/family
- ☐ 04 They offer specialist services that I need, e.g. quit smoking advice
- ☐ 05 I was referred to them by my doctor
- ☐ 06 I was referred to them by a friend or relative
- ☐ 07 They were the closest provider (for that condition)
- ☐ 08 It was cheaper than going to another provider
- ☐ 98 Other (Specify) \_\_\_\_\_


Q.62 In general, over the last twelve months, when you saw a Pacific health provider about your own health, how satisfied or dissatisfied were you with the consultation? (Card 62)

- ☐ 1 Very satisfied → Go to Q.64
- ☐ 2 Satisfied → Go to Q.64
- ☐ 3 Dissatisfied → Go to Q.63
- ☐ 4 Very dissatisfied → Go to Q.63
- ☐ 5 Don't know → Go to Q.64

Q.63 Why did you feel dissatisfied with that consultation? (Card 63)  
(Probe: "Any other reason?" and repeat probe until no other reason) (Multiple response)

- ☐ 01 Cost too much
- ☐ 02 Doctor didn't spend enough time / wasn't thorough enough
- ☐ 03 Didn't like doctor's manner / couldn't talk to doctor / doctor wouldn't listen
- ☐ 04 Doctor made wrong diagnosis
- ☐ 05 Doctor gave wrong treatment / didn't give any treatment / only prescribed drugs
- ☐ 06 Couldn't see usual doctor / had to see a locum
- ☐ 98 Other (Specify) \_\_\_\_\_
- ☐ 99 Don't know
- +


Q.64 In the last 12 months, has there been any time when you wanted or needed to see a Pacific health provider, but you weren't able to?

- ☐ 1 Yes → Go to Q.65
- ☐ 2 No → Go to insts before Q.66
- ☐ 3 Don't know → Go to insts before Q.66

Q.65 The last time that happened, what was the reason? (Card 65)  
(Probe: "Any other reason?" and repeat probe until no other reason.) (Multiple response)

- ☐ 01 Costs too much
- ☐ 02 Couldn't get an appointment soon enough / at a suitable time / it was after hours
- ☐ 03 Couldn't spare the time
- ☐ 04 Didn't want to make a fuss / couldn't be bothered
- ☐ 05 Had no transport to get there
- ☐ 06 Couldn't get in touch with the provider
- ☐ 07 No Pacific health providers who addressed my condition
- ☐ 98 Other (Specify) \_\_\_\_\_
- ☐ 99 Don't know


## GENERAL PRACTITIONERS

The next questions are about general practitioners. That's any general practitioner or family doctor (but not a specialist).

Q.66 In the **last 12 months**, have you seen a doctor, or been visited by a doctor, about your own health? By health, we include your mental and emotional health as well as your physical health.

☐ 1 Yes → Go to Q.67

☐ 2 No → Go to Q.78

☐ 3 Don't know → Go to Q.78

Q.67 How many times have you seen a GP in the last 12 months?

Number of times

Q.68 In the last 12 months, have you seen more than one GP (not a specialist)?

☐ 1 Yes → Go to Q.69

☐ 2 No → Go to Q.70

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☐ 3 Don't know → Go to Q.70

Q.69 What was/were the reasons for this? (Card 69) (Multiple response)

☐ 01 I changed my doctor when I found a doctor I felt more comfortable with

☐ 02 I changed my doctor when I found a doctor I could afford more easily

☐ 03 Saw my regular doctor's partner/co-practitioner

☐ 04 I was on holiday or work (away from my regular GP) at the time

☐ 05 It was a locum, my doctor away

☐ 06 I consult/use more than one GP for different conditions

☐ 07 It was after hours - I was directed to an after hours service elsewhere

☐ 08 Moved to a new area

☐ 98 Other (Specify) \_\_\_\_\_

\_\_\_\_\_

Q.70 When was the last time you saw a GP or family doctor about your own health? (Card 70)

☐ 1 Within the last 4 weeks

☐ 2 More than four weeks ago and less than 12 weeks (3 months)

☐ 3 More than 12 weeks ago and less than 24 weeks (6 months)

☐ 4 More than 6 months ago

☐ 5 Don't know

Q.71 The last time you saw a GP or family doctor about your own health, where was it...? (Card 71)

- ☐ 1 In a mainstream practice  
☐ 2 In a Maori health provider  
☐ 3 In a Pacific health provider  
☐ 4 Other

Q.72 The last time you saw a GP or family doctor about your own health, what was it for...? (Card 72) (Multiple response)

- ☐ 01 A disability, long-term illness or chronic condition  
☐ 02 An injury or poisoning  
☐ 03 Immunisation or vaccination  
☐ 04 Mental or emotional health  
☐ 05 Contraception or family planning  
☐ 06 Maternity care  
☐ 07 Cervical smear  
☐ 08 A short-term illness or temporary condition  
☐ 09 Any other routine checkup or health advice  
☐ 10 Sexual health problems  
☐ 98 Something else (Specify) \_\_\_\_\_

☐ 99 Don't know

+

Q.73 What did the doctor charge for that visit? (Card 73)

- |   |   |
|---|---|
| <input type="checkbox"/> 01 Free                  | <input type="checkbox"/> 98 Other arrangement (Specify) |
| <input type="checkbox"/> 02 10 dollars or less    | _____   |
| <input type="checkbox"/> 03 11 - 20 dollars       | _____   |
| <input type="checkbox"/> 04 21 - 30 dollars       | _____   |
| <input type="checkbox"/> 05 31 - 40 dollars       | _____   |
| <input type="checkbox"/> 06 41 - 50 dollars       | _____   |
| <input type="checkbox"/> 07 More than 50 dollars? | <input type="checkbox"/> 99 Don't know                  |

Q.74 Was your last visit to a GP paid for by ACC?  
(Yes if respondent is still awaiting confirmation from ACC.)

- ☐ 1 Yes      ☐ 2 No      ☐ 3 Don't know

Q.75 Did the doctor write you a prescription at that visit?

- ☐ 1 Yes      ☐ 2 No      ☐ 3 Don't know



Q.76 In general, the last time you saw a GP or family doctor about your own health, how satisfied or dissatisfied were you with the consultation? (Card 76)

- ☐ 1 Very satisfied → Go to Q.78
- ☐ 2 Satisfied → Go to Q.78
- ☐ 3 Dissatisfied → Go to Q.77
- ☐ 4 Very dissatisfied → Go to Q.77
- ☐ 5 Don't know → Go to Q.78

Q.77 Why did you feel dissatisfied with that consultation? (Card 77)  
(Probe: "Any other reason?" and repeat probe until no other reason)  
(Multiple response)

- ☐ 01 Cost too much
- ☐ 02 Doctor didn't spend enough time / wasn't thorough enough
- ☐ 03 Didn't like doctor's manner / couldn't talk to doctor /  
doctor wouldn't listen
- ☐ 04 Doctor made wrong diagnosis
- ☐ 05 Doctor gave wrong treatment / didn't give any treatment /  
only prescribed drugs
- ☐ 06 Couldn't see usual doctor / had to see a locum
- ☐ 98 Other (Specify) \_\_\_\_\_
- ☐ 99 Don't know +


Q.78 In the last 12 months, has there been any time when you needed to see a GP or family doctor about your own health, but didn't get to see any doctor at all?

- ☐ 1 Yes → Go to Q.79
- ☐ 2 No → Go to Q.80
- ☐ 3 Don't know → Go to Q.80

Q.79 The last time that happened what was the reason? (Card 79)  
(Probe "Any other reason?" till no other reason.) (Multiple response)

- ☐ 01 Costs too much
- ☐ 02 Couldn't get an appointment soon enough / at a suitable time /  
it was after hours
- ☐ 03 Couldn't spare the time
- ☐ 04 Didn't want to make a fuss / couldn't be bothered
- ☐ 05 Had no transport to get there
- ☐ 06 Couldn't get in touch with the doctor
- ☐ 07 Lack of childcare
- ☐ 98 Other (Specify) \_\_\_\_\_
- ☐ 99 Don't know


## MEDICAL SPECIALISTS

Q.80 In the last 12 months, have you seen a medical specialist about your own health? By medical specialist I mean the kind of doctor that people go to for a particular condition, problem or service, not a GP. You may have seen the medical specialist as an inpatient or outpatient in a public hospital or in a private clinic or hospital

☐ 1 Yes →Go to Q.81

☐ 2 No →Go to insts before Q.84

☐ 3 Don't know →Go to insts before Q.84

Q.81 When was the last time that you saw a medical specialist? (Card 81)

☐ 1 Within the last 4 weeks

☐ 2 More than four weeks and less than 12 weeks (3 months)

☐ 3 More than 12 weeks and less than 24 weeks (6 months)

☐ 4 More than 6 months ago

☐ 5 Don't know

Q.82 How many times have you seen a medical specialist in the last 12 months?

Number of times

Q.83 The last time you saw a specialist about your own health, where was it? (Card 83)

☐ 1 Public hospital as an inpatient

☐ 4 Private hospital

☐ 2 Public hospital as an outpatient

☐ 5 Don't know

☐ 3 Specialist's private rooms or clinic

+

## NURSES

*The next questions are about nurses. This may include a nurse you may have seen at your GP practice or a nurse who has visited you. It does not include nurses whom you may have seen in a hospital. It does not include midwives you may have seen.*

Q.84 In the last twelve months, have you seen a nurse for your health? You may either have seen the nurse as part of your visit to your GP, or separately, or any other nurse (for example, a district nurse).

☐ 1 Yes →Go to Q.85

☐ 2 No →Go to Q.95

☐ 3 Don't know →Go to Q.95

Q.85 In the last twelve months have you seen a practice nurse **alone** as part of a consultation with your GP? For example, you may have seen the nurse for a blood test or an immunisation, after or before being seen by the GP.

☐ 1 Yes →Go to Q.86

☐ 2 No →Go to Q.88

☐ 3 Don't know →Go to Q.88

Q.86 How often have you seen a practice nurse alone as part of a consultation with your GP in the past 12 months?

Number of times

Q.87 The last time you saw a practice nurse as part of a consultation with a GP or family doctor, what was it for? (Card 87) (Multiple response)

- ☐ 01 Blood test
- ☐ 02 Immunization or vaccination
- ☐ 03 Health advice (for example, advice on whether you need to see a doctor, dietary advice)
- ☐ 04 Bandaging
- ☐ 05 Contraception or family planning
- ☐ 06 Maternity care
- ☐ 07 Cervical smear test
- ☐ 98 Something else (Specify) \_\_\_\_\_
- ☐ 99 Don't know

Q.88 In the last twelve months, have you had a consultation with a practice nurse **without seeing a GP** at the same time? For example, this might have been for a bandaging or to discuss nutrition. You may have made an appointment for this or had the meeting organised by the practice.

- ☐ 1 Yes → Go to Q.89      ☐ 2 No → Go to Q.92
- +
- ☐ 3 Don't know → Go to Q.92

Q.89 How often in the past 12 months have you had a consultation with a practice nurse without seeing a GP at the same time?

Number of times

Q.90 The last time you saw a practice nurse while NOT seeing a GP or family doctor at the same time, what was it for? (Card 87) (Multiple response)

- ☐ 01 Blood test
- ☐ 02 Immunization or vaccination
- ☐ 03 Health advice (for example, advice on whether you need to see a doctor, dietary advice)
- ☐ 04 Bandaging
- ☐ 05 Contraception or family planning
- ☐ 06 Maternity care
- ☐ 07 Cervical smear test
- ☐ 98 Something else (Specify) \_\_\_\_\_
- ☐ 99 Don't know

Q.91 In general, over the last twelve months, what are the reasons that you chose to visit a practice nurse without seeing the doctor at the same time? (Card 91)

- ☐ 01 The practice/nurse made an appointment for me to see them alone
- ☐ 02 I find they are able to spend more time discussing my health (than a doctor)
- ☐ 03 They offer specialist services that I need for example "quit smoking" advice
- ☐ 04 I was referred to them by my doctor
- ☐ 05 I was referred to them by a friend or relative
- ☐ 06 It was cheaper than seeing the doctor
- ☐ 07 They were less likely to make me feel I was wasting their time
- ☐ 98 Other (Specify)

Q.92 In the last 12 months, have you seen any other nurse (other than a Practice Nurse, midwife or a nurse in hospital)?

- ☐ 1 Yes → Go to Q.93      ☐ 2 No → Go to Q.95
- +
- ☐ 3 Don't know → Go to Q.95

Q.93 What type of nurse was that? (Card 93) (Tick in **left hand** boxes below)

Q.94 FOR ALL SEEN IN Q.93, ASK:  
How many times have you seen each of those in the past 12 months?  
(Record number for each seen in grid below)

Type of Nurse	No. of Times Seen
<input type="checkbox"/> 01 Plunket nurse	<input type="text"/>
<input type="checkbox"/> 02 District nurse	<input type="text"/>
<input type="checkbox"/> 03 Public health nurse	<input type="text"/>
<input type="checkbox"/> 04 Diabetes nurse	<input type="text"/>
<input type="checkbox"/> 05 Occupational health nurse	<input type="text"/>
<input type="checkbox"/> 06 Dental therapist/nurse	<input type="text"/>
<input type="checkbox"/> 98 Other (Specify) <input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/>	<input type="text"/>

## PRESCRIPTIONS AND PHARMACISTS

Q.95 In the last 12 months, have you been to a pharmacy or chemist for a health product, or health information or advice? That could be to collect or buy a medicine, get a prescription for yourself or someone else, or ask advice on a health question. It does **not** include buying cosmetics or toys.

☐ 1 Yes →Go to Q.96

☐ 2 No →Go to Q.98

☐ 3 Don't know →Go to Q.98

Q.96 How many times in the last 12 months?

Number of times

Q.97 In the last 12 months, which of these did you get from the pharmacy or chemist? (Card 97) (Multiple response)

☐ 01 Got advice about whether you / your children needed to see another health professional

☐ 02 Got advice on medicines you could purchase (for an illness / condition) that did not require a prescription or a visit to the doctor

☐ 03 Got information on medicinal drugs, e.g. a pamphlet

☐ 04 Purchased medicine you sign for, but don't have to have a prescription for. (Examples of these kinds of medicines include Voltaren and Beconase nasal spray)

☐ 05 Purchased any other medicine (for example, Panadol, Sinutab)

☐ 06 Purchased vitamin or herbal supplements

☐ 07 Got information on medicines you were taking (for example, to check if you were taking other medicines that meant you shouldn't take the one you were prescribed). +

☐ 08 Collected a prescription (other than for yourself)

☐ 09 Collected a prescription for yourself

☐ 98 Other (Specify) \_\_\_\_\_




Q.98 In the last 12 months have you had any prescription items for yourself, including any prescription that you might have already told me about, from the health providers listed? (Card 98) (Multiple response)

☐ 01 No →Go to instructions before Q.102

☐ 02 GP

☐ 03 Nurse

☐ 04 Midwife

☐ 05 Dentist

☐ 06 Medical specialist

☐ 98 Other (Specify) \_\_\_\_\_

☐ 99 Don't know →Go to instructions before Q.102

Q.99 How many items for yourself, overall, in the last 12 months? If a doctor writes one prescription for several items, count each item separately. Also count each repeated prescription separately. (Card 99)

- |  |  |
|--|--|
| <input type="checkbox"/> 02 1 or 2 items | <input type="checkbox"/> 14 10 to 14 items   |
| <input type="checkbox"/> 04 3 or 4 items | <input type="checkbox"/> 15 15 or more items |
| <input type="checkbox"/> 09 5 to 9 items | <input type="checkbox"/> 16 Don't know       |

Q.100 In the last 12 months, has there been any time that you got a prescription for yourself, but didn't collect one or more of the items from the chemist?

- ☐ 1 Yes →Go to Q.101
- ☐ 2 No →Go to instructions before Q.102
- ☐ 3 Don't know →Go to instructions before Q.102

Q.101 The last time this happened, what was the reason you didn't collect the items? (Card 101)

(Probe "Any other reason?" till no other reason.) (Multiple response)

- ☐ 01 Cost too much +
- ☐ 02 Will pick up medication if really need to/ doctor wrote prescription just in case
- ☐ 03 Don't like taking drugs
- ☐ 04 Condition got better by itself
- ☐ 05 Thought medicine wouldn't work/ medicine makes it worse
- ☐ 06 Forgot/ couldn't be bothered
- ☐ 07 Lack of transport
- ☐ 08 Can only pick up one month's prescription at a time
- ☐ 98 Other (Specify) \_\_\_\_\_
- ☐ 99 Don't know


## COMPLEMENTARY OR ALTERNATIVE HEALTH CARE PROVIDERS

The next sets of questions are about complementary or alternative health care workers.  
This includes Maori or Pacific traditional healers, and traditional healers from other cultures.

Q.102 In the last twelve months, did you see any complementary or alternative health care worker or a traditional healer, e.g. Chinese or Maori traditional healer such as those on Card 103?

☐ 1 Yes → Go to Q.103

☐ 2 No → Go to insts before Q.109

☐ 3 Don't know → Go to insts before Q.109

Q.103 Who were these? Please indicate all you may have seen in the past 12 months.  
(Card 103) (Tick in **left hand** boxes below)

Q.104 FOR ALL SEEN IN Q.103, ASK:

How many times you have seen each of those in the past 12 months?  
(Record number for each seen in grid below)

Alternative Health Care Provider	No. of times
<input type="checkbox"/> 01 Massage therapist	<input type="text"/>
<input type="checkbox"/> 02 Acupuncturist	<input type="text"/>
<input type="checkbox"/> 03 Homeopath or naturopath	<input type="text"/>
<input type="checkbox"/> 04 Feldenkrais or Alexander teacher	<input type="text"/>
<input type="checkbox"/> 05 Herbalist +	<input type="text"/>
<input type="checkbox"/> 06 Osteopath	<input type="text"/>
<input type="checkbox"/> 07 Aromatherapist	<input type="text"/>
<input type="checkbox"/> 08 Chiropractor	<input type="text"/>
<input type="checkbox"/> 09 Traditional Chinese medicine practitioner	<input type="text"/>
<input type="checkbox"/> 10 Spiritual healer	<input type="text"/>
<input type="checkbox"/> 11 Maori traditional healer, e.g. rongoa or tohunga	<input type="text"/>
<input type="checkbox"/> 12 Pacific traditional healer	<input type="text"/>
<input type="checkbox"/> 98 Other (Please specify) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%; border-bottom: 1px solid black;"></div> <div style="width: 15%; border: 1px solid black; text-align: center;"><input type="text"/></div> <div style="width: 25%; border: 1px solid black; text-align: center;"><input type="text"/></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%; border-bottom: 1px solid black;"></div> <div style="width: 15%; border: 1px solid black; text-align: center;"><input type="text"/></div> <div style="width: 25%; border: 1px solid black; text-align: center;"><input type="text"/></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%; border-bottom: 1px solid black;"></div> <div style="width: 15%; border: 1px solid black; text-align: center;"><input type="text"/></div> <div style="width: 25%; border: 1px solid black; text-align: center;"><input type="text"/></div> </div>	

Q.105 The last time you saw an alternative or complementary health worker about your own health, what was it for? What types of issues do you see them about?  
(Card 105) (Multiple response)

- ☐ 01 A disability, long-term illness or chronic condition
- ☐ 02 An injury or poisoning
- ☐ 03 Immunisation or vaccination
- ☐ 04 Second opinion about what my doctor has told me
- ☐ 05 Spiritual well-being
- ☐ 06 Mental or emotional health
- ☐ 07 Contraception or family planning
- ☐ 08 Maternity care
- ☐ 09 A short-term illness or temporary condition
- ☐ 98 Something else? (Specify) \_\_\_\_\_




Q.106 Why did you choose to see a complementary or alternative health worker?  
(Card 106) (Multiple response)

- ☐ 01 I find they are able to spend more time discussing my health (than a doctor)
- ☐ 02 I find they are able to provide help with conditions that other health care providers are unable to treat +
- ☐ 03 They offer specialist services for example quit smoking advice
- ☐ 04 I was referred to them by my doctor
- ☐ 05 I was referred to them by a friend or relative
- ☐ 06 It was cheaper than going to the doctor
- ☐ 07 They were closer than going to the doctor
- ☐ 98 Other (Specify) \_\_\_\_\_




Q.107 In general, the last time you saw a complementary or alternative health worker about your own health, how satisfied or dissatisfied were you with the consultation?  
(Card 107)

- ☐ 1 Very satisfied
- ☐ 2 Satisfied
- ☐ 3 Dissatisfied
- ☐ 4 Very dissatisfied
- ☐ 5 Don't know

Q.108 The last time you saw an alternative or complementary health worker, did you also see a GP about the same condition?

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Don't know



## OTHER PROVIDERS

*There are a number of other types of health care worker that you might have seen over the last twelve months. This question does not include any providers that you might have seen while you were in hospital as an in-patient.*

Q.109 In the last twelve months have you seen any of the following people for health care or advice for yourself? (Card 109)

☐ 1 Yes → Tick in **left hand** boxes of grid below and ask Q.110

☐ 2 No → Go to Q.111

Q.110 And how many times you have seen each of those in the past 12 months?  
(Record number for each seen in grid below)

Provider	No. of times
<input type="checkbox"/> 01 Physiotherapist	<div><div></div><div></div></div>
<input type="checkbox"/> 02 Dietitian	<div><div></div><div></div></div>
<input type="checkbox"/> 03 Dentist or dental therapist	<div><div></div><div></div></div>
<input type="checkbox"/> 04 Optician or optometrist +	<div><div></div><div></div></div>
<input type="checkbox"/> 05 Social worker, psychologist or counsellor	<div><div></div><div></div></div>
<input type="checkbox"/> 06 Occupational therapist	<div><div></div><div></div></div>
<input type="checkbox"/> 07 Speech therapist	<div><div></div><div></div></div>
<input type="checkbox"/> 08 Midwife	<div><div></div><div></div></div>
<input type="checkbox"/> 98 Other (Please specify) <div> <div></div> <div></div> <div></div> </div>	<div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div>

## HELPLINES (TELEPHONE)

Q.111 Over the last twelve months have you talked to someone on a telephone line about your health; for example, those on Card 112. This includes your mental and emotional health.

☐ 1 Yes → Go to Q.112

☐ 2 No → Go to Q.116

☐ 3 Don't know → Go to Q.116

Q.112 What services were those? (Card 112) (Tick in **left hand** boxes below)

Q.113 FOR EACH SERVICE USED, ASK: Please tell me the number of times that you used each of those services in the past 12 months. (Record numbers in boxes below)

Service	No. of times
<input type="checkbox"/> 01 Healthline	<input type="text"/>
<input type="checkbox"/> 02 Plunket line	<input type="text"/>
<input type="checkbox"/> 03 Quitline	<input type="text"/>
<input type="checkbox"/> 04 Accident & Emergency Ward	<input type="text"/>
<input type="checkbox"/> 05 My GP's nurse	<input type="text"/>
<input type="checkbox"/> 06 National Poison Centre	<input type="text"/>
<input type="checkbox"/> 07 After Hours Medicine Centre	<input type="text"/>
<input type="checkbox"/> 08 Youthline/Samaritans	<input type="text"/>
<input type="checkbox"/> 09 Women's Refuge +	<input type="text"/>
<input type="checkbox"/> 10 Aids Hotline	<input type="text"/>
<input type="checkbox"/> 11 Gambling Crisis hotline	<input type="text"/>
<input type="checkbox"/> 12 Gayline/Lesbianline	<input type="text"/>
<input type="checkbox"/> 13 Lifeline	<input type="text"/>
<input type="checkbox"/> 14 Toughlove	<input type="text"/>
<input type="checkbox"/> 15 Alcohol helpline/ Alanon	<input type="text"/>
<input type="checkbox"/> 16 Family Planning	<input type="text"/>
<input type="checkbox"/> 17 Narcotics Anonymous	<input type="text"/>
<input type="checkbox"/> 18 Sexual Health Service	<input type="text"/>
<input type="checkbox"/> 98 Other (Specify) _____	<input type="text"/>
_____	<input type="text"/>
_____	<input type="text"/>

Q.114 Last time you called a helpline, what did you talk about? (Card 114)

☐ 01 Whether I needed to see a health professional

☐ 02 Physical health

☐ 03 Mental or emotional health

☐ 04 Nutrition advice

☐ 05 Information (for example, where doctors are)

☐ 98 Other issues (Specify) \_\_\_\_\_

Q.115 In general, have you been satisfied with the advice that you received? (Card 115)

☐ 1 Very satisfied

☐ 2 Satisfied

☐ 3 Dissatisfied

☐ 4 Very dissatisfied

☐ 5 Don't know

+

### INTERNET HELPLINE

Q.116 In the last year, have you consulted a doctor (for example Doctor Planet) for advice over the internet? This is for a direct query about your health (or mental condition), NOT when you have looked up information about health conditions on the internet.

☐ 1 Yes

☐ 2 No

☐ 3 Don't know

### HOSPITAL USE

Q.117 In the last 12 months, have you yourself used a service at, or been admitted to, a **public** hospital as a patient? This question does **not** refer to private hospitals where you, your insurance or ACC will have paid. Include physical and mental conditions.

☐ 1 Yes → Go to Q118

☐ 2 No → Go to Q.119

☐ 3 Don't know → Go to Q.119

Q.118 In the last 12 months, at a public hospital, which of those happened? (Card 118) (Multiple response)

☐ 1 You yourself used the accident and emergency department

☐ 2 You yourself used an outpatients department, that is, a ward or clinic or specialist where you went as an outpatient

☐ 3 You were admitted as an inpatient, that is, stayed as a patient at least one overnight

☐ 4 You were admitted for day treatment, that is, day surgery or medical care for which you had to stay in hospital for more than 3 hours but not overnight

☐ 5 None of the above

Q.119 In the last 12 months, have you yourself used a service at, or been admitted to, a **private** hospital?

☐ 1 Yes →Go to Q.120

☐ 2 No →Go to Q.121

☐ 3 Don't know →Go to Q.121

Q.120 In the last 12 months, at a private hospital, which of those happened?  
(Card 120) (Multiple response)

☐ 1 You were admitted as an inpatient, that is, stayed as a patient at least overnight

☐ 2 You were admitted for day treatment, that is, day surgery or medical care for which you had to stay in hospital for more than 3 hours but not overnight

☐ 3 Neither of the above

Q.121 In the last 12 months, have you yourself used a **private** accident and emergency clinic, or doctor's **after hours** clinic?

☐ 1 Yes

☐ 2 No

☐ 3 Don't know

+

## GENERAL

Q.122 In the last 12 months, have you ever found it hard to find out who to go to, or what help you could get, for a health problem or disability?

☐ 1 Yes

☐ 2 No

☐ 3 Don't know

Q.123 Overall, how do you feel about how you have been looked after by the people you have seen for health care or advice, in the last 12 months? (Card 123)

☐ 1 Very satisfied

☐ 2 Satisfied

☐ 3 Dissatisfied

☐ 4 Very dissatisfied

☐ 5 Don't know

☐ 7 No health care or advice in last 12 months

## BIOLOGICAL RISK FACTORS

### HIGH BLOOD PRESSURE

Q.124 Have you ever been told by a doctor that you have high blood pressure (other than during pregnancy)?

☐ 1 Yes →Go to Q.125

☐ 2 No →Go to Q.127

☐ 3 Don't know →Go to Q.127

Q.125 Have you ever taken pills regularly for high blood pressure (other than during pregnancy)?

☐ 1 Yes →Go to Q.126

☐ 2 No →Go to Q.127

☐ 3 Don't know →Go to Q.127

Q.126 Are you currently taking pills regularly for high blood pressure?

☐ 1 Yes

☐ 2 No

☐ 3 Don't know

### CHOLESTEROL

+

Q.127 Have you ever been told by a doctor that you have high blood cholesterol?

☐ 1 Yes →Go to Q.128

☐ 2 No →Go to Q.130

☐ 3 Don't know →Go to Q.130

Q.128 Have you ever taken pills regularly for high blood cholesterol?

☐ 1 Yes →Go to Q.129

☐ 2 No →Go to Q.130

☐ 3 Don't know →Go to Q.130

Q.129 Are you currently taking pills regularly for high blood cholesterol?

☐ 1 Yes

☐ 2 No

☐ 3 Don't know

### OVERWEIGHT/OBESITY

Q.130 Have you ever lost more than 10 kgs through dieting and then put it on again?

☐ 1 Yes

☐ 2 No

☐ 3 Don't know

Q.131 (*Ask if over 18 years old*)

Since age 18, have you gained more than 10 kgs in weight?

☐ 1 Yes

☐ 2 No

☐ 3 Don't know

Q.132 I would now like to take a height, weight and waist measurement.  
*(Ask respondent to remove shoes and any heavy outer clothing. Weigh on hard floor preferable.)*

☐ 8 Pregnant →Go to Q.133

☐ 9 Refused to be weighed or measured →Go to Q.133

*Proceed to 1st measure/weigh and record readings in boxes below for Reading 1.*

*Then take 2nd series of measures and record in boxes for Reading 2.*

	Height		Weight		Waist
Reading 1:	<div style="border: 1px solid black; width: 150px; height: 20px; position: relative;"><div style="position: absolute; left: 20px; bottom: 0px;"> </div><div style="position: absolute; left: 40px; bottom: 0px;"> </div><div style="position: absolute; left: 60px; bottom: 0px;"> </div><div style="position: absolute; left: 80px; bottom: 0px;"> </div><div style="position: absolute; left: 100px; bottom: 0px;"> </div><div style="position: absolute; left: 120px; bottom: 0px;"> </div><div style="position: absolute; left: 140px; bottom: 0px;"> </div><div style="position: absolute; left: 160px; bottom: 0px;"> </div><div style="position: absolute; left: 180px; bottom: 0px;"> </div><div style="position: absolute; left: 200px; bottom: 0px;"> </div><div style="position: absolute; left: 220px; bottom: 0px;"> </div><div style="position: absolute; left: 240px; bottom: 0px;"> </div><div style="position: absolute; left: 260px; bottom: 0px;"> </div><div style="position: absolute; left: 280px; bottom: 0px;"> </div><div style="position: absolute; left: 300px; bottom: 0px;"> </div><div style="position: absolute; left: 320px; bottom: 0px;"> </div><div style="position: absolute; left: 340px; bottom: 0px;"> </div><div style="position: absolute; left: 360px; bottom: 0px;"> </div><div style="position: absolute; left: 380px; bottom: 0px;"> </div><div style="position: absolute; left: 400px; bottom: 0px;"> </div><div style="position: absolute; left: 420px; bottom: 0px;"> </div><div style="position: absolute; left: 440px; bottom: 0px;"> </div><div style="position: absolute; left: 460px; bottom: 0px;"> </div><div style="position: absolute; left: 480px; bottom: 0px;"> </div><div style="position: absolute; left: 500px; bottom: 0px;"> </div><div style="position: absolute; left: 520px; bottom: 0px;"> </div><div style="position: absolute; left: 540px; bottom: 0px;"> </div><div style="position: absolute; left: 560px; bottom: 0px;"> </div><div style="position: absolute; left: 580px; bottom: 0px;"> </div><div style="position: absolute; left: 600px; bottom: 0px;"> </div><div style="position: absolute; left: 620px; bottom: 0px;"> </div><div style="position: absolute; left: 640px; bottom: 0px;"> </div><div style="position: absolute; left: 660px; bottom: 0px;"> </div><div style="position: absolute; left: 680px; bottom: 0px;"> </div><div style="position: absolute; left: 700px; bottom: 0px;"> </div><div style="position: absolute; left: 720px; bottom: 0px;"> </div><div style="position: absolute; left: 740px; bottom: 0px;"> </div><div style="position: absolute; left: 760px; bottom: 0px;"> </div><div style="position: absolute; left: 780px; bottom: 0px;"> </div><div style="position: absolute; left: 800px; bottom: 0px;"> </div><div style="position: absolute; left: 820px; bottom: 0px;"> </div><div style="position: absolute; left: 840px; bottom: 0px;"> </div><div style="position: absolute; left: 860px; bottom: 0px;"> </div><div style="position: absolute; left: 880px; bottom: 0px;"> </div><div style="position: absolute; left: 900px; bottom: 0px;"> </div><div style="position: absolute; 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## RISK FACTORS

### PHYSICAL ACTIVITY

The following questions ask about physical activity that you may have done in the past 7 days.

#### Brisk Walking

- Q.133 During the last 7 days, on how many days did you **walk at a brisk pace** - a brisk pace is a pace at which you are breathing harder than normal? This includes walking at work or school, while travelling from place to place, at home, and at any activities that you did solely for recreation, sport, exercise or leisure.

Think *only* about brisk walking done at least for 10 minutes at a time.

days per week → Go to Q.134      ☐ 8 None → Go to Q.135

- Q.134 How much time did you typically spend walking at a brisk pace on **each** of those days?

hours     minutes

#### Moderate Physical Activity

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- Q.135 During the last 7 days, on how many days did you do **moderate** physical activities like carrying light loads, bicycling at a regular pace, doubles tennis, or other activities like those on Card 135? Do not include walking of any kind. (Card 135)

Think about *only* those physical activities done at least for 10 minutes at a time.

days per week → Go to Q.136      ☐ 8 None → Go to Q.137

- Q.136 How much time did you typically spend on **each** of those days doing moderate physical activities?

hours     minutes

#### Vigorous Physical Activity

- Q.137 During the last 7 days, on how many days did you do **vigorous** physical activities like heavy lifting, digging, aerobics, fast bicycling, or other activities like those on Card 137? (Card 137)

Think about *only* those physical activities done at least for 10 minutes at a time.

days per week → Go to Q.138      ☐ 8 None → Go to Q.139

- Q.138 How much time did you typically spend on **each** of those days doing **vigorous** physical activities?

hours     minutes

Q.139 Thinking about all your activities - vigorous or moderate including brisk walking - on how many of the last 7 days were you active for? "Active" means doing 15 minutes or more of vigorous activity or 30 minutes or more of moderate activity or brisk walking.

days per week → Go to Q.140      ☐ 8 None → Go to Q.141

Q.140 Describe your physical activity over the last six months. Regular physical activity means at least 15 minutes of vigorous activity or 30 minutes of moderate on each day for 5 or more days each week. Include brisk walking. (Card 140)

- ☐ 01 I am not regularly physically active and do not intend to be so in the next 6 months
- ☐ 02 I am not regularly physically active, but am thinking about starting to do so in the next 6 months
- ☐ 03 I do some physical activity, but not enough to meet the description of regular physical activity
- ☐ 04 I am regularly physically active, but only began in the last 6 months
- ☐ 05 I am regularly physically active and have been so for longer than 6 months

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## TOBACCO SMOKING

Q.141 Do you smoke one or more tobacco cigarettes a day?

- ☐ 1 Yes → Go to Q.142
- ☐ 2 No → Go to Q.145
- ☐ 3 Don't know → Go to Q.145

Q.142 Do you usually smoke tailor made cigarettes or roll your own?

- ☐ 1 Tailor made
- ☐ 2 Roll your own
- ☐ 3 Both

Q.143 About how many cigarettes do you smoke in an average day? (Card 143)

- ☐ 1 1 to 10 a day
- ☐ 2 11 to 20 a day
- ☐ 3 21 to 30 a day
- ☐ 4 31 or more a day
- ☐ 5 Don't know



Q.144 Which of those statements best describes you now? (Card 144)

- ☐ 1 I have no thoughts of quitting smoking
- ☐ 2 I think I need to consider quitting smoking someday
- ☐ 3 I think I should quit smoking but I'm not quite ready
- ☐ 4 I think about doing things that will help me quit smoking
- ☐ 5 I'm doing things that will help me quit smoking
- ☐ 6 Don't know

→ Go to Q.146

Q.145 Have you **ever** been a regular smoker of one or more cigarettes per day?

- ☐ 1 Yes → Go to Q.146
- ☐ 2 No → Go to Q.151
- ☐ 3 Don't know → Go to Q.151

Q.146 Were you smoking one or more cigarettes a day, 12 months ago?

- ☐ 1 Yes
- ☐ 2 No

Q.147 In the last 12 months, have you stopped smoking for 24 hours or longer, to try to stop smoking altogether? (Card 147)

- ☐ 1 Did not smoke in last 12 months → Go to Q.151
- ☐ 2 No → Go to Q.151
- ☐ 3 Yes → Go to Q.148

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Q.148 Did you use nicotine gum or patches to help you try to stop?

- ☐ 1 Yes
- ☐ 2 No

Q.149 Did you get advice from "Quitline" to help you?

- ☐ 1 Yes
- ☐ 2 No

Q.150 Did you get advice from a doctor to help you try to stop?

- ☐ 1 Yes
- ☐ 2 No

Q.151 Does anyone (including yourself) smoke cigarettes inside your home every day or most days?

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Don't know

Q.152 Are you exposed to indoor tobacco smoke at your workplace?

- ☐ 1 Yes → Go to Q.153
- ☐ 2 No → Go to Q.154
- ☐ 3 Don't know → Go to Q.154

Q.153 About how many hours on a typical workday are you exposed to indoor smoke at your workplace?

Number of hours

## MARIJUANA

Q.154 Have you ever tried marijuana? (*Card 154*)

- ☐ 1 Yes → *Go to Q.155*
  - ☐ 2 No
  - ☐ 3 Refused
  - ☐ 4 Don't Know
- } → *Go to Q.156*

Q.155 In the last 12 months, how often did you use marijuana? (*Card 155*)

- ☐ 8 Daily
- ☐ 7 Once a week or more
- ☐ 6 About once a fortnight
- ☐ 5 About once a month
- ☐ 4 Every 3 or 4 months
- ☐ 3 About twice in the year
- ☐ 2 Once in the year
- ☐ 1 Not in the last 12 months

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## NUTRITION

Q.156 **On average**, how many **servings** of fruit (fresh, frozen, canned or stewed) do you eat per **day**? **Do not** include fruit juice or dried fruit. *Please answer **one** only.* A '**serving**' = 1 medium piece **or** 2 small pieces of fruit **or** 1/2 cup of stewed fruit, **e.g.** 1 apple + 2 small apricots = 2 servings. (*Card 156*)

- |   |  |
|---|--|
| <input type="checkbox"/> 09 I don't eat fruit           | <input type="checkbox"/> 02 2 servings per day         |
| <input type="checkbox"/> 10 Less than 1 serving per day | <input type="checkbox"/> 03 3 servings per day         |
| <input type="checkbox"/> 01 1 serving per day           | <input type="checkbox"/> 04 4 or more servings per day |

Q.157 **On average**, how many **servings** of vegetables (fresh, frozen, canned) do you eat a **day**? **Do not** include vegetable juices. *Please answer **one** only.* A '**serving**' = 1 medium potato/kumara **or** 1/2 cup cooked vegetables **or** 1 cup of salad vegetables) **e.g.** 2 medium potatoes + 1/2 cup of peas = 3 servings (*Card 157*)

- |   |  |
|---|--|
| <input type="checkbox"/> 09 I don't eat vegetables      | <input type="checkbox"/> 02 2 servings per day         |
| <input type="checkbox"/> 10 Less than 1 serving per day | <input type="checkbox"/> 03 3 servings per day         |
| <input type="checkbox"/> 01 1 serving per day           | <input type="checkbox"/> 04 4 or more servings per day |

## ALCOHOL

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Q.158 Have you had a drink containing alcohol in the last year? (*Card 158*)

- |   |  |
|---|--|
| <input type="checkbox"/> 1 Yes →Go to Q.159 | <input type="checkbox"/> 2 No →Go to Q.169         |
|   | <input type="checkbox"/> 3 Don't know →Go to Q.169 |

Q.159 How often do you have a drink containing alcohol? (*Card 159*)

- |  |   |
|--|---|
| <input type="checkbox"/> 1 Monthly or less       | <input type="checkbox"/> 3 Up to 3 times a week   |
| <input type="checkbox"/> 2 Up to 4 times a month | <input type="checkbox"/> 4 4 or more times a week |

Q.160 How many drinks containing alcohol do you have on a typical day when you are drinking? (*Card 160*)

- |   |   |
|---|---|
| <input type="checkbox"/> 02 One or two    | <input type="checkbox"/> 09 Seven to nine |
| <input type="checkbox"/> 04 Three or four | <input type="checkbox"/> 10 Ten or more   |
| <input type="checkbox"/> 06 Five or six   |   |

Q.161 How often do you have six or more drinks on one occasion? (*Card 161*)

- |  |  |
|--|--|
| <input type="checkbox"/> 1 Never             | <input type="checkbox"/> 4 Weekly                |
| <input type="checkbox"/> 2 Less than monthly | <input type="checkbox"/> 5 Daily or almost daily |
| <input type="checkbox"/> 3 Monthly           |  |

Q.162 How often during the last year have you found that you were not able to stop drinking once you had started? (*Card 161*)

- |                            |                   |                            |                       |
|----------------------------|-------------------|----------------------------|-----------------------|
| <input type="checkbox"/> 1 | Never             | <input type="checkbox"/> 4 | Weekly                |
| <input type="checkbox"/> 2 | Less than monthly | <input type="checkbox"/> 5 | Daily or almost daily |
| <input type="checkbox"/> 3 | Monthly           |                            |                       |

Q.163 How often during the last year have you failed to do what was normally expected from you because of drinking?

- |                            |                   |                            |                       |
|----------------------------|-------------------|----------------------------|-----------------------|
| <input type="checkbox"/> 1 | Never             | <input type="checkbox"/> 4 | Weekly                |
| <input type="checkbox"/> 2 | Less than monthly | <input type="checkbox"/> 5 | Daily or almost daily |
| <input type="checkbox"/> 3 | Monthly           |                            |                       |

Q.164 How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

- |                            |                   |                            |                       |
|----------------------------|-------------------|----------------------------|-----------------------|
| <input type="checkbox"/> 1 | Never             | <input type="checkbox"/> 4 | Weekly                |
| <input type="checkbox"/> 2 | Less than monthly | <input type="checkbox"/> 5 | Daily or almost daily |
| <input type="checkbox"/> 3 | Monthly           |                            |                       |

Q.165 How often during the last year have you had a feeling of guilt or remorse after drinking?

- |                            |                   |   |                            |                       |
|----------------------------|-------------------|---|----------------------------|-----------------------|
| <input type="checkbox"/> 1 | Never             | + | <input type="checkbox"/> 4 | Weekly                |
| <input type="checkbox"/> 2 | Less than monthly |   | <input type="checkbox"/> 5 | Daily or almost daily |
| <input type="checkbox"/> 3 | Monthly           |   |                            |                       |

Q.166 How often during the last year have you been unable to remember what happened the night before because you had been drinking?

- |                            |                   |                            |                       |
|----------------------------|-------------------|----------------------------|-----------------------|
| <input type="checkbox"/> 1 | Never             | <input type="checkbox"/> 4 | Weekly                |
| <input type="checkbox"/> 2 | Less than monthly | <input type="checkbox"/> 5 | Daily or almost daily |
| <input type="checkbox"/> 3 | Monthly           |                            |                       |

Q.167 Have you or someone else been injured as a result of your drinking? (*Card 167*)

- |                            |                               |
|----------------------------|-------------------------------|
| <input type="checkbox"/> 1 | No                            |
| <input type="checkbox"/> 2 | Yes, but not in the last year |
| <input type="checkbox"/> 3 | Yes, during the last year     |

Q.168 Has a relative or friend, or a doctor or other health worker, been concerned about your drinking or suggested you cut down?

- |                            |                               |
|----------------------------|-------------------------------|
| <input type="checkbox"/> 1 | No                            |
| <input type="checkbox"/> 2 | Yes, but not in the last year |
| <input type="checkbox"/> 3 | Yes, during the last year     |

## GAMBLING

*Could I now ask some questions about gambling and health. Most New Zealanders enjoy gambling. However, sometimes it can affect our health.*

Q.169 Which games, if any, have you played over the last 12 months? Any others?  
(Card 169)

- ☐ 01 Lotto
- ☐ 02 Instant Kiwi
- ☐ 03 Daily Keno
- ☐ 04 Casino (the main ones)
- ☐ 05 Gaming machine - Pokies not in casinos
- ☐ 06 TAB Horses/dogs
- ☐ 07 Overseas horse and dog races
- ☐ 08 Track horse and dog races
- ☐ 09 TAB Sports
- ☐ 10 Overseas sports betting
- ☐ 11 Housie
- ☐ 12 0900 gambling games
- ☐ 13 Internet gaming
- ☐ 14 **None of these** → Go to Q.185

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Q.170 (Card 170)

Thinking back over the last year, were there any weeks in which you spent over \$30, playing those games?

- ☐ 1 Yes → Go to Q.171
- ☐ 2 No → Go to Q.185

Q.171 How many weeks in the year was that? (Card 171)

- ☐ 1 One or two weeks in the year → Go to Q.185
- ☐ 2 Three or four weeks in the year → Go to Q.185
- ☐ 3 Five to nine weeks in the year → Go to Q.172
- ☐ 4 Ten or more week in the year → Go to Q.172

Q.172 How much money would you spend in a usual week on those games you play? Don't take into account winnings that you reinvest. (Record) (If "Don't know", probe for best guess.)

\$

Q.173 If you smoke, do you find that the amount you smoke changes when you play these games? (*Card 173*)

- ☐ 1 Don't smoke
- ☐ 2 It increases
- ☐ 3 It decreases
- ☐ 4 It doesn't change

Q.174 If you drink, do you find you change the amount of beer, wine or spirits you drink due to taking part in gambling? (*Card 174*)

- ☐ 1 Don't drink
- ☐ 2 It increases
- ☐ 3 It decreases
- ☐ 4 It doesn't change

Q.175 In the last 12 months, have you ever felt worried or depressed after playing any of those games? (*Card 175*)

- ☐ 1 Yes
- ☐ 2 No

Q.176 In the last 12 months, has anyone been worried or concerned enough to ask you about your gambling?

- ☐ 1 Yes
- ☐ 2 No

Q.177 In the last 12 months, have you ever gone into debt or borrowed money or had your credit card owing, from money spent on gambling?

- ☐ 1 Yes
- ☐ 2 No

Q.178 Do you feel that you have ever had a problem with gambling?

- ☐ 1 Yes →Go to Q.179
- ☐ 2 No →Go to Q.180

Q.179 And in the last 12 months?

- ☐ 1 Yes
- ☐ 2 No

Q.180 In the last 12 months, have you said you were winning from gambling when in fact you lost?

- ☐ 1 Yes
- ☐ 2 No

Q.181 In the last 12 months, have you felt you would like to stop gambling but didn't think that you could?

☐ 1 Yes

☐ 2 No

Q.182 In the last 12 months, have you felt guilty or bad for doing wrong because of your gambling?

☐ 1 Yes

☐ 2 No

Q.183 In the last 12 months, have you felt at any time, the need to bet more and more money?

☐ 1 Yes

☐ 2 No

Q.184 In the last 12 months, have you had to lie to people important to you about how much you gambled?

☐ 1 Yes

☐ 2 No

Q.185 Have you or your family / whanau had problems because of someone's gambling in the last 12 months?

☐ 1 Yes → Go to Q.186

☐ 2 No → Go to Q.187

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Q.186 Can you say from this card what kind of gambling was involved? (*Card 186*)

☐ 01 Lotto

☐ 02 Instant Kiwi

☐ 03 Daily Keno

☐ 04 Casino (the main ones)

☐ 05 Gaming machine - Pokies not in casinos

☐ 06 TAB Horses / dogs

☐ 07 Overseas horse and dog races

☐ 08 Track horse and dog races

☐ 09 TAB Sports

☐ 10 Overseas sports betting

☐ 11 Housie

☐ 12 0900 gambling games

☐ 13 Internet gaming

## GENERAL HEALTH

Q.187 In general, how would you say that your health is? (*Card 187*)

- |                                      |                                 |
|--------------------------------------|---------------------------------|
| <input type="checkbox"/> 1 Excellent | <input type="checkbox"/> 4 Fair |
| <input type="checkbox"/> 2 Very good | <input type="checkbox"/> 5 Poor |
| <input type="checkbox"/> 3 Good      |                                 |

Q.188 Compared to one year ago, how would you rate your health in general now? (*Card 188*)

- ☐ 1 Much better now than one year ago
- ☐ 2 Somewhat better now than one year ago
- ☐ 3 About the same as one year ago
- ☐ 4 Somewhat worse now than one year ago
- ☐ 5 Much worse now than one year ago

How TRUE or FALSE is **each** of the following statements for you?

Q.189 I seem to get sick a little easier than other people. (*Card 189*)

- |  |   |
|--|---|
| <input type="checkbox"/> 1 Definitely true | <input type="checkbox"/> 4 Mostly false     |
| <input type="checkbox"/> 2 Mostly true     | <input type="checkbox"/> 5 Definitely false |
| <input type="checkbox"/> 3 Don't know      |   |

Q.190 I am as healthy as anybody I know.

- |  |   |
|--|---|
| <input type="checkbox"/> 1 Definitely true | <input type="checkbox"/> 4 Mostly false     |
| <input type="checkbox"/> 2 Mostly true     | <input type="checkbox"/> 5 Definitely false |
| <input type="checkbox"/> 3 Don't know      |   |

Q.191 I expect my health to get worse.

- |  |   |
|--|---|
| <input type="checkbox"/> 1 Definitely true | <input type="checkbox"/> 4 Mostly false     |
| <input type="checkbox"/> 2 Mostly true     | <input type="checkbox"/> 5 Definitely false |
| <input type="checkbox"/> 3 Don't know      |   |

Q.192 My health is excellent.

- |  |   |
|--|---|
| <input type="checkbox"/> 1 Definitely true | <input type="checkbox"/> 4 Mostly false     |
| <input type="checkbox"/> 2 Mostly true     | <input type="checkbox"/> 5 Definitely false |
| <input type="checkbox"/> 3 Don't know      |   |



## VISION

Q.193 During the past 4 weeks, how much difficulty (wearing glasses or contact lenses if you usually do) did you have in seeing and recognising a person you know across the road, i.e. from a distance of about 20 metres. (*Card 193*)

- ☐ 1 No difficulty
- ☐ 2 A little bit of difficulty
- ☐ 3 Moderate difficulty
- ☐ 4 Quite a bit of difficulty
- ☐ 5 Extreme difficulty / cannot see

Q.194 And how much difficulty in seeing or recognising a person you know across the room, i.e. from a distance of about 5 metres?

- ☐ 1 No difficulty
- ☐ 2 A little bit of difficulty
- ☐ 3 Moderate difficulty +
- ☐ 4 Quite a bit of difficulty
- ☐ 5 Extreme difficulty / cannot see

Q.195 Reading a book or newspaper?

- ☐ 1 No difficulty
- ☐ 2 A little bit of difficulty
- ☐ 3 Moderate difficulty
- ☐ 4 Quite a bit of difficulty
- ☐ 5 Extreme difficulty / cannot see

## HEARING

The next few questions are about your hearing.

Q.196 I would like to ask you about your use of special or technical equipment or services for people who are deaf or hard of hearing. Do you use any of these items? (Card 196)

Q.197 Is there any equipment or services for people who are deaf or hard of hearing which you need for yourself, but do not have? (Card 196) (Record below)

	Q.196 Use now	Q.197 Need
A hearing aid with T-switch (Telephone switch)	<input type="checkbox"/> 01	<input type="checkbox"/> 01
Another type of hearing aid	<input type="checkbox"/> 02	<input type="checkbox"/> 02
A telecommunications device such as a teleprinter or TTY, specifically because of your hearing difficulty	<input type="checkbox"/> 03	<input type="checkbox"/> 03
Teletext, specifically because of your hearing difficulty	<input type="checkbox"/> 04	<input type="checkbox"/> 04
Hearing loop, FN or Infrared system	<input type="checkbox"/> 05	<input type="checkbox"/> 05
A sign language interpreter	<input type="checkbox"/> 06	<input type="checkbox"/> 06
Flashing alarms or visual alarms +	<input type="checkbox"/> 07	<input type="checkbox"/> 07
A volume control telephone	<input type="checkbox"/> 08	<input type="checkbox"/> 08
A computer to communicate, specifically because of your hearing difficulty	<input type="checkbox"/> 09	<input type="checkbox"/> 09
A fax machine to assist, specifically because of your hearing difficulty	<input type="checkbox"/> 10	<input type="checkbox"/> 10
Some other equipment or service that I have not mentioned (Specify)	<input type="checkbox"/> 98	<input type="checkbox"/> 98
Q196 _____ <input type="text"/>		
_____ <input type="text"/>		
_____ <input type="text"/>		
Q197 _____ <input type="text"/>		
_____ <input type="text"/>		
_____ <input type="text"/>		
No special equipment or services to assist with a hearing difficulty	<input type="checkbox"/> 99	<input type="checkbox"/> 99

Q.198 During the past 4 weeks, how much difficulty (using a hearing aid if you usually do) did you have in hearing what is said in a conversation with one other person in a quiet room? (*Card 198*)

- |   |   |
|---|---|
| <input type="checkbox"/> 1 No difficulty              | <input type="checkbox"/> 4 Quite a bit of difficulty        |
| <input type="checkbox"/> 2 A little bit of difficulty | <input type="checkbox"/> 5 Extreme difficulty / cannot hear |
| <input type="checkbox"/> 3 Moderate difficulty        |   |

Q.199 Hearing someone talking on the other side of the room in a normal voice?

- |   |   |
|---|---|
| <input type="checkbox"/> 1 No difficulty              | <input type="checkbox"/> 4 Quite a bit of difficulty        |
| <input type="checkbox"/> 2 A little bit of difficulty | <input type="checkbox"/> 5 Extreme difficulty / cannot hear |
| <input type="checkbox"/> 3 Moderate difficulty        |   |

Q.200 Hearing what is said in a group conversation with at least 3 other people?

- |   |   |
|---|---|
| <input type="checkbox"/> 1 No difficulty              | <input type="checkbox"/> 4 Quite a bit of difficulty        |
| <input type="checkbox"/> 2 A little bit of difficulty | <input type="checkbox"/> 5 Extreme difficulty / cannot hear |
| <input type="checkbox"/> 3 Moderate difficulty        |   |

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#### **DIGESTION & BODILY EXCRETIONS**

Q.201 During the past 4 weeks, how much of the time did you have indigestion, e.g. burning in the stomach, "heartburn"? (*Card 201*)

- |   |   |
|---|---|
| <input type="checkbox"/> 1 All the time           | <input type="checkbox"/> 4 Some of the time     |
| <input type="checkbox"/> 2 Most of the time       | <input type="checkbox"/> 5 A little of the time |
| <input type="checkbox"/> 3 A good bit of the time | <input type="checkbox"/> 6 None of the time     |

Q.202 Have constipation (difficulty with passing bowel motions)?

- |   |   |
|---|---|
| <input type="checkbox"/> 1 All the time           | <input type="checkbox"/> 4 Some of the time     |
| <input type="checkbox"/> 2 Most of the time       | <input type="checkbox"/> 5 A little of the time |
| <input type="checkbox"/> 3 A good bit of the time | <input type="checkbox"/> 6 None of the time     |

Q.203 Have difficulty passing urine (in other words, peeing, passing water or urinating)?

- |   |   |
|---|---|
| <input type="checkbox"/> 1 All the time           | <input type="checkbox"/> 4 Some of the time     |
| <input type="checkbox"/> 2 Most of the time       | <input type="checkbox"/> 5 A little of the time |
| <input type="checkbox"/> 3 A good bit of the time | <input type="checkbox"/> 6 None of the time     |

Q.204 Have difficulty controlling urine (in other words, incontinence)?

- |   |   |
|---|---|
| <input type="checkbox"/> 1 All the time           | <input type="checkbox"/> 4 Some of the time     |
| <input type="checkbox"/> 2 Most of the time       | <input type="checkbox"/> 5 A little of the time |
| <input type="checkbox"/> 3 A good bit of the time | <input type="checkbox"/> 6 None of the time     |

## BREATHING

Q.205 During the past 4 weeks, how much of the time did you get short of breath with mild exercise, such as walking on the flat? (*Card 201*)

- |   |   |
|---|---|
| <input type="checkbox"/> 1 All the time           | <input type="checkbox"/> 4 Some of the time     |
| <input type="checkbox"/> 2 Most of the time       | <input type="checkbox"/> 5 A little of the time |
| <input type="checkbox"/> 3 A good bit of the time | <input type="checkbox"/> 6 None of the time     |

Q.206 Get short of breath at rest?

- |   |   |
|---|---|
| <input type="checkbox"/> 1 All the time           | <input type="checkbox"/> 4 Some of the time     |
| <input type="checkbox"/> 2 Most of the time       | <input type="checkbox"/> 5 A little of the time |
| <input type="checkbox"/> 3 A good bit of the time | <input type="checkbox"/> 6 None of the time     |

Q.207 Experience coughing or wheezing for ten minutes or more at a time?

- |   |   |
|---|---|
| <input type="checkbox"/> 1 All the time           | <input type="checkbox"/> 4 Some of the time     |
| <input type="checkbox"/> 2 Most of the time       | <input type="checkbox"/> 5 A little of the time |
| <input type="checkbox"/> 3 A good bit of the time | <input type="checkbox"/> 6 None of the time     |

+

## PAIN AND DISCOMFORT

Q.208 How much bodily pain have you had during the **past 4 weeks**? (*Card 208*)

- |   |  |
|---|--|
| <input type="checkbox"/> 1 No bodily pain | → <i>Go to instructions before Q.212</i> |
| <input type="checkbox"/> 2 Very mild      |  |
| <input type="checkbox"/> 3 Mild           |  |
| <input type="checkbox"/> 4 Moderate       | → <i>Go to Q.209</i>                     |
| <input type="checkbox"/> 5 Severe         |  |
| <input type="checkbox"/> 6 Very severe    |  |

Q.209 Where did you have pain? (Card 209) (Record below. Multiple response.)

Q.210 If more than one site, ask: "Which affected you the most?" (Single response)

Location	Q.209 Where	Q.210 Most
Head (headache, migraines)	<input type="checkbox"/> 01	<input type="checkbox"/> 01
Neck	<input type="checkbox"/> 02	<input type="checkbox"/> 02
Back	<input type="checkbox"/> 03	<input type="checkbox"/> 03
Stomach or abdomen	<input type="checkbox"/> 04	<input type="checkbox"/> 04
Joints like arms, hands, legs, or feet	<input type="checkbox"/> 05	<input type="checkbox"/> 05
Face or jaw or the joint just below the ear	<input type="checkbox"/> 06	<input type="checkbox"/> 06
Chest	<input type="checkbox"/> 07	<input type="checkbox"/> 07
Anywhere else (Specify)	<input type="checkbox"/> 98	<input type="checkbox"/> 98
Q.209 _____ <input type="text"/>		
_____ <input type="text"/>		
_____ <input type="text"/>		
Q.210 _____ <input type="text"/>		

Q.211 During the **past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)? (Card 211)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> 1 Not at all   | + | <input type="checkbox"/> 4 Quite a bit |
| <input type="checkbox"/> 2 A little bit |   | <input type="checkbox"/> 5 Extremely   |
| <input type="checkbox"/> 3 Moderately   |   |  |

## MENTAL HEALTH

These questions are about how you feel and how things have been with you **during the past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling.

Q.212 How much of the time during the **past 4 weeks** have you been a happy person? (Card 212)

- |   |   |
|---|---|
| <input type="checkbox"/> 1 All the time           | <input type="checkbox"/> 4 Some of the time     |
| <input type="checkbox"/> 2 Most of the time       | <input type="checkbox"/> 5 A little of the time |
| <input type="checkbox"/> 3 A good bit of the time | <input type="checkbox"/> 6 None of the time     |

Q.213 Have you felt calm and peaceful?

- |   |   |
|---|---|
| <input type="checkbox"/> 1 All the time           | <input type="checkbox"/> 4 Some of the time     |
| <input type="checkbox"/> 2 Most of the time       | <input type="checkbox"/> 5 A little of the time |
| <input type="checkbox"/> 3 A good bit of the time | <input type="checkbox"/> 6 None of the time     |

Q.214 Have you felt so down in the dumps that nothing could cheer you up?

- |   |   |
|---|---|
| <input type="checkbox"/> 1 All the time           | <input type="checkbox"/> 4 Some of the time     |
| <input type="checkbox"/> 2 Most of the time       | <input type="checkbox"/> 5 A little of the time |
| <input type="checkbox"/> 3 A good bit of the time | <input type="checkbox"/> 6 None of the time     |

Q.215 Have you felt down?

- |   |   |
|---|---|
| <input type="checkbox"/> 1 All the time           | <input type="checkbox"/> 4 Some of the time     |
| <input type="checkbox"/> 2 Most of the time       | <input type="checkbox"/> 5 A little of the time |
| <input type="checkbox"/> 3 A good bit of the time | <input type="checkbox"/> 6 None of the time     |

Q.216 Have you been a very nervous person?

- |   |   |
|---|---|
| <input type="checkbox"/> 1 All the time           | <input type="checkbox"/> 4 Some of the time     |
| <input type="checkbox"/> 2 Most of the time       | <input type="checkbox"/> 5 A little of the time |
| <input type="checkbox"/> 3 A good bit of the time | <input type="checkbox"/> 6 None of the time     |

## SLEEP

+

Q.217 During the past 4 weeks, how much of the time did you have a problem with falling asleep?

- |   |   |
|---|---|
| <input type="checkbox"/> 1 All the time           | <input type="checkbox"/> 4 Some of the time     |
| <input type="checkbox"/> 2 Most of the time       | <input type="checkbox"/> 5 A little of the time |
| <input type="checkbox"/> 3 A good bit of the time | <input type="checkbox"/> 6 None of the time     |

Q.218 Waking up frequently during the night?

- |   |   |
|---|---|
| <input type="checkbox"/> 1 All the time           | <input type="checkbox"/> 4 Some of the time     |
| <input type="checkbox"/> 2 Most of the time       | <input type="checkbox"/> 5 A little of the time |
| <input type="checkbox"/> 3 A good bit of the time | <input type="checkbox"/> 6 None of the time     |

Q.219 Waking up too early in the morning?

- |   |   |
|---|---|
| <input type="checkbox"/> 1 All the time           | <input type="checkbox"/> 4 Some of the time     |
| <input type="checkbox"/> 2 Most of the time       | <input type="checkbox"/> 5 A little of the time |
| <input type="checkbox"/> 3 A good bit of the time | <input type="checkbox"/> 6 None of the time     |

## ENERGY AND VITALITY

Q.220 How much of the time during the **past 4 weeks**, did you feel full of life?

- |   |   |
|---|---|
| <input type="checkbox"/> 1 All the time           | <input type="checkbox"/> 4 Some of the time     |
| <input type="checkbox"/> 2 Most of the time       | <input type="checkbox"/> 5 A little of the time |
| <input type="checkbox"/> 3 A good bit of the time | <input type="checkbox"/> 6 None of the time     |

Q.221 Did you have a lot of energy?

☐ 1 All the time

☐ 2 Most of the time

☐ 3 A good bit of the time

☐ 4 Some of the time

☐ 5 A little of the time

☐ 6 None of the time

Q.222 Did you feel worn out?

☐ 1 All the time

☐ 2 Most of the time

☐ 3 A good bit of the time

☐ 4 Some of the time

☐ 5 A little of the time

☐ 6 None of the time

Q.223 Did you feel tired?

☐ 1 All the time

☐ 2 Most of the time

☐ 3 A good bit of the time

☐ 4 Some of the time

☐ 5 A little of the time

☐ 6 None of the time

## UNDERSTANDING AND REMEMBERING

Q.224 During the past 4 weeks, how much difficulty did you have in concentrating on doing something for at least 10 minutes? (*Card 224*)

☐ 1 No difficulty

☐ 2 A little bit of difficulty

☐ 3 Moderate difficulty

☐ 4 Quite a bit of difficulty

☐ 5 Extreme difficulty

Q.225 Remembering to do important things?

☐ 1 No difficulty

☐ 2 A little bit of difficulty

☐ 3 Moderate difficulty

☐ 4 Quite a bit of difficulty

☐ 5 Extreme difficulty

Q.226 Analysing and solving problems in day-to-day life?

☐ 1 No difficulty

☐ 2 A little bit of difficulty

☐ 3 Moderate difficulty

☐ 4 Quite a bit of difficulty

☐ 5 Extreme difficulty

Q.227 Learning a new task? (For example, learning how to get to a new place.)

☐ 1 No difficulty

☐ 2 A little bit of difficulty

☐ 3 Moderate difficulty

☐ 4 Quite a bit of difficulty

☐ 5 Extreme difficulty

## COMMUNICATING

Q.228 During the past 4 weeks, because of your physical or emotional health, how much difficulty did you have in generally understanding what people say? **(This is not related to hearing difficulty.)** (Card 224)

- |   |  |
|---|--|
| <input type="checkbox"/> 1 No difficulty              | <input type="checkbox"/> 4 Quite a bit of difficulty |
| <input type="checkbox"/> 2 A little bit of difficulty | <input type="checkbox"/> 5 Extreme difficulty        |
| <input type="checkbox"/> 3 Moderate difficulty        |  |

Q.229 Starting and maintaining a conversation? (not related to speaking difficulty)

- |   |  |
|---|--|
| <input type="checkbox"/> 1 No difficulty              | <input type="checkbox"/> 4 Quite a bit of difficulty |
| <input type="checkbox"/> 2 A little bit of difficulty | <input type="checkbox"/> 5 Extreme difficulty        |
| <input type="checkbox"/> 3 Moderate difficulty        |  |

Q.230 During the past 4 weeks, how much difficulty did you have in speaking clearly?

- |   |  |
|---|--|
| <input type="checkbox"/> 1 No difficulty              | <input type="checkbox"/> 4 Quite a bit of difficulty |
| <input type="checkbox"/> 2 A little bit of difficulty | <input type="checkbox"/> 5 Extreme difficulty        |
| <input type="checkbox"/> 3 Moderate difficulty        | +  |

## PHYSICAL FUNCTIONING (MOBILITY AND DEXTERITY)

*The following questions are about activities you might do during a typical day.  
Does **your health now limit you** in these activities? If so, how much?*

Q.231 **Vigorous** activities, such as running, lifting heavy objects, participating in strenuous sports (Card 231)

- |  |   |
|--|---|
| <input type="checkbox"/> 1 Yes, limited a lot    |   |
| <input type="checkbox"/> 2 Yes, limited a little | <input type="checkbox"/> 3 No, not limited at all |

Q.232 **Moderate** activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf

- |  |   |
|--|---|
| <input type="checkbox"/> 1 Yes, limited a lot    |   |
| <input type="checkbox"/> 2 Yes, limited a little | <input type="checkbox"/> 3 No, not limited at all |

Q.233 Lifting or carrying groceries

- |  |   |
|--|---|
| <input type="checkbox"/> 1 Yes, limited a lot    |   |
| <input type="checkbox"/> 2 Yes, limited a little | <input type="checkbox"/> 3 No, not limited at all |



Q.234 Climbing **several** flights of stairs

☐ 1 Yes, limited a lot

☐ 2 Yes, limited a little

☐ 3 No, not limited at all

Q.235 Climbing **one** flight of stairs

☐ 1 Yes, limited a lot

☐ 2 Yes, limited a little

☐ 3 No, not limited at all

Q.236 Walking **more than one kilometre**

☐ 1 Yes, limited a lot

☐ 2 Yes, limited a little

☐ 3 No, not limited at all

Q.237 Walking **half a kilometre**

☐ 1 Yes, limited a lot

☐ 2 Yes, limited a little

☐ 3 No, not limited at all

Q.238 Walking **100 metres**

+

☐ 1 Yes, limited a lot

☐ 2 Yes, limited a little

☐ 3 No, not limited at all

Q.239 Bending, kneeling or stooping

☐ 1 Yes, limited a lot

☐ 2 Yes, limited a little

☐ 3 No, not limited at all

Q.240 Standing up from sitting down

☐ 1 Yes, limited a lot

☐ 2 Yes, limited a little

☐ 3 No, not limited at all

Q.241 Placing your hands behind your head

☐ 1 Yes, limited a lot

☐ 2 Yes, limited a little

☐ 3 No, not limited at all

Q.242 Using your hands and fingers (picking up small objects or opening or closing containers)

☐ 1 Yes, limited a lot

☐ 2 Yes, limited a little

☐ 3 No, not limited at all

## HEALTH RELATED DOMAINS

### Self care

*The following questions ask about caring for yourself.*

Does **your health now limit you** in these activities? If so, how much?

Q.243 Bathing yourself (*Card 231*)

- ☐ 1 Yes, limited a lot  
☐ 2 Yes, limited a little ☐ 3 No, not limited at all

Q.244 Dressing yourself

- ☐ 1 Yes, limited a lot  
☐ 2 Yes, limited a little ☐ 3 No, not limited at all

Q.245 Grooming yourself (for example, combing your hair)

- ☐ 1 Yes, limited a lot  
☐ 2 Yes, limited a little ☐ 3 No, not limited at all

Q.246 Eating (for example, cutting up food, using a knife and fork)

- ☐ 1 Yes, limited a lot  
☐ 2 Yes, limited a little ☐ 3 No, not limited at all

Q.247 Using the toilet

- ☐ 1 Yes, limited a lot  
☐ 2 Yes, limited a little ☐ 3 No, not limited at all

Q.248 Staying by yourself for a few days

- ☐ 1 Yes, limited a lot  
☐ 2 Yes, limited a little ☐ 3 No, not limited at all

## USUAL ACTIVITIES

*The following questions ask about your work or other regular daily activities such as housekeeping or looking after a child or other person.*

During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities, **as a result of your physical health?**

Q.249 Cut down on the **amount of time** you spent on work or other activities

☐1 Yes ☐2 No

Q.250 **Accomplished less** than you would like

☐1 Yes ☐2 No

Q.251 Were limited in the **kind** of work or other activities

☐1 Yes ☐2 No

Q.252 Had **difficulty** performing the work or other activities (for example, it took extra effort)

☐1 Yes ☐2 No +

During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?

Q.253 Cut down the **amount of time** you spent on work or other activities

☐1 Yes ☐2 No

Q.254 **Accomplished less** than you would like

☐1 Yes ☐2 No

Q.255 Didn't do work or other activities as **carefully** as usual

☐1 Yes ☐2 No

## SOCIAL FUNCTIONING

The following questions ask about your relationships with other people.

Q.256 During the **past 4 weeks**, to what extent has your **physical health or emotional problems** interfered with your normal social activities with family, friends, neighbours, or groups? (*Card 256*)

- |   |  |
|---|--|
| <input type="checkbox"/> 1 Not at all   | <input type="checkbox"/> 4 Quite a bit |
| <input type="checkbox"/> 2 A little bit | <input type="checkbox"/> 5 Extremely   |
| <input type="checkbox"/> 3 Moderately   |  |

Q.257 During the **past 4 weeks**, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting friends, relatives, etc.)? (*Card 257*)

- |   |   |
|---|---|
| <input type="checkbox"/> 1 All the time           | <input type="checkbox"/> 4 Some of the time     |
| <input type="checkbox"/> 2 Most of the time       | <input type="checkbox"/> 5 A little of the time |
| <input type="checkbox"/> 3 A good bit of the time | <input type="checkbox"/> 6 None of the time     |

Q.258 During the past 4 weeks, because of your **physical or emotional health**, how much difficulty did you have in dealing with people you do not know? (*Card 258*)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> 1 No difficulty              | + | <input type="checkbox"/> 4 Quite a bit of difficulty |
| <input type="checkbox"/> 2 A little bit of difficulty |   | <input type="checkbox"/> 5 Extreme difficulty        |
| <input type="checkbox"/> 3 Moderate difficulty        |   |  |

Q.259 Maintaining a friendship?

- |   |  |
|---|--|
| <input type="checkbox"/> 1 No difficulty              | <input type="checkbox"/> 4 Quite a bit of difficulty |
| <input type="checkbox"/> 2 A little bit of difficulty | <input type="checkbox"/> 5 Extreme difficulty        |
| <input type="checkbox"/> 3 Moderate difficulty        |  |

Q.260 Getting along with people who are close to you?

- |   |  |
|---|--|
| <input type="checkbox"/> 1 No difficulty              | <input type="checkbox"/> 4 Quite a bit of difficulty |
| <input type="checkbox"/> 2 A little bit of difficulty | <input type="checkbox"/> 5 Extreme difficulty        |
| <input type="checkbox"/> 3 Moderate difficulty        |  |

## DEMOGRAPHICS

### General

Q.261 Gender:

- ☐ 1 Male      ☐ 2 Female

Q.262 In what year were you born, please? *Record year:*

1	9		
---	---	--	--

### Ethnicity

Q.263 Which ethnic group do you belong to? Call the number or numbers of the one or ones that apply to you from Card 263.

- ☐ 01 NZ European/  
other European
- ☐ 02 Maori
- ☐ 03 Samoan
- ☐ 04 Cook Island Maori
- ☐ 05 Tongan
- ☐ 06 Niuean
- ☐ 07 Other Pacific Island  
(Fijian, Tokelauan, etc.)
- ☐ 08 Chinese
- ☐ 09 Indian
- ☐ 10 Korean
- ☐ 11 Other Asian  
(Japanese, Indonesian, etc.)
- ☐ 98 Other (*Please state*)

--	--	--

Q.264 Are you descended from a Maori (that is, did you have a Maori birth parent, grandparent or great-grandparent, etc.)?

- ☐ 1 Yes      ☐ 2 No
- ☐ 3 Don't know

Q.265 In which country were you born?

- ☐ 01 New Zealand (*Go to Q.267*)
- ☐ 02 Australia
- ☐ 03 England
- ☐ 04 Scotland
- ☐ 05 The Netherlands
- ☐ 06 Cook Islands
- ☐ 07 Samoa
- ☐ 08 Tonga
- ☐ 09 Nuie
- ☐ 10 Tokelau
- ☐ 11 Fiji
- ☐ 12 India
- ☐ 13 Japan
- ☐ 14 China
- ☐ 15 Singapore
- ☐ 16 Korea
- ☐ 17 South Africa
- ☐ 18 Zimbabwe
- ☐ 98 Other. *Please print the present name of the country:*

--

Q.266 In which year did you first move to New Zealand?

--	--	--	--

Q.267 In which languages could you have a conversation about a lot of everyday things? (*Card 267*)

- ☐ 1 English
- ☐ 2 Maori
- ☐ 3 Samoan
- ☐ 4 NZ sign language
- ☐ 5 Other language

Q.268 Earlier you told me your ethnicity. Now I will ask you some questions about reactions to your ethnicity. How do **other people** usually classify you in New Zealand? (Card 268)

- ☐ 01 NZ European/  
other European
- ☐ 02 Maori
- ☐ 03 Samoan
- ☐ 04 Cook Island Maori
- ☐ 05 Tongan
- ☐ 06 Niuean
- ☐ 07 Other Pacific Island  
(Fijian, Tokelauan, etc.)
- ☐ 08 Chinese
- ☐ 09 Indian
- ☐ 10 Korean +
- ☐ 11 Other Asian  
(Japanese, Indonesian, etc.)
- ☐ 98 Other (Please state)

Q.269 How often do you think about your ethnicity? (Card 269)

- ☐ 1 Never
- ☐ 2 At least once a year
- ☐ 3 At least once a month
- ☐ 4 At least once a week
- ☐ 5 At least once a day
- ☐ 6 At least once an hour
- ☐ 7 Constantly
- ☐ 8 Don't know
- ☐ 9 Refused

Q.270 Have you ever been a victim of an **ethnically** motivated attack (verbal or physical abuse to the person or property) in New Zealand? (**Multiple possible**) (Card 270)

- ☐ 1 Yes, verbal - within the past 12 months
- ☐ 2 Yes, verbal - more than 12 months ago
- ☐ 3 Yes, physical - within the past 12 months
- ☐ 4 Yes, physical - more than 12 months ago
- ☐ 5 No
- ☐ 6 Don't know / unsure
- ☐ 7 Refuse

Q.271 Have you ever been treated unfairly (e.g. treated differently, kept waiting) by a health professional (e.g. doctor, nurse, dentist etc.) **because of your ethnicity** in New Zealand? (Card 271)

- ☐ 1 Yes, within the past 12 months
- ☐ 2 Yes, more than 12 months ago
- ☐ 3 No
- ☐ 4 Don't know / unsure
- ☐ 5 Refuse

Q.272 Have you ever been treated unfairly at work or been refused a job **because of your ethnicity** in New Zealand? (Card 271)

- ☐ 1 Yes, within the past 12 months
- ☐ 2 Yes, more than 12 months ago
- ☐ 3 No
- ☐ 4 Don't know / unsure
- ☐ 5 Refuse

Q.273 Have you ever been treated unfairly when renting or buying housing **because of your ethnicity** in New Zealand? (Card 271)

- ☐ 1 Yes, within the past 12 months ☐ 4 Don't know / unsure  
☐ 2 Yes, more than 12 months ago ☐ 5 Refuse  
☐ 3 No

Q.274 Do you think that people living in New Zealand, are generally treated differently by health professionals (for example, doctors, nurses, dentists) **because of their ethnicity**?

- ☐ 1 Yes ☐ 2 No ☐ 3 Don't know ☐ 4 Refuse

### Household

*The following questions ask about your living arrangements.*

Q.275 Please say which of these people live in the same household as you. (Card 275)

- ☐ 01 My legal husband or wife  
☐ 02 My partner or de facto, boyfriend or girlfriend  
☐ 03 My son(s) and /or daughter(s), or partner's son(s)/ daughter(s)  
☐ 04 My mother and /or father, or parent's spouse or partner  
☐ 05 My sister(s) and /or brother(s)  
☐ 06 My flatmate(s) +   
☐ 07 Cousins by marriage or blood   
☐ 08 Boarders   
☐ 98 Other (Specify) \_\_\_\_\_   
☐ 99 None of the above, live alone

Q.276 Can you tell me how many people, including yourself, babies and boarders, normally live in this house?

Record

Q.277 And how many of those people are aged 15 years and over?

Record

Q.278 How many bedrooms are there in this dwelling? Please include rooms or sleep outs that are furnished as bedrooms; any caravan that this household uses as a bedroom.

Record

## Education

Q.279 What is your highest secondary school qualification? (Card 279) (Single response)

- ☐ 01 None
- ☐ 02 NZ School Certificate in one or more subjects, or National Certificate Level 1
- ☐ 03 NZ Sixth Form Certificate in one or more subjects, or National Certificate Level 2
- ☐ 04 NZ University Entrance before 1986 in one or more subjects
- ☐ 05 NZ Higher School Certificate, or Higher Leaving Certificate
- ☐ 06 University Entrance qualification from NZ University Bursary
- ☐ 07 NZ A or B Bursary, Scholarship, or National Certificate Level 3
- ☐ 08 Other NZ secondary school qualification. (Please specify)
- ☐ 09 Overseas secondary school qualification

Q.280 Apart from secondary school qualifications, do you have another qualification? Don't count incomplete qualifications or qualifications that take less than 3 months of full-time study to get. (Card 280) (Single response)

Yes - Please name it. Record the highest qualification (e.g. BSc, PhD, etc.)

- ☐ 01 Bachelors degree, e.g. BA. BSc. LLB
- ☐ 02 Bachelors degree with honours
- ☐ 03 Masters degree, e.g. MA, MSc
- ☐ 04 PhD
- ☐ 05 Diploma (not Post Graduate)
- ☐ 06 Diploma - Post Graduate
- ☐ 07 Trade or technical certificate which took more than 3 months full time study
- ☐ 08 Professional qualifications like ACA, teachers, nurses
- ☐ 98 Other (Specify)
- ☐ 99 No qualification beyond secondary school

## Income Support

The following questions ask about sources of income.

Q.281 In the last 12 months, have you received any of those types of income support? (Card 281)

- |   |  |
|---|--|
| <input type="checkbox"/> 1 NZ superannuation            | <input type="checkbox"/> 7 Other government benefits (disability allowance, war pension, etc.) |
| <input type="checkbox"/> 2 Family support               |  |
| <input type="checkbox"/> 3 Unemployment benefit         |  |
| <input type="checkbox"/> 4 Domestic purposes benefit    | <input type="checkbox"/> 8 None of the above   |
| <input type="checkbox"/> 5 Sickness or invalids benefit | <input type="checkbox"/> 9 Don't know  |
| <input type="checkbox"/> 6 Student allowance            |  |



## Employment

Q.282 In the last 7 days, which of these options best fitted you? (Card 282)

- ☐ 1 Worked for pay, profit or income  
for an hour or more →Go to Q.288
- ☐ 2 Worked in a family business or  
family farm without pay →Go to Q.288
- ☐ 3 Worked in a job, business or farm,  
but was absent for some reason last week →Go to Q.288
- ☐ 4 None of the above →Go to Q.283

Q.283 How long is it since you did any work for pay or profit in a job, business or farm?  
(Card 283)

- ☐ 1 Never worked →Go to Q.285
- ☐ 2 Less than 1 year (Specify weeks)  →Go to Q.284
- ☐ 3 1 year or more, but less than 2 years →Go to Q.284
- ☐ 4 2 to 5 years →Go to Q.284
- ☐ 5 More than 5 years →Go to Q.285 +

Q.284 In your last job, what was your occupation? (Card 284) (Single response)

- ☐ 01 Administrator/Manager
- ☐ 02 Professionals
- ☐ 03 Technicians & Associate Professionals
- ☐ 04 Clerks
- ☐ 05 Service & Sales Workers
- ☐ 06 Agriculture & Fishery
- ☐ 07 Trade Workers
- ☐ 08 Plant & Machinery Operators
- ☐ 09 Labourers/Unskilled Work
- ☐ 10 Armed Forces
- ☐ 11 Other (Specify) \_\_\_\_\_

Q.285 Did you look for paid work in the last 4 weeks?

- ☐ 1 Yes →Go to Q.286
- ☐ 2 No →Go to Q.291
- ☐ 3 Don't know →Go to Q.291

Q.286 In the last 4 weeks, which of those ways did you look for paid work? (Card 286)

- ☐ 01 Looked at advertisements in newspapers
- ☐ 02 Wrote, phoned, or applied in person to an employer
- ☐ 03 Placed advertisements about a job
- ☐ 04 Contacted Work & Income's NZ Employment Service to look for a job
- ☐ 05 Contacted friends or relatives for help in finding a job
- ☐ 06 Contacted careers advisers or vocational guidance officers
- ☐ 07 Took steps to set up your own business
- ☐ 98 Other methods (Specify) \_\_\_\_\_


Q.287 If a job had been available, could you have started next week?

- ☐ 1 Yes                      ☐ 2 No                      ☐ 3 Don't know

*Interviewer: If not worked in last 7 days, i.e. Q.282 = 4, skip to Q.291.  
Otherwise continue.*

Q.288 In the last 7 days, did you have one job or more than one job in paid employment? (Count any job for pay profit or income, and any job in a family business or family farm, without pay.)

- ☐ 1 One job                      ☐ 2 More than one job

Q.289 How many hours do you usually work each week in paid employment?

(Read) In the job you work **most** hours in?      Hours

(Read) In any other jobs?                      +      Hours

Q.290 What is your current occupation (in the job you work the most hours in)? (Card 290)

- ☐ 01 Administrator/Manager
- ☐ 02 Professionals
- ☐ 03 Technicians & Associate Professionals
- ☐ 04 Clerks
- ☐ 05 Service & Sales Workers
- ☐ 06 Agriculture and Fishing
- ☐ 07 Trade Workers
- ☐ 08 Plant & Machinery Operators
- ☐ 09 Labourers/Unskilled Work
- ☐ 10 Armed Forces
- ☐ 11 Other (Specify) \_\_\_\_\_

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Q.291 In the last 4 weeks, which of those have you done, without pay?

(Card 291) (Multiple response)

- ☐ 1 Household work, cooking, repairs, gardening, etc, for my own household
- ☐ 2 Looking after a child who is a member of my own household
- ☐ 3 Looking after a member of my household who is ill or has a disability
- ☐ 4 Looking after a child (who does NOT live in my household)
- ☐ 5 Helping someone who is ill or has a disability (who does NOT live in my household)
- ☐ 6 Other helping or voluntary work for, or through any organisation, group or marae
- ☐ 7 Attending or studying for 20 hours or more per week at school or any other place
- ☐ 8 Attending or studying for less than 20 hours per week at school or any other place
- ☐ 9 None of these

+

**Income**

Q.292 What would be the total income that you yourself got from **all sources**, before tax or anything was taken out of it, in the last 12 months? (Card 292)

- |   |  |
|---|--|
| <input type="checkbox"/> 01 Loss                | <input type="checkbox"/> 08 \$25,001 - \$30,000  |
| <input type="checkbox"/> 02 Zero                | <input type="checkbox"/> 09 \$30,001 - \$40,000  |
| <input type="checkbox"/> 03 \$1 - \$5,000       | <input type="checkbox"/> 10 \$40,001 - \$50,000  |
| <input type="checkbox"/> 04 \$5,001 - \$10,000  | <input type="checkbox"/> 11 \$50,001 - \$70,000  |
| <input type="checkbox"/> 05 \$10,001 - \$15,000 | <input type="checkbox"/> 12 \$70,001 - \$100,000 |
| <input type="checkbox"/> 06 \$15,001 - \$20,000 | <input type="checkbox"/> 13 \$100,001 or more    |
| <input type="checkbox"/> 07 \$20,001 - \$25,000 | <input type="checkbox"/> 14 Refused              |
|   | <input type="checkbox"/> 15 Don't know           |

Q.293 What would be the total income, that **the household** got from **all sources**, before tax or anything was taken out of it, in the last 12 months?

- |   |  |
|---|--|
| <input type="checkbox"/> 01 Loss                | <input type="checkbox"/> 08 \$25,001 - \$30,000  |
| <input type="checkbox"/> 02 Zero                | <input type="checkbox"/> 09 \$30,001 - \$40,000  |
| <input type="checkbox"/> 03 \$1 - \$5,000       | <input type="checkbox"/> 10 \$40,001 - \$50,000  |
| <input type="checkbox"/> 04 \$5,001 - \$10,000  | <input type="checkbox"/> 11 \$50,001 - \$70,000  |
| <input type="checkbox"/> 05 \$10,001 - \$15,000 | <input type="checkbox"/> 12 \$70,001 - \$100,000 |
| <input type="checkbox"/> 06 \$15,001 - \$20,000 | <input type="checkbox"/> 13 \$100,001 or more    |
| <input type="checkbox"/> 07 \$20,001 - \$25,000 | <input type="checkbox"/> 14 Refused              |
|   | <input type="checkbox"/> 15 Don't know           |

## Medical Insurance

Q.294 Are you covered by any health or medical insurance scheme?

- ☐ 1 Yes → Go to Q.295
- ☐ 2 No      ☐ 3 Don't know      ] → Go to Q.296

Q.295 And who pays for this health or medical insurance? (*Card 295*)

- ☐ 1 Self or family members
- ☐ 2 Partly self or family and partly employer
- ☐ 3 Paid for by employer or employer of family member
- ☐ 4 Paid for by some other person or agency
- ☐ 5 Don't know

+

## Phones

Q.296 Do you have an ordinary landline phone in this home - that is, not a cellphone?

- ☐ 1 Yes → Go to Q.297
- ☐ 2 No → Go to Q.299

Q.297 Is it connected so that you could make a call out on it right now?

- ☐ 1 Yes → Go to Q.298
- ☐ 2 No → Go to Q.299

Q.298 Could I have that landline number, please?

(Record) 

0									
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--	--	--	--	--	--	--	--	--	--

(If prefix 021, 025 or 027 given, check for landline number.)

Q.299 Is there a cellphone we could reach you on?

- ☐ 1 Yes → Record cellphone number:

0									
---	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--

- ☐ 2 No

"On behalf of the Ministry of Health, thank you very much for talking with me.  
As I said, my name is Xxx and I'm from National Research Bureau."

*(Hand over thank-you card)*

RECORD END TIME:

Record Name: \_\_\_\_\_

Record address: \_\_\_\_\_

**GO TO RECONTACT QUESTIONS ON NEXT PAGE**

+

CERTIFICATION: I hereby certify that this is a true and accurate record of an interview  
conducted by me at the time and with the person specified. TICK WHEN CHECKED:

☐

INTERVIEWER'S NAME: \_\_\_\_\_

*(Please print)*

INTERVIEWER'S NUMBER:

Date:

Interview Duration:

minutes

Supervisor Sign: \_\_\_\_\_

Audit: \_\_\_\_\_

INTERVIEWER COMPLETE WITHOUT ASKING:

Was this interview conducted ...? *(Tick one box)*

- ☐ 1 with substantial assistance from a language helper
- ☐ 2 with a small amount of assistance from a language helper
- ☐ 3 with no help from a language helper

### RECONTACT REQUEST:

We would like to visit all the people who have done the survey again in 2 or 3 years time, to see if anything has changed for them. Would you be happy for us to contact you again in about 2 or 3 years? We would only contact you and ask. You can then say yes or no, as you feel - you don't have to decide now. We're just asking if we can please contact you again.

☐ 1 Yes, you can contact me again to ask if I want to do it

☐ 2 No, don't contact me again



Many people move house over 2 to 3 years. Can you give us the name of a family member who would know your new address if you moved?

☐ 1 NO/Declined

☐ 2 YES (*Please print details clearly*)



Surname \_\_\_\_\_ Initials \_\_\_\_\_

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_

Relationship to respondent: \_\_\_\_\_

... and **your** surname so we can look you up in the phonebook if need be.

Surname \_\_\_\_\_ Initials \_\_\_\_\_