



# Child Questionnaire Showcards

Year 8 – 2018/19





What treatments does your child now have for asthma?

Select all that apply.

- ☐ 1 No treatment
- ☐ 2 Inhaler
- ☐ 3 Medicines, tablets or pills
- ☐ 77 Something else

What treatments does your child now have for eczema?

Select all that apply.

- ☐ 1 No treatment
- ☐ 2 Medicines, tablets or pills
- ☐ 3 Cream or ointment
- ☐ 77 Something else

What treatments does your child now have for diabetes?

Select all that apply.

- ☐ 1 No treatment
- ☐ 2 Medicines, tablets or pills
- ☐ 3 Insulin injections
- ☐ 4 Diet
- ☐ 5 Exercise
- ☐ 77 Something else

What treatments does your child now have for rheumatic heart disease?

Select all that apply.

- ☐ 1 No treatment
- ☐ 2 Medicines, tablets or pills
- ☐ 3 Penicillin injections or other antibiotic
- ☐ 77 Something else

What treatments does your child now have for autism spectrum disorder?

Select all that apply.

- ☐ 1 No treatment
- ☐ 2 Medicines, tablets or pills
- ☐ 3 Counselling
- ☐ 77 Something else

What treatments does your child now have for depression?

Select all that apply.

- ☐ 1 No treatment
- ☐ 2 Medicines, tablets or pills
- ☐ 3 Counselling
- ☐ 4 Exercise
- ☐ 77 Something else



What treatments does your child now have for anxiety disorder?

Select all that apply.

- ☐ 1 No treatment
- ☐ 2 Medicines, tablets or pills
- ☐ 3 Counselling
- ☐ 4 Exercise
- ☐ 77 Something else

What treatments does your child now have for ADD or ADHD?

Select all that apply.

- ☐ 1 No treatment
- ☐ 2 Medicines, tablets or pills
- ☐ 3 Counselling
- ☐ 77 Something else

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

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

In general, would you say your child's health is:

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

Does your child 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

Does your child 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

Does your child 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

Does your child have difficulty remembering or concentrating?

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



Does your child 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 his/her usual language, does your child 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

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 your child 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 child's usual medical centre, done any of the following in relation to his/her health?

Select all that apply.

- ☐ 1 Weight measurement
- ☐ 2 Height measurement
- ☐ 3 Talked about healthy food or nutrition
- ☐ 4 Talked about your child's weight
- ☐ 5 Talked about exercise or physical activity
- ☐ 6 Talked about healthy sleep
- ☐ 0 None of the above

When was the last time your child saw a GP about his/her 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 your child saw a GP about his/her 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

Thinking about your child's last visit to a GP, how good was the doctor at explaining his/her 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



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

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

In the past 12 months, was there a time when your child had a medical problem, but did not visit a GP because you could not arrange childcare for other children?

If you do not have any other children in your care, please select “Doesn’t apply”.

- 1 Yes
- 2 No
- 3 Doesn’t apply

When was the last time your child 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 your child used an after-hours 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

In the past 12 months, was there a time when your child had a medical problem outside regular office hours, but you did not take him/her to 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 Your child was born in the maternity ward
- 2 Your child used the emergency department
- 3 Your child used an outpatients department
- 4 Your child was admitted for day treatment but did not stay overnight
- 5 Your child was admitted as an inpatient and stayed at least one night (this includes transfers from maternity to neo-natal unit)
- 6 None of the above

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

Select all that apply.

- 1 Your child was admitted as an inpatient and stayed at least one night
- 2 Your child was admitted for day treatment but did not stay overnight
- 3 Your child had a specialist appointment
- 4 None of the above

When was the last time your child went to an emergency department for his/her 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 child's last visit to an emergency department, what were all the reasons he/she 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 took your child 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, has your child seen any of the following medical specialists about his/her own health?

Select all that apply.

- 1 Paediatrician
- 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 General or Internal Medical Specialist
- 17 Psychiatrist
- 77 Other
- 0 None

The last time your child saw a medical specialist about his/her own health, where was this?

Remember, this does not include medical specialists your child may have seen if he/she was 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 the last time your child saw a medical specialist, how good was the specialist at explaining his/her 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

Did you have confidence and trust in the medical specialist your child saw?

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

How long has it been since your child last visited a dental health care worker, 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 Has never seen a dental health care worker

In the last 12 months, has your child seen any of the following health care workers?

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



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

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

Is your child 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 their weight

On average, how many servings of fruit does your child 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

½ a cup of  
stewed fruit



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

- ☐ They 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 does your child eat per day? Please include fresh, frozen and canned vegetables.

Do not include vegetable juices.

A 'serving' of vegetables:

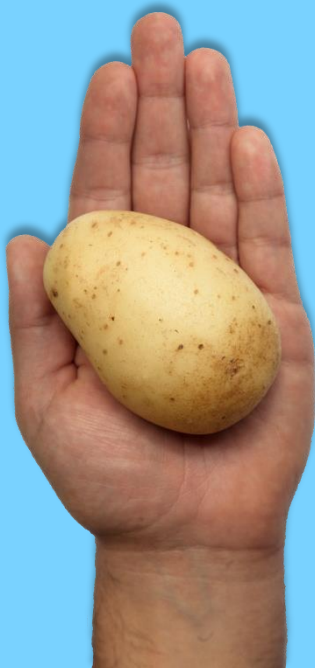
1 medium  
potato/kumara

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.

- ☐ They 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

How often does your child have breakfast?

He/she may have had breakfast anywhere, such as at home, school, day-care or a café.

- ☐ 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

On average, how many slices of bread, toast or bread rolls does your child eat per day?

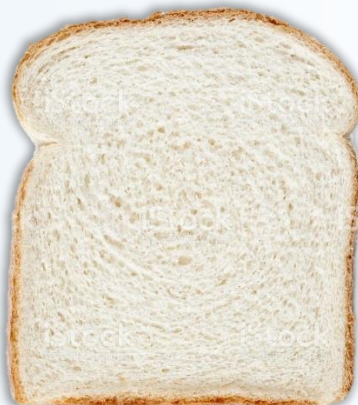
Please don't include bagels or wraps.

- ☐ None, doesn'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 does your child 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**



In the past four weeks, which of the following has your child 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 does your child 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 does your child 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 does your child 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 does your child 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 does your child 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 does your child 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 does your child 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 does your child 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 does your child drink soft drinks, fizzy drinks, sports drinks or energy 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



Does your child completely exclude any of the following food groups from his/her 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 does your child usually get to and from school?  
Select all that apply.

- ☐ 1 Walk
- ☐ 2 Bike
- ☐ 3 Skate or other physical activity
- ☐ 4 Car or taxi
- ☐ 5 School bus or school van
- ☐ 6 Public transport
- ☐ 77 Other – please specify
- ☐ 0 Not applicable, for example, is home schooled

How often are your child's teeth brushed?

- 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 does your child usually use?

1. Standard fluoride toothpaste



2. Low fluoride toothpaste



3. Non-fluoridated toothpaste



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



Thinking back over the past four weeks, when your child misbehaved, which of the following, if any, have you done?

Select all that apply.

Just read out the number next to the words.

- 1 Made him/her go without something or miss out on something
- 2 Yelled at him/her
- 3 Explained or discussed why he/she should not do it
- 4 Physical punishment, such as smacking
- 5 Told him/her off
- 6 Sent him/her to the bedroom or other place in the house
- 7 Ignored his/her behaviour
- 8 Something else
- 0 My child has not misbehaved during the past 4 weeks
- N My child is too young to misbehave

To what extent do you disagree or agree with the following statement:

There are certain circumstances when it's alright for parents to use physical punishment, such as smacking, with children.

Just read out the number next to the words.

- 1 Strongly disagree
- 2 Disagree
- 3 Neither disagree nor agree
- 4 Agree
- 5 Strongly agree



Which ethnic group or groups does your child 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 was your child 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

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

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?

<b>Count:</b>
<ul style="list-style-type: none"><li>• bedrooms</li><li>• kitchens</li><li>• dining rooms</li><li>• lounges or living rooms</li><li>• rumpus rooms, family rooms, etc.</li><li>• conservatories you can sit in</li><li>• studies, studios, hobby rooms, etc.</li></ul>

<b>DON'T count:</b>
<ul style="list-style-type: none"><li>• bathrooms, showers, toilets</li><li>• spa rooms</li><li>• laundries</li><li>• halls</li><li>• garages</li><li>• pantries</li></ul>

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.

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 general, which of these statements best describes your employment status now:

- 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



- 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