



Adult Questionnaire Showcards

Year 8 – 2018/19





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



What treatments do you now have for your heart condition(s)?

Select all that apply.

- ☐ 1 No treatment
- ☐ 2 Aspirin
- ☐ 3 Other medicines, tablets or pills
(including spray under the tongue,
patches on the skin and blood thinners)
- ☐ 4 Diet
- ☐ 5 Exercise
- ☐ 77 Other – please specify

What treatments do you now have for your stroke?
Select all that apply.

- ☐ 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 – please specify

What treatments do you now have for your diabetes?
Select all that apply.

- ☐ 1 No treatment
- ☐ 2 Insulin injections
- ☐ 3 Medicines, tablets or pills
- ☐ 4 Diet
- ☐ 5 Exercise
- ☐ 77 Other – please specify

What treatments do you now have for asthma?
Select all that apply.

- ☐ 1 No treatment
- ☐ 2 Inhalers
- ☐ 3 Medicines, tablets or pills
- ☐ 77 Other – please specify

What kind of arthritis was that?

Select all that apply.

- ☒ 1 Rheumatoid
- ☒ 2 Osteoarthritis
- ☒ 3 Gout
- ☒ 4 Psoriatic
- ☒ 5 Systemic lupus erythematosus (SLE)
- ☒ 77 Other – please specify

What kind of arthritis affects you most?

- 1 Rheumatoid
- 2 Osteoarthritis
- 3 Gout
- 4 Psoriatic
- 5 Systemic lupus erythematosus (SLE)
- 77 Other – please specify

What treatments do you now have for arthritis?
Select all that apply.

- ☐ 1 No treatment
- ☐ 2 Medicines, tablets or pills (including painkillers)
- ☐ 3 Exercise or physiotherapy
- ☐ 4 Injections
- ☐ 5 Diet
- ☐ 77 Other – please specify

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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



What treatments do you now have for depression?
Select all that apply.

- ☐ 1 No treatment
- ☐ 2 Medicines, tablets or pills
- ☐ 3 Counselling
- ☐ 4 Exercise
- ☐ 77 Other treatment – please specify

What treatments do you now have for bipolar disorder?

Select all that apply.

- ☐ 1 No treatment
- ☐ 2 Medicines, tablets or pills
- ☐ 3 Counselling
- ☐ 4 Exercise
- ☐ 77 Other treatment – please specify

What treatments do you now have for anxiety disorder?

Select all that apply.

- ☐ 1 No treatment
- ☐ 2 Medicines, tablets or pills
- ☐ 3 Counselling
- ☐ 4 Exercise
- ☐ 77 Other treatment – please specify

How would you describe the health of your teeth or mouth?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

What sort of health care service is this?

- 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 – please specify

The last time you couldn't be seen within 24 hours, why was that?

- 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

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

Select all that apply.

- ☐ 1 Weight and/or height measurement
- ☐ 2 Blood pressure test
- ☐ 3 Cholesterol test
- ☐ 4 Diabetes test
- ☐ 5 Flu vaccination
- ☐ 6 Other immunisation or vaccination
- ☐ 7 “Green prescription”
- ☐ 0 None of the above

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? Please include talks that you started.

Select all that apply.

- ☐ 1 Smoking
- ☐ 2 Healthy food or nutrition
- ☐ 3 Weight
- ☐ 4 Exercise or physical activity
- ☐ 5 Teeth or oral health
- ☐ 6 Alcohol
- ☐ 7 Illegal drug use
- ☐ 8 Mental or emotional health
- ☐ 0 None of the above

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

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

- 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 – please specify

Still 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

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

Did you have confidence and trust in the GP you saw?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No, not at all

When was the last time you saw a nurse at a GP clinic or medical centre?

- 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

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

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
- 2 Yes, didn't go because of cost
- 3 No

In the last 12 months, at a public hospital, which of the following happened?

Select all that apply.

- 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

In the last 12 months, at a private hospital, which of the following happened?

Select all that apply.

- 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

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

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?

Select all that apply.

- 1 Thought the 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 another telephone helpline)
- 5 Taken by ambulance or helicopter
- 6 Cheaper
- 7 More confident about hospital than GP
- 8 Hospital knows me
- 9 ED recommended by someone else
- 10 Waiting time at GP too long
- 11 Do not have regular GP
- 77 Another reason

What was the main reason you went to a hospital emergency department?

- 1 Thought the 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 another telephone helpline)
- 5 Taken by ambulance or helicopter
- 6 Cheaper
- 7 More confident about hospital than GP
- 8 Hospital knows me
- 9 ED recommended by someone else
- 10 Waiting time at GP too long
- 11 Do not have regular GP
- 77 Another reason

In the last 12 months, have you seen any of the following medical specialists about your own health?
Select all that apply.

- 1 Dermatologist
- 2 Neurologist
- 3 Cardiologist
- 4 Haematologist
- 5 Endocrinologist
- 6 Respiratory Physician
- 7 Immunologist (allergy specialist)
- 8 Oncologist
- 9 General surgeon
- 10 Orthopaedic surgeon
- 11 Ophthalmologist (eye specialist)
- 12 Ear, nose and throat specialist
- 13 Urologist
- 14 Obstetrician or Gynaecologist
- 15 Geriatrician
- 16 General or Internal Medical specialist
- 17 Psychiatrist
- 77 Other
- 0 None

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 – please specify

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

How good was the medical 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

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

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

- 1 Within the past year (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

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

In the last 12 months, have you seen any of the following health care workers about your own health?
Select all that apply.

- 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 – please specify
- 0 None of the above

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:

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-ringā	Surfing / body boarding
	Yachting / sailing / dingy sailing

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’):

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

How often do you brush your teeth?

- 1 Never
- 2 Less than once a day
- 3 Once a day
- 4 Twice a day
- 5 More than twice a day
- 6 No natural teeth

What type of toothpaste do you usually use?

1. Standard fluoride toothpaste



2. Low fluoride toothpaste



3. Non-fluoridated toothpaste



4. Don't use toothpaste / no toothpaste available in house

How often do you now smoke?

- 1 I don't smoke now
- 2 At least once a day
- 3 At least once a week
- 4 At least once a month
- 5 Less often than once a month

How long ago did you stop smoking?

- 1 Within the last month
- 2 1 month to 3 months ago
- 3 4 months to 6 months ago
- 4 7 to 12 months ago
- 5 1 to 2 years ago
- 6 2 to 5 years ago
- 7 Longer than 5 years ago

Which of these products do you smoke the most?

- 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
- 5 Cigars

How often do you now use electronic cigarettes or vaping devices?

- 1 I don't use them now
- 2 At least once a day
- 3 At least once a week
- 4 At least once a month
- 5 Less often than once a month

On average, how many servings of fruit do you eat per day? Please include fresh, frozen, canned and stewed fruit.

Do not include fruit juice or dried fruit.

A 'serving' of fruit:

1 medium
piece of fruit

OR

2 small
pieces of fruit

OR

$\frac{1}{2}$ a cup of
stewed fruit



*For example: 1 apple
+ 2 small apricots = 2 servings.*

- ☐ I don't eat fruit
- ☐ Less than 1 serving per day
- ☐ 1 serving per day
- ☐ 2 servings per day
- ☐ 3 servings per day
- ☐ 4 or more servings per day

On average, how many servings of vegetables do you eat per day? Please include fresh, frozen and canned vegetables.

Do not include vegetable juices.

A 'serving' of vegetables:

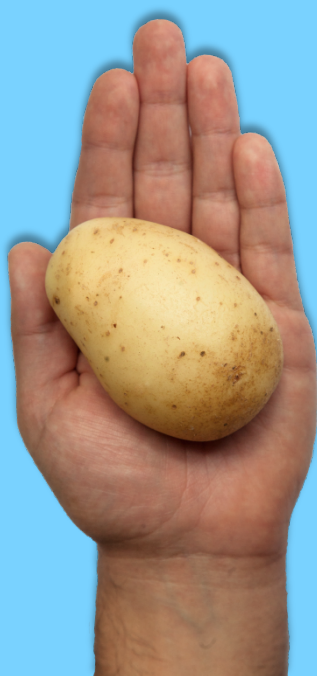
1 medium
potato/kumara

OR

$\frac{1}{2}$ cup cooked
vegetables

OR

1 cup salad
vegetables



*For example: 2 medium potatoes
+ $\frac{1}{2}$ cup of peas = 3 servings.*

Remember to think about all meals and snacks.

- ☐ I don't eat vegetables
- ☐ Less than 1 serving per day
- ☐ 1 serving per day
- ☐ 2 servings per day
- ☐ 3 servings per day
- ☐ 4 or more servings per day

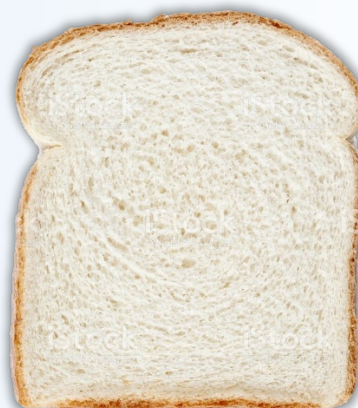
On average, how many slices of bread, toast or bread rolls do you eat per day?

Please don't include bagels or wraps.

- ☐ None, I don't eat bread, toast or rolls
- ☐ Less than one per day
- ☐ 1–2 per day
- ☐ 3–4 per day
- ☐ 5–6 per day
- ☐ 7 or more per day

What type of bread, toast or rolls do you eat the most of?

1 White



2 Light grain
(e.g. Molenberg, Freya's, Ploughmans or MacKenzie High Country)



3 Heavy grain
(e.g. Vogel's or Burgen)



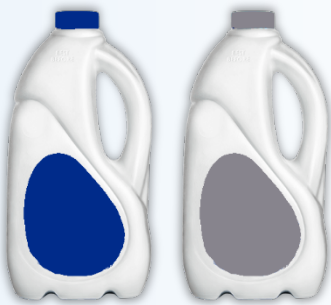
4 Other

What type of milk do you use the most of?

1 **None**, I don't use milk



2 **Whole or standard milk**
(dark blue or silver)



3 **Reduced fat**
(light blue)



4 **Skim or Trim**
(green or yellow)



5 **Raw milk**
(unpasteurised)



6 **Plant-based milk**
such as soy milk, rice milk,
almond milk or coconut milk



7 **Other animal's milk**
such as goat's milk or
sheep's milk



What type of butter, margarine or plant oil spread do you use the most of?

- 1


None, I don't use butter, margarine or plant oil spreads


- 2


Butter
(including semi soft)


- 3


Butter and plant oil blend
(e.g. Anchor Dairy Blend)


- 4

Full-fat margarine or plant oil spread
(e.g. canola, olive oil or sunflower based)


- 5

Lite or reduced-fat margarine or plant oil spread
(e.g. canola, olive oil or sunflower based)


- 6

Plant sterol spread or margarine
full and low fat varieties
(e.g. ProActiv or Logicol)







What type of oil or fat do you use most often when cooking?

- 1


None, I don't use oil or fat when cooking


- 2

Olive oil


- 3


Coconut oil


- 4


Other plant or vegetable based oil
(e.g. sunflower, canola, sesame, rice bran, avocado, grapeseed, nut oils)


- 5


Butter
(including semi soft)


- 6


Butter and plant oil blend
(e.g. Anchor Dairy Blend)


- 7

Margarine or plant oil spread
(e.g. canola, olive oil or sunflower based)


- 8

Dripping or lard


- 9

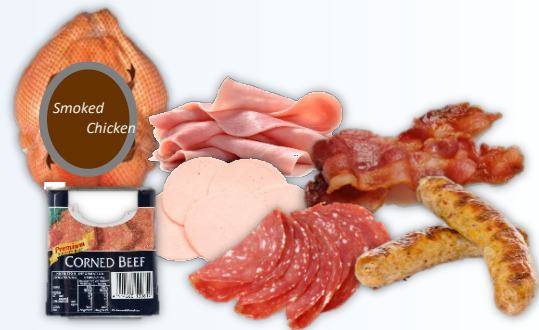
Other
- 10

Not applicable, I don't cook



In the past four weeks, which of the following have you eaten at all?
Select all that apply.

1 Processed meats
such as ham, bacon, sausages, luncheon, smoked chicken, canned corned beef, pastrami or salami



2 Red meat
such as beef, pork, mutton, lamb, goat or venison



3 Chicken



4 Fish or other seafood

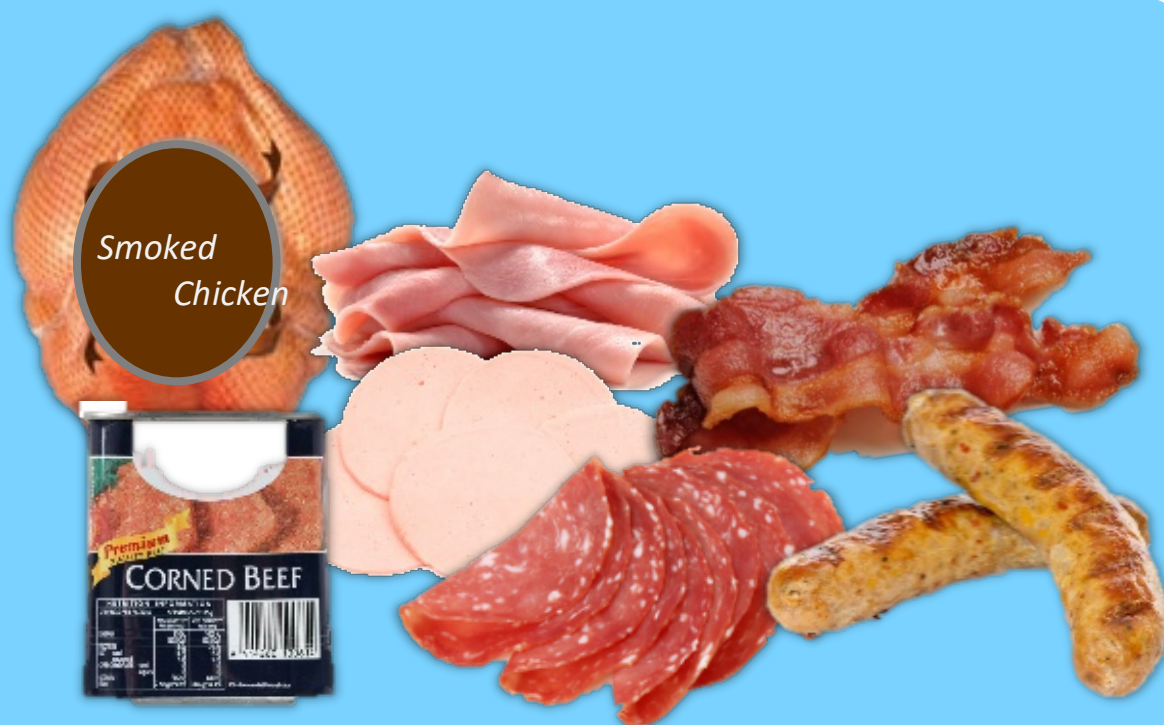


0 None of the above



How often do you eat processed meat products, such as ham, bacon, sausages, luncheon, smoked chicken, canned corned beef, pastrami or salami?

- ☐ Never
- ☐ Less than once per week
- ☐ 1–2 times per week
- ☐ 3–4 times per week
- ☐ 5–6 times per week
- ☐ 7 or more times per week



How often do you eat red meat, such as beef, pork, mutton, lamb, goat or venison?

Remember to think about all meals and snacks.

- ☐ Never
- ☐ Less than once per week
- ☐ 1–2 times per week
- ☐ 3–4 times per week
- ☐ 5–6 times per week
- ☐ 7 or more times per week



How often do you remove excess fat from red meat
before cooking or eating it?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Regularly
- 5 Always

How often do you eat fish or other seafood, including seafood that is canned?

Do not include fish or other seafood that is deep-fried.

Remember to think about all meals and snacks.

- ☐ Never
- ☐ Less than once per week
- ☐ 1–2 times per week
- ☐ 3–4 times per week
- ☐ 5–6 times per week
- ☐ 7 or more times per week



How often do you eat food, such as fish and chips, burgers, fried chicken or pizza, that has been purchased from a fast food place or takeaway shop?

Think about snacks as well as mealtimes.

Please don't include other fast food and takeaways such as sushi, wraps or curries.

- ☐ Never
- ☐ Less than once per week
- ☐ 1–2 times per week
- ☐ 3–4 times per week
- ☐ 5–6 times per week
- ☐ 7 or more times per week



How often do you eat legumes, such as lentils, chickpeas, kidney beans or baked beans?

- ☐ Never
- ☐ Less than once per week
- ☐ 1–2 times per week
- ☐ 3–4 times per week
- ☐ 5–6 times per week
- ☐ 7 or more times per week



How often do you eat biscuits, cakes, slices, muffins, sweet pastries or muesli bars?

- ☐ Never
- ☐ Less than once per week
- ☐ 1–2 times per week
- ☐ 3–4 times per week
- ☐ 5–6 times per week
- ☐ 7 or more times per week



How often do you eat nuts or seeds?

Include butters made from nuts or seeds, such as peanut butter.

- ☐ Never
- ☐ Less than once per week
- ☐ 1–2 times per week
- ☐ 3–4 times per week
- ☐ 5–6 times per week
- ☐ 7 or more times per week



How often do you eat lollies, sweets, chocolate or confectionery?

- ☐ Never
- ☐ Less than once per week
- ☐ 1–2 times per week
- ☐ 3–4 times per week
- ☐ 5–6 times per week
- ☐ 7 or more times per week



How often do you have a drink made from cordial, concentrate or powder such as Raro?

This would include using lime cordial, for example, to make a lime and soda drink.

Please don't include diet or reduced sugar varieties.

- ☐ Never
- ☐ Less than once per week
- ☐ 1–2 times per week
- ☐ 3–4 times per week
- ☐ 5–6 times per week
- ☐ 7 or more times per week



How often do you drink fruit juice?

- ☐ Never
- ☐ Less than once per week
- ☐ 1–2 times per week
- ☐ 3–4 times per week
- ☐ 5–6 times per week
- ☐ 7 or more times per week



How often do you drink soft drinks, fizzy drinks, sports drinks or energy drinks?

Include use of these as mixers in alcoholic drinks.

Please don't include diet or reduced sugar varieties.

- ☐ Never
- ☐ Less than once per week
- ☐ 1–2 times per week
- ☐ 3–4 times per week
- ☐ 5–6 times per week
- ☐ 7 or more times per week



Do you completely exclude any of the following food groups from your diet?
Select all that apply.

1 Red meat
(e.g. beef, pork, mutton, lamb, goat, venison)



2 Chicken or poultry
(e.g. turkey, duck)



3 Fish or other seafood



4 Eggs



5 Dairy products
(e.g. milk, cheese)



6 Gluten sources
(e.g. wheat, barley)



7 Nuts



8 None of the above



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

For this question: one drink = one standard drink:

- One can or stubbie of beer
- Half a large bottle of beer
- One small glass of wine
- One shot of spirits

Please see Standard Drinks Picture Showcard.

- ☐ 1 or 2
- ☐ 3 or 4
- ☐ 5 or 6
- ☐ 7 to 9
- ☐ 10 or 11
- ☐ 12 or more

How often do you have six or more standard drinks on one occasion?

For this question: one drink = one standard drink:

- One can or stubbie of beer
- Half a large bottle of beer
- One small glass of wine
- One shot of spirits

Please see Standard Drinks Picture Showcard.

- 1 Never
- 2 Less than monthly
- 3 Monthly
- 4 Weekly
- 5 Daily or almost daily

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

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

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

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

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

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

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

Thinking about your most recent pregnancy, please select the statement that best applies to you:

- 1 I did not change my drinking while I was pregnant
- 2 I reduced my drinking while I was pregnant
- 3 I stopped drinking as soon as I learned I was pregnant
- 4 I eventually stopped drinking while I was pregnant
- 5 I had stopped drinking before I got pregnant
- 6 I increased my drinking while I was pregnant

Who advised you not to drink alcohol?

Select all that apply.

- ☐ 1 Spouse or partner
- ☐ 2 Parents
- ☐ 3 Other relative or whānau member
- ☐ 4 Friend
- ☐ 5 GP
- ☐ 6 Nurse
- ☐ 7 Midwife
- ☐ 8 Obstetrician
- ☐ 9 Someone else

In the last 12 months, have you used any of the following drugs for recreational or non-medical purposes, or to get high?

Select all that apply.

- 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 – please specify
- 12 No, none of the above

On a scale of one to five, where one is very underweight and five is very overweight, how do **you** view your weight?

- 1 Very underweight
- 2 Underweight
- 3 Neither underweight nor overweight
- 4 Overweight
- 5 Very overweight

Are you currently trying to do any of the following?

- 1 Lose weight
- 2 Stay the same weight
- 3 Gain weight
- 4 No – not trying to do anything about my weight

In general, would you say your health is...

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

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?

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

Climbing several flights of stairs.

Does your health now limit you a lot, limit you a little, or not limit you at all?

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

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?

- 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

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?

- 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

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?

- 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

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?

- 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

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...

- 1 Not at all
- 2 A little bit
- 3 Moderately
- 4 Quite a bit
- 5 Extremely

How much of the time during the past four weeks, have you felt calm and peaceful?

- 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

How much of the time during the past four weeks, did you have a lot of energy?

- 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

How much of the time during the past four weeks, have you felt downhearted and 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

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...

- 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

Do you have difficulty seeing, even if wearing glasses?

- 1 No – no difficulty
- 2 Yes – some difficulty
- 3 Yes – a lot of difficulty
- 4 Cannot do at all

Do you have difficulty hearing, even if using a hearing aid?

- 1 No – no difficulty
- 2 Yes – some difficulty
- 3 Yes – a lot of difficulty
- 4 Cannot do at all

Do you have difficulty walking or climbing steps?

- 1 No – no difficulty
- 2 Yes – some difficulty
- 3 Yes – a lot of difficulty
- 4 Cannot do at all

Do you have difficulty remembering or concentrating?

- 1 No – no difficulty
- 2 Yes – some difficulty
- 3 Yes – a lot of difficulty
- 4 Cannot do at all

Do you have difficulty washing all over or dressing?

- 1 No – no difficulty
- 2 Yes – some difficulty
- 3 Yes – a lot of difficulty
- 4 Cannot do at all

Using your usual language, do you have difficulty communicating, for example, understanding or being understood?

- 1 No – no difficulty
- 2 Yes – some difficulty
- 3 Yes – a lot of difficulty
- 4 Cannot do at all

During the past four 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

During the past four 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

During the past four 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

During the past four 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

During the past four 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

During the past four 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

During the past four 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

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

During the past four 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

During the past four 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

Which ethnic group or groups do you belong to?
Select all that apply.

- ☐ 1 New Zealand European
- ☐ 2 Māori
- ☐ 3 Samoan
- ☐ 4 Cook Island Māori
- ☐ 5 Tongan
- ☐ 6 Niuean
- ☐ 7 Chinese
- ☐ 8 Indian
- ☐ 77 Other – please specify

Which country were you born in?

- 1 New Zealand
- 2 Australia
- 3 England
- 4 China (People's Republic of)
- 5 India
- 6 South Africa
- 7 Samoa
- 8 Cook Islands
- 77 Other – please specify



In which languages could you have a conversation about a lot of everyday things?

Select all that apply.

- ☐ 1 English
- ☐ 2 Māori
- ☐ 3 Samoan
- ☐ 4 NZ sign language
- ☐ 77 Other language, e.g. Gujarati, Cantonese, Greek – please specify

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 NZ – please specify
- 6 Other secondary school qualification
gained overseas



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 – please specify



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.

Select all that apply.

- 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

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.

- 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
- 16 \$150,001 or more



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



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
- 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)
- 77 Other – please specify

In the last 4 weeks, which of these have you done, without pay?

Select all that apply.

- 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

What type of health or medical insurance is that?

- 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 – please specify

And who pays for this health or medical insurance?

- 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

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

Counting those bedrooms, how many rooms are there in this dwelling?

Count:
<ul style="list-style-type: none">• 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:
<ul style="list-style-type: none">• 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.

Which of the following options best describes how you think of yourself?

- 1 Heterosexual or straight
- 2 Gay or lesbian
- 3 Bisexual
- 4 Other

- 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