

New Zealand Health Survey

Adult Questionnaire (Year 6)

1 July 2016 – 30 June 2017

CAPI Version

In field July 2016

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# Notes for programmer

*Style conventions for printed questionnaire*

* black – text to be read by respondent and surveyor (generally questions and question responses)
* blue– instructions to be read by surveyor, or respondent if self-complete. Tool tips (with a ⚐ symbol) contain information for the surveyor or respondent that only shows if the pointer is moved over the underlined words or touch the underlined words with their finger.
* red – instructions for programmer
* green – text in the showcards
* purple – text not displayed on screen (information for the reader only)

Audio Conventions:

* No audio for headings or ‘don’t know’ and ‘I don’t want to answer’.

Edit checks:

* ‘Don't know’, ‘refused’, ‘I don’t want to answer’, ‘no treatment’, and ‘none of the above’ cannot be selected with any other answer.

Please note that:

* The CORE questions are in bold, with underlining for emphasis. However, the self-complete questions are in normal font, with bold for emphasis (as was done for the Year 4 Sexual and Reproductive Health module).
* The extended tobacco module, administered as part of Year 5, has been removed for Year 6.
* The mental health module consists of:
  + the PHQ-SADS, which screens for depression, anxiety and somatic symptoms
  + the ASSIST, which screens for risky use of tobacco, alcohol, cannabis, cocaine, amphetamines, sedatives, hallucinogens, inhalants, opioids and ‘other drugs’. It also asks about injecting drugs
  + a series of adult mental health services questions.

# Initial demographics

Before we begin I just need to enter some information so that I only ask questions applicable to your gender and age group.

**AD.01** **You are male / female…?**

**🛈 Check aloud with respondent.**

1 Male

2 Female

**[Showcard]**

**AD.02 Which of these age groups do you belong to?**

1 15–19 years

2 20–24 years

3 25–34 years

4 35–44 years

5 45–54 years

6 55–64 years

7 65–74 years

8 75+ years

## Interviewer observations

**Complete following observations without asking the respondent:**

**A6.12 Interview will be conducted with cognitive assistance from a family member / caregiver.**

1 Yes

2 No

**A6.13 Interview will be conducted with language assistance from a family member / friend of respondent.**

1 Yes

2 No

**A6.14 Interview will be conducted with language assistance from a professional translator.**

1 Yes

2 No

# Long-term health conditions

The first section of the Health Survey is about **long-term** **health conditions** you may have. A long-term health condition 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

The first few questions are about heart disease. Please **do not** include high blood pressure or high blood cholesterol here, as I will ask you about those later.

**A1.01 Have you ever been told by a doctor that you have had a heart attack?**

1 Yes

2 No [go to angina A1.04]

.K Don’t know [go to A1.04]

.R Refused [go to A1.04]

**A1.02 Have you ever been admitted to hospital with a heart attack?**

1 Yes

2 No [go to angina A1.04]

.K Don’t know [go to A1.04]

.R Refused [go to A1.04]

**A1.03 Was this in the last 12 months?**

1 Yes

2 No

.K Don’t know

.R Refused

**A1.04 Have you ever been told by a doctor that you have angina?**

**🛈 If clarification is required, angina is typically chest pain when you walk or do exercise.**

1 Yes

2 No

.K Don’t know

.R Refused

**A1.05 Have you ever been told by a doctor that you have heart failure? That is,**

**inadequate heart pumping, or a build-up of fluid in the lungs or legs.**

1 Yes

2 No

.K Don’t know

.R Refused

**A1.06 Have you ever been told by a doctor that you have any other heart disease? Please include problems with heart rhythm and heart valves, but not high blood pressure or high cholesterol.**

1 Yes

2 No

.K Don’t know

.R Refused

**🛈 Ask A1.07 if respondent answered ‘Yes’ to one or more of A1.01, A1.04, A1.05 or A1.06. Everyone else go to Stroke A1.10.**

**[Showcard]**

**A1.07 What treatments do you now have for your heart condition(s)?**

**[Multiple responses possible]**

**🛈 Probe “Any others?” until no other treatment mentioned.**

1 No treatment

2 Aspirin

3 Other medicines, tablets or pills (including spray under the tongue or patches on the skin)

4 Diet

5 Exercise

77 Other **[Specify]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

.K Don’t know

.R Refused

**A1.09 Have you ever had bypass surgery or angioplasty for your heart condition(s)?**

**🛈 If asked: Angioplasty is a procedure that helps improve your blood supply to the heart muscle. A tube is inserted into one of your arteries through an incision in your groin, wrist or arm. The doctor then directs the tube into a blocked or narrow heart artery, which expands the artery and allows the blood to flow more easily to the muscle.**

1 Yes

2 No

.K Don’t know

.R Refused

Stroke

**A1.10 Have you ever been told by a doctor that you have had a stroke? Please do not include “mini-stroke” or transient ischaemic attack (or TIA).**

1 Yes

2 No [go to diabetes A1.12]

.K Don’t know [go to A1.12]

.R Refused [go to A1.12]

**[Showcard]**

**A1.11 What treatments do you now have for your stroke?**

**[Multiple responses possible]**

1 No treatment

2 Aspirin

3 Other medicines, tablets or pills

4 Diet

5 Exercise or rehabilitation (include speech therapy, occupational therapy, physiotherapy)

77 Other **[Specify]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

.K Don’t know

.R Refused

Diabetes

**A1.12 Have you ever been told by a doctor that you have diabetes?**

**🛈 If the respondent is female, insert ‘Please do notinclude diabetes during pregnancy’.**

1 Yes

2 No [go to asthma A1.15]

.K Don’t know [go to A1.15]

.R Refused [go to A1.15]

**A1.13 How old were you when you were first told by a doctor that you had diabetes?**

**🛈 If from birth record 0.**

\_\_\_\_\_ years (range 0–120)

.K Don’t know

.R Refused

**[Showcard]**

**A1.14 What treatments do you now have for your diabetes?**

**[Multiple responses possible]**

1 No treatment

2 Insulin injections

3 Medicines, tablets or pills

4 Diet

5 Exercise

77 Other **[Specify]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

.K Don’t know

.R Refused

Asthma

**A1.15 Have you ever been told by a doctor that you have asthma?**

1 Yes

2 No [go to arthritis A1.18]

.K Don’t know [go to A1.18]

.R Refused [A1.18]

**A1.16 In the last 12 months, have you had an attack of asthma?**

1 Yes

2 No

.K Don’t know

.R Refused

**[Showcard]**

**A1.17 What treatments do you now have for asthma?**

**[Multiple responses possible]**

1 No treatment

2 Inhalers

3 Medicine, tablets or pills

77 Other **[Specify]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

.K Don’t know

.R Refused

Arthritis

**A1.18 Have you ever been told by a doctor that you have arthritis? Please include gout, lupus and psoriatic arthritis.**

1 Yes

2 No [go to mental health conditions intro before A1.23]

.K Don’t know [go to intro before A1.23]

.R Refused [go to intro before A1.23]

**[Showcard]**

**A1.19 What kind of arthritis was that?**

**[Multiple responses possible]**

1 Rheumatoid

2 Osteoarthritis

3 Gout

4 Psoriatic

5 Systemic lupus erythematosus (SLE)

77 Other **[Specify]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

.K Don’t know [go to treatments A1.21]

.R Refused [go to A1.21]

**🛈 Ask A1.20 if respondent has more than one kind of arthritis in A1.19.**

**A1.20 Which kind of arthritis affects you most?**

1 Rheumatoid

2 Osteoarthritis

3 Gout

4 Psoriatic

5 Systemic lupus erythematosus (SLE)

77 Other **[Specify]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

.K Don’t know

.R Refused

**[Showcard]**

**A1.21 What treatments do you now have for arthritis?**

**[Multiple responses possible]**

1 No treatment

2 Medicines, tablets, or pills

3 Exercise or physiotherapy

4 Injections

5 Diet

77 Other **[Specify]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

.K Don’t know

.R Refused

**A1.22** **Have you ever had an operation or surgery because of your arthritis?**

1 Yes

2 No

.K Don’t know

.R Refused

**[Showcard]**

**A1.22a Are you now limited in any way in your usual activities because of arthritis symptoms?**

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

.K Don’t know

.R Refused

Mental health conditions

The next few questions are about long-term mental health conditions that have lasted, or are expected to last, for **more than 6 months**. The symptoms may come and go, or be present all the time.

**A1.23 Have you ever been told by a doctor that you have depression?**

1 Yes

2 No [go to bipolar A1.25]

.K Don’t know [go to A1.25]

.R Refused [go to A1.25]

**[Showcard]**

**A1.24 What treatments do you now have for depression?**

**[Multiple responses possible]**

1 No treatment

2 Medicines, tablets or pills

3 Counselling

4 Exercise

77 Other treatment **[Specify]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

.K Don’t know

.R Refused

**A1.25 Have you ever been told by a doctor that you have bipolar disorder, which is sometimes called manic depression?**

1 Yes

2 No [go to anxiety A1.27]

.K Don’t know [go to A1.27]

.R Refused [go to A1.27]

**[Showcard]**

**A1.26 What treatments do you now have for bipolar disorder?**

**[Multiple responses possible]**

1 No treatment

2 Medicines, tablets or pills

3 Counselling

4 Exercise

77 Other treatment **[Specify]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

.K Don’t know

.R Refused

**A1.27 Have you ever been told by a doctor that you have anxiety disorder? This includes panic attacks, phobia, post-traumatic stress disorder, and obsessive compulsive disorder?**

1 Yes

2 No [go to chronic pain A1.29]

.K Don’t know [go to A1.29]

.R Refused [go to A1.29]

**[Showcard]**

**A1.28 What treatments do you now have for anxiety disorder?**

**[Multiple responses possible]**

1 No treatment

2 Medicines, tablets or pills

3 Counselling

4 Exercise

77 Other treatment **[Specify]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

.K Don’t know

.R Refused

Chronic pain

**A1.29 Do you experience chronic pain? This is pain that is present almost every day, but the intensity of the pain may vary. Please only include pain that has lasted, or is expected to last, for more than six months.**

**🛈 This includes chronic pain that is reduced by treatment.**

1 Yes

2 No

.K Don’t know

.R Refused

Oral health

The next question is about your teeth, gums and mouth. When I say dental health care worker, I mean dentists, dental therapists (formerly known as dental nurses), as well as any dental health specialists such as orthodontists.

**A1.30 How many of your teeth have been removed by a dental health care worker because of tooth decay, an abscess, infection or gum disease? Do not include teeth lost for other reasons such as injury, crowded mouth or orthodontics.**

**🛈 Includes baby teeth and wisdom teeth ONLY if removed because of tooth decay, an abscess, infection or gum disease.**

*\_\_\_\_\_* teeth (range 0–32) [if 0 teeth removed, go to health service utilisation intro before A2.01]

99 All of my teeth have been removed because of tooth decay or gum disease

.K Don’t know [go to intro before A2.01]

.R Refused [go to intro before A2.01]

**A1.31 Were any of these teeth removed in the last 12 months?**

1 Yes

2 No

.K Don’t know

.R Refused

# Health service utilisation and patient experience

The next set of questions is about your use of health care services in **New Zealand**. I’ll begin by asking you about the **place** you usually go to when you are feeling unwell or injured. Then I will ask about the different **people** you have seen about your health in the past 12 months, which is from [insert period based on date of interview, i.e. insert [current month] last year to now]. I will also ask about your experiences with accessing and receiving health care – these types of questions mostly relate to your last visit. All these questions are about your use of health services, for your own health.

Usual primary health care provider

**A2.01 Do you have a GP clinic or medical centre that you usually go to when you are feeling unwell or are injured?**

1 Yes

2 No [go to GP intro before A2.12]

.K Don’t know [go to intro before A2.12]

.R Refused [go to intro before A2.12]

**[Showcard]**

**A2.02 What sort of health care service is this?**   
**🛈 Student / youth health services, Māori or Pacific health clinics, and Accident and Medical Centres should be coded as ‘A GP clinic, medical centre or family practice’.**

**🛈 If respondent says two places (e.g. GP clinic for illness and after-hours for injury), ask which one they “usually” go to.**

**🛈 If they say “ED” specify in ‘Other’.**

1 A GP clinic, medical centre or family practice

2 A clinic that is after-hours only – not an Emergency Department at a public hospital

77 Other **[Specify]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [go to GP intro before A2.12]

.K Don’t know [go to intro before A2.12]

.R Refused [go to intro before A2.12]

From now on, we’ll call this place your **usual medical centre**. The next questions are about some of the things that happen when you contact or go to your usual medical centre.

**[Showcard]**

**L2.04 Over the last 12 months, has someone at your usual medical centre either carried out or arranged for you to have any of the following?**

**[Multiple responses possible]**

🛈 If respondent asks what is a green prescription, give the following definition. “A green prescription is a health professional’s written advice to be physically active, as part of the patient’s health management”.

1 Weight and/or height measurement

2 Blood pressure test

3 Cholesterol test

4 Diabetes test

5 Flu vaccination

6 Other immunisation / vaccination

7 “Green prescription”

0 None of the above

.K Don’t know

.R Refused

**[Showcard]**

**L2.05 Over the past 12 months has someone at your usual medical centre talked with you, or arranged for someone else to talk with you, about any of these subjects?**

**[Multiple responses possible]**

1 Smoking

2 Healthy food / nutrition

3 Weight

4 Exercise / physical activity

5 Teeth / oral health

6 Alcohol

7 Mental or emotional health

0 None of the above

.K Don’t know

.R Refused

**A2.06 In the past 12 months, has there been a time when you wanted to see a GP, nurse or other health care worker at your usual medical centre, within the next 24 hours, but they were unable to see you?**

1 Yes

2 No [go to GP intro before A2.12]

.K Don’t know [go to intro before A2.12]

.R Refused [go to intro before A2.12]

**[Showcard]**

**A2.07 The last time you couldn’t be seen within 24 hours, why was that?**

🛈 If the reason that the person could not see the GP was because it was a weekend, the response should be coded as ‘another reason’.

1 There weren’t any appointments

2 The time offered didn’t suit me

3 The appointment was with a doctor I didn’t want to see

4 I could have seen a nurse but I wanted to see a doctor

5 Another reason

.K Don’t know

.R Refused

General practitioners

These next questions are about seeing general practitioners (GPs) or family doctors. This can be at your **usual medical centre** or **somewhere else**. Some questions may sound similar to questions you have already answered, but we need to ask them again.

### GP – utilisation

**A2.12 In the past 12 months, have you seen a GP, or been visited by a GP, about your**

**own health? By health, I mean your mental and emotional health as well as**

**your physical health.**

1 Yes

2 No [go to GP barriers to access A2.33]

.K Don’t know [go to A2.33]

.R Refused [go to A2.33]

**A2.13 How many times did you see a GP in the past 12 months?**

\_\_\_\_\_ times (range 1–99)

.K Don’t know

.R Refused

**[Showcard]**

**A2.14 When was the last time you saw a GP about your own health?**

1 Within the last month

2 More than 1 month ago and less than 3 months

3 More than 3 months ago and less than 6 months

4 More than 6 months ago and less than 12 months ago

.K Don’t know

.R Refused

**[Showcard]**

**A2.15 Thinking back to the last time you saw a GP about your own health, what type of medical centre was it?**

**🛈 Student / youth health services, Māori or Pacific health clinics, and Accident and Medical Centres should be coded as ‘A GP clinic, medical centre or family practice’.**

**🛈 If respondent says two places (e.g. GP clinic for illness and after-hours for injury), ask which one they “usually” go to.**

**🛈 If they say “ED” specify in ‘Other’.**

1 A GP clinic, medical centre or family practice

2 A clinic that is after-hours only – not an Emergency Department at a public hospital

77 Other **[Specify]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

.K Don’t know

.R Refused

**A2.16 Thinking about your last visit to a GP, what were you charged for that visit?**

🛈 Record amount in dollars and cents, e.g. $60 = 60.00.

🛈 If respondent says between two amounts, record the average in dollars and cents (e.g. between $40 and $50: record 45.00).

🛈 If free enter 0.00.

🛈 If respondent says an amount greater than $199, record as $199.00.

$\_\_\_.\_\_\_ (range 0.00–199.00)

.K Don’t know

.R Refused

### GP – patient experience

**🛈 Ask questions A2.22, A2.23 and A2.28 if the respondent’s last visit to a GP was within the last 3 months (A2.14=1 or 2), else go to A2.33 (GP – barriers to access).**

The next series of questions are about your last visit to a GP. Not all questions may apply to your last visit – if this is the case please select “doesn’t apply”.

**[Showcard]**

**A2.22 Thinking about your last visit to a GP, how good was the doctor at explaining your health conditions and treatments in a way that you could understand?**

1 Very good

2 Good

3 Neither good or bad

4 Poor

5 Very poor

6 Doesn’t apply

.K Don’t know

.R Refused

**[Showcard]**

**A2.23 How good was the doctor at involving you in decisions about your care, such as discussing different treatment options?**

1 Very good

2 Good

3 Neither good or bad

4 Poor

5 Very poor

6 Doesn’t apply

.K Don’t know

.R Refused

**[Showcard]**

**A2.28 Did you have confidence and trust in the GP you saw?**

1 Yes, definitely

2 Yes, to some extent

3 No, not at all

.K Don’t know

.R Refused

### GP – barriers to access

**A2.33 In the past 12 months, was there a time when you had a medical problem but did not visit a GP because of cost?**

1 Yes

2 No

.K Don’t know

.R Refused

**A2.34 In the past 12 months, was there a time when you had a medical problem but did not visit a GP because you had no transport to get there?**

1 Yes

2 No

.K Don’t know

.R Refused

**A2.35 In the past 12 months, was there a time when you got a prescription for yourself but did not collect one or more prescription items from the pharmacy or chemist because of cost?**

1 Yes

2 No

.K Don’t know

.R Refused

Primary health care nurses

The next few questions are about nurses who work at GP clinics and medical centres. These nurses are sometimes called **Practice Nurses** or Primary Health Care Nurses. This does **not** include nurses that may have visited you at home, nurses you may have seen in a hospital, or midwives and dental nurses.

### Practice Nurse – utilisation

**A2.36 In the past 12 months, have you seen a Practice Nurse without seeing a GP at the same visit or appointment?**

**🛈 If the respondent saw the nurse before or after seeing the GP, code as ”No”.**

1 Yes

2 No [go to after-hours medical care intro before A2.52]

.K Don’t know [go to intro before A2.52]

.R Refused [go to Intro before A2.52]

**A2.37 How many times in the past 12 months did you see a Practice Nurse without seeing a GP at the same visit?**

­­ \_\_\_\_\_ times (range 1–99)

.K Don’t know

.R Refused

**[Showcard]**

**A2.38 When was the last time you saw a Practice Nurse without seeing a GP at the same visit?**

1 Within the last month

2 More than 1 month ago and less than 3 months

3 More than 3 months ago and less than 6 months

4 More than 6 months ago and less than 12 months ago

.K Don’t know

.R Refused

**[Showcard]**

**A2.39 Thinking back to the last time you saw a Practice Nurse without seeing a GP at the same visit, what type of medical centre was it?**

**🛈 Student / youth health services, Māori or Pacific health clinics, and Accident and Medical Centres should be coded as ‘A GP clinic, medical centre or family practice’.**

**🛈 If respondent says two places (e.g. GP clinic for illness and after-hours for injury), ask which one they “usually” go to.**

**🛈 If they say “ED” specify in ‘Other’.**

1 A GP clinic, medical centre or family practice

2 A clinic that is after-hours only – not an Emergency Department at a public hospital

77 Other **[Specify]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

.K Don’t know

.R Refused

**A2.40 What were you charged the last time you saw the Practice Nurse without**

**seeing a GP at the same visit?**

🛈 Record amount in dollars and cents, e.g. $60 = 60.00.

🛈 If respondent says between two amounts, record the average in dollars and cents (e.g. between $40 and $50: record 45.00).

🛈 If free enter 0.00.

🛈 If respondent says an amount greater than $199, record as $199.00.

$\_\_\_.\_\_\_ (range 0.00–199.00)

.K Don’t know

.R Refused

After-hours medical care

This next section is on after-hours medical care, such as during evenings, weekends or holidays when most GP clinics or medical centres are closed.

### After-hours – utilisation

**A2.52 In the past 12 months, how many times did you go to an after-hours medical centre about your own health? Do not include visits to an emergency department at a public hospital – we will ask about those later.**

­­ \_\_\_\_\_ times (range 0–99)

[if 0 go to barriers to after-hours services A2.59]

[if 1–99] then

[If the last GP visit was at an after-hours (A2.15=2) and has a usual medical centre which is a GP clinic / medical centre (A2.02=1) then go to informed A2.58a.

If the last GP visit was at an after-hours (A2.15=2) and does not have a usual medical centre (A2.01=2,.K or .R) or the usual medical centre is an after-hours / other / DK / refused (A2.02=2, 77, .K or .R) go to barriers A2.59.

If the last GP visit was not at an after-hours (A2.15≠2) go to A2.53.]

.K Don’t know [go to barriers A2.59]

.R Refused [go to barriers A2.59]

**[Showcard]**

**A2.53 When was the last time you used an after-hours medical centre for your own health?**

1 Within the last month

2 More than 1 month ago and less than 3 months

3 More than 3 months ago and less than 6 months

4 More than 6 months ago and less than 12 months ago

.K Don’t know

.R Refused

**A2.54** **What were you charged for your last after-hours visit?**

🛈 Record amount in dollars and cents, e.g. $60 = 60.00.

🛈 If respondent says between two amounts, record the average in dollars and cents (e.g. between $40 and $50: record 45.00).

🛈 If free enter 0.00.

🛈 If respondent says an amount greater than $199, record as $199.00.

$\_\_\_.\_\_\_ (range 0.00–199.00)

.K Don’t know

.R Refused

### After-hours – patient experience

**🛈 Ask next question of respondents who went to an after-hours clinic in the last 12 months (A2.52 >=1) and have a usual medical centre (A2.01=1) and it is a GP clinic, medical centre or family practice (A2.02=1). Everyone else, go to next question A2.59 (after-hours barriers to access).**

**[Showcard]**

**A2.58a Thinking about your most recent visit to the after-hours medical centre, after you left the after-hours did the doctors or staff at your usual medical centre seem informed and up-to-date about the care you received at the after-hours?**

**🛈 If they say the doctors or staff at their usual medical centre didn’t need to know, then code as “doesn’t apply”. If they can’t remember code as “don’t know”.**

1 Yes

2 No

3 I haven’t been to my usual medical centre since visiting the after-hours centre

4 Doesn’t apply

.K Don’t know

.R Refused

### After-hours – barriers to access

**[Showcard]**

**A2.59 In the past 12 months, was there a time when you had a medical problem outside regular office hours, but did not visit an after-hours medical centre because of cost?**

1 Didn’t have a medical problem outside regular office hours [go to hospitals intro before A2.61]

2 Yes, didn’t go because of cost

3 No

.K Don’t know

.R Refused

**A2.60 In the past 12 months, was there a time when you had a medical problem outside regular office hours but did not visit an after-hours medical centre because you had no transport to get there?**

1 Yes, didn’t go because I had no transport to get there

2 No

.K Don’t know

.R Refused

Hospitals

The next few questions in this section are about your use of hospitals over the past 12 months. I’ll begin by asking you about **public** hospitals.

**A2.61 In the last 12 months, have you yourself used a service at, or been admitted to, a public hospitalas a patient? This could have been for a physical or a mental health condition.**

1 Yes

2 No [go to private hospitals intro before A2.65]

.K Don’t know [go to intro before A2.65]

.R Refused [go to intro before A2.65]

**[Showcard]**

**A2.62 In the last 12 months, at a public hospital, which of the following happened? [Multiple responses possible]**

1 You used the emergency department

2 You used an outpatients department

3 You were admitted for day treatment, but did not stay overnight

4 You were admitted as an inpatient and stayed at least one night

5 None of the above

.K Don’t know

.R Refused

Now I’ll ask about private hospitals.

**A2.65 In the last 12 months, have you yourself used a service at, or been admitted to, a privatehospital?**

1 Yes

2 No [go to emergency department intro before A2.69]

.K Don’t know [go to intro before A2.69]

.R Refused [go to intro before A2.69]

**[Showcard]**

**A2.66 In the last 12 months**, **at a private hospital, which of the following happened?**

**[Multiple responses possible]**

1 You were admitted as an inpatient and stayed at least one night

2 You were admitted for day treatment but did not stay overnight

3 You had a specialist appointment

4 None of the above

.K Don’t know

.R Refused

Emergency department

The next questions are about your use and experience of emergency departments at public hospitals for your own health.

### ED – utilisation

**A2.69 In the past 12 months, how many times did you go to an emergency department at a public hospital about your own health?**

­­\_\_\_\_\_ times (range 0–99) [if 0 go to medical specialists intro before A2.82]

**🛈 If A2.62=1 (used an ED), then number of times should be >=1. If number of times =>1 then A2.62 should =1 (used an ED) or .K or .R. Prompt to go back and correct A2.62 or A2.69.**

.K Don’t know [go to intro before A2.82]

.R Refused [go to intro before A2.82]

**[Showcard]**

**A2.70 When was the last time you went to an emergency department about your own health?**

1 Within the last month

2 More than 1 month ago and less than 3 months

3 More than 3 months ago and less than 6 months

4 More than 6 months ago and less than 12 months ago

.K Don’t know

.R Refused

**A2.71 Was your last visit to the emergency department for a condition you thought could have been treated by the doctors or staff at a medical centre, if they had been available?**

1 Yes

2 No

.K Don’t know

.R Refused

**[Showcard]**

**A2.72 Still thinking about your last visit to an emergency department for your own health, what were all the reasons you went to a hospital emergency department?**

**[Multiple responses possible]**

1 Condition was serious / life threatening

2 Time of day / day of week (e.g. after-hours)

3 Sent by GP

4 Sent by Healthline (or a telephone helpline)

5 Taken by ambulance or helicopter

6 Cheaper

7 More confident about hospital than GP

8 Hospital know me

9 ED recommended by someone else

10 Waiting time at GP too long

11 Do not have regular GP

77 Another reason

.K Don’t know [go to usual medical centre informed A2.81]

.R Refused [go to A2.81]

**🛈 Ask next question if respondent selected more than one of options 1–11 above.**

**[Showcard]**

**A2.73 What was the main reason you went to a hospital emergency department?**

1 Condition was serious / life threatening

2 Time of day / day of week (e.g. after-hours)

3 Sent by GP

4 Sent by Healthline (or a telephone helpline)

5 Taken by ambulance or helicopter

6 Cheaper

7 More confident about hospital than GP

8 Hospital know me

9 ED recommended by someone else

10 Waiting time at GP too long

11 Do not have regular GP

77 Another reason

.K Don’t know

.R Refused

### ED – patient experience

**🛈 Ask all respondents who went to an ED (A2.69 >=1) and have a usual medical centre (A2.01=1) and it is a GP clinic, medical centre or family practice (A2.02=1). Everyone else, go to next question A2.82 (Medical Specialists).**

**[Showcard]**

**A2.81 After your last visit to the hospital emergency department about your own health, did the doctors or staff at your usual medical centre seem informed and up-to-date about the care you received at the emergency department?   
🛈 If they say the doctors or staff at their usual medical centre didn’t need to know, code as “doesn’t apply”. If they can’t remember, code as “don’t know”.**

1 Yes

2 No

3 I haven’t been to my usual medical centre since leaving the emergency department

4 Doesn’t apply

.K Don’t know

.R Refused

Medical specialists

The next few questions are about medical specialists. By medical specialist I mean the kind of doctor that people go to for a particular health condition, problem or service, not a GP. You may have seen the medical specialist as an outpatient in a hospital or at their private rooms or clinic. Please do **not** include medical specialists you may have seen if you were admitted to hospital overnight.

### Specialists – utilisation

**[Showcard]**

**A2.82 In the last 12 months, have you seen any of the following medical specialists about your own health?**

**[Multiple responses possible]**

**🛈 A medical specialist is someone who has trained to be a doctor at medical school and specialises in a branch of medicine recognised by the Medical Council of New Zealand.**

**🛈 Only code as 'Other' if respondent has seen a specialist in this list ⚐, otherwise code ‘none’.**

**🛈 If A2.66=3 then A2.82 should be ≠0.**

|  |  |
| --- | --- |
| **⚐ Tool tip:** |  |
| **Rheumatologist** | **Internal medicine specialist** |
| **Gastroenterologist** | **Occupational physician** |
| **Plastic surgeon** | **Sports physician** |
| **Oral and maxillofacial surgeon** | **Sexual and reproductive health specialist** |
| **Vascular surgeon** | **Breast specialist** |
| **Other specialist surgeon** | **Anaesthetist** |
| **Infectious disease physician** |  |

1 General Medical specialist

2 Dermatologist

3 Neurologist

4 Cardiologist

5 Haematologist

6 Endocrinologist

7 Respiratory Physician

8 Immunologist (allergy specialist)

9 Oncologist

10 General surgeon

11 Orthopaedic surgeon

12 Ophthalmologist (eye specialist)

13 Ear, nose and throat specialist

14 Urologist

15 Obstetrician or Gynaecologist

16 Geriatrician

17 Psychiatrist

77 Other

0 None [go to oral health care worker introduction before A2.91]

.K Don’t know [go to A2.91]

.R Refused [go to A2.91]

**[Showcard]**

**A2.84 The last time you saw a medical specialist about your own health, where was this? Remember, this does not include medical specialists you may have seen if you were in hospital overnight.**

1 Public hospital as an outpatient

2 Private hospital as an outpatient

3 Specialist’s private rooms or clinic

4 GP clinic or medical centre with a visiting medical specialist

77 Other **[Specify]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

.K Don’t know

.R Refused

### Specialists – patient experience

**[Showcard]**

**A2.85 Thinking about your last visit to a medical specialist, how good was the specialist at explaining your health conditions and treatments in a way that you could understand?**

1 Very good

2 Good

3 Neither good or bad

4 Poor

5 Very poor

6 Doesn’t apply

.K Don’t know

.R Refused

**[Showcard]**

**A2.86 How good was the specialist at involving you in decisions about your care, such as discussing different treatment options?**

1 Very good

2 Good

3 Neither good or bad

4 Poor

5 Very poor

6 Doesn’t apply

.K Don’t know

.R Refused

**[Showcard]**

**A2.89 Did you have confidence and trust in the medical specialist you saw?**

1 Yes, definitely

2 Yes, to some extent

3 No, not at all

.K Don’t know

.R Refused

**🛈 Ask all respondents who have made at least one visit to a medical specialist (A2.82 >=1 to 17 or 77) and have a usual medical centre (A2.01=1) and it is a GP clinic, medical centre or family practice (A2.02=1). Everyone else, go to intro before A2.91 (Oral health care workers).**

**[Showcard]**

**A2.90 After your last visit to the medical specialist, did the doctors or staff at your usual medical centre seem informed and up-to-date about this visit?  
🛈 If they say the doctors or staff at their usual medical centre didn’t need to know, code as “doesn’t apply”. If they can’t remember, code as “don’t know”.**

1 Yes

2 No

3 I haven’t been to my usual medical centre since seeing the specialist

4 Doesn’t apply

.K Don’t know

.R Refused

Oral health care workers

These next questions are about dental health care services. When I say “dental health care worker”, I mean dentists, dental therapists (formerly known as dental nurses) dental hygienists, as well as any dental health specialists such as orthodontists.

**[Showcard]**

**A2.91 How long has it been since you last visited a dental health care worker about your own dental health, for any reason?**

1 Within the past year (anytime less than 12 months ago)

2 Within the past two years (more than 1 year but less than 2 years ago)

3 Within the past five years (more than 2 years but less than 5 years ago)

4 Five or more years ago

5 Have never seen a dental health care worker

.K Don’t know

.R Refused

**A2.92 In the last 12 months, has there been any time when you needed to see a dental health care worker about your own dental health, but you weren’t able to?**

1 Yes

2 No [go to regularity of dental health care visits A2.95]

.K Don’t know [go to A2.95]

.R Refused [go to A2.95]

**[Showcard]**

**A2.93 The last timeyou were not able to see a dental health care worker when you needed to, what was the reason?**

**[Multiple responses possible]**

**🛈 Probe “Any other reason?” until no other reason.**

1 Costs too much

2 Had no transport to get there

3 Lack of childcare

4 Couldn’t get an appointment soon enough / at a suitable time

5 It was after-hours

6 Lack of dental services in the area

7 Couldn’t spare the time

8 Anxiety or fear of dental treatment

77 Other **[Specify]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

.K Don’t know

.R Refused

**A2.94 Did you consider that this last time you were not able to see a dental health care worker, was an urgent need?**

1 Yes

2 No

.K Don’t know

.R Refused

**[Showcard]**

**A2.95 Which of the following statements best describes the regularity of your consultations with a dental health care worker?**

1 I visit a dental health care worker at least every two years for a check up

2 I visit a dental health care worker for check-ups regularly, but with intervals of more than two years

3 I only visit a dental health care worker when I have a toothache or other similar trouble

4 I never visit a dental health care worker

.K Don’t know

.R Refused

**The following question may sound similar to a question you have already answered, but we need to ask it again.**

**A2.95a In the last 12 months, have you avoided going to a dental health care worker because of the cost?**

1 Yes

2 No

.K Don’t know

.R Refused

Other health care workers

The next question is about other health care workers you may have seen in the last 12 months. Do not include someone that you may have seen if you were admitted to hospital overnight. **Please do not include any health care workers that we have already talked about.**

**[Showcard]**

**A2.96 In the last 12 months, have you seen any of the following health care workers about your own health?**

**[Multiple responses possible]**

**🛈 The ‘Other’ category could include alternative therapists, audiologists, radiographers and nurses seen somewhere other than a GP clinic or medical centre, etc.**

1 Pharmacist

2 Physiotherapist

3 Chiropractor

4 Osteopath

5 Dietitian

6 Optician or optometrist

7 Occupational therapist

8 Speech-language therapist

9 Midwife

10 Social worker

11 Psychologist or counsellor

77 Other **[Specify]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

0 None of the above

.K Don’t know

.R Refused

**🛈 Respondents 15–24 years go to introduction before Rheumatic fever RF1.1; respondents 25 years and over go to introduction before Health behaviours A3.01.**

# Rheumatic fever

**🛈 Respondents aged 15–24 years to be asked following questions [aged 25 years and over go to introduction before health behaviours A3.01].**

These next questions are about sore throats.

**RF1.1 In the last 12 months, have you had a sore throat?**

1 Yes

2 No [go to rheumatic fever RF1.10]

.K Don’t know [go to rheumatic fever RF1.10]

.R Refused [go to rheumatic fever RF1.10]

**[Showcard]**

**RF1.2 Thinking back to the last time you had a sore throat, did you see a doctor or nurse?**

1 Yes, within 24 hours

2 Yes, after 24 hours but less than 48 hours

3 Yes, after 48 hours

4 No [go to cost barrier RF1.7]

.K Don’t know [go to cost barrier RF1.7]

.R Refused [go to cost barrier RF1.7]

**RF1.3 Thinking about your last visit to a doctor or nurse for a sore throat, what were you charged for that visit?**

🛈 Record amount in dollars and cents, e.g. $60 = 60.00.

🛈 If respondent says between two amounts, record the average in dollars and cents (e.g. between $40 and $50: record 45.00).

🛈 If free enter 0.00.

🛈 If respondent says an amount greater than $199, record as $199.00.

$\_\_\_.\_\_\_ (range 0.00–199.00)

.K Don’t know

.R Refused

**RF1.4 Were you given a prescription?**

1 Yes

2 No

.K Don’t know

.R Refused

**RF1.7 In the past 12 months, was there a time when you had a sore throat but did not see a doctor or nurse because of cost?**

1 Yes

2 No

.K Don’t know

.R Refused

**RF1.8 In the past 12 months, was there a time when you had a sore throat but did not see a doctor or nurse because you had no transport to get there?**

1 Yes

2 No

.K Don’t know

.R Refused

**[Showcard – show the ‘don’t know’ option]**

**RF1.10 Can a sore throat cause rheumatic fever?**

1 Yes

2 No

3 Don’t know what rheumatic fever is [go to intro before health behaviours A3.01]

.K Don’t know

.R Refused

**[Showcard – show the ‘don’t know’ option]**

**RF1.11 Can rheumatic fever damage your heart?**

1 Yes

2 No

.K Don’t know

.R Refused

# Health behaviours

The next section is about things that can influence your health.

High blood pressure

**A3.01** **Have you ever been told by a doctor that you have high blood pressure?**

**🛈 Read out if female – Please do not include high blood pressure you may have had during pregnancy.**

1 Yes

2 No [go to cholesterol A3.03]

.K Don’t know [go to A3.03]

.R Refused [go to A3.03]

**A3.02** **Are you currently taking pills regularly for high blood pressure?**

1 Yes

2 No

.K Don’t know

.R Refused

Cholesterol

**A3.03** **Have you ever been told by a doctor that you have high cholesterol levels in your blood?**

1 Yes

2 No [go to physical activity intro before A3.06]

.K Don’t know [go to intro before A3.06]

.R Refused [go to intro before A3.06]

**A3.04 Are you currently taking pills regularly for high cholesterol?**

1 Yes

2 No

.K Don’t know

.R Refused

Physical activity

I’m now going to ask you about the time you spent being **physically active** in the last 7 days, from last **[enter day]** to yesterday. Do not include activity undertaken today.

By ‘active’ I mean doing anything using your muscles. Think about activities at work, school or home, getting from place to place, and any activities you did for exercise, sport, recreation or leisure.

I will ask you separately about brisk walking, moderate activities, and vigorous activities.

**A3.06 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, walking to travel from place to place, and any other walking that you did solely for recreation, sport, exercise or leisure.**

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

\_\_\_\_\_ days per week (range 0–7) [if A3.06=0 go to moderate activity A3.08]

.K Don’t know [go to A3.08]

.R Refused [go to A3.08]

**A3.07** **How much time did you typically spend walking at a brisk pace on eachof those days?**

🛈 If respondent cannot provide a typical duration, record the average time per day.

*\_\_\_\_\_* hours (range 0–24) *\_\_\_\_\_* minutes (0–60) **🛈 Total time must be >=10 mins.**

.K Don’t know

.R Refused

**🛈 If A3.07 >=8, display message: “A person is unlikely to walk at a brisk pace (breathe harder than normal) for 8 or more hours per day. Please verify”.**

**[Showcard]**

**A3.08 During the last 7 days, on how many days did you do moderate physical activities? ‘Moderate’ activities make you breathe harder than normal, but only a little – like carrying light loads, bicycling at a regular pace, or other activities like those on Showcard page XX. Do not include walking of any kind.**

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

**🛈 Activities shown on Showcard page XX are examples of moderate activity. Many other activities may fall into this category.**

**🛈 Activities on Showcard page XX and page XX can be interchangeable. If a respondent defines an activity as being moderate, even though it is on Showcard page XX (Vigorous Physical Activity), it should be included here.**

\_\_\_\_\_ days per week (range 0–7) [if A3.08=0 go to vigorous activity A3.10]

.K Don’t know [go to A3.10]

.R Refused [go to A3.10]

**Showcard – ‘Moderate’ activities make you breathe harder than normal, but only a little:**

|  |  |
| --- | --- |
| Carrying light loads | Badminton (social) |
| Electrical work | Ballroom dancing |
| Farming | Bowls (indoor, outdoor / lawn) |
| Heavy gardening (digging, weeding, raking, planting, pruning, clearing section) | Cricket (outdoors – batting and bowling) |
| Heavy cleaning (sweeping, cleaning windows, moving furniture) | Cycling (recreational – less than 15km/hr – not mountain biking) |
| House renovation | Deer hunting |
| Machine tooling (operating lathe, punch press, drilling, welding) | Doubles tennis |
| Lawn mowing (manual mower) | Exercising at home (not gym) |
| Plastering | Golf |
| Plumbing | Horse Riding / Equestrian |
|  | Kayaking – slow |
| Kapa haka practice | Skate boarding |
| Waiata-a-ringa | Surfing / body boarding |
|  | Yachting / sailing / dingy sailing |

**A3.09 How much time did you typically spend on each of those days doing moderate physical activities?**

🛈 If respondent cannot provide a typical duration, record the average time per day.

\_\_\_\_\_ hours (range 0–24) \_\_\_\_\_ minutes (0–60) **🛈 Total time must be >=10 mins.**

.K Don’t know

.R Refused

**🛈 If A3.09 >=8, display message: “A person is unlikely to do moderate physical activity (breathe harder than normal) for more than 8 hours per day. Please verify”.**

**🛈 If A3.09=A3.07, display message: “A person is unlikely to spend exactly the same amount of time brisk walking as they do moderate activity each day. Please verify".**

**[Showcard]**

**A3.10 During the last 7 days, on how many days did you do vigorous physical activities? ‘Vigorous’ activities make you breathe a lot harder than normal (‘huff and puff’) – like heavy lifting, digging, aerobics, fast bicycling, or other activities like those shown on Showcard page XX.**

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

**🛈 Activities shown on Showcard page XX are examples of vigorous activity. Many other activities may fall into this category.**

**🛈 Activities on Showcard page XX and page XX can be interchangeable. If a respondent defines an activity as being vigorous, even though it is on Showcard page XX (Moderate Physical Activity), it should be included here.**

\_\_\_\_\_ days per week (range 0–7) [if A3.10=0 go to all activities A3.12]

.K Don’t know [go to A3.12]

.R Refused [go to A3.12]

**Showcard – ‘Vigorous’ activities make you breathe a lot harder than normal (‘huff and puff’):**

|  |  |
| --- | --- |
| Carrying heavy loads | Boxing |
| Forestry | Aerobics |
| Heavy construction | Kayaking – fast |
| Digging ditches | Athletics (track and field) |
| Chopping or sawing wood | Aquarobics |
|  | Skiing |
| Taiaha | Badminton (competitive) |
| Haka | Basketball |
| Rowing | Soccer |
| Judo, karate, other martial arts | Cricket – indoors (batting and bowling) |
| Mountain biking | Rock climbing |
| Cycling (competitive) | Cycling – recreational (not mountain biking) – more than 15 km/hr |
| Rugby union | Rugby league |
| Hockey | Exercise classes – going to the gym (other than for aerobics) / weight training |
| Race walking | Netball |
| Table tennis (competitive) | Volleyball |
| Running / jogging / cross country | Softball (running and pitching only) |
| Singles tennis | Squash |
| Touch rugby | Surf life saving |
| Tramping | Swimming (competitive) |
| Triathlon | Water Polo |

**A3.11** **How much time did you typically spend on each of those days doing vigorous physical activities?**

🛈 If respondent cannot provide a typical duration, record the average time per day.

\_\_\_\_\_ hours (range 0–24) \_\_\_\_\_ minutes (0–60) **🛈 Total time must be >=10 mins.**

.K Don’t know

.R Refused

**🛈 If A3.11 >=4, display message: “A person is unlikely to do vigorous activity (huff and puff) for 4 or more hours per day. Please verify”.**

**A3.12** **Thinking about all your activities over the last 7 days (including brisk walking), on how many days did you engage in:**

* + - * + **at least 30 minutes of moderate activity (including brisk walking) that made you breathe a little harder than normal, OR**
        + **at least 15 minutes of vigorous activity that made you breathe a lot harder than normal (‘huff and puff’)?**

\_\_\_\_\_ days per week (range 0–7)

.K Don’t know

.R Refused

Tobacco

Now, some questions on tobacco smoking.

**A3.13** **Have you ever smoked cigarettes or tobacco at all, even just a few puffs? Please include pipes and cigars.**

**🛈 If asked, this does not include marijuana / cannabis.**

1 Yes

2 No [go to nutrition A3.22]

.K Don’t know [go to A3.22]

.R Refused [go to A3.22]

**A3.14** **Have you ever smoked a total of more than 100 cigarettes in your whole life?**

1 Yes

2 No [go to intro nutrition A3.22]

.K Don’t know [go to A3.22]

.R Refused [go to intro A3.22]

**[Showcard]**

**A3.15 How often do you now smoke?**

**🛈 Read response options. If more than one frequency given, code the highest one.**

1 You don’t smoke now

2 At least once a day [go to type tobacco A3.17]

3 At least once a week [go to A3.17]

4 At least once a month [go to A3.17]

5 Less often than once a month [go to A3.17]

.K Don’t know [go to A3.17]

.R Refused [go to A3.17]

**🛈 Ask next question, A3.16, if respondents are ex-smokers (A3.13=1 and A3.14=1 and A3.15=1).**

**[Showcard]**

**A3.16 How long ago did you stop smoking?**

1 Within the last month [go to number of quit attempts last 12 months A3.21]

2 1 month to 3 months ago [go to A3.21]

3 4 months to 6 months ago [go to A3.21]

4 7 to 12 months ago [go to A3.21]

5 1 to 2 years ago [go to nutrition A3.22]

6 2 to 5 years ago [go to A3.22]

7 Longer than 5 years ago [go to A3.22]

.K Don’t know [go to A3.22]

.R Refused [go to A3.22]

**🛈 Ask next questions, A3.17, A3.18 and A3.19, if respondents are current smokers (A3.15=2, 3, 4, 5) or didn’t answer the current smoker question (A3.15=.K, .R).**

**[Showcard]**

**A3.17 Which of these products do you smoke the most?**

**🛈 Read answers and code.**

1 Tailor-made cigarettes – that is, manufactured cigarettes in a packet

2 Roll your owns using loose tobacco

3 Both tailor-mades and roll your owns

4 Pipes [go to ever quit smoking A3.19]

5 Cigars [go to A3.19]

.K Don’t know

.R Refused

**A3.18 On average, how many cigarettes do you smoke a day?**

**🛈 Don’t initially prompt answer. Wait and code.**

**🛈 If respondent is unable to suggest an average, ask for the typical number of cigarettes smoked in a week and divide by 7.**

**🛈 Round answer to nearest number if necessary e.g. 2.5 cigarettes a day should be entered as 3, that is code 2 (2.4 would be 2).**

1 Less than 1 per day

2 1–5 per day

3 6–10 per day

4 11–15 per day

5 16–20 per day

6 21–25 per day

7 26–30 per day

8 31 or more a day

.K Don’t know

.R Refused

**A3.19** **Have you ever deliberately quit smoking for more than one week?**

1 Yes

2 No [go to nutrition A3.22]

.K Don’t know [go to A3.22]

.R Refused [go to A3.22]

**🛈 Ask A3.20 if respondents are current smokers (A3.15=2, 3, 4, 5) or didn’t answer the current smoker question (A3.15=.K or .R) and have deliberately quit smoking for more than one week (A3.19=1).**

**A3.20 In the last 12 months, how many times did you quit smoking for more than one week?**

­­\_\_\_\_\_ times (range 0–99) [go to nutrition A3.22]

.K Don’t know [go to A3.22]

.R Refused [go to A3.22]

**🛈 Ask A3.21 if respondents are ex-smokers (A3.15=1) and quit smoking in the last 12 months (A3.16=1, 2, 3 or 4).**

**A3.21 In the last 12 months, how many times did you quit smoking for more than one week? Please include the time when you stopped smoking.**

­­\_\_\_\_\_ times (range 1–99)

.K Don’t know

.R Refused

Nutrition

Now, a couple of questions about eating fruit and vegetables.

**[Showcard]**

**A3.22 On average, how many servings of fruit do you eat per day? Please include all fresh, frozen, canned and stewed fruit. Do not include fruit juice or dried fruit. A ‘serving’ = 1 medium piece or 2 small pieces of fruit or ½ cup of stewed fruit. For example, 1 apple + 2 small apricots = 2 servings.**

1 I don’t eat fruit

2 Less than 1 serving per day

3 1 serving per day

4 2 servings per day

5 3 servings per day

6 4 or more servings per day

.K Don’t know

.R Refused

**[Showcard]**

**A3.23 On average, how many servings of vegetables do you eat per day? Please include all fresh, frozen and canned vegetables. Do not include vegetable juices. A ‘serving’ = 1 medium potato / kumara or ½ cup cooked vegetables or 1 cup of salad vegetables. For example, 2 medium potatoes + ½ cup of peas = 3 servings.**

1 I don’t eat vegetables

2 Less than 1 serving per day

3 1 serving per day

4 2 servings per day

5 3 servings per day

6 4 or more servings per day

.K Don’t know

.R Refused

Alcohol

I will now ask you some questions about your use of alcoholic drinks.

**A3.24** **Have you had a drink containing alcohol in the last year?**

1 Yes

2 No [go to alcohol harm A3.33]

.K Don’t know [go to A3.33]

.R Refused [go to A3.33]

**A3.25** **How often do you have a drink containing alcohol?**

**🛈 Don’t initially prompt answer. Wait and code.**

1 Monthly or less

2 Up to 4 times a month

3 Up to 3 times a week

4 4 or more times a week

.K Don’t know

.R Refused

**[Standard drinks picture showcard]**

**A3.26a Looking at this picture showcard, how many drinks containing alcohol do you have on a typical day when you are drinking?**

**By one drink, I now mean one standard drink, that is, one can or stubbie of beer, half a large bottle of beer, one small glass of wine or one shot of spirits. The picture showcard can help you estimate the number of standard drinks you have drunk. It shows some examples of the number of standard drinks in different alcoholic drinks.**

**🛈 Take average and round to nearest whole number if necessary e.g. if respondent says 4 or 5, average is 4.5, round to nearest whole number = 5, that is, code 3.**

1 1 or 2

2 3 or 4

3 5 or 6

4 7 to 9

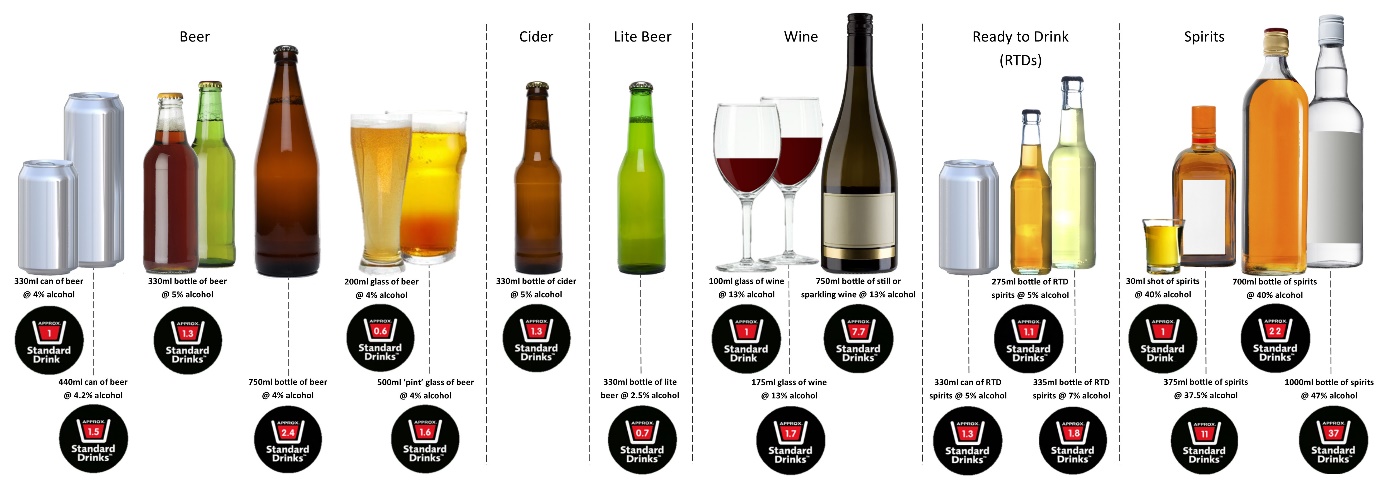
5 10 or 11

6 12 or more

.K Don’t know

.R Refused

**Standard drinks picture showcard:**



**[Standard drinks picture showcard]**

**[Showcard]**

**A3.27a How** **often do you have six or more standard drinks on one occasion?**

1 Never

2 Less than monthly

3 Monthly

4 Weekly

5 Daily or almost daily

.K Don’t know

.R Refused

**[Showcard]**

**A3.28 How often during the last year have you found that you were not able to stop drinking once you had started?**

1 Never

2 Less than monthly

3 Monthly

4 Weekly

5 Daily or almost daily

.K Don’t know

.R Refused

**[Showcard]**

**A3.29 How often during the last year have you failed to do what was normally expected from you because of drinking?**

1 Never

2 Less than monthly

3 Monthly

4 Weekly

5 Daily or almost daily

.K Don’t know

.R Refused

**[Showcard]**

**A3.30 How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?**

1 Never

2 Less than monthly

3 Monthly

4 Weekly

5 Daily or almost daily

.K Don’t know

.R Refused

**[Showcard]**

**A3.31 How often during the last year have you had a feeling of guilt or remorse after drinking?**

1 Never

2 Less than monthly

3 Monthly

4 Weekly

5 Daily or almost daily

.K Don’t know

.R Refused

**[Showcard]**

**A3.32 How often during the last year have you been unable to remember what happened the night before because you had been drinking?**

1 Never

2 Less than monthly

3 Monthly

4 Weekly

5 Daily or almost daily

.K Don’t know

.R Refused

**🛈 The next two questions are about lifetime harm from drinking, so ask all respondents even if they have not had a drink containing alcohol in the last year.**

**[Showcard]**

**A3.33 Have you or someone else been injured as a result of your drinking?**

1 Yes, but not in the last year

2 Yes, during the last year

3 No

.K Don’t know

.R Refused

**[Showcard]**

**A3.34 Has a relative or friend, or a doctor or other health worker, been concerned about your drinking or suggested you cut down?**

1 Yes, but not in the last year

2 Yes, during the last year

3 No

.K Don’t know

.R Refused

Drugs

Now a question about drugs. Remember that everything you say will remain confidential.

**[Showcard]**

**A3.36 In the last 12 months, have you used any of the following drugs for recreational or non-medical purposes, or to get high? Please just read out the number next to the words.**

**[Multiple responses possible]**

**🛈 Prompt: any others?**

1 Cannabis (marijuana, hash, hash oil)

2 Ecstasy

3 Amphetamines, for example, ‘P’ (‘pure’ methamphetamine), ice (crystal methamphetamine), speed

5 Stimulants, for example Ritalin®

6 Codeine, morphine, methadone, oxycodone, pethidine

7 Sedatives, for example Valium, diazepam, temazepam

8 Hallucinogens, for example LSD, mushrooms, ketamine

9 Cocaine

10 Heroin, opium, homebake

77 Other **[Specify]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12 No, none of the above

.K Don’t know

.R Refused

# Health status

These next questions are about your health. Some of these questions may appear similar but we need to ask them.

## SF-12v2

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This first question is about your health now.

**[Showcard]**

**A4.01 In general, would you say your health is …**

**🛈 Read response options.**

1 Excellent

2 Very good

3 Good

4 Fair

5 Poor

.K Don’t know

.R Refused

**🛈 If respondent used a family or professional translator (A6.13=1 OR A6.14=1), skip to A4.13. Everyone else (A6.13=2 AND A6.14=2) go to next question A4.02.**

Now I’m going to read a list of activities that you might do during a typical day.

As I read each item, please tell me if your health now limits you a lot, limits you a little, or does not limit you at all in these activities.

**🛈 If respondent says he/she does not do these activities, then ask how limited they think they would be if they tried to do them.**

**[Showcard]**

**A4.02 Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf. Does your health now limit you a lot, limit you a little, or not limit you at all?**

**🛈 Read response options only if necessary.**

1 Yes, limited a lot

2 Yes, limited a little

3 No, not limited at all

.K Don’t know

.R Refused

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**[Showcard]**

**A4.03 Climbing several flights of stairs. Does your health now limit you a lot, limit you a little, or not limit you at all?**

**🛈 Read response options only if necessary.**

1 Yes, limited a lot

2 Yes, limited a little

3 No, not limited at all

.K Don’t know

.R Refused

The following two questions ask about your physical health and your daily activities.

**[Showcard]**

**A4.04 During the past four weeks, how much of the time have you accomplished less than you would like as a result of your physical health?**

**🛈 Read response options.**

1 All of the time

2 Most of the time

3 Some of the time

4 A little of the time

5 None of the time

.K Don’t know

.R Refused

**[Showcard]**

**A4.05 During the past four weeks, how much of the time were you limited in the kind of work or other regular daily activities you do as a result of your physical health?**

**🛈 Read response options.**

1 All of the time

2 Most of the time

3 Some of the time

4 A little of the time

5 None of the time

.K Don’t know

.R Refused

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The following two questions ask about your emotions and your daily activities.

**[Showcard]**

**A4.06 During the past four weeks, how much of the time have you accomplished less than you would like as a result of any emotional problems, such as feeling depressed or anxious?**

**🛈 Read response options.**

1 All of the time

2 Most of the time

3 Some of the time

4 A little of the time

5 None of the time

.K Don’t know

.R Refused

**[Showcard]**

**A4.07 During the past four weeks, how much of the time did you do work or other regular daily activities less carefully than usual as a result of any emotional problems, such as feeling depressed or anxious?**

**🛈 Read response options.**

1 All of the time

2 Most of the time

3 Some of the time

4 A little of the time

5 None of the time

.K Don’t know

.R Refused

**[Showcard]**

**A4.08 During the past four weeks, how much did pain interfere with your normal work, including both work outside the home and housework? Did it interfere …**

**🛈 Read response options.**

1 Not at all

2 A little bit

3 Moderately

4 Quite a bit

5 Extremely

.K Don’t know

.R Refused

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The next questions are about how you feel and how things have been with you during the past four weeks.

As I read each statement, please give the one answer that comes closest to the way you have been feeling; is it all the time, most of the time, some of the time, a little of the time, or none of the time?

**[Showcard]**

**A4.09 How much of the time during the past four weeks … have you felt calm and peaceful?**

**🛈 Read response options only if necessary.**

1 All of the time

2 Most of the time

3 Some of the time

4 A little of the time

5 None of the time

.K Don’t know

.R Refused

**[Showcard]**

**A4.10 How much of the time during the past four weeks … did you have a lot of energy?**

**🛈 Read response options.**

1 All of the time

2 Most of the time

3 Some of the time

4 A little of the time

5 None of the time

.K Don’t know

.R Refused

**[Showcard]**

**A4.11 How much of the time during the past four weeks … have you felt downhearted and depressed?**

**🛈 Read response options only if necessary.**

1 All of the time

2 Most of the time

3 Some of the time

4 A little of the time

5 None of the time

.K Don’t know

.R Refused

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**[Showcard]**

**A4.12 During the past four weeks, how much of the time has your physical health or emotional problems interfered with your social activities like visiting with friends or relatives? Has it interfered …**

**🛈 Read response options.**

1 All of the time

2 Most of the time

3 Some of the time

4 A little of the time

5 None of the time

.K Don’t know

.R Refused

## Mental Health – K10

The next questions are again about how you have been feeling during the **past 4 weeks**. Some of these questions are similar to earlier questions, but we need to ask them again.

**[Showcard]**

**A4.13 During the past 4 weeks, how often did you feel tired out for no good reason – would you say all of the time, most of the time, some of the time, a little of the time, or none of the time?**

1 All of the time

2 Most of the time

3 Some of the time

4 A little of the time

5 None of the time

.K Don’t know

.R Refused

**[Showcard]**

**A4.14 During the past 4 weeks, how often did you feel nervous – all of the time, most of the time, some of the time, a little of the time, or none of the time?**

1 All of the time

2 Most of the time

3 Some of the time

4 A little of the time

5 None of the time [go to hopeless A4.16]

.K Don’t know [go to A4.16]

.R Refused [go to A4.16]

**[Showcard]**

**A4.15 During the past 4 weeks, how often did you feel so nervous that nothing could calm you down?**

1 All of the time

2 Most of the time

3 Some of the time

4 A little of the time

5 None of the time

.K Don’t know

.R Refused

**[Showcard]**

**A4.16 During the past 4 weeks, how often did you feel hopeless?**

1 All of the time

2 Most of the time

3 Some of the time

4 A little of the time

5 None of the time

.K Don’t know

.R Refused

**[Showcard]**

**A4.17 During the past 4 weeks, how often did you feel restless or fidgety?**

1 All of the time

2 Most of the time

3 Some of the time

4 A little of the time

5 None of the time [go to depressed A4.19]

.K Don’t know [go to A4.19]

.R Refused [go to A4.19]

**[Showcard]**

**A4.18 During the past 4 weeks, how often did you feel so restless you could not sit still?**

1 All of the time

2 Most of the time

3 Some of the time

4 A little of the time

5 None of the time

.K Don’t know

.R Refused

**[Showcard]**

**A4.19 During the past 4 weeks, how often did you feel depressed?**

1 All of the time

2 Most of the time

3 Some of the time

4 A little of the time

5 None of the time [go to effort A4.21]

.K Don’t know [go to A4.21]

.R Refused [go to A4.21]

**[Showcard]**

**A4.20 How often did you feel so depressed that nothing could cheer you up?**

1 All of the time

2 Most of the time

3 Some of the time

4 A little of the time

5 None of the time

.K Don’t know

.R Refused

**[Showcard]**

**A4.21 During the past 4 weeks, how often did you feel that everything was an effort?**

1 All of the time

2 Most of the time

3 Some of the time

4 A little of the time

5 None of the time

.K Don’t know

.R Refused

**[Showcard]**

**A4.22 During the past 4 weeks, how often did you feel worthless?**

1 All of the time

2 Most of the time

3 Some of the time

4 A little of the time

5 None of the time

.K Don’t know

.R Refused

**[Showcard]**

**AMH1.01a During the past 4 weeks, how often did you feel lonely?**

1 All of the time

2 Most of the time

3 Some of the time

4 A little of the time

5 None of the time

.K Don’t know

.R Refused

# Mental health

**[Red text does not appear on screen]**

### Interviewer observation

**Complete the following question without asking the respondent:**

**AMHIntro Is the interview being conducted with cognitive or language assistance from a family member / caregiver / friend of the respondent?**

1. **No – continue with mental health module** [Go to AMHIntro1]

2 Yes – skip mental health module [skip self-complete section and go to A5.01]

**🛈 If AMHIntro=2, please display the following pop-up message: ‘Are you sure you want to skip this section? Click ‘OK’ to skip, or ‘Cancel’ to go back’.**

**🛈 START OF SELF-COMPLETE SECTION.**

**AMHIntro1**

The next section involves putting on a pair of headphones and answering some questions about your mental health and use of health services directly into the computer. I will turn the computer around and help you get started.

When you have finished answering the questions you will be able to lock this section of the questionnaire so that I can’t read your answers.

We now have some practice questions which I can guide you through, to show you how to use the computer.

🛈 Before proceeding to next question, plug in headphones and turn laptop to face respondent.

🛈 Identify which input method is preferable: track pad, mouse, stylus or finger.

🛈 The interviewer can administer this section using showcards but only if privacy can be ensured (i.e. no one other than a professional translator can see or hear the answers).

1. **Continue with practice questions**
2. **Skip practice questions** [Go to AMHIntro8]
3. Skip self-complete section because privacy isn’t ensured [Go to A5.01]

**🛈 If AMHIntro=3, please display the following pop-up message: ‘Are you sure you want to skip this section? Click ‘OK’ to skip, or ‘Cancel’ to go back’.**

**AMHIntro2**

As you move to each new screen, you will hear the question being read to you through the headphones like I am doing now.

If you would like the question to be read to you again, click the ‘play ►’ button, found in the grey bar in the top right corner of the screen.

If you would like to adjust the volume level, just let your interviewer know and they will help you do this.

If you would like to answer the question before you have heard all of the possible answer options, please feel free to do so. Feel free to remove the headphones if you'd prefer to just read the questions.

Click the ‘Next ⇨’ button at the bottom of the screen to move to the next screen.

**AMHIntro3**

In some questions we’d like you to make one choice.

For example, have you ever used a computer before? The options for these questions have round buttons to show that only one choice can be selected.

Please select the choice you want to make. You can do this by clicking on the round button next to the option or by clicking on the actual words.

When you are done, click the ‘Next ⇨’ button.

1. Yes
2. No

.K I don’t know

.R I don’t want to answer

**AMHIntro4**

Some questions allow you to make more than one choice. You will see the note: **You may choose more than one answer.**

For example, which of these do you have in your home? The options for these questions have square boxes to show that more than one choice can be selected.

Once you have selected the choices you want to make, click ‘Next ⇨’.

1. TV
2. Radio
3. Washing machine
4. Dishwasher
5. Computer
6. Games console
7. Microwave
8. None of the above

.K I don’t know

.R I don’t want to answer

**AMHIntro5**

Some questions are shown in a grid. Please select one option in each row.

If you miss a row, you will see a pop-up message telling you to go back and check your answers. Clicking ‘OK’ will take you back to the question so you can answer every row before continuing.

For example, over the last **2 weeks**, how often have you used the following household items? The options for these questions are shown along the top of the grid.

Once you have selected a choice for all items, click ‘Next ⇨’.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not at all | Several days | More than half the days | Nearly every day |
| TV |  |  |  |  |
| Radio |  |  |  |  |
| Washing machine |  |  |  |  |

**🛈 If one or more rows in AMHIntro5 are left blank, please display the following pop-up message: ‘You have not answered every row. Click ‘OK’ to go back and select an answer for every question, OR click ‘Cancel’ to go to the next page’.**

**AMHIntro6**

Some words in the survey will be underlined and will have a flag symbol next to them. This tells you that there is additional information available to help you answer the question.

Move the pointer over this word ⚐ or touch it with your finger to display the additional information. To make the box disappear, move the pointer away or touch on another area of the screen.

Now click ‘Next ⇨’.

**AMHIntro7**

If you would like to go back to a question you have already answered, and change it, you can do so by clicking the ‘⇦ Back’ button at the bottom of the screen.

If you would like to clear the answers that you have selected for a particular question, click the ‘↻ Reset these answers’ button, also at the bottom of the screen.

Click ‘Next ⇨’ to continue.

**AMHIntro8**

Questions about your emotions, stress, mental health and substance use will begin on the next screen.

Please let your interviewer know if you would like any assistance when completing this section.

Click ‘Next ⇨’ to begin.

## Patient Health Questionnaire (PHQ-SADS)

**The PHQ-SADS screens for somatic, anxiety, and depressive symptoms.**

**[Red text does not appear on screen]**

**🛈 Question numbers should NOT show for any of the PHQ-SADS grids, as some rows may not show (e.g. menstrual cramps for men) and the resultant (non-consecutive) numbering may confuse respondents.**

**[Showcard]**

**PHQ1.01 – PHQ1.15**

**🛈 Questions PHQ1.01 to PHQ1.15 fit over two screens for self-complete. Start second screen with ‘Headaches’ if possible.**

**🛈 If male (AD.01=1), don’t show PHQ1.06 (i.e. the question about menstrual cramps).**

During the last **4 weeks**, how much have you been bothered by any of the following problems?

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Not bothered** | **Bothered a little** | **Bothered a lot** |
| Stomach pain |  |  |  |
| Back pain |  |  |  |
| Pain in your arms, legs, or joints (knees, hips, etc.) |  |  |  |
| Feeling tired or having little energy |  |  |  |
| Trouble falling or staying asleep, or sleeping too much |  |  |  |
| Menstrual cramps or other problems with your periods |  |  |  |
| Pain or problems during sexual intercourse |  |  |  |
| Headaches |  |  |  |
| Chest pain |  |  |  |
| Dizziness |  |  |  |
| Fainting spells |  |  |  |
| Feeling your heart pound or race |  |  |  |
| Shortness of breath |  |  |  |
| Constipation, loose bowels, or diarrhoea |  |  |  |
| Nausea, gas, or indigestion |  |  |  |

**🛈 If one or more of PHQ1.01 – PHQ1.15 are left blank, please display the following pop-up message: ‘You have not answered every row. Click ‘OK’ to go back and select an answer for every question, OR click ‘Cancel’ to go to the next page’.**

**[Showcard]**

**PHQ1.16 – PHQ1.22**

**🛈 Questions PHQ1.16 to PHQ1.22 fit on one screen for self-complete.**

Over the last **2 weeks**, how often have you been bothered by any of the following problems?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Not at all** | **Several days** | **More than half the days** | **Nearly every day** |
| Feeling nervous anxiety or on edge |  |  |  |  |
| Not being able to stop or control worrying |  |  |  |  |
| Worrying too much about different things |  |  |  |  |
| Trouble relaxing |  |  |  |  |
| Being so restless that it is hard to sit still |  |  |  |  |
| Becoming easily annoyed or irritable |  |  |  |  |
| Feeling afraid as if something awful might happen |  |  |  |  |

**🛈 If one or more of PHQ1.16 – PHQ1.22 are left blank, please display the following pop-up message: ‘You have not answered every row. Click ‘OK’ to go back and select an answer for every question, OR click ‘Cancel’ to go to the next page’.**

## Anxiety attacks

**PHQ1.23** In the last **4 weeks**, have you had an anxiety attack ⎯ suddenly feeling fear or panic?

1 Yes [go to PHQ1.24]

2 No [go to PHQ1.28]

**🛈 If PHQ1.23 is left blank, please display the following pop-up message: ‘You have not answered this question. Click ‘OK’ to go back and select an answer, OR click ‘Cancel’ to go to the next page’.**

**🛈 Respondents who leave PHQ1.23 blank (following pop-up message) should skip to PHQ1.28.**

**PHQ1.24** Has this ever happened before?

1 Yes

2 No

**🛈 If PHQ1.24 is left blank, please display the following pop-up message: ‘You have not answered this question. Click ‘OK’ to go back and select an answer, OR click ‘Cancel’ to go to the next page’.**

**PHQ1.25** Do some of these attacks come suddenly out of the blue ⎯ that is, in situations where you don’t expect to be nervous or uncomfortable?

1 Yes

2 No

**🛈 If PHQ1.25 is left blank, please display the following pop-up message: ‘You have not answered this question. Click ‘OK’ to go back and select an answer, OR click ‘Cancel’ to go to the next page’.**

**PHQ1.26** Do these attacks bother you a lot or are you worried about having another attack?

1 Yes

2 No

**🛈 If PHQ1.26 is left blank, please display the following pop-up message: ‘You have not answered this question. Click ‘OK’ to go back and select an answer, OR click ‘Cancel’ to go to the next page’.**

**PHQ1.27** During your last bad anxiety attack, did you have symptoms like shortness of breath, sweating, or your heart racing, pounding or skipping?

1 Yes

2 No

**🛈 If PHQ1.27 is left blank, please display the following pop-up message: ‘You have not answered this question. Click ‘OK’ to go back and select an answer, OR click ‘Cancel’ to go to the next page’.**

**[Showcard]**

**PHQ1.28 – PHQ1.36**

**🛈 Questions PHQ1.28 to PHQ1.36 fit on one screen for self-complete.**

Over the last **2 weeks**, how often have you been bothered by any of the following problems?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Not at all** | **Several days** | **More than half the days** | **Nearly every day** |
| Little interest or pleasure in doing things |  |  |  |  |
| Feeling down, depressed, or hopeless |  |  |  |  |
| Trouble falling or staying asleep, or sleeping too much |  |  |  |  |
| Feeling tired or having little energy |  |  |  |  |
| Poor appetite or overeating |  |  |  |  |
| Feeling bad about yourself – or that you are a failure or have let yourself or your family down |  |  |  |  |
| Trouble concentrating on things, such as reading the newspaper or watching television |  |  |  |  |
| Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual |  |  |  |  |
| Thoughts that you would be better off dead or of hurting yourself in some way |  |  |  |  |

**🛈 If one or more of PHQ1.28 – PHQ1.36 are left blank, please display the following pop-up message: ‘You have not answered every row. Click ‘OK’ to go back and select an answer for every question, OR click ‘Cancel’ to go to the next page’.**

**🛈 Go to PHQ1.37 if:**

**any answers in PHQ1.01 – PHQ1.15 were “bothered a little” OR “bothered a lot”**

**OR**

**any answers in PHQ1.16 – PHQ1.22 were “several days” OR “more than half the days” OR “nearly every day”**

**OR**

**any answers in PHQ1.23 – PHQ1.27 were “Yes”**

**OR**

**any answers in PHQ1.28 – PHQ1.36 were “several days” OR “more than half the days” OR “nearly every day”**

**Otherwise, go to AST1.01**

**[Showcard]**

**PHQ1.37** Thinking about the problems you’ve reported in this section of the questionnaire that have been bothering you…

How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

1. Not difficult at all
2. Somewhat difficult
3. Very difficult
4. Extremely difficult

**🛈 If PHQ1.37 is left blank, please display the following pop-up message: ‘You have not answered this question. Click ‘OK’ to go back and select an answer, OR click ‘Cancel’ to go to the next page’.**

## The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)

**[Red text does not appear on screen]**

The next questions are about your experience of using alcohol, tobacco products and other drugs. These substances can be smoked, swallowed, snorted, inhaled, injected or taken in the form of pills.

Some questions may sound similar to questions you have already answered, but we need to ask them again.

Please do not include medicine that you have used for the purpose it was prescribed for, by your doctor. Please include prescribed medicine that you have taken for other reasons, such as to get high, or taken more frequently or at a higher dose than specified.

**🛈 Question numbers should NOT show for any of the ASSIST grids. The reason for this is that only some substances show in the grids (except first grid) and the resultant (non-consecutive) numbering may confuse respondents.**

**[Showcard]**

**AST1.01 – AST1.10**

In your **lifetime**, which of the following substances have you **ever used**?

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **Tobacco products**  (cigarettes, chewing tobacco, cigars, etc.) |  |  |
| **Alcoholic beverages**  (beer, wine, spirits, etc.) |  |  |
| **Cannabis**  (marijuana, weed, pot, grass, hash, oil, synthetic cannabis, etc.) |  |  |
| **Cocaine**  (coke, crack, etc.) |  |  |
| **Amphetamine type stimulants**  (speed, diet pills, meth, P, ice, ecstasy, Ritalin®, etc.) |  |  |
| **Inhalants**  (nitrous oxide, NOS, glue, petrol, paint thinner, butane, nitrites, poppers, rush etc.) |  |  |
| **Sedatives or Sleeping Pills**  (Benzos, Valium, diazepam, temazepam, Serepax, Rohypnol, clonazepam, rivotril, zopiclone, GHB, GBL, etc.) |  |  |
| **Hallucinogens**  (LSD, acid, mushrooms, PCP, ketamine, Special K, NBOMe, cactus, datura etc.) |  |  |
| **Opioids**  (opium, oxycodone, oxy, tramadol, pethidine, heroin, homebake, morphine, methadone, codeine, etc.) |  |  |
| **Other** (you will be asked to specify these on the next screen) | [go to AST1.10a] | [go to AST1.11] |

**🛈 If all of AST1.01 – AST1.10 = No, please display the following pop-up message: “Your answers indicate that you have never tried any of the substances mentioned in this grid. Not even when you were at school? If you did, please click ‘Cancel’ to go back and indicate which substances you have used at any point in your life. If not, click ‘Ok’ to go to the next page”.**

**🛈 If one or more of AST1.01 – AST1.10 are left blank, please display the following pop-up message: ‘You have not answered every row. Click ‘Ok’ to go back and select an answer for every question, OR click ‘Cancel’ to go to the next page’.**

**🛈 If (following pop-up) AST1.10 (other) = yes, go to AST1.10a. Else:**

* **If (following pop-up) any of AST1.01 – AST1.09 = Yes, go to AST1.11 – AST1.20c.**
* **All else (i.e. all AST1.01 – AST1.10 = No or missing) go to AMH1.01.**

**Display AST1.10a – AST1.10c on a new screen.**

**AST1.10a to AST1.10c**

Please specify the other substances that you have **ever used**.

Write each substance in a separate box.

|  |  |
| --- | --- |
| Other substance 1 |  |
| Other substance 2 |  |
| Other substance 3 |  |

**🛈 If there is no text entered into any of AST1.10a–c, please display the following pop-up message: ‘You have not answered this question. Click ‘OK’ to go back and select an answer for every question, OR click ‘Cancel’ to go to the next page’.**

**🛈 If (following pop-up) any of AST1.01 – AST1.10 = Yes, ask AST1.11 – AST1.20c. Else go to AMH1.01.**

**🛈 Grid below should only display substances that an individual has ever used i.e. when AST1.01, AST1.02, AST1.03, AST1.04, AST1.05, AST1.06, AST1.07, AST1.08, OR AST1.09 = “Yes”; OR when AST1.10a, AST1.10b, OR AST1.10c are populated.**

**[Showcard]**

**AST1.11 – AST1.20c**

In the **past three months**, how often have you used the substances you mentioned?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Never** | **Once or twice** | **Monthly** | **Weekly** | **Daily or almost daily** |
| **Tobacco products**  (cigarettes, chewing tobacco, cigars, etc.) |  |  |  |  |  |
| **Alcoholic beverages**  (beer, wine, spirits, etc.) |  |  |  |  |  |
| **Cannabis**  (marijuana, weed, pot, grass, hash, oil, synthetic cannabis, etc.) |  |  |  |  |  |
| **Cocaine**  (coke, crack, etc.) |  |  |  |  |  |
| **Amphetamine type stimulants**  (speed, diet pills, meth, P, ice, ecstasy, Ritalin®, etc.) |  |  |  |  |  |
| **Inhalants**  (nitrous oxide, NOS, glue, petrol, paint thinner, butane, nitrites, poppers, rush etc.) |  |  |  |  |  |
| **Sedatives or Sleeping Pills**  (Benzos, Valium, diazepam, temazepam, Serepax, Rohypnol, clonazepam, rivotril, zopiclone, GHB, GBL, etc.) |  |  |  |  |  |
| **Hallucinogens**  (LSD, acid, mushrooms, PCP, ketamine, Special K, NBOMe, cactus, datura etc.) |  |  |  |  |  |
| **Opioids**  (opium, oxycodone, oxy, tramadol, pethidine, heroin, homebake, morphine, methadone, codeine, etc.) |  |  |  |  |  |
| **🛈 If AST1.10a is populated, show name of substance here** |  |  |  |  |  |
| **🛈 If AST1.10b is populated, show name of substance here** |  |  |  |  |  |
| **🛈 If AST1.10c is populated, show name of substance here** |  |  |  |  |  |

**🛈 If respondent has left any displayed substances blank (i.e. has not responded), please show the following pop-up message: ‘You have not answered every row. Click ‘OK’ to go back and select an answer for every question, OR click ‘Cancel’ to go to the next page’.**

**🛈 If "Never" OR there is no response to all substances in AST1.11 – AST1.20c displayed, skip to AST1.51 – AST1.60c.**

**🛈 If answered ‘once or twice’, ‘monthly’, ‘weekly’ or ‘daily or almost daily’ to any displayed substances in AST1.11 – AST1.20c, ask AST1.21 to AST1.50c for each substance used in the past three months.**

**[Showcard]**

**AST1.21 – AST1.30c**

**🛈 Grid below should:**

* **display substances when AST1.11, AST1.12, AST1.13, AST1.14, AST1.15, AST1.16, AST1.17, AST1.18, OR AST1.19, AST1.20a, AST1.20b, OR AST1.20c = ‘once or twice’, ‘monthly’, ‘weekly’ or ‘daily or almost daily’.**
* **not display substances when AST1.11 – AST1.20c = ‘never’ OR there is no response.**

During the **past three months**, how often have you had a strong desire or urge to use the substances you mentioned?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Never** | **Once or twice** | **Monthly** | **Weekly** | **Daily or almost daily** |
| **Tobacco products**  (cigarettes, chewing tobacco, cigars, etc.) |  |  |  |  |  |
| **Alcoholic beverages**  (beer, wine, spirits, etc.) |  |  |  |  |  |
| **Cannabis**  (marijuana, weed, pot, grass, hash, oil, synthetic cannabis, etc.) |  |  |  |  |  |
| **Cocaine**  (coke, crack, etc.) |  |  |  |  |  |
| **Amphetamine type stimulants**  (speed, diet pills, meth, P, ice, ecstasy, Ritalin®, etc.) |  |  |  |  |  |
| **Inhalants**  (nitrous oxide, NOS, glue, petrol, paint thinner, butane, nitrites, poppers, rush etc.) |  |  |  |  |  |
| **Sedatives or Sleeping Pills**  (Benzos, Valium, diazepam, temazepam, Serepax, Rohypnol, clonazepam, rivotril, zopiclone, GHB, GBL, etc.) |  |  |  |  |  |
| **Hallucinogens**  (LSD, acid, mushrooms, PCP, ketamine, Special K, NBOMe, cactus, datura etc.) |  |  |  |  |  |
| **Opioids**  (opium, oxycodone, oxy, tramadol, pethidine, heroin, homebake, morphine, methadone, codeine, etc.) |  |  |  |  |  |
| **🛈 If AST1.20a is ‘once or twice’, ‘monthly’, ‘weekly’ or ‘daily or almost daily’, show name of substance here** |  |  |  |  |  |
| **🛈 If AST1.20b is ‘once or twice’, ‘monthly’, ‘weekly’ or ‘daily or almost daily’, show name of substance here** |  |  |  |  |  |
| **🛈 If AST1.20c is ‘once or twice’, ‘monthly’, ‘weekly’ or ‘daily or almost daily’, show name of substance here** |  |  |  |  |  |

**🛈 If respondent has left any displayed substances blank (i.e. has not responded), please display the following pop-up message: ‘You have not answered every row. Click ‘OK’ to go back and select an answer for every question, OR click ‘Cancel’ to go to the next page’.**

**[Showcard]**

**AST1.31 – AST1.40c**

**🛈 Grid below should:**

* **display substances when AST1.11, AST1.12, AST1.13, AST1.14, AST1.15, AST1.16, AST1.17, AST1.18, OR AST1.19, AST1.20a, AST1.20b, OR AST1.20c = ‘once or twice’, ‘monthly’, ‘weekly’ or ‘daily or almost daily’.**
* **not display substances when AST1.11 – AST1.20c = ‘never’ OR there is no response.**

During the **past** **three months**, how often has your use of the substances you mentioned led to health, social, legal or financial problems?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Never** | **Once or twice** | **Monthly** | **Weekly** | **Daily or almost daily** |
| **Tobacco products**  (cigarettes, chewing tobacco, cigars, etc.) |  |  |  |  |  |
| **Alcoholic beverages**  (beer, wine, spirits, etc.) |  |  |  |  |  |
| **Cannabis**  (marijuana, weed, pot, grass, hash, oil, synthetic cannabis, etc.) |  |  |  |  |  |
| **Cocaine**  (coke, crack, etc.) |  |  |  |  |  |
| **Amphetamine type stimulants**  (speed, diet pills, meth, P, ice, ecstasy, Ritalin®, etc.) |  |  |  |  |  |
| **Inhalants**  (nitrous oxide, NOS, glue, petrol, paint thinner, butane, nitrites, poppers, rush etc.) |  |  |  |  |  |
| **Sedatives or Sleeping Pills**  (Benzos, Valium, diazepam, temazepam, Serepax, Rohypnol, clonazepam, rivotril, zopiclone, GHB, GBL, etc.) |  |  |  |  |  |
| **Hallucinogens**  (LSD, acid, mushrooms, PCP, ketamine, Special K, NBOMe, cactus, datura etc.) |  |  |  |  |  |
| **Opioids**  (opium, oxycodone, oxy, tramadol, pethidine, heroin, homebake, morphine, methadone, codeine, etc.) |  |  |  |  |  |
| **🛈 If AST1.20a is ‘once or twice’, ‘monthly’, ‘weekly’ or ‘daily or almost daily’, show name of substance here** |  |  |  |  |  |
| **🛈 If AST1.20b is ‘once or twice’, ‘monthly’, ‘weekly’ or ‘daily or almost daily’, show name of substance here** |  |  |  |  |  |
| **🛈 If AST1.20c is ‘once or twice’, ‘monthly’, ‘weekly’ or ‘daily or almost daily’, show name of substance here** |  |  |  |  |  |

**🛈 If respondent has left any displayed substances blank (i.e. has not responded), please display the following pop-up message: ‘You have not answered every row. Click ‘OK’ to go back and select an answer for every question, OR click ‘Cancel’ to go to the next page’.**

**[Showcard]**

**AST1.41 – AST1.50c**

**🛈 Grid below should:**

* **display substances when AST1.11, AST1.12, AST1.13, AST1.14, AST1.15, AST1.16, AST1.17, AST1.18, OR AST1.19, AST1.20a, AST1.20b, OR AST1.20c = ‘once or twice’, ‘monthly’, ‘weekly’ or ‘daily or almost daily’.**
* **not display substances when AST1.11 – AST1.20c = ‘never’ OR there is no response.**

During the **past three months**, how often have you failed to do what was normally expected of you because of your use of the substances you mentioned?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Never** | **Once or twice** | **Monthly** | **Weekly** | **Daily or almost daily** |
| **Tobacco products**  (cigarettes, chewing tobacco, cigars, etc.) |  |  |  |  |  |
| **Alcoholic beverages**  (beer, wine, spirits, etc.) |  |  |  |  |  |
| **Cannabis**  (marijuana, weed, pot, grass, hash, oil, synthetic cannabis, etc.) |  |  |  |  |  |
| **Cocaine**  (coke, crack, etc.) |  |  |  |  |  |
| **Amphetamine type stimulants**  (speed, diet pills, meth, P, ice, ecstasy, Ritalin®, etc.) |  |  |  |  |  |
| **Inhalants**  (nitrous oxide, NOS, glue, petrol, paint thinner, butane, nitrites, poppers, rush etc.) |  |  |  |  |  |
| **Sedatives or Sleeping Pills**  (Benzos, Valium, diazepam, temazepam, Serepax, Rohypnol, clonazepam, rivotril, zopiclone, GHB, GBL, etc.) |  |  |  |  |  |
| **Hallucinogens**  (LSD, acid, mushrooms, PCP, ketamine, Special K, NBOMe, cactus, datura etc.) |  |  |  |  |  |
| **Opioids**  (opium, oxycodone, oxy, tramadol, pethidine, heroin, homebake, morphine, methadone, codeine, etc.) |  |  |  |  |  |
| **🛈 If AST1.20a is ‘once or twice’, ‘monthly’, ‘weekly’ or ‘daily or almost daily’, show name of substance here** |  |  |  |  |  |
| **🛈 If AST1.20b is ‘once or twice’, ‘monthly’, ‘weekly’ or ‘daily or almost daily’, show name of substance here** |  |  |  |  |  |
| **🛈 If AST1.20c is ‘once or twice’, ‘monthly’, ‘weekly’ or ‘daily or almost daily’, show name of substance here** |  |  |  |  |  |

**🛈 If respondent has left any displayed substances blank (i.e. has not responded), please display the following pop-up message: ‘You have not answered every row. Click ‘OK’ to go back and select an answer for every question, OR click ‘Cancel’ to go to the next page’.**

**[Showcard]**

**AST1.51 – AST1.60c**

**🛈 Grid below should only display substances that an individual has ever used i.e. when AST1.01, AST1.02, AST1.03, AST1.04, AST1.05, AST1.06, AST1.07, AST1.08, OR AST1.09 = “Yes”; OR when AST1.10a, AST1.10b, OR AST1.10c are populated.**

Has a friend or relative or anyone else **ever** expressed concern about your use of the substances you mentioned?

|  |  |  |  |
| --- | --- | --- | --- |
|  | **No, never** | **Yes, in the past 3 months** | **Yes, but not in the past 3 months** |
| **Tobacco products**  (cigarettes, chewing tobacco, cigars, etc.) |  |  |  |
| **Alcoholic beverages**  (beer, wine, spirits, etc.) |  |  |  |
| **Cannabis**  (marijuana, weed, pot, grass, hash, oil, synthetic cannabis, etc.) |  |  |  |
| **Cocaine**  (coke, crack, etc.) |  |  |  |
| **Amphetamine type stimulants**  (speed, diet pills, meth, P, ice, ecstasy, Ritalin®, etc.) |  |  |  |
| **Inhalants**  (nitrous oxide, NOS, glue, petrol, paint thinner, butane, nitrites, poppers, rush etc.) |  |  |  |
| **Sedatives or Sleeping Pills**  (Benzos, Valium, diazepam, temazepam, Serepax, Rohypnol, clonazepam, rivotril, zopiclone, GHB, GBL, etc.) |  |  |  |
| **Hallucinogens**  (LSD, acid, mushrooms, PCP, ketamine, Special K, NBOMe, cactus, datura etc.) |  |  |  |
| **Opioids**  (opium, oxycodone, oxy, tramadol, pethidine, heroin, homebake, morphine, methadone, codeine, etc.) |  |  |  |
| **🛈 If AST1.10a is populated, show name of substance here** |  |  |  |
| **🛈 If AST1.10b is populated, show name of substance here** |  |  |  |
| **🛈 If AST1.10c is populated, show name of substance here** |  |  |  |

**🛈 If respondent has left any displayed substances blank (i.e. has not responded), please display the following pop-up message: ‘You have not answered every row. Click ‘OK’ to go back and select an answer for every question, OR click ‘Cancel’ to go to the next page’.**

**[Showcard]**

**AST1.61 – AST1.70c**

**🛈 Grid below should only display substances that an individual has ever used i.e. when AST1.01, AST1.02, AST1.03, AST1.04, AST1.05, AST1.06, AST1.07, AST1.08, OR AST1.09 = “Yes”; OR when AST1.10a, AST1.10b, OR AST1.10c are populated.**

Have you **ever** **tried and failed** to control, cut down or stop using the substances you mentioned?

|  |  |  |  |
| --- | --- | --- | --- |
|  | **No, never** | **Yes, in the past 3 months** | **Yes, but not in the past 3 months** |
| **Tobacco products**  (cigarettes, chewing tobacco, cigars, etc.) |  |  |  |
| **Alcoholic beverages**  (beer, wine, spirits, etc.) |  |  |  |
| **Cannabis**  (marijuana, weed, pot, grass, hash, oil, synthetic cannabis, etc.) |  |  |  |
| **Cocaine**  (coke, crack, etc.) |  |  |  |
| **Amphetamine type stimulants**  (speed, diet pills, meth, P, ice, ecstasy, Ritalin®, etc.) |  |  |  |
| **Inhalants**  (nitrous oxide, NOS, glue, petrol, paint thinner, butane, nitrites, poppers, rush etc.) |  |  |  |
| **Sedatives or Sleeping Pills**  (Benzos, Valium, diazepam, temazepam, Serepax, Rohypnol, clonazepam, rivotril, zopiclone, GHB, GBL, etc.) |  |  |  |
| **Hallucinogens**  (LSD, acid, mushrooms, PCP, ketamine, Special K, NBOMe, cactus, datura etc.) |  |  |  |
| **Opioids**  (opium, oxycodone, oxy, tramadol, pethidine, heroin, homebake, morphine, methadone, codeine, etc.) |  |  |  |
| **🛈 If AST1.10a is populated, show name of substance here** |  |  |  |
| **🛈 If AST1.10b is populated, show name of substance here** |  |  |  |
| **🛈 If AST1.10c is populated, show name of substance here** |  |  |  |

**🛈 If respondent has left any displayed substances blank (i.e. has not responded), please display the following pop-up message: ‘You have not answered every row. Click ‘OK’ to go back and select an answer for every question, OR click ‘Cancel’ to go to the next page’.**

**[Showcard]**

**AST1.71** Have you **ever** used any drug by injection (non-medical use only)?

1. No, never
2. Yes, in the past 3 months
3. Yes, but not in the past 3 months

**🛈 If AST1.71 is left blank, please display the following pop-up message: ‘You have not answered this question. Click ‘OK’ to go back and select an answer for every question, OR click ‘Cancel’ to go to the next page’.**

## Use of services and informal help for mental health and substance use

**[Red text does not appear on screen]**

This section is about your contact with health professionals and other people for any concerns you might have had about your emotions, stress, mental health, or substance use.

By substance use, we mean use of alcohol or drugs. Please don’t include tobacco products.

Please note that when you see underlined words followed by a flag symbol, you can touch on them for more information.

**[Showcard]**

**AMH1.01** In the past **12 months**, did you go to any of the following self-help groups for concerns about your emotions, stress, mental health, or substance use ⚐? Please don’t include Internet support groups.

**You may choose more than one answer.**

**⚐ Tool tip: By substance use, we mean use of alcohol or drugs. Please don’t include tobacco products.**

1. An emotional or mental health self-help group, such as a group for eating disorders, bipolar disorder or bereavement
2. An alcohol or drug use self-help group, such as Alcoholics Anonymous, or Narcotics Anonymous
3. Other
4. No, none of the above

.K I don’t know

.R I don’t want to answer

**AMH1.02** In the past **12 months**, did you use a telephone helpline for concerns about your emotions, stress, mental health, or substance use ⚐?

**⚐ Tool tip: By substance use, we mean use of alcohol or drugs. Please don’t include tobacco products.**

1. Yes
2. No

.K I don’t know

.R I don’t want to answer

**AMH1.03** In the past **12 months**, have you had counselling that lasted 30 minutes or longer? Please don’t include counselling from friends or family.

1. Yes
2. No

.K I don’t know

.R I don’t want to answer

**[Showcard]**

**AMH1.04** In the past **12 months**, did you use the **Internet** to get information, help or support for concerns about your emotions, stress, mental health, or substance use ⚐?

**You may choose more than one answer.**

**⚐ Tool tip: By substance use, we mean use of alcohol or drugs. Please don’t include tobacco products.**

1. To learn about symptoms, diagnosis, causes, treatments, or medication side effects
2. To find out where to get help
3. To discuss with others through forums, support groups or Internet social networks
4. To get online therapy, such as e-therapy or online counselling
5. Other
6. No, none of the above

.K I don’t know

.R I don’t want to answer

**AMH1.05** In the past **12 months**, were you **prescribed** medication or taking prescription medication for your emotions, stress, mental health, or substance use ⚐?

**⚐ Tool tip: By substance use, we mean use of alcohol or drugs. Please don’t include tobacco products.**

1. Yes
2. No

.K I don’t know

.R I don’t want to answer

**[Showcard]**

**AMH1.06** In the past **12 months**, did you use any of the following complementary or alternative therapiesfor concerns about your emotions, stress, mental health, or substance use ⚐?

**You may choose more than one answer.**

**⚐ Tool tip: By substance use, we mean use of alcohol or drugs. Please don’t include tobacco products.**

1. Massage
2. Exercise, or movement therapy
3. Herbal medicine, such as Chinese or Western
4. Spiritual, psychic or energy healing
5. Rongoā Māori, Mirimiri, or other traditional Māori healing
6. Traditional Pacific healing
7. Relaxation, meditation, mindfulness training, yoga or guided imagery
8. Acupuncture
9. Osteopathic or chiropractic treatment
10. Hypnosis
11. Other
12. No, none of the above

.K I don’t know

.R I don’t want to answer

**[Showcard]**

**AMH1.07** In the past **12 months**, have you consulted any of the following people for concerns about your emotions, stress, mental health, or substance use ⚐?

**You may choose more than one answer.**

**⚐ Tool tip: By substance use, we mean use of alcohol or drugs. Please don’t include tobacco products.**

1. GP
2. Nurse
3. Psychiatrist or other medical specialist
4. Social worker
5. Psychologist, Counsellor or Psychotherapist
6. Teacher
7. Religious or spiritual advisor, like a Minister, Priest or Tohunga
8. Kaumātua or Tohunga
9. Family, whānau, partner and/or friends
10. Other person
11. No, none of the above

.K I don’t know

.R I don’t want to answer

**[Showcard]**

**AMH1.08** In the past **12 months**, have you received help for concerns about your emotions, stress, mental health, or substance use ⚐ from any of the following?

**You may choose more than one answer.**

**⚐ Tool tip: By substance use, we mean use of alcohol or drugs. Please don’t include tobacco products.**

1. Hospital emergency department or an after-hours medical centre
2. Hospital ward
3. Crisis mental health team
4. Māori health service (including Māori mental health or addictions services)
5. Community mental health or addictions service (including hospital outpatient appointments)
6. Other community support services, such as a youth ‘one-stop-shop’
7. Programme in prison or a youth justice centre
8. Other (please specify)\_\_\_\_\_\_\_\_\_\_\_
9. No, none of the above

.K I don’t know

.R I don’t want to answer

**AMH1.09** In the past **12 months**, have you stayed, **overnight** or longer, in a hospital or a residential treatment centre ⚐ for concerns about your emotions, stress, mental health, or substance use ⚐?

**⚐ Tool tip: A residential treatment centre, sometimes called a rehab, is a live-in health care facility providing therapy for substance abuse, mental illness, or other behavioural problems.**

**⚐ Tool tip: By substance use, we mean use of alcohol or drugs. Please don’t include tobacco products.**

1. Yes
2. No

.K I don’t know

.R I don’t want to answer

## Unmet need for mental health and addictions services and barriers to accessing services

**[Red text does not appear on screen]**

**AMH1.10** In the past **12 months**, did you ever feel that you needed professional help for your emotions, stress, mental health, or substance use ⚐, but you **didn’t receive that help**? This could have been because of personal reasons (for example it cost too much) or reasons you couldn’t control (for example no appointments available).

**⚐ Tool tip: By substance use, we mean use of alcohol or drugs. Please don’t include tobacco products.**

1. Yes
2. No [go to instructions before AMH1.12]

.K I don’t know [go to instructions before AMH1.12]

.R I don’t want to answer [go to instructions before AMH1.12]

**🛈 If AMH1.10=1, ask AMH1.11. Others proceed to instructions before AMH1.12.**

**[Showcard]**

**AMH1.11** Thinking about the **most recent** time when you felt that you needed professional help but didn’t receive it, why was that?

**You may choose more than one answer.**

1. Wanted to handle it alone and/or with the support of family, whānau and friends
2. Couldn’t spare the time
3. Costs too much
4. Problems with transportation or childcare
5. Unsure where to go or who to see
6. Couldn’t get an appointment at a suitable time
7. Not satisfied with available services
8. Didn’t think treatment would work
9. Concerned about being put into a hospital against will
10. Concerned what others might think
11. Another reason (please specify)\_\_\_\_\_\_\_\_\_\_\_

.K I don’t know

.R I don’t want to answer

That’s the end of this set of questions about your emotions, stress, mental health and substance use. **The last question is to get your feedback on this set of questions.**

**[Showcard]**

**AMH1.12** Overall, how acceptable did you find the questions about youremotions, stress, mental health and substance use?

1. Perfectly acceptable
2. Acceptable
3. Neutral
4. Slightly unacceptable
5. Not at all acceptable

.K I don’t know

.R I don’t want to answer

**AMH\_Leaflet**

That is the end of the self-complete section. Thank you for answering these questions.

If you wish to talk to someone about anything that has been covered in the survey, there are a range of organisations that can provide expert advice and support. These organisations’ contact details are provided in the thank you card you will be given at the end of this interview.

Now click 'Next ⇨’ button to lock this section of the survey.

**🛈 [END OF SELF-COMPLETE SECTION]**

**[Red text does not appear on screen]**

**🛈New screen**

Thank you for completing this section.

Please turn the screen around and the surveyor will ask you the last group of questions.

# Socio-demographics

Now, I am going to ask you some general questions about you and your household. The answers to these questions help us to check that we have selected a representative sample of New Zealanders to participate in this survey, and sometimes these things can affect our health.

## Date of birth

**A5.01 Firstly, what is your date of birth?**

\_\_\_\_\_ Day (range 1–31)

\_\_\_\_\_ Month (range Jan–Dec)

\_\_\_\_\_ Year (range 1890–2001) **🛈 Annual update of year range.**

**🛈 Interviewer read back date of birth to check it is correct.**

**🛈 Interviewer say “this means you are X years old”.** [go to ethnic group A5.03]

.R Refused

**🛈 Calculated age must be ≥15 years.**

**🛈 Ask if refused date of birth (A5.01=.R).**

**A5.02 Would you mind telling me your age?**

\_\_\_\_\_ years (range 15–120)

.R Refused

## Ethnic group

**[Showcard]**

**A5.03 Which ethnic group or groups do you belong to?**

**[Multiple responses possible]**

1 New Zealand European

2 Māori

3 Samoan

4 Cook Island Māori

5 Tongan

6 Niuean

7 Chinese

8 Indian

77 Other **[Specify]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[Three “Other” ethnic groups possible]**

[Programme from the codefile from StatsNZ]

.K Don’t know

.R Refused

**A5.05 Which country were you born in?**

1 New Zealand [go to language A5.07]

2 Australia

3 England

4 China (People’s Republic of)

5 India

6 South Africa

7 Samoa

8 Cook Islands

77 Other **[Specify the present name of the country]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Programme from the codefile from StatsNZ. Can only specify one country. Even if a historic name of the country is entered, the codefile will recognise this and assign it to the same category as the country’s present name].

.K Don’t know [go to language A5.07]

.R Refused [go to language A5.07]

**A5.06 In what year did you arrive to live in New Zealand?**

**🛈 Record 4 digit date e.g. 1967.  
🛈 Answer must be ≥ year of birth.**

*\_\_\_\_\_* (range 1900–current year) **🛈 Update current interview year.**

.K Don’t know

.R Refused

**[Showcard]**

**A5.07 In which languages could you have a conversation about a lot of everyday things?**

**[Multiple responses possible]**

1 English

2 Māori

3 Samoan

4 NZ sign language

77 Other language, e.g. Gujarati, Cantonese, Greek **– please specify**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[Three “Other” languages possible]**

[Programme from the codefile from StatsNZ]

.K Don’t know

.R Refused

## Racial discrimination

**[Red text does not appear on screen]**

**[Showcard]**

**R5.08 Now I will ask you some questions about reactions to your ethnicity. How do other people usually classify you in New Zealand?**

**[Multiple responses possible]**

1 New Zealand European

2 Māori

3 Samoan

4 Cook Island Māori

5 Tongan

6 Niuean

7 Chinese

8 Indian

77 Other **[Specify]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[Three “Other” ethnic groups possible]**

[Programme from the codefile from StatsNZ]

.K Don’t know

.R Refused

**[Showcard]**

**R5.09 How often do you think about your ethnicity? Would you say never, once a year, once a month, once a week, once a day, once an hour, or constantly?**

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

.K Don’t know

.R Refused

**[Showcard]**

**R5.10 Have you ever been a victim of an ethnically motivated attack (verbal or physical abuse to you or your property) in New Zealand?**

**[Multiple responses possible]**

**🛈 If respondent selects option 1 only, probe to see if option 2 also applies (and vice versa if only option 2 is selected).**

**🛈 If respondent selects option 3 only, probe to see if option 4 also applies (and vice versa if only option 4 is selected).**

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

.K Don’t know

.R Refused

**[Showcard]**

**R5.11 Have you ever been treated unfairly (for example, kept waiting or treated differently) by a health professional (that is, a doctor, nurse, dentist etc.) because of your ethnicity in New Zealand?**

**[Multiple responses possible]**

**🛈 If respondent selects option 1 only, probe to see if option 2 also applies (and vice versa if only option 2 is selected).**

1 Yes, within the past 12 months

2 Yes, more than 12 months ago

3 No

4 Not applicable – have never tried to visit a health professional in New Zealand

.K Don’t know

.R Refused

**[Showcard]**

**R5.12 Have you ever been treated unfairly at work or been refused a job because of your ethnicity in New Zealand?**

**[Multiple responses possible]**

**🛈 If respondent selects option 1 only, probe to see if option 2 also applies (and vice versa if only option 2 is selected).**

1 Yes, within the past 12 months

2 Yes, more than 12 months ago

3 No

4 Not applicable – have never had a job or tried to find a job in New Zealand

.K Don’t know

.R Refused

**[Showcard]**

**R5.13 Have you ever been treated unfairly when renting or buying housing because of your ethnicity in New Zealand?**

**[Multiple responses possible]**

**🛈 If respondent selects option 1 only, probe to see if option 2 also applies (and vice versa if only option 2 is selected).**

1 Yes, within the past 12 months

2 Yes, more than 12 months ago

3 No

4 Not applicable – have never tried to rent or buy a house in New Zealand

.K Don’t know

.R Refused

## Education

Now some questions about your education.

**[Showcard]**

**A5.14 What is your highest secondary school qualification?**

1 None

2 NZ School Certificate in one or more subjects

or National Certificate level 1   
or NCEA level 1

3 NZ Sixth Form Certificate in one or more subjects   
or National Certificate level 2   
or NZ UE before 1986 in one or more subjects   
or NCEA level 2

4 NZ Higher School Certificate   
or Higher Leaving Certificate   
or NZ University Bursary / Scholarship   
or National Certificate level 3   
or NCEA level 3   
or NZ Scholarship level 4

5 Other secondary school qualification **gained in New Zealand**   
**[Specify]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6 Other secondary school qualification **gained overseas**

.K Don’t know

.R Refused

**[Showcard]**

**A5.15 What is your highest completed qualification?**

0 None

1 National Certificate level 1

2 National Certificate level 2

3 National Certificate level 3

4 National Certificate level 4

5 Trade Certificate

6 Diploma or Certificate level 5

7 Advanced Trade Certificate

8 Diploma or Certificate level 6

9 Teachers Certificate / Diploma

10 Nursing Diploma

11 Bachelor

12 Bachelor Hons

13 Postgraduate Certificate / Diploma

14 Masters Degree

15 PhD

77 Other **[Specify]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

.K Don’t know

.R Refused

## Income sources

The next few questions ask about your sources of income.

**[Showcard]**

**A5.16 In the last 12 months, what are all the ways that you yourself got income? Please do not count loans because they are not income.**

**[Multiple responses possible]**

**🛈 Probe “Any other?” until no other type of income support mentioned.**

**🛈 All loans, including student loans, should not be counted.**

1 Wages, salaries, commissions, bonuses etc, paid by an employer

2 Self-employment, or business you own and work in

3 Interest, dividends, rent, other investments

4 Regular payments from ACC or a private work accident insurer

5 NZ Superannuation or Veterans Pension

6 Other superannuation, pensions, annuities (other than NZ Superannuation, Veterans Pension or War Pension)

7 Jobseeker Support

8 Sole Parent Support

9 Supported Living Payment

10 Student allowance

11 Other government benefits, government income support payments, war pensions, or paid parental leave

12 Other sources of income

17 No source of income during that time

.K Don’t know

.R Refused

Income

**[Showcard x2]**

**A5.23 Looking at Showcard** **page x, what is the total income that you yourself got from all sources, before tax or anything was taken out of it, in the last 12 months? Please read out the number next to the income group.**

**If you know your weekly or fortnightly income after tax, you can look at Showcard** ⚐ **page x to work out your annual income before tax.**

1 Loss

2 Zero income

3 $1 – $5,000

4 $5,001 – $10,000

5 $10,001 – $15,000

6 $15,001 – $20,000

7 $20,001 – $25,000

8 $25,001 – $30,000

9 $30,001 – $35,000

10 $35,001 – $40,000

11 $40,001 – $50,000

12 $50,001 – $60,000

13 $60,001 – $70,000

14 $70,001 – $100,000

15 $100,001 – $150,000 [programme A5.24=8 and go to A5.17]

16 $150,001 or more [programme A5.24=8 and go to A5.17]

.K Don’t know

.R Refused

**⚐ Tool tip:**

**Showcard to calculate annual income (before tax):**

|  |  |  |
| --- | --- | --- |
| **After tax weekly income**  **$** | **After tax fortnightly income**  **$** | **Before tax annual income**  **$** |
| 1 – 86 | 1 – 172 | 1 – 5,000 |
| 87 – 172 | 173 – 344 | 5,001 – 10,000 |
| 173 – 256 | 345 – 512 | 10,001 – 15,000 |
| 257 – 335 | 513 – 670 | 15,001 – 20,000 |
| 336 – 414 | 671 – 828 | 20,001 – 25,000 |
| 415 – 493 | 829 – 986 | 25,001 – 30,000 |
| 494 – 573 | 987 – 1,146 | 30,001 – 35,000 |
| 574 – 652 | 1,147 – 1,304 | 35,001 – 40,000 |
| 653 – 805 | 1,305 – 1,610 | 40,001 – 50,000 |
| 806 – 939 | 1,611 – 1,878 | 50,001 – 60,000 |
| 940 – 1,074 | 1,879 – 2,148 | 60,001 – 70,000 |
| 1,075 – 1,459 | 2,149 – 2,918 | 70,001 – 100,000 |
| 1,460 – 2,102 | 2,919 – 4,204 | 100,001 – 150,000 |
| 2,103+ | 4,205+ | 150,001+ |

**🛈 This showcard to calculate annual income (before tax) will need updating if there are any changes to the tax rates. This should be reviewed annually during questionnaire development.**

**[Showcard]**

**A5.24 Looking at Showcard page x, what is the total income that your household got from all sources, before tax or anything was taken out of it, in the last 12 months? Please read out the number next to the income group.**

1 Loss

2 Zero income

3 $1 – $20,000

4 $20,001 – $30,000

5 $30,001 – $50,000

6 $50,001 – $70,000

7 $70,001 – $100,000

8 $100,001 or more

.K Don’t know

R Refused

Employment

**[Showcard]**

**A5.17 Which of these statements best describes your current work situation:**

1 Working in paid employment (includes self-employment)

2 Not in paid work, and looking for a job [go to work without pay A5.19]

3 Not in paid work, and not looking for a job (for any reason, such as

being retired, a homemaker, caregiver, or full-time student) [go to A5.19]

77 Other **[Specify]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [go to A5.19]

.K Don’t know [go to A5.19]

.R Refused [go to A5.19]

**A5.18 How many hours a week do you usually work?**

**🛈 Record to nearest hour.**

\_\_\_\_\_ hours (range 1–120)

.K Don’t know

.R Refused

**[Showcard]**

**A5.19 In the last 4 weeks, which of these have you done, without pay?**

**[Multiple responses possible]**

1 Household work, cooking, repairs, gardening, etc, for my own household

2 Looked after a child who is a member of my household

3 Looked after a member of my household who is ill or has a disability

4 Looked after a child (who does not live in my household)

5 Helped someone who is ill or has a disability (who does not live in my household)

6 Other voluntary work for or through any organisation, group or marae

7 Studied for 20 hours or more per week at school or any other place

8 Studied for less than 20 hours per week at school or any other place

9 None of these

.K Don’t know

.R Refused

## Medical insurance

Now I’ll ask you about medical insurance.

**A5.20 Are you covered by any health or medical insurance?**

1 Yes

2 No [go to housing A5.28a]

.K Don’t know [go to A5.28a]

.R Refused [go to A5.28a]

**[Showcard]**

**A5.21 What type of health or medical insurance is that?**

**🛈 If hospital plus one or two other services, e.g. 4 free GP visits per year, code as Other and record details of policy.**

1 Comprehensive, covering day-to-day costs such as GP fees and pharmacy charges, as well as private hospital care

2 Hospital only

77 Other **[Specify]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

.K Don’t know

.R Refused

**[Showcard]**

**A5.22 And who pays for this health or medical insurance?**

**🛈 Please ensure respondent reads all response options before choosing.**

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

.K Don’t know

.R Refused

Housing

Now some questions about housing.

**A5.28a Do you, or anyone else who lives here, hold this house / flat in a family trust?**

**🛈 Help Text: What is a family trust?**

**A family trust is a legal way to protect and hold family assets. In the context**

**of this question, a house could be a family asset. The house is owned by a**

**group of people, not an individual (this group of people are the nominated**

**trustees. These may or may not be family members).**

**The aim of the trust is to preserve the assets (such as a house) in the**

**interests of present and/or future family members (or nominated**

**beneficiaries). The family trust arrangement will be set out in a legal**

**document, usually called a trust deed.**

**Either the nominated beneficiary or nominated trustee of the family trust**

**can ‘hold’ the house / flat in a family trust.**

**Charitable trusts should not be included, only family trusts and other types**

**of private trusts.**

**If a house is owned by a company or business, select 2, “no” for this**

**question.**

1 Yes [go to bedrooms, A5.30]

2 No

.K Don’t know

.R Refused

**A5.29 Do you, or anyone else who lives here, own or partly own this dwelling, with or without a mortgage?**

1 Yes [go to bedrooms, A5.30]

2 No

.K Don’t know

.R Refused

**[Showcard]**

**A5.29a Who owns this house / flat?**

1 Private person, trust or business

2 Local Authority or City Council

3 Housing New Zealand Corporation

4 Other state-owned corporation or state-owned enterprise, or government department or ministry

.K Don’t know

.R Refused

**A5.30 How many bedrooms are there in this dwelling? Please include rooms or sleepouts that are furnished as bedrooms and any caravans that this household uses as a bedroom.**

**🛈 Count: Any room furnished as a bedroom even if no one is using it.**

**Sleepouts or caravans if they are next to the house / flat and are furnished as a bedroom.**

**🛈 Don't count: Any other room (e.g. living room) used as a bedroom UNLESS the only bedroom facilities are in that room.**

*\_\_\_\_\_* bedrooms (range 0–20)

.K Don’t know

.R Refused

**[Showcard]**

**A5.30a Counting those bedrooms, how many rooms are there in this dwelling? Please include all the rooms listed under ‘count’ on Showcard** ⚐ **page XX. Do not include the rooms listed under ‘DON’T count’.**

**🛈 If necessary, help the respondent to identify the rooms that should be counted. If they are uncertain about a particular room, and give their permission, you could view that room in order to help them.**

**🛈 If a dwelling is built in an open-plan style, then room equivalents should be counted as if they had walls between them.**

**🛈 Room equivalents should not be counted for one-roomed dwellings (i.e. bed-sitting rooms). A one-roomed dwelling should be counted as having one room only.**

**🛈 Answer must be ≥ number of bedrooms given at A5.30.**

\_\_\_\_\_ rooms (range 0–100)

.K Don’t know

.R Refused

**⚐ Tool tip:**

**Showcard text:**

Count:

* bedrooms
* kitchens
* dining rooms
* lounges or living rooms
* rumpus rooms, family rooms, etc.
* conservatories you can sit in
* studies, studios, hobby rooms, etc.

DON'T count:

* bathrooms, showers, toilets
* spa rooms
* laundries
* halls
* garages
* pantries

In an open-plan situation, count rooms such as dining rooms and living rooms in the same way as you would if they had walls between them.

Sexual identity

**[Red text does not appear on screen]**

**🛈 If the interview has been conducted with assistance from a family member / caregiver / friend of the respondent (AMHIntro=2), skip to household composition (A5.31). Else go to sexual identity intro (A5.30bIntro).**

**🛈 START OF SELF-COMPLETE SECTION.**

**A5.30bIntro**

The next question is easier to answer if you can see the screen and then record the answer yourself.

I will turn the computer around and help you get started.

🛈 The interviewer can administer this section using showcards but only if privacy can be ensured (i.e. no one other than a professional translator can see or hear the answers).

1. **Continue with sexual identity question** [go to A5.30b]
2. Skip question because privacy isn’t ensured[go to A5.31]

**🛈 If A5.30bIntro=2, please display the following pop-up message: ‘Are you sure you want to skip this section? Click ‘OK’ to skip, or ‘Cancel’ to go back’.**

**🛈 New screen**

**[Showcard]**

**A5.30b Which of the following options best describes how you think of yourself?**

1 Heterosexual or straight

2 Gay or lesbian

3 Bisexual

4 Other

.K I don’t know

.R I don’t want to answer

**🛈 [END OF SELF-COMPLETE SECTION]**

**[Red text does not appear on screen]**

**🛈 New screen**

Thank you for completing that question.

Please turn the screen around and the surveyor will ask you the last group of questions.

**🛈 The rest of the questionnaire is collected in the Sample Manager tool.**

# Household composition

**A5.31 I’ll just confirm that there are [number of people from household screener] people in this household. This includes you and any babies and children.**

**🛈 Enter number upon confirmation / correction from respondent.**

*\_\_\_\_\_* people (range 1–19)

.K Don’t know

.R Refused

**🛈 Ask next questions, names, A5.32 to relationships, A5.35, if there is more than 1 person in household (A5.31>1).**

I would now like to enter some information about the other people who live with you, as this can impact on your health.

**🛈 The following questions cover the initials, age, sex and relationship of every member of the household.**

**A5.32 Starting with yourself, can you tell me the initials or first names of all the people who usually live here?**

**🛈 Show initials of people from household screener.**

**🛈 If the initials of people are different to those listed in household screener, double check with respondent before entering response.**

\_\_\_\_\_Record initials / name

**🛈 Repeat the above question until the names / initials of all the household members have been provided.**

## Sex and age

**🛈 Ask sex and age series of questions (A5.33 – A5.34) for all household members.**

**🛈 The following questions cover the age and sex of every member of the household.**

**A5.33**

**🛈 If this is the first time through the series, i.e. this is the respondent, sex should pipe through from AD.01.**

**🛈 If this is not the respondent.**

**Is [name] male or female?**

1 Male

2 Female

.K Don’t know

.R Refused

**A5.34**

**🛈 If this is the first time through the series, i.e. this is the respondent, age should pipe through from A5.01 or A5.02.**

**🛈 If this is not the respondent ask / confirm.**

**And how old was [name] on their last birthday?**

\_\_\_\_\_ years (range 0–120)

.K Don’t know

.R Refused

**🛈 End of age and sex series.**

## Relationships

The next questions are about relationships in your household.

**🛈 The following questions cover the relationships between every member of the household.**

**🛈 Ask the relationships between every household member one-way. E.g. if a father Matt is asked the relationship to his son James, there’s no need to also ask James his relationship to his father as it will be derived.**

**[Showcard]**

**A5.35**

**🛈 If dealing with respondent’s relationships, insert**

**What is [name’s] relationship to you?**

**🛈 Otherwise insert**

**What is [name’s] relationship to [name]?**

**🛈 Include natural, step, adopted and foster relationships.**

1 Spouse or partner

2 Son or daughter

3 Father or mother

4 Brother or sister

5 Grandchild

6 Grandparent

7 Great-grandchild

8 Great-grandparent

9 Nephew or niece

10 Uncle or aunt

11 Other relative

12 Unrelated

.K Don’t know

.R Refused

# Health measurements

That’s the end of the health questions.

## Blood pressure

Now I would like to take your blood pressure.

**🛈 For female respondents aged 15–54 years, ask the following question.**

**AM.1** **Firstly, I need to ask if you are pregnant at the moment?**

1 Yes, respondent is pregnant [skip to exit intro before A6.01]

**🛈 Say “We can skip this section then”.**

0 No, respondent not pregnant **[Continue]**

.K Don’t know [go to first blood pressure measurement]

.R Refused [go to first blood pressure measurement]

I will now take your blood pressure using an automated blood pressure monitor.

Before we take the blood pressure measurement you need to have been sitting quietly for five minutes. You cannot have eaten, drunk or smoked during this time. You will need to sit with your feet flat on the floor and with your back against the back of the chair, and have your left arm straight on the table.

**🛈 Select the cuff size and attach to the respondent’s left arm.**

During the measurement the cuff will inflate three times, once every minute. You will feel some pressure on your arm while this is happening. You should not move or talk during the test and it is important to stay relaxed.

Do you have any questions before we begin?

Now I will start the machine.

**First reading**

**ABP\_1A** \_\_/\_\_/\_\_ Systolic blood pressure (mmHG) (range 30–300)

**ABP\_1B** \_\_/\_\_/\_\_ Diastolic blood pressure (mmHG) (range 30–200)

**🛈 Hard edit: Systolic1 must be > Diastolic1**

**🛈 Soft edit: Systolic1 minus Diastolic2 is <20 or >100**

**ABP\_1C** \_\_/\_\_/\_\_ Heart Rate (in beats per minute) (range 30–200)

**Second reading**

**ABP\_2A** \_\_/\_\_/\_\_ Systolic blood pressure (mmHG) (range 30–300)

**ABP\_2B** \_\_/\_\_/\_\_ Diastolic blood pressure (mmHG) (range 30–200)

**🛈 Hard edit: Systolic2 must be > Diastolic2**

**🛈 Soft edit: Systolic2 minus Diastolic2 is <20 or >100**

**ABP\_2C** \_\_/\_\_/\_\_ Heart Rate (in beats per minute) (range 30–200)

**Third reading**

**ABP\_3A** \_\_/\_\_/\_\_ Systolic blood pressure (mmHG) (range 30–300)

**🛈 Soft edit: Systolic1=Systolic2=Systolic3**

**ABP\_3B** \_\_/\_\_/\_\_ Diastolic blood pressure (mmHG) (range 30–200)

**🛈 Hard edit: Systolic3 must be > Diastolic3**

**🛈 Soft edit: Systolic3 minus Diastolic3 is <20 or >100**

**🛈 Soft edit: Diastolic3=Diastolic2=Diastolic1**

**ABP\_3C** \_\_/\_\_/\_\_ Heart Rate (in beats per minute) (range 30–200)

778 Right arm used

779 Not obtained – cuff too small or toolarge

780 Not obtained – error reading

781 Not obtained – other problem with equipment

782 Not obtained – respondent anxious / nervous

783 Not obtained – medical exclusion e.g. paralysis

.R Respondent refused to have blood pressure recorded

I will write your blood pressure results on a measurement card for you to keep.

**🛈 Tablet automatically generates the blood pressure results and script based on lowest systolic and lowest diastolic reading from the last two readings.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Results** | **Systolic** |  | **Diastolic** |
| 1: Ideal | <130 | and | <80 |
| 2: Raised | 130–169 | or | 80–99 |
| 3: Very raised | 170 or more | or | 100 or more |

**🛈 Read the exact script about the respondent’s blood pressure results from the tablet screen. If they have any questions about their results advise them to consult their doctor.**

**Your Blood Pressure reading is \_\_\_\_/\_\_\_\_ (mmHg)**

**1:** “Your blood pressure is within the ideal range”.

**2:** “Your blood pressure is a bit high today”.

“Some people will have results that are higher than ideal but this may not mean you have a health problem. Your blood pressure results can vary from day-to-day and are influenced by many things. We recommend you discuss these results with your usual doctor or health professional”.

**3:** “Your blood pressure is high today”.

“Some people will have results that are higher than ideal but this may not mean you have a health problem. Your blood pressure results can vary from day-to-day and are influenced by many things. We recommend you discuss these results with your usual doctor or health professional in the next few days”.

I am now going to take three measurements from you – height, weight, and waist – in that order. I’m then going to take those measurements again, and if any of the second measures are not close enough to the first ones, I’ll measure you for a third time. While I’m setting up the equipment, could you please remove your shoes and all heavy outer clothing so we can obtain accurate measurements… Thank you.

## Height

Please stand with your back to the door. Put your feet together and move them back until your heels touch the door. Stand up straight and look straight ahead.

**🛈 If head is not in Frankfort Plane say…**

Please raise / lower your chin.

Take a deep breath and hold it. **🛈 Take measurement and say it aloud.**

That’s fine, you can breathe normally now and step away from the door.

**AM.2** **1st reading 000.0 (cm)** (range 60.0cm–230.0cm)

.R Respondent refused to have height recorded

777 Respondent unable to have height recorded (e.g. chairbound, too unsteady on feet, in pain etc.)

**🛈 Check any measurements that fall below the 1st percentile or above the 99th percentile.**

## Weight

Wait until it turns zero. Please step onto the centre of the scale with your weight on both feet. Relax [take reading]. Thank you. You can step off now.

**AM.3** **1st reading 000.0 (kg)** (range 10.0kg–210.0kg)

.R Respondent refused to have weight recorded

777 Respondent unable to have weight recorded (e.g. chairbound, too unsteady on feet, in pain etc.)

**🛈 Check any measurements that fall below the 1st percentile or above the 99th percentile.**

## Waist

Please stand in a relaxed position. Please take the end of the tape, pass it around your waist and hand it back to me. Please help me to position the tape at the level of your waist. Good, now just breathe normally [take measurement at end of breath out]. Thank you.

**AM.4** **1st reading 000.0 (cm)** (range 10.0cm–200.0cm)

.R Respondent refused to have waist circumference recorded

997 Respondent unable to have waist circumference recorded (e.g. XXXX)

**🛈 Check any measurements that fall below the 1st percentile or above the 99th percentile.**

## Second and third readings

I’m now going to repeat all three measures starting with height again.

**🛈 Computer to repeat prompts as above and automatically does calculation to indicate if 3rd reading is required – if more than 1% difference between first and second reading, a third reading is required.**

I’m now going to take a third measure of your **[height / weight / waist]**.

# Exit

Thank you for participating in this survey. The Ministry of Health is very grateful that you have given your time to provide this important information to them. Before we finish, I would like to ask you a few more questions. Please note that any information you give me from now on will not be stored with your answers to the survey.

## Recontact information for quality control

I would now like to collect some recontact information from you. This is so that my Supervisor can call you if there are any queries about the completion of this survey, or to check that you are happy with the way the interview was conducted.

**A6.01 Is there a landline phone that my Supervisor can call you on if there are any queries about the completion of this survey, or to check that you are happy with the way this interview was conducted in the next few weeks?**

**🛈 If prefix 021, 022, 025 or 027 is given, check for a landline number.**

1. Yes **[enter landline phone number]**
2. No

**A6.02 Do you have a cell phone number we could reach you on?**

1. Yes **[enter cell phone number]**
2. No

**A6.03 Do you have an email address, in case we cannot contact you by telephone?**

1. Yes **[enter email address]**
2. No

## Recontact information for follow-up research

**A6.04 I would now like to ask if you would be happy to be contacted within the next 2 years about the possibility of answering other health questions of importance to the Ministry of Health? Saying yes to this question won’t commit you to taking part in any further research it just means we can contact you to ask.**

1 Yes, you can contact me and ask if I want to help again

2 No, don’t contact me to help again [go to intro before A6.08]

**A6.05 To recontact you for other health questions of importance to the Ministry of Health, can we use the same phone number and email you provided before?**

1. Yes [go to name and address A6.07]
2. No

**A6.06** **Is there another phone number and email we can use to recontact you?**

1. Yes **[Record phone and email]**
2. No

**A6.07 Could I please also record your name and address? Remember that these details will never be stored with your survey answers, to ensure that your survey results will always be anonymous.**

1 Yes, record my name

a. First name:

b. Surname:

2 Yes, record my address

a. Street number and name:

b. Suburb:

c. City:

d. Postcode **[if known]**:

3 No, do not record my name and address / Refused

## Consent for data linkage

The Ministry of Health would also like to ask your permission to combine your survey information with other health information already routinely collected by the Ministry of Health, such as hospital admissions data. This step allows more complex health issues to be looked at. You may remember this was mentioned in the information pamphlet. **🛈 Show respondent pamphlet.** Remember that all information you provide will be kept confidential.

**A6.08 Do you consent to the Ministry of Health linking your survey information with other health data already routinely collected by the Ministry of Health?**

**🛈 If the answer is Yes, the participant MUST also read and sign the data linkage consent form. They must also be given a hard copy of the consent form for their future information.**

1 Yes **[respondent must sign data linkage consent form before continuing]**

2 No [go to thank you]

**🛈 Ask next question if respondent did not provide contact details in A6.07.**

**A6.09 Could I please record your name and address for data linkage? Remember that these details will never be stored with your survey answers to ensure that your survey results will always be anonymous.**

1 Yes, record my name

a. First name:

b. Surname:

2 Yes, record my address

a. Street number and name:

b. Suburb:

c. City:

d. Postcode **[if known]**:

3 No, do not record my name and address / Refused

**A6.10 Could I please record your date of birth for data linkage?**

**🛈 If respondent is reluctant to give name, address and/or date of birth but has consented to data linkage then that’s ok as we will attempt to data link based on the information they are happy to provide.**

1 Yes **[record date of birth]**

2 No

## Christchurch residency

We have just one last question to ask. The Ministry of Health would like to use Health Survey data to monitor the long-term health impacts of the 22 February 2011 Christchurch earthquake. To do this they need to know who was living in Christchurch at the time.

**A6.11 Were you a resident of Christchurch at the time of the 22 February 2011 earthquake?**

**🛈 Clarifications if required:**

**Christchurch residents away on 22 February (e.g. business / holiday) should answer Yes.**

**Visitors to Christchurch on 22 February should answer No.**

1 Yes

2 No

3 Don't know

4 Refused

# Thank you

On behalf of the Ministry of Health, thank you once again for talking with me about your health. Here is a small gift from the Ministry in recognition of your time.

**🛈 Give Thank You card and koha.**

Inside the card is a list of phone numbers you can call if you would like more information or advice, and printed on the pen is the New Zealand Health Survey website where you can find the results of the survey.

I would like to reassure you that your answers remain confidential to the Ministry of Health. As I said, my name is XXXX and I’m from CBG Health Research.

**🛈 End survey for households with no persons aged under 15 years.**

## Child health component

**🛈 For households with child aged 0 to 14 years.**

As we discussed at the beginning of this survey, we would also like to interview the legal guardian of **[randomly selected child’s name]**, that is the person who has day-to-day responsibility for the care of **[Name]**. Is that you?

1 Yes [go to child health questionnaire]

2 No **🛈 ask to speak to legal guardian.**

Please record following details.

1 Child health questionnaire completed

2 Child health questionnaire still to be completed

## Interviewer observations

**Complete following observations without asking the respondent.**

**A6.1****6 Record if other people were in the room during any part of the questionnaire.**

1. Spouse / partner
2. Parent(s)
3. Other adult(s)
4. Child(ren)
5. Completed alone in room

**AMH6.13a Was any of the mental health section answered?**

1. **Yes** – answer the following questions[go to AMH6.13]
2. **No** [go to respondent burden assessment question 1]

**AMH6.13 Self-complete section on mental health completed with help from the interviewer.**

1 Yes, to a small extent

2 Yes, to a moderate extent

3 Yes, to a large extent

4 Yes, totally (interviewer administered the whole module) [go to Respondent burden assessment]

5 No, not at all [go to AMH6.15]

**AMH6.14 What type of assistance did you provide?**

**[Multiple responses possible]**

1 Helped with headphones

2 Helped R adjust volume

3 Helped R enter one or more answers

4 Helped R enter majority / all of answers

5 Helped R move to the next screen

6 Helped R back up to previous screen

7 Helped R replay audio

8 Answered questions about what a question meant

9 Other **[Specify]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AMH6.15 For how long did the respondent use the headphones?**

1 None of the time / took headphones off immediately

2 Some of the time

3 All of the self-completion section

**🛈 START OF SELF-COMPLETE SECTION.**

## Respondent burden assessment

The next questions will ask you about your experience of the survey process. I will turn the computer towards you, so you can answer the questions privately. Please click the ‘Next’ button when you are done.

**1 Please rate on a scale of 1–5 where 1 is Absolutely NOT Acceptable and 5 is Highly Acceptable.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| Survey length |  |  |  |  |  |
| The number of questions |  |  |  |  |  |
| Complexity of questions |  |  |  |  |  |
| Relative intrusiveness of questions |  |  |  |  |  |

**2 Would you take part in the New Zealand Health Survey again?**

Yes [go to 4]

No [go to 3]

**3 Please indicate why you would not take part again? [Tick all that apply]**

Took too long

Too many questions

Questions were too personal

Questions were not relevant

Survey was too repetitive

Lost interest

Other

**4 Are there any other comments you would like to make about taking part in the survey?**

|  |
| --- |
|  |

**🛈 If AMH6.13a = yes, ask the following question.**

**If AMH6.13a = no, END.**

**5 What, if any, problems did you have using the computer to answer the questions about your emotions, stress, mental health, or substance use?**

1. No problems

77 Problems – **Specify** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**🛈 END OF SELF-COMPLETE SECTION.**