



Adult Questionnaire Showcards

Year 11 – 2021/22

*No showcard for
this question.*

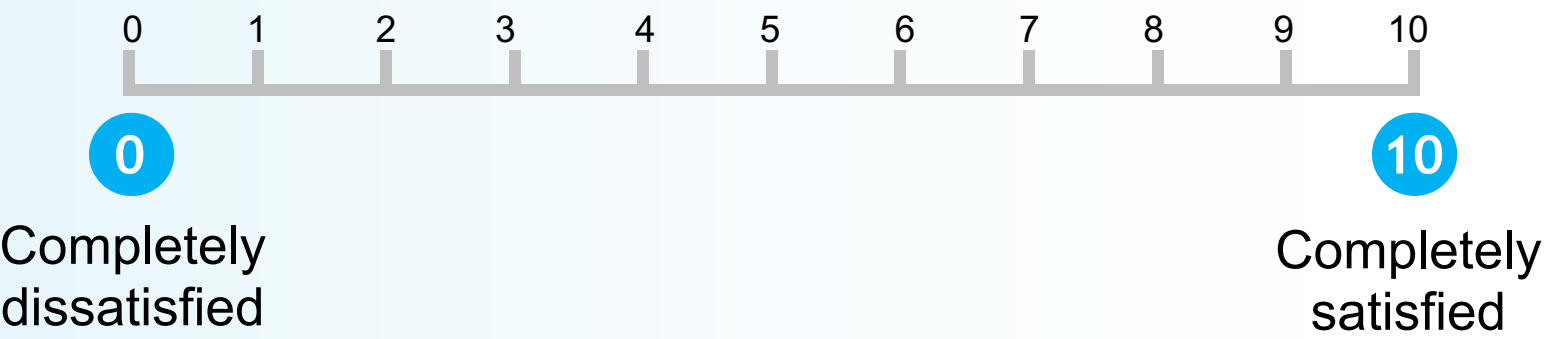


Which of these age groups do you belong to?

- 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

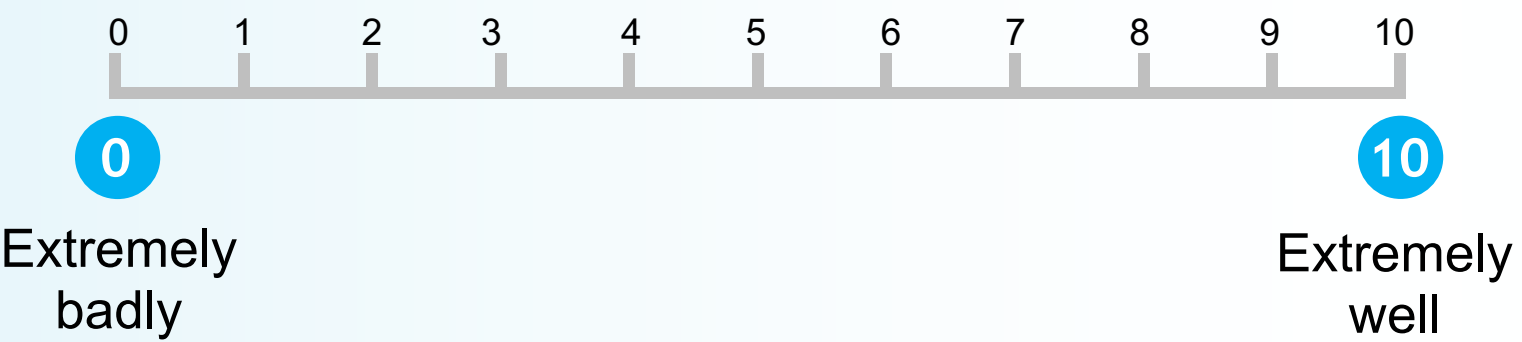
This is a very general question about your life as a whole these days. This includes all areas of your life.

Where zero is Completely dissatisfied, and ten is Completely satisfied, how do you feel about your life as a whole?



Now, a question about your family. Please think in general about how your family is doing.

Where zero means Extremely badly and ten means Extremely well, how would you rate how your family is doing these days?



11 Don't have any family

12 Can't define my family

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

Which kind of arthritis affects you most?

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

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

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



At your **usual medical centre** have you had an appointment with any of the following health care workers about your own health, in the **past 12 months**?

Select all that apply.

- ☐ 1 GP (general practitioner or family doctor)
- ☐ 2 Nurse
- ☐ 3 Physiotherapist
- ☐ 4 Mental health professional (eg psychologist or counsellor)
- ☐ 5 Dietitian
- ☐ 77 Another health care worker – please specify
- ☐ 0 None of the above

In the **past 12 months**, was there a time when you had a **medical problem** but did not visit a GP for any of the following reasons?

Select all that apply.

- ☐ 1 Time taken to get an appointment too long
- ☐ 2 Owed money to the medical centre
- ☐ 3 Dislike or fear of the GP
- ☐ 4 Difficult to take time off work
- ☐ 5 No transport or too far to travel
- ☐ 6 Could not arrange childcare or care for a dependent adult
- ☐ 7 Didn't have a carer, support person or interpreter to go with you
- ☐ 77 Another reason – please specify
- ☐ 0 None of the above

Thinking about your last visit to an emergency department for your own health, what were **all** the reasons you went?

Select all that apply.

- ☐ 1 Condition appeared serious / life threatening
- ☐ 2 GP or after-hours too expensive
- ☐ 3 Time of day / day of week (outside of usual medical centre hours)
- ☐ 4 Time taken to get an appointment was too long at usual medical centre
- ☐ 77 Another reason – please specify

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

- 1 Condition appeared serious / life threatening
- 2 GP or after-hours too expensive
- 3 Time of day / day of week (outside of usual medical centre hours)
- 4 Time taken to get an appointment was too long at usual medical centre
- 77 Another reason

In the **past five years**, was there a time when a doctor **referred** you to a **specialist** but you did not go for any of the following reasons?

Select all that apply.

- ☐ 1 Cost
- ☐ 2 Dislike or fear of the treatment
- ☐ 3 Difficult to take time off work
- ☐ 4 No transport or too far to travel
- ☐ 5 Could not arrange childcare or care for a dependent adult
- ☐ 6 Didn't have a carer, support person or interpreter to go with you
- ☐ 7 Hospital or specialist doctor didn't accept the referral
- ☐ 8 No longer needed or issue was resolved
- ☐ 77 Another reason – please specify
- ☐ 0 None of the above

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 (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

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?

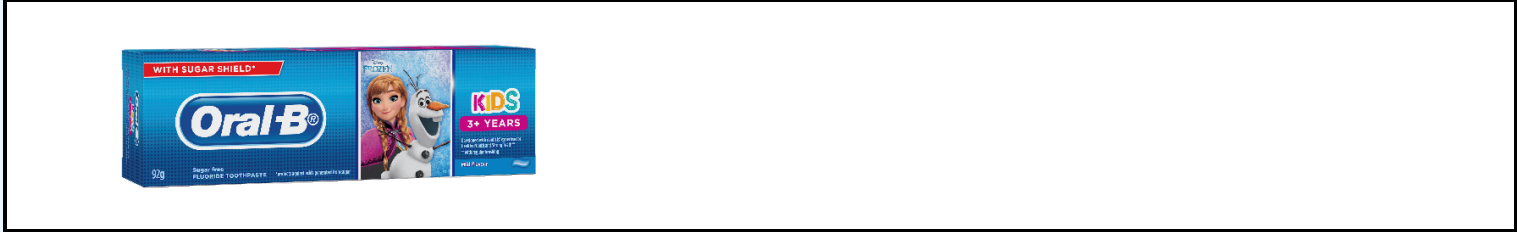
- 0 Never
- 1 Less than once a day
- 2 Once a day
- 3 Twice a day
- 4 More than twice a day
- 5 No natural teeth

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



When a COVID-19 vaccine is offered to you, how likely would you be to get vaccinated?

- 1 Very likely
- 2 Likely
- 3 Neither likely nor unlikely
- 4 Unlikely
- 5 Very unlikely

Over the past **7 days**, how often have you recorded the places you've been and who you were with (eg in a diary or app)?

- 1 Every time
- 2 Most times
- 3 Sometimes
- 4 A little of the time
- 5 None of the time
- 6 Not applicable

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**?

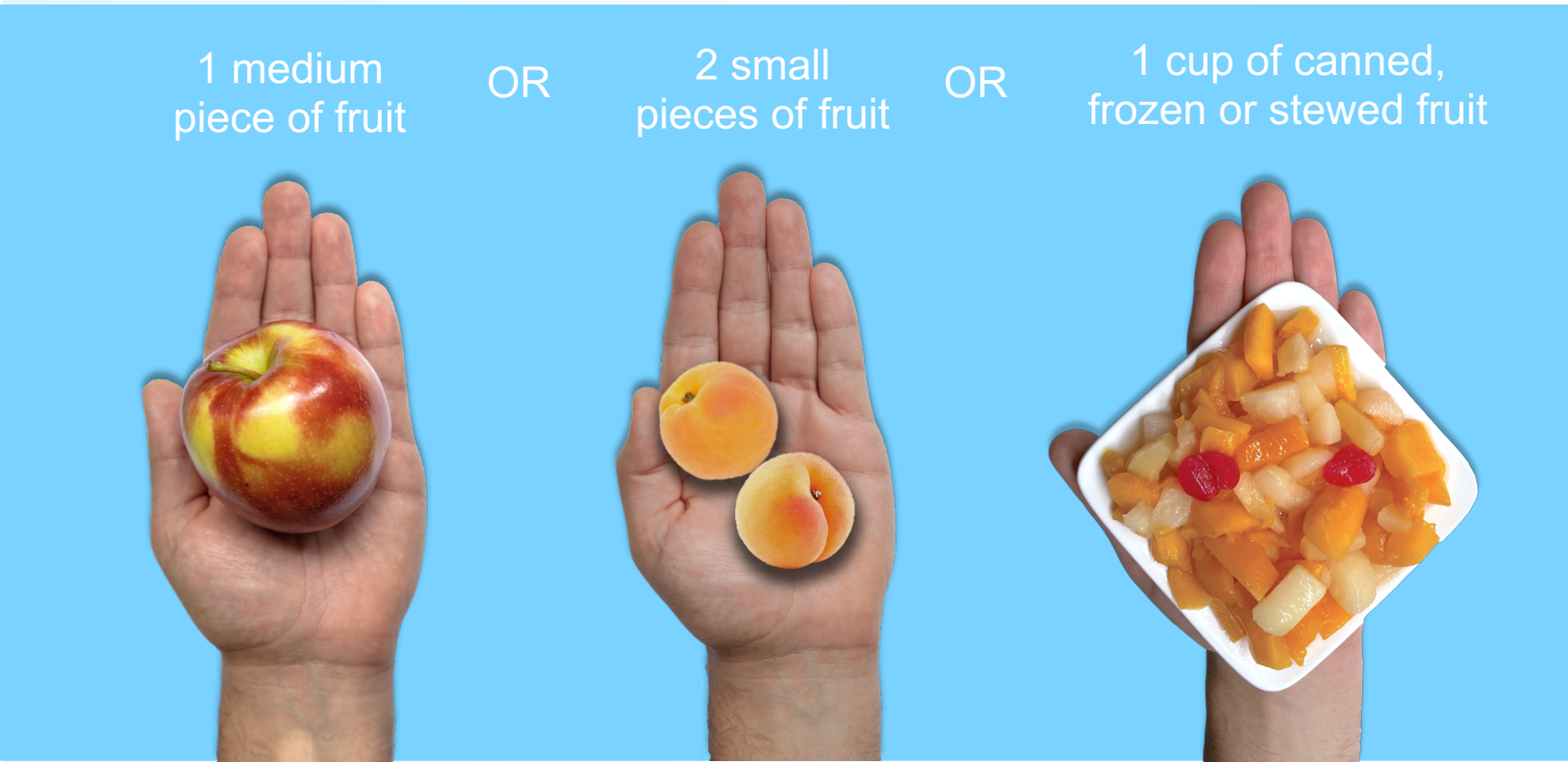
- 1 Tailor-made cigarettes – that is,
manufactured cigarettes in a packet
- 2 Roll your owns using loose tobacco
- 3 Both tailor-mades and roll your owns
- 4 Pipes
- 5 Cigars

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 all fresh, frozen, canned and stewed fruit. Do **not** include fruit juice or dried fruit.

A ‘**serving**’ of fruit:

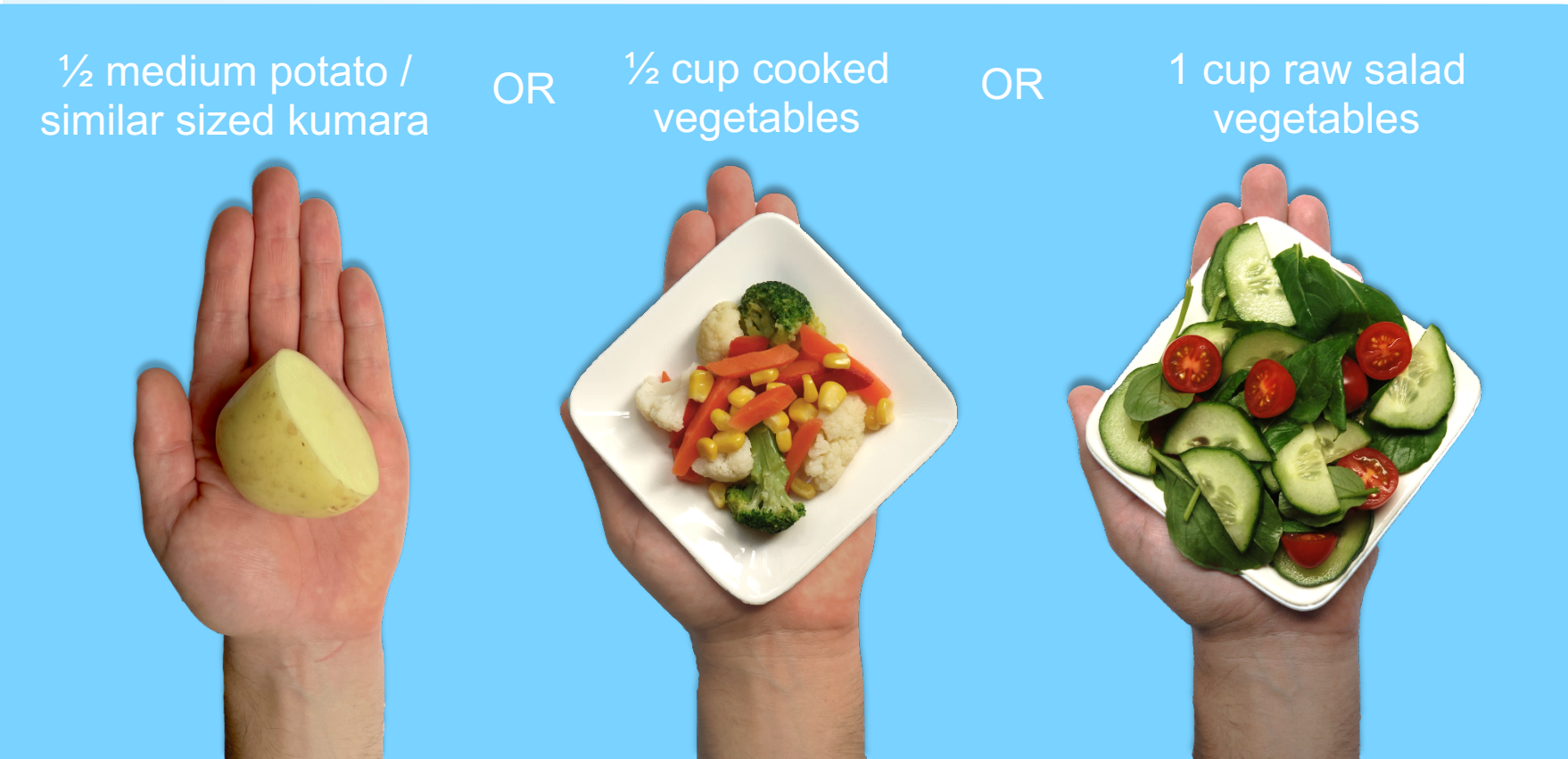


For example: 1 apple + 2 small apricots = 2 servings.

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

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**’ of vegetables:



For example: 5 servings could comprise of 1 medium potato + 1 cup of cooked vegetables + 1 cup of raw salad throughout the day.

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 servings per day
- ☐ 5 servings per day
- ☐ 6 or more servings per day

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

In the **past 12 months**, have you used any of the following substances?

Please just read out the number next to the words.

Select all that apply.

- 1** Cannabis (marijuana, hash, weed)
- 2** Cocaine
- 3** Ecstasy / MDMA
- 4** Amphetamine type stimulants, for example, 'P', speed, ice, Ritalin®
- 5** Inhalants, for example, NOS, glue, petrol, poppers
- 6** Sedatives or sleeping pills, for example, Valium, diazepam
- 7** Hallucinogens, for example, LSD, mushrooms, ketamine
- 8** Opioids, for example, heroin, morphine, methadone, codeine
- 77** Other substances – please specify (for example, synthetic cannabinoids, 'synnies', GHB, GBL etc.)
- 0** No, none of the above

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

During the past four 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



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

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day

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

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

<input type="checkbox"/>	Tobacco products (cigarettes, chewing tobacco, cigars, etc)	Yes / No
<input type="checkbox"/>	Alcoholic beverages (beer, wine, spirits, etc)	Yes / No
<input type="checkbox"/>	Cannabis (marijuana, hash, weed, etc)	Yes / No
<input type="checkbox"/>	Cocaine (coke, crack, etc)	Yes / No
<input type="checkbox"/>	Amphetamine type stimulants (P, speed, ice, Ritalin®, ecstasy, MDMA, etc)	Yes / No
<input type="checkbox"/>	Inhalants (NOS, glue, petrol, poppers, etc)	Yes / No
<input type="checkbox"/>	Sedatives or sleeping pills (Valium, diazepam, etc)	Yes / No
<input type="checkbox"/>	Hallucinogens (LSD, mushrooms, ketamine, etc)	Yes / No
<input type="checkbox"/>	Opioids (heroin, homebake, morphine, methadone, codeine, etc)	Yes / No
<input type="checkbox"/>	Other (synthetic cannabinoids, ‘synnies’, GHB, GBL, kava, etc)	Yes / No

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

- 1 Never
- 2 Once or twice
- 3 Monthly
- 4 Weekly
- 5 Daily or almost daily



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

- 1 Never
- 2 Once or twice
- 3 Monthly
- 4 Weekly
- 5 Daily or almost daily

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

- 1 Never
- 2 Once or twice
- 3 Monthly
- 4 Weekly
- 5 Daily or almost daily

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?

- 1 Never
- 2 Once or twice
- 3 Monthly
- 4 Weekly
- 5 Daily or almost daily



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

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

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

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

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

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.

Select all that apply.

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

In the **past 12 months**, did you use any **online resources** to get information, help or support for concerns about your emotions, stress, mental health, or substance use?

Select all that apply.

- ☐ 1 Yes, to learn about symptoms, diagnosis, causes, treatments, or medication side effects
- ☐ 2 Yes, to find out where to get help
- ☐ 3 Yes, to discuss with others through forums, support groups or online social networks
- ☐ 4 Yes, to get online therapy, such as e-therapy or online counselling
- ☐ 5 Yes, to use a mental health and wellbeing app
- ☐ 6 Other
- ☐ 7 No, did not use online resources to get information, help or support for concerns about my emotions, stress, mental health, or substance use

In the **past 12 months**, did you use any of the following **complementary or alternative therapies** for concerns about your emotions, stress, mental health, or substance use?

Select all that apply.

- ☐ 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

In the **past 12 months**, have you consulted any of the following people for concerns about your emotions, stress, mental health, or substance use?
Select all that apply.

- ☐ 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 Peer support worker
- ☐ 11 Other person
- ☐ 12 No, none of the above

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?

Select all that apply.

- ☐ 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

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

Select all that apply.

- ☐ 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 Time taken to get an appointment too long
- ☐ 8 Available services did not meet my cultural or language needs
- ☐ 9 Health professionals unhelpful or unwilling to help
- ☐ 10 Not satisfied with available services
- ☐ 11 Didn't think treatment would work
- ☐ 12 Concerned what others might think
- ☐ 13 Another reason – please specify

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, eg 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 New Zealand – 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 Kāinga Ora (formerly 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