



Content Guide 2024/25

New Zealand Health Survey



New Zealand Health Survey

Authors

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Contents

Introduction	1
Background	1
Survey design and methodology	1
Goal and objectives	2
Questionnaire components	2
Process for developing the New Zealand Health Survey	4
Core component	4
Module component	5
Cognitive testing	7
Pilot testing	7
Ethics approval	8
Content of the New Zealand Health Survey	1
Long-term health conditions	1
Access to health care	4
Health behaviours and risk factors	6
Health status	10
Child development module	14
Household food insecurity	16
Sociodemographics	16
Health measurements	18
Consents	19
References	21
List of Tables	
Table 1: Summary of New Zealand Health Survey 2024/25 core content	2
Table 2: New Zealand Health Survey module topics, 2011/12–2024/25	5
Table 3: Long-term health conditions core 2024/25	3
Table 4: Long-term health conditions module 2024/25	4
Table 5: Health service utilisation 2024/25	6
Table 6: Tobacco and vaping module 2024/25	9
Table 7: Health behaviours and risk factors 2024/25	10
Table 8: Scoring for the K10	12
Table 9: Strengths and Difficulties Questionnaire	15

Introduction

This guide describes the content of the New Zealand Health Survey (NZHS) for the 2024/25 survey year. This guide also briefly outlines the history of the NZHS and its development into a continuous survey, describes the process for developing the adult and child questionnaires for 2024/25 and provides an overview of each section of the survey. The questionnaires are available along with this report on the Ministry of Health's (the Ministry's) website: health.govt.nz

Background

The NZHS was first undertaken in 1992/93, with further surveys taking place in 1996/97, 2002/03 and 2006/07. The Ministry's wider health survey programme included surveys on adult and child nutrition; tobacco, alcohol and drug use; mental health; and oral health. From 2011, the Ministry integrated the NZHS and these other surveys from its wider survey programme into a single survey, which is now in continuous operation. The Ministry publishes results annually. The rationale for this change is detailed in *The New Zealand Health Survey: Objectives and topic areas* (Ministry of Health 2010).

As a signatory to the *Protocols of Official Statistics* (Statistics New Zealand 1998), the Ministry employs best-practice survey techniques to extract high-quality information from the NZHS. It uses standard frameworks and classifications, with validated questions where possible, so that NZHS data can be integrated with data from other sources.

Survey design and methodology

The target population for the survey is New Zealand's usually resident population of all ages, including those living in non-private accommodation. The NZHS sample is selected using a stratified, multi-stage area design. Respondents are adults aged 15 years and older, as well as children aged 0–14 years, who are interviewed through their parent or legal guardian acting as a proxy respondent. Most of the survey questionnaire is conducted in the respondent's home, through face-to-face interviews, using computer-assisted personal interviewing (CAPI) software. Respondents self-complete some parts of the survey via computer-assisted self-interview (CASI) where the questions are potentially sensitive.

Computer-assisted video interviewing (CAVI) was introduced during the COVID-19 pandemic response. It is now offered to respondents who are apprehensive or reluctant to have an interviewer in their home; for example, because they are unwell.

The NZHS sample design and methodology will be published online alongside this report, on the Ministry's website: health.govt.nz.

Goal and objectives

Goal

The goal of the NZHS is to monitor and research the health and wellbeing of New Zealanders, including how people experience their own health and health services. The NZHS collects detailed information about people both inside and outside the health system and their lifestyles and behaviours. The information it seeks is not easily obtained from health administrative databases. The survey allows us to measure differences between population sub-groups to identify inequities.

Objectives

To achieve this goal, four high-level objectives have been identified for the NZHS. These are to:

- provide an evidence base to inform health system funding, policy, programmes and advocacy with a focus on long-term priorities
- monitor and research population health status and the prevalence of key health behaviours and risk factors
- monitor barriers to access and use of health care services
- provide ability to carry out robust statistical analysis and enable linkage to other data collections to address wider information needs.

Questionnaire components

To meet the high-level objectives of the NZHS, detailed information is collected across information areas or domains. The NZHS includes a set of questions drawn from these domains. These core questions tend to remain the same each year. The NZHS also includes extra questions that examine a topic in more depth. These extra questions are referred to as 'module' questions and tend to change from year to year.

Table 1 summarises the topics included in the core component of the 2024/25 NZHS.

Table 1: Summary of New Zealand Health Survey 2024/25 core content

Domain	Topics
Children	
Long-term health conditions	Chronic pain, eczema, asthma, attention deficit hyperactivity disorder (ADHD), autism spectrum disorder
Health status	Parent-rated health
Health behaviours and risk factors	Nutrition, physical activity, screen time, sleep, tooth brushing, response to child's misbehaviour

Domain	Topics
Health care services: utilisation and barriers	General practitioners (GPs), nurses, emergency departments (EDs), prescriptions, dental health care workers, getting help for mental health and substance use concerns
Household food insecurity	Household food insecurity
Sociodemographics	Child: gender, age, ethnicity, country of birth, health insurance, Household: housing, household income, household composition (age, gender and the relationship between all household members) Primary caregiver: education and employment status
Health measurements	Height, weight, waist circumference
Adults	
Long-term health conditions	Heart disease, stroke, high cholesterol, high blood pressure, diabetes, chronic obstructive pulmonary disease (COPD), arthritis (including gout), chronic pain, hysterectomy, long COVID
Health status	General health (physical and mental health), psychological distress, life satisfaction, family wellbeing, loneliness
Health behaviours and risk factors	Tobacco smoking, vaping, alcohol use, drug use, nutrition, physical activity, sleep, tooth brushing
Health care services: utilisation and barriers	GPs, nurses, EDs, prescriptions, dental health care workers, getting help for mental health and substance use concerns
Sociodemographics	Adult: sex, gender, age, ethnicity, sexual orientation, languages spoken, country of birth, education, personal income and income sources, education and employment status, health insurance Household: housing, household income, household composition (age, gender and the relationship between all household members)
Health measurements	Height, weight, waist circumference, measured blood pressure

Notes: Health measurements (including measured blood pressure) were not collected in the 2021/22 NZHS due to COVID-19 restrictions. Blood pressure was not measured in the 2017/18 and 2022/23 surveys due to a lack of time. Body size measurements were reintroduced to the survey in 2022/23 and blood pressure measurements were reintroduced in 2023/24.

Process for developing the New Zealand Health Survey

The Ministry's Health Surveys team in the Data, Analytics and Surveys Group developed the adult and child questionnaires for the NZHS in consultation with key internal stakeholders (eg, policy groups) and external stakeholders (eg, technical experts and data users).

Core component

The NZHS aims to maintain continuity with previous surveys so that time trends can be analysed. To facilitate this approach, the 2006/07 NZHS was used as a 'question bank'; that is, where possible, the wording of the core questions, response options, show-cards and interviewer prompts from the 2006/07 NZHS have been retained in subsequent surveys.

Topics for inclusion in the core component of the NZHS were based on those outlined in *The New Zealand Health Survey: Objectives and topic areas* (Ministry of Health 2010). The following four criteria were used to determine the topics that would be included each year as core components.

- Impact – the topic has a large impact on health, health policy or health care costs.
- Measurability – the topic lends itself to robust measurement, including high reliability and validity and responsiveness to change.
- Disaggregation – the data that can be collected on the topic can be analysed by social group or region.
- International comparability – the topic lends itself to meaningful international benchmarking.

Priority was given to questions that related to key indicators or outputs and could be used to monitor important health-related time trends. Results on an indicator or output that were included in *A Portrait of Health: Key results of the 2006/07 New Zealand Health Survey* (Ministry of Health 2008) were considered to be important.

Most of the questions selected for the core component of the survey were from the 2006/07 NZHS. The 2006/07 NZHS included a number of questions from validated instruments, such as the Kessler 10 (K10, Andrews and Slade 2001) and the Alcohol Use Disorders Identification Test (AUDIT, Babor et al 2001). Most other questions selected for the NZHS core occurred in at least one previous survey (1992/93, 1996/97 and/or 2002/03).

The need to sustain time series has to be balanced against updating and improving core questions and adding new core questions. Core questions will be periodically reviewed or updated, particularly when their topic area is examined in depth during the development of a related module.

The core component of the NZHS includes measuring height and weight in respondents aged two years and older, waist circumference in respondents aged five years and older and blood pressure in respondents aged 15 years and older.¹

Module component

All the module topics for the NZHS from 2011/12 to 2024/25 are summarised in Table 2.

Table 2: New Zealand Health Survey module topics, 2011/12–2024/25

Year of NZHS	Child module topics	Adult module topics
2011/12	Health service utilisation and patient experience	Health service utilisation and patient experience Problem gambling Racial discrimination
2012/13	Child development Household food insecurity Exposure to second-hand smoke	Alcohol use Tobacco use Drug use
2013/14	Long-term conditions Health status Disability status Living standards Housing quality Exposure to second-hand smoke	Long-term conditions Health status Disability status Living standards Housing quality
2014/15	Child development Household food insecurity Rheumatic fever	Sexual and reproductive health Biomedical tests Rheumatic fever (under 25 years)

¹ Adult and child health measurements were not taken in the 2021/22 NZHS because of COVID-19 restrictions.

Year of NZHS	Child module topics	Adult module topics
2015/16	Child development Household food insecurity ² Exposure to second-hand smoke Rheumatic fever	Tobacco use Rheumatic fever (under 25 years)
2016/17	Behavioural and developmental problems Rheumatic fever	Mental health and substance use Rheumatic fever (under 25 years) Racial discrimination
2017/18	Health service utilisation and patient experience	Health service utilisation and patient experience Understanding health and health care
2018/19	Dietary habits Functional difficulties (WG-SS)	Dietary habits Functional difficulties (WG-SS) ³ Alcohol use
2019/20	Household food insecurity Dietary habits Functional difficulties (WG-SS)	Household food insecurity Dietary habits Alcohol use
2020/21	Functional difficulties (WG-SS) Child development	COVID-19 Racial discrimination
2021/22	Behavioural and developmental problems	Mental health and substance use COVID-19
2022/23	Behavioural and developmental problems Functional difficulties (CFM) ⁴	Mental health and substance use Extra questions on functional difficulties (WG-SS Enhanced) Self-perceived height and weight
2023/24	Exposure to second-hand smoke Child development Functional difficulties (CFM)	Self-perceived height and weight Migraine Tobacco, vaping and exposure to second-hand smoke Extra questions on functional difficulties (WG-SS Enhanced) Racial discrimination
2024/25	Long-term conditions Exposure to second-hand smoke Child development Functional difficulties (CFM)	Long-term conditions Tobacco, vaping and exposure to second-hand smoke Extra questions on functional difficulties (WG-SS Enhanced)

² The household food insecurity questions became 'core' for the child questionnaire in 2020/21, so this is not counted as a module after the 2015/16 NZHS.

³ The functional difficulties (WG-SS) questions became 'core' for the adult questionnaire in 2019/20 so are not counted as a module for adults after the 2018/19 NZHS. Six more questions were added as a module in 2022/23 to form the WG-SS Enhanced.

⁴ The functional difficulties module questions used for children in the 2018/19, 2019/20 and 2020/21 surveys (WG-SS) did not work well to identify disabled children. In 2022/23 and 2024/25, a different set of module questions (CFM) was used. This set of questions is better at identifying disabled children.

Cognitive testing

Cognitive testing helps ensure questions are understood as intended and that response options are appropriate. The cognitive testing process includes:

- comprehension – how does the respondent understand the question?
- recall – what knowledge or memory does the respondent select that is relevant to the subject matter?
- judgement and selection – how does the respondent judge what they remember and formulate a response?

Initially, new or changed questions are cognitively tested with colleagues as respondents. Then a smaller number of questions, prioritised for cognitive testing with relevant populations (demographic variety, extreme cases etc), are tested by Ipsos Limited, an independent public health research provider. Ministry researchers assess these findings to decide if the new questions work well or require changes before being implemented.

Cognitive testing for the 2024/25 survey year questionnaires focused on testing core and module questions on long-term conditions. The first round of cognitive testing was carried out in 2022 on 12 new and updated core long-term conditions questions. A second round of cognitive testing was carried out in 2023 on 28 updated core and module questions, including new questions on COVID-19 and urinary incontinence. Along with testing whether questions were well understood and appropriate for all respondents regardless of age, gender, ethnicity or socio-economic status, Ipsos also checked that the questions worked well for disabled people and people with specific long-term conditions.

Overall, questions were understood as intended.

Pilot testing

The purpose of the pilot testing was to mimic the main survey as closely as possible, to ensure that the questionnaire and associated survey processes were robust and functioning correctly.

The objectives of the pilot testing were to:

- ensure that the questionnaires performed as expected, with all routing, edits and consistency checks working correctly
- determine the average duration for each element of the questionnaire, as well as the survey process overall
- identify any problems with new questions
- evaluate what training was required to fully prepare interviewers to work on the project, and answer any questions raised by respondents
- identify any risks to the main fieldwork
- evaluate how respondents engaged with the survey

- evaluate survey flow
- evaluate ease of use of the new format for the long-term conditions questions, both for interviewers and respondents.

Interviewers tested the survey on 125 respondents (90 adults and 35 children) from different age, gender and ethnic groups and from households in varying socioeconomic areas, with a varying representation of urban and rural areas. The respondents were recruited using the usual NZHS process for respondent selection.

Ethics approval

The Central Health and Disability Ethics Committee (HDEC) approved the NZHS 2024/25 (reference: 2024 AM 1493).

Content of the New Zealand Health Survey

The adult and child questionnaires included the following sections:

- initial demographics (for children and adults) and overall wellbeing (adults only)
- long-term health conditions (core and module)
- health service utilisation
- health behaviours and risk factors
- health status
- child development module (children only)
- household food insecurity (children only)
- sociodemographics
- health measurements⁵
- permission details for data linkage and follow up survey participation.

Long-term health conditions

Long-term health conditions are defined as ongoing or recurring physical or mental illnesses lasting, or expected to last, more than six months. These conditions may require lifelong management and can significantly affect individuals and their families. The NZHS relies on respondents' self-report of diagnoses made by health professionals for this.

Long-term conditions core

This section collects information on the prevalence of major long-term conditions (see Table 3) as well as treatments for these conditions.

In the 2017/18 NZHS, a new core question about self-rated oral health was included for adults and children aged 1–14 years, asking them to rate the health of their teeth or mouth. This question was included earlier, in the 2009 New Zealand Oral Health Survey and the 2013/14 NZHS long-term conditions module.

In the 2018/19 NZHS, a question about having ever had a hysterectomy was added to the core for female respondents aged 20 years and over. It was previously included as a module question in the 2006/07, 2013/14 and 2014/15 surveys. In the 2022/23 survey, this question was changed to a self-complete question that reverts to face-to-face if the respondent cannot self-complete.

⁵ Adult and child health measurements were not taken in the 2021/22 NZHS because of COVID-19.

Questions on diabetes were removed in 2022/23 for children because the prevalence of children with these conditions in New Zealand is too low to report robust statistics from NZHS data.

In the 2022/23 NZHS, questions about being diagnosed with mental health conditions (anxiety, depression or bipolar disorder) at any point in their lifetime were removed for adults and children. Respondents had complained of too many questions on mental health, and these questions were not capturing the information stakeholders wanted (that is, prevalence of current mental health conditions). The next section discusses new mental health questions that were trialled in the module in 2024/25.

In 2024/25, the section on long-term conditions was refreshed to better meet stakeholder needs and reflect changes in the ways that long-term conditions are assessed and treated. Several questions were revised with slight changes (these changes are not expected to affect the time series of the data from these questions).

- Questions on whether a doctor or nurse had ever diagnosed the respondent with a long-term health condition were changed to ask whether 'a doctor or other health professional' had ever diagnosed them.
- The layout of many questions was changed to make answering in a digital format more intuitive and less burdensome.
- Four questions about high blood pressure and high cholesterol were moved from the section on 'Health behaviours and risk factors' to the long-term conditions section.

In the 2024/25 refresh of the long-term conditions section, 22 new questions were added on the topics:

- chronic pain (four questions)
- diabetes (four questions)
- COPD (one question)
- arthritis (three questions)
- gout (two questions)
- COVID-19 and long-COVID (four questions)
- other long-term physical or mental health conditions not already asked about, with follow-up questions about diagnosis (four questions).

In the 2024/25 refresh of the long-term conditions section, 11 questions were removed after stakeholder engagement.

- One question on chronic pain was replaced.
- Six questions on arthritis were removed. All of the information collected from these questions is now being collected in new questions which ask about each type of arthritis individually.
- Four questions on treatments for cardiovascular conditions were removed.

Table 3: Long-term health conditions core 2024/25

Adult	Child
Chronic pain and location, impact, distress	Chronic pain
High blood pressure	Eczema and treatments
High blood cholesterol	Asthma and treatments
Heart disease	Autism spectrum disorder
Stroke	ADHD and treatments
Diabetes and type of diabetes	Other long-term health conditions
COPD	Oral health
Osteoarthritis	
Gout and treatments	
Rheumatoid arthritis	
Other or unknown arthritis	
Other long-term health conditions	
COVID-19 and long-COVID	
Hysterectomy	
Oral health	

Long-term conditions module

The long-term conditions module in the 2024/25 NZHS adult questionnaire includes two tools – one developed by subject matter experts to ask about osteoarthritis symptoms and one to screen for urinary incontinence (ICIQ-UI SF: Avery et al 2004) – as well as questions on asthma, long-term mental health conditions and whether respondents have had health checks. The two mental health questions for adults in this module asked whether a respondent had depression, post-traumatic stress disorder (PTSD), obsessive-compulsive disorder (OCD), anxiety disorder or bipolar disorder. The health checks questions include diabetic foot and eye checks and more general health checks, including weight and height measurements, blood pressure measurements and cholesterol or diabetes tests.

The long-term conditions child module includes questions on food hypersensitivities, intolerances and allergies. Both adult and child modules included a question on wheezing or whistling in the chest in the past 12 months.

Table 4: Long-term health conditions module 2024/25

Adult	Child
Osteoarthritis	Food hypersensitivities, intolerances and allergies
Asthma and treatments	Wheeze or whistling in the chest
Wheeze or whistling in the chest	
Mental health conditions:	
• depression	
• PTSD	
• OCD	
• anxiety disorder	
• bipolar disorder	
Urinary incontinence (ICIQ-UI SF)	
Health checks	

Access to health care

The use of appropriate and effective health care services is an important determinant of population health. Areas of interest for the NZHS include the frequency of health care contact; the range and comprehensiveness of health services; their accessibility, availability and affordability; and the continuity and coordination of care they provide.

The NZHS focuses on health service utilisation in the primary health care setting, which is often people's first point of contact with the health system. Nearly all New Zealanders (over 90%) have a primary health care provider (Ministry of Health 2022), and the NZHS provides a comprehensive source of data on primary health care utilisation. Therefore, a number of questions focus on consultations with GPs and primary health care nurses.

In the 2017/18 NZHS, new questions were added about primary health care nurse visits that were completed as part of a GP consultation (including seeing the nurse before or after seeing the GP). These questions were also included in the 2006/07 NZHS.

The health service utilisation section was refreshed for the 2021/22 survey year to focus on collecting more information on barriers to access and unmet need. Several questions were removed, as follows.

- The patient experience questions were removed because this data is better captured by the Health Quality & Safety Commission patient experience surveys.
- The questions on after-hours medical services were removed because of difficulty in defining after-hours services in a simple concise manner, which caused confusion for respondents.
- The questions about hospital use were removed as administration data was readily available and preferred over the self-reported NZHS.
- Questions about cost for visiting nurses as part of consultation at general practices and medical centres were also removed because of the potential misrepresentation of self-reported costs. Nurse visits are often accompanied by GP consultation, and respondents may not separate these components.

- Questions about visits with specialist doctors were removed as information on the use of secondary- and tertiary-level health services (public and private hospitals and medical specialists) can generally be captured in more detail from administrative databases. In addition, the questions were difficult for respondents and the information was not useful at a national level, as there was no link to the actual specialist or district health board.
- A question about other health care worker visits was removed as the question was found to be difficult and a burden on respondents.

In the 2021/22 NZHS, four new questions were added.

- A question on visits with various health care workers at a usual medical centre was added, to acknowledge the way the primary health care model has evolved. More medical centres now have a practice team-based approach, rather than focussing on GPs. This data will be used to monitor primary health care team utilisation, as administration data does not separate this out.
- A question on barriers to accessing a GP has been expanded. This information is not easily obtainable from other sources, which only include people who engage with the health system.
- Two new questions were added about referrals to specialist doctors and reasons why people could not see a specialist after receiving a referral. These questions use a five-year recall period to capture a sufficient number of referrals. These two questions were removed in 2023/24, as they did not capture the information needed.

Getting help for mental health and substance use concerns

In the 2023/24 NZHS, four questions about getting help for mental health and substance use concerns were added to the adult and child core questionnaires, to monitor use of and barriers to accessing these services closely over time and across subgroups. The questions were previously asked in the 2016/17, 2021/22 and 2022/23 surveys' mental health modules. These questions ask respondents which people and services (if any) they had sought help from for concerns about their emotions, behaviour, stress, mental health or substance use. The respondents are then asked whether they have felt a need to get professional help but didn't receive that help and, if they didn't receive help, why that was. Questions are modified versions of questions used in Te Rau Hinengaro, The New Zealand Mental Health Survey, conducted in 2003/04 (Oakley Browne et al 2006), and the Canadian Community Health Survey (2012).

There were minor wording changes between the questions used in the 2016/17 NZHS and those in the 2021/22 and 2022/23 surveys, as follows.

- The term 'peer support worker' was added to the question for adults on which people were consulted about concerns about emotions, stress, mental health or substance use.
- Three additional barriers were added to the reasons for unmet need for professional help, for both adults and children:

- time taken to get an appointment was too long
- available services did not meet cultural or language needs
- health professionals were unhelpful or unwilling to help.

There was a minor change to a question in the 2023/24 NZHS for children – three categories of different types of nurses were combined into one category for the question on which people were consulted about concerns about emotions, stress, mental health or substance use, to reduce respondent burden.

In the 2024/25 NZHS, a further minor change was made for adults – the wording ‘including through school or work (eg, EAP)’ was added to the response option ‘psychologist, counsellor or psychotherapist’ for the question which asked respondents which people (if any) they had sought help from for concerns about their emotions, behaviour, stress, mental health or substance use.

The question topics included in the health service utilisation section of the NZHS are summarised in Table 5. Most of the topics listed were included in both the adult and child survey, but some were in the adult survey only.

Table 5: Health service utilisation 2024/25

Health service setting	Topics
Usual primary health care provider	Type of service, visits in the last 12 months
General practitioners	Visits in last 12 months, visit cost, unmet need / barriers to access
Prescription medicines	Unmet need / barriers to access
Nurses at general practices and medical centres	Visits in last 12 months
Emergency departments	Visits in last 12 months, reasons for last visit
Dental health care workers	Length of time since last visit, regularity of visits, cost as a barrier to access
Getting help for mental health and substance use concerns	People and services respondents asked for help from, unmet need / barriers to access

Health behaviours and risk factors

Health behaviours and risk factors can have a direct or indirect impact on health and wellbeing. For example, smoking has a direct impact on health, while education has an indirect impact by informing and influencing our ability to make better health choices. Health behaviours that have a negative effect on health are referred to as risk factors (eg, smoking), while health behaviours that have a positive effect on health are referred to as protective factors (eg, eating healthy foods such as vegetables and fruit).

Monitoring trends in exposure to risk and protective factors informs the development and evaluation of health policy, especially policy related to health promotion, disease prevention and primary health care. The measurement of risk and protective factors is part of the internationally recognised minimum standards for health surveys. These

standards, developed by the World Health Organization (WHO), comprise the STEPwise approach to surveillance of risk factors for non-communicable diseases (STEPS) (WHO 2005).

The core health risk and protective factor questions are based on a subset of questions from the 2006/07 NZHS, some of which were also included in earlier surveys. This provides important time-series information on topics such as smoking.

Substance use risk factors

Alcohol

The questions about alcohol use come from the Alcohol Use Disorders Test (AUDIT). The AUDIT is a 10-item questionnaire that covers three aspects of alcohol use: alcohol consumption, dependence and adverse consequences. A score of eight or more indicates a hazardous drinking pattern. A respondent can reach a score of eight from the alcohol consumption items of the questionnaire alone, for example, by drinking six or more drinks on one occasion, twice a week (Babor et al 2001).

In 2015/16, two alcohol questions were changed in the AUDIT section of the NZHS. Before 2015/16, the NZHS did not define 'drinks' in the two AUDIT questions covering typical quantity and frequency of heavy drinking. To ensure respondents interpreted the meaning of 'drinks' in the same way, the authors of the AUDIT recommended that each country apply its own definition of a standard drink (which, in New Zealand, is 10 g pure alcohol), with illustrations of standard drinks in local beverages. For this reason, for the 2015/16 survey, the two AUDIT alcohol consumption questions were changed from 'drinks' to 'standard drinks' and included a show-card illustrating the number of standard drinks in various common beverages. The changes were only made for half the survey sample (selected randomly) in order to assess their impact. From 2016/17, the NZHS only uses the standard drinks show-card version of AUDIT, creating a break in the time series.

Illicit drugs

In the 2017/18 NZHS, the question about drug use was changed from interviewer-administered to self-completed to encourage more honest responses. Respondents who were taking part in the interview with cognitive or language assistance from a family member, caregiver or friend were not asked this question. This was to ensure these confidential responses were not revealed to people with whom the respondent has a personal relationship.

In the 2017/18 NZHS the drug use question was moved to the end of the survey so the self-completed questions were asked together. In the 2018/19 NZHS it was moved to the health behaviours and risk factors section to be asked alongside other self-completed questions relevant to that section of the questionnaire. In 2021/22, the drug use questions were changed back to being interviewer-administered. This was to encourage all respondents to answer the questions as respondents were less inclined to self-complete them. Survey results indicated prevalence did not change markedly with administration mode.

In 2020/21 the drug categories and the drug section introduction were updated to align with the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST). This included capturing drug use other than as prescribed. Because the nature of the drug use question has changed, data collected is unlikely to be comparable with previous years.

Questions on cannabis from the ASSIST question set were added to the 2020/21 NZHS. The ASSIST question set is a validated screening tool developed by the World Health Organization, which can be used to monitor the harmful effects of cannabis use. It has previously been used in the mental health and substance use module in the 2016/17 NZHS.

Scoring involves calculating a risk score for cannabis, and respondents are categorised into low-, moderate- and high-risk categories. A score of 4–26 is considered moderate risk and 27 or more high risk. Scores should be interpreted as estimating the risk of problematic use, not actual disorder prevalence, although studies indicate the instrument is reasonably good at discriminating between non-problematic use and substance abuse.

For the ASSIST manual, which covers the scoring system, go to:
[who.int/publications/i/item/978924159938-2](https://www.who.int/publications/i/item/978924159938-2)

Tobacco and vaping

Smoking is a leading cause of potentially avoidable health loss in New Zealand (measured in disability-adjusted life years (DALYs)). In 2023, smoking accounted for 6.0% of health loss from all causes, and exposure to second-hand smoke accounted for 0.9% (Institute for Health Metrics and Evaluation 2025). Vaping products have the potential to improve the health of people who choose to switch from tobacco smoking. Although less harmful than smoking, vaping is not harmless, and schoolteachers and professional bodies have expressed concerns about young people vaping. It is therefore important to monitor the uptake of vaping in New Zealand. The NZHS includes questions for adults about whether they have ever tried vaping and how often they now vape.

In the 2023/24 NZHS, some of the core tobacco and vaping questions were refreshed as follows.

- The question about which tobacco products the respondent smoked the most was removed – this information is no longer considered relevant.
- The question on smoking quit attempts was split into two questions, to capture shorter attempts while still retaining the time series on quit attempts lasting one week or more.
- The term ‘vaping devices’ is now used in the questions in this section, to cover both vaping devices and electronic cigarettes. Respondents were also asked not to include cannabis if they had vaped cannabis on its own.

The tobacco and vaping module questions in the 2024/25 NZHS were based on questions included previously in modules on tobacco and vaping in the 2023/24 NZHS, 2012/13 NZHS and 2015/16 NZHS. They are listed in Table 6 below. In 2023/24,

module questions on tobacco and vaping were positioned among the core tobacco and vaping questions to enable best flow.

Table 6: Tobacco and vaping module 2024/25

Topic	Question(s)
Smoking initiation	Age respondent tried first cigarette
Uptake of daily smoking	Age respondent started smoking daily
Quitting smoking	Products and services used for help
Exposure to second-hand smoke (adults and children)	Whether anyone smokes in the home with the respondent Whether anyone smokes while travelling with the respondent
Vaping	Whether respondent used a vaping device at least once a week for a month or longer How long ago respondent stopped vaping Reasons for vaping

Nutrition and screen time

Poor diet and excess body weight are leading causes of potentially avoidable health loss in New Zealand. In 2023, high body mass index (BMI) accounted for 8.6% of health loss from all causes (measured in DALYs). Dietary risks accounted for 6.3% (Institute for Health Metrics and Evaluation 2025).

The 2016/17 NZHS included two new questions about screen time for children aged 2–14 years. The Ministry developed these questions to measure the amount of time children spend watching television or looking at a screen (excluding time spent looking at screens at school or for homework). From 2017/18, the questions about screen time were also asked for children aged 6 months to 2 years to measure screen time in the younger age group as well.

In the 2021/22 NZHS, the vegetable and fruit intake questions were refreshed to align with the updated *Eating and Activity Guidelines for New Zealand Adults* (Ministry of Health 2020). These guidelines recommend a different number of serves depending on age and gender for both adults and children. The highest number of serves recommended is six or more servings of vegetables, for men aged 19–50 years. The definition of a serve is different for some fruits and vegetables than it was in the old guidelines. For example, half a medium potato, rather than a whole potato, is now considered a serve. One cup of salad, rather than half a cup, is now considered a serve. The refreshed questions allow for a greater number of serves and revised definitions of some of the serves.

Sleep

Getting enough quality sleep is important for brain functioning, emotional wellbeing and physical health. The NZHS for adults and children asks how much sleep the respondent usually gets in a 24-hour period. This question originally came from the United States' National Health Interview Survey and was also included in the 2013/14

NZHS long-term conditions module. For the 2017/18 NZHS, an interviewer note was added to ensure interviewers use a consistent method of rounding to a whole number.

Oral health

The Ministry recommends brushing teeth twice a day with standard fluoride toothpaste. The NZHS for adults and children asks how often the respondent brushes their teeth and what type of toothpaste they usually use. These tooth-brushing questions became part of the core NZHS in 2017/18. The show-card for the question on type of toothpaste used includes pictures to help respondents differentiate between categories, particularly between standard and low-fluoride toothpaste. In 2021/22, the show-card pictures changed slightly to reflect products available on the market. Similar questions on tooth brushing were included in the 2013/14 NZHS long-term conditions module.

Table 7 shows the topics included in the core NZHS component of the health behaviours and risk factors section.

Table 7: Health behaviours and risk factors 2024/25

Adult	Child
Nutrition	Perceptions of child's weight
Physical activity	Breastfeeding
Sleep	Nutrition
Tooth brushing	Physical activity
Tobacco smoking	Screen time
Vaping	Sleep
Alcohol use	Tooth brushing
Drug use	Response to child's misbehaviour

Health status

Monitoring the health status of the population provides useful information to evaluate the performance of the health system, identify unmet need for health services, evaluate the impact of the determinants of health and uncover health problems that require further investigation.

Self-reported health measures are based on an individual's own perception of their health status and functioning. These measures provide an alternative source of data to objective measures of health, such as hospital rates and disease prevalence.

The WHO defines a 'health state' as a multi-dimensional attribute of an individual that indicates his or her level of functioning across all important physiological, psychological and psychosocial dimensions of life. The relevant dimensions are those defined in the International Classification of Functioning, Disability and Health (WHO 2001a).

Various survey instruments have been developed to assess these dimensions. For adults, instruments included in the core NZHS are the WG-SS and the K10.

In the 2023/24 NZHS, the SF-12 was removed because respondents complained of too many questions on mental health, and this instrument was not a cost-effective way to obtain the information that this instrument captures.

Functional difficulties

A set of six questions, known as the Washington Group Short Set (WG-SS), on functional difficulties and activity limitations was first included as a module in the 2018/19 NZHS for adults and children aged 5–14 years. In 2019/20, the WG-SS was added to the core component of the adult survey so the information can be collected every year. These questions were developed by the Washington Group on Disability Statistics (WG), a United Nations city group established to address the need for internationally comparable population-based statistics on disability.

The WG-SS identifies respondents who are more likely to experience restrictions in social participation because of difficulties undertaking basic functional activities (Washington Group on Disability Statistics 2016a). These activities are seeing (even with their glasses), hearing (even with their hearing aid), walking or climbing stairs, remembering or concentrating, self-care and communicating.

The WG-SS was developed for inclusion in population surveys and will allow comparisons of NZHS results for disabled people with the rest of the population. Several New Zealand population surveys have included the question set, including the New Zealand General Social Survey (NZGSS) and 2018 New Zealand Census of Population and Dwellings. The WG-SS identifies disabled people as those who have a lot of difficulty with, or cannot do at all, at least one of the six specified activities.

In the 2022/23, 2023/24 and 2024/25 NZHS, a further six module questions on disability were added to the adult questionnaire to make up the Washington Group Short Set Enhanced (WG-SS Enhanced – the WG-SS is a subset of the WG-SS Enhanced). The extra six questions in the WG-SS Enhanced include two questions on upper body functioning and four on affect.

The WG-SS was repeated as a module for children in the 2019/20 and 2020/21 surveys, but these questions didn't work well to identify disabled children, and this data hasn't been published. In the 2022/23 survey, the questions were replaced with the Washington Group / UNICEF Child Functioning Module (CFM), which is better at identifying children with disabilities than the WG-SS because it covers developmental disabilities (Washington Group on Disability Statistics 2016b).

The CFM was reduced by excluding questions that are not directly used in deriving disability status, as per Stats NZ usage in the Household Economic Survey (HES). Children aged 5–14 years are disabled if they have serious difficulty with at least one of the following: seeing (even with glasses), hearing (even with hearing aids), walking, feeding or dressing themselves, communicating, learning, remembering, concentrating, accepting change, controlling their own behaviour, making friends, experiencing anxiety or experiencing depression. 'Serious difficulty' means the child

feels very anxious, nervous or worried and/or very sad or depressed daily and/or has at least a lot of difficulty with any of the remaining domains of functioning.

In the 2024/25 NZHS, a CFM module was added for children aged 2–4 years. This module included similar questions to the CFM module for children aged 5–14 years, and covered vision, hearing, walking, fine motor skills, communicating, comprehension, learning, playing and controlling their own behaviour.

The disability questions (WG-SS Enhanced and CFM) do not cover all types of disability and should not be used to determine overall disability prevalence. Both these sets of questions on functional difficulties are likely to become core questions in future. Further information on the disability questions is available on the Washington Group on Disability Statistics website at washingtongroup-disability.com

K10

The Kessler Psychological Distress Scale (K10) is an internationally validated instrument used to screen for non-specific psychological distress in a population (Andrews and Slade 2001). Psychological distress refers to a person's experience of symptoms such as nervousness, restlessness, fatigue, or depression in the past four weeks.

The K10 was developed to identify severe non-specific psychological distress in population surveys (Kessler et al 2003). It is not a diagnostic tool, so it is not used to measure the prevalence of mental health conditions in the population.

The K10 was included for the first time in the 2006/07 NZHS.

K10 scoring

Each of the 10 questions in the K10 has five possible responses: 'all of the time', 'most of the time', 'some of the time', 'a little of the time' or 'none of the time'. For the NZHS, the response to each question was coded to allow scoring as follows: 'all of the time' was set to 4; 'most of the time' was set to 3; 'some of the time' was set to 2; 'a little of the time' was set to 1; 'none of the time' was set to 0; and all other values were set to missing. The possible range of scores is 0–40, with higher scores indicating higher psychological distress.

For NZHS reporting, psychological distress means having high or very high levels of psychological distress on the K10 scale, that is, a score of 12 or more (see Table 8).

Table 8: Scoring for the K10

Score	Interpretation
0–5	None or low psychological distress
6–11	Moderate psychological distress
12–19	High psychological distress
20–40	Very high psychological distress

Life satisfaction and family wellbeing

Subjective (personal) wellbeing has at least three dimensions: evaluative, eudemonic (relating to a sense of meaning and purpose in life) and affective experience. The OECD guidelines on measuring subjective wellbeing recommend that subjective wellbeing indicators include at a minimum a measure of life evaluation then, in descending priority, affect measures and domain-specific life evaluations followed by eudaimonia (OECD 2013).

In the 2021/22 NZHS, an overall life satisfaction question was added to the NZHS, sourced from the NZGSS. Life satisfaction was added to the survey to capture an aspect of positive mental health.

The family wellbeing evaluation question was added to the NZHS for the first time in 2021/22, to reflect the importance of family and whānau to New Zealanders, and particularly Māori and Pacific peoples. Often, for Māori and Pacific peoples, for an individual to be well their families need to be well (Kukutai et al 2017).

The family wellbeing question was sourced from the 2016 NZGSS conducted by Stats NZ. Whānau wellbeing was first asked about in the 2013 Te Kupenga survey: the first nationally representative survey of Māori wellbeing, conducted by Stats NZ. The word 'whānau' was replaced with 'family' when this question was added to the 2016 NZGSS. Both 'family' and 'whānau' are self-defined by the respondent.

In the 2022/23 NZHS, the life satisfaction and family wellbeing questions became self-complete so respondents could get used to the self-completing process with some less personal questions. As with other self-complete questions, these will revert to face-to-face if the respondent cannot self-complete.

Loneliness

Loneliness was included in the adult 2016/17 mental health and substance use module and then again in a module in the 2020/21 NZHS because of growing concerns that COVID-19 restrictions would lead to an increase in loneliness. It became a core question in 2021/22.

Loneliness is a feeling that most people will experience at some point in their lives. However, prolonged and extreme exposure to loneliness can seriously impact an individual's wellbeing and their ability to function in society. Research shows loneliness is linked to poor physical and mental health, and poor personal wellbeing (Office for National Statistics 2018). Loneliness is not the same as social isolation. Loneliness is a negative subjective state related to having less social contact than desired (Peplau and Perlman 1982). The phrase 'social isolation' describes the state of having minimal contact with others. Social isolation can lead to loneliness in some people, while others can feel lonely without being socially isolated.

The question about loneliness is administered face to face after the K10 questions. This question was sourced from the NZGSS conducted by Stats NZ.

Child development module

The 2024/25 survey marks the ninth year that the NZHS has included specific instruments for monitoring children's development. The module includes the Strengths and Difficulties Questionnaire (SDQ) and questions about parental stress.

Strengths and Difficulties Questionnaire

The SDQ is a brief emotional and behavioural screening questionnaire developed specifically for use with children and adolescents. It consists of 25 questions and has five subscales: emotional symptoms, conduct problems, hyperactivity, peer problems and prosocial behaviour (Goodman 1997), as Table 9 shows. It has been used in over 40 countries and, in New Zealand, it has been a part of the B4 School Check programme for four-year-olds since 2009. It has also been used as an outcome measure in mental health services, so including this instrument in the NZHS provides population norms. The SDQ was previously included in the child development module in 2012/13, 2014/15 and 2015/16 and also in the behavioural and developmental problems module in 2016/17, 2021/22, 2022/23 and 2023/24. It has been validated internationally to screen for child and adolescent psychiatric disorders.

Parents/caregivers of children aged 2–14 years self-completed the child module. Due to the sensitive nature of the questions, this section was skipped for interviews being conducted with language assistance from a family member, friend or professional translator.

The 2024/25 NZHS child questionnaire includes the SDQ for children aged 2–4 years, 5–10 years and 11–14 years.

Table 9: Strengths and Difficulties Questionnaire

Scale	Not true	Somewhat true	Certainly true
Emotional symptoms scale			
Often complains of headaches, stomach aches ...	0	1	2
Many worries, often seems worried	0	1	2
Often unhappy, downhearted or tearful	0	1	2
Nervous or clingy in new situations ...	0	1	2
Many fears, easily scared	0	1	2
Conduct problems scale			
Often loses temper	0	1	2
Generally obedient, usually does what ...	2	1	0
Often fights with other children or bullies them	0	1	2
Often lies or cheats	0	1	2
Steals from home, school or elsewhere	0	1	2
Hyperactivity scale			
Restless, overactive, cannot stay still for long	0	1	2
Constantly fidgeting or squirming	0	1	2
Easily distracted, concentration wanders	0	1	2
Thinks things out before acting	2	1	0
Sees tasks through to the end, good attention span	2	1	0
Peer problems scale			
Rather solitary, tends to play alone	0	1	2
Has at least one good friend	2	1	0
Generally liked by other children	2	1	0
Picked on or bullied by other children	0	1	2
Gets on better with adults than with other children	0	1	2
Prosocial scale			
Considerate of other people's feelings	0	1	2
Shares readily with other children	0	1	2
Helpful if someone is hurt, upset or feeling ill	0	1	2
Kind to younger children	0	1	2
Often volunteers to help others	0	1	2

Source: (c) Robert Goodman 2005

Scoring of the Strengths and Difficulties Questionnaire

A total difficulties score can be calculated by totalling the emotional symptoms, conduct problems, hyperactivity, and peer problems scales, which can indicate the overall risk of mental health problems. Approximately 10% of a community sample scores in the abnormal band on any given score, with a further 10% scoring in the borderline band (sdqinfo.org). Exact proportions vary according to country, age and gender.

Parental stress

The parental stress section contains five questions for the parent or caregiver on how they felt while caring for their child and whether they have access to day-to-day emotional support for raising children. The questions were included in the NZHS for 2012/13, 2014/15, 2015/16, 2016/17, 2020/21, 2021/22, 2022/23, 2023/24 and 2024/25.

These questions are originally taken from the National Survey of America's Families, 1997, revised for the United States National Study of Children's Health in 2007.

Household food insecurity

This comprises an eight-item food insecurity questionnaire developed by Winsome Parnell from the Department of Human Nutrition at the University of Otago. The items were developed from both a review of the literature and focus group research. The focus groups aimed to ensure the statements reflected the experience of Māori, Pacific and low-income households faced with difficulties accessing appropriate food (Parnell et al 2001).

These questions measure the extent to which New Zealand households have access to nutritionally adequate and safe foods. The questionnaire has internal and external validity (Parnell 2005) and was previously used in the child NZHS for 2012/13, 2014/15 and 2015/16, the adult and child NZHS for 2019/20, the child NZHS from 2020/21 onwards as well as the:

- 1997 National Nutrition Survey
- 2002 National Children's Nutrition Survey
- 2008/09 New Zealand Adult Nutrition Survey.

One of the items in the food insecurity questionnaire is used to produce the percentage of children living in households reporting that food runs out often or sometimes, which the Government notified as a child poverty-related indicator under the Child Poverty Reduction Act 2018 in 2019.⁶

Sociodemographics

Health status, health risks and health service utilisation are strongly influenced by socioeconomic, cultural and demographic forces. Understanding the sociodemographic structure of a population is essential for interpreting survey data and using this evidence to inform policy.

Statistics New Zealand has developed standard sociodemographic questions for use in all household social surveys that are part of the official statistics system. The

⁶ 'Notification of Child Poverty Related Indicators Identified Under the Child Poverty Reduction Act 2018'. New Zealand Gazette, 2 September 2019, 16:38.

sociodemographic domain in the NZHS closely follows the Statistics New Zealand model, including questions from the New Zealand Census of Population and Dwellings and the NZGSS. In addition to self-reported variables (eg, age, gender, ethnicity, education, employment status, income, housing and household composition), the NZHS records variables derived from the census area unit/ primary sampling unit of the household (eg, area deprivation and rurality). Questions on health insurance are also included in the sociodemographic section of the adult questionnaire.

A question on sexual orientation was added in the adult 2015/16 NZHS. This question is self-completed by the respondent because of its sensitive nature. From 2016/17, the sexual orientation question was not asked for respondents whose interview was being conducted with cognitive or language assistance from a family member, caregiver or one of their friends. This was to ensure these confidential responses were not revealed to people with whom the respondent has a personal relationship. From the 2022/23 survey, this question was no longer skipped for everyone using cognitive or language assistance from a family member, caregiver or one of their friends. It is still a self-complete question but reverts to face-to-face if the respondent cannot self-complete.

In the 2022/23 NZHS, the question on gender was changed for both adults and children by adding an answer category of 'another gender – please specify'. A question was also added for adults asking what their sex was recorded as at birth, with response options of 'male', 'female' and 'another term'. Both of these questions were made self-complete for adults in the 2022/23 survey but revert to face-to-face if the respondent cannot self-complete.

In the 2023/24 NZHS, the core sociodemographics questions were refreshed to match the latest Stats NZ versions of the questions, as they appear in the 2023 Census and 2023 General Social Survey. Where these questions are in the child questionnaire too, they were refreshed to be equivalent to the adult questions. The following questions were refreshed:

- Highest secondary school qualification and highest overall qualification
 - small updates were made to the wording of some response categories
- Personal income sources
 - small updates were made to the wording of some response categories
- Personal income
 - question was changed to self-complete mode
 - top and bottom categories were changed to match the Census 2023 categories, reflecting an increase in income amounts
- Household income
 - question was changed to self-complete mode
 - new category bands are based on 2021 NZGSS output, with the addition of a top income band to match the top personal income band
- Unpaid work and study
 - previous question was split into two questions to match Census 2023, because not all people who study do so without pay
 - slight wording changes were made to the categories for unpaid work

- House ownership and sector of landlord
 - two questions about holding the dwelling in a family trust and owning the dwelling were combined into a single question
 - two new categories of types of landlord were added
- Number of rooms
 - two questions about number of rooms were combined into a single question
- Sexual orientation
 - last response category was changed from 'other' to 'another identity – please specify'.

A new self-complete question on household income adequacy was added to both the adult and child core questionnaires, to better understand the impact of poverty on health. This question is derived from Stats NZ's Disability Survey 2023. A similar question was asked in the 2006/07 and 2013/14 NZHS.

Health measurements

The WHO STEPS approach to monitoring chronic diseases and their risk factors covers three levels of data collection:

- Step 1 – questionnaires
- Step 2 – physical measurements (eg, height, weight, blood pressure)
- Step 3 – biomedical measurements (eg, blood and urine samples).

The NZHS questionnaires have always collected data on chronic diseases and their risk factors. Up until 2002/03, physical and biochemical measurements were only included in nutrition surveys, but these objective measurements have gradually been added to the NZHS.

The measurement of adults' body size was added to the NZHS core content in 2002/03 and extended to include children in 2006/07. The measurement of adults' blood pressure was added to the NZHS core content in 2012/13.

Biomedical measurements (adults only) were included as a module in the 2014/15 NZHS.

Health measurements were not collected in the 2021/22 NZHS due to COVID-19 restrictions. Collection of health measurements resumed in the 2022/23 survey, except for the measurement of blood pressure which resumed in the 2023/24 survey.

Body size

A healthy body size is recognised as being important for good health and wellbeing. There is strong evidence that obese children and adults are at greater risk of short- and long-term health consequences (WHO 2000).

Self-reporting height and weight is unreliable compared with measuring these factors (Gorber et al 2007). Overall, people underestimate their weight and overestimate their height (resulting in a lower BMI), and they are more likely to do so if they are overweight or obese. The 2022/23 and 2023/24 NZHS included module questions for adults on self-reported height and weight so we can understand the difference between self-reported and actual measurements in the New Zealand population. The 2022/23 and 2023/24 NZHS also included an adult module question on perceived weight (ie, very underweight to very overweight) to understand respondents' perception of their own weight.

For the NZHS, height and weight are measured for respondents from the age of two years and over, and waist measurements are taken for respondents from the age of five years and over. Measurements are not taken for pregnant women. Measurements are collected following a standardised protocol and using the same professional anthropometric equipment as for the 2011/12 NZHS – apart from the introduction of laser height measurement in 2012/13.

Data on height and weight are used to calculate body mass index (BMI), which is used to classify people as underweight, a healthy weight, overweight and obese according to international cut-off points.

Blood pressure

High blood pressure (often referred to as hypertension) is a risk factor for ischaemic heart disease, stroke, hypertensive heart disease, kidney failure and dementia.

Usually, no symptoms are associated with high blood pressure, so self-reporting will underestimate its prevalence. The best way to monitor population blood pressure is to take actual blood pressure measurements. By combining data on self-reported and measured high blood pressure, we can also estimate levels of hypertension awareness, treatment and control. Measurement of blood pressure in adults was introduced into the annual core content of the NZHS in 2012/13. It was removed in the 2017/18 and 2022/23 surveys to allow more time for the questionnaire portion of the survey and was not collected in the 2021/22 survey due to COVID-19 restrictions.

Measurements of blood pressure and heart rate are made using standardised protocol and an OMRON HEM-907 device, which automatically records heart rate, systolic and diastolic blood pressure three times, with a 1-minute pause between measurements.

Consents

Prior to the 2021/22 NZHS, participants signed informed consent forms to participate in the survey. From the 2021/22 NZHS onwards, participants provide informed consent verbally, which is stored as part of the questionnaire. Consent or assent is provided by:

- adults aged 15 years and over
- parents or legal guardian of respondents aged 15 years (alternatively to those respondents answering for themselves)

- parents or legal guardians of children under 15 years.
- In previous years, people with enduring power of attorney or welfare guardians were able to consent for adults unable to provide consent themselves. After the Ministry received advice on this from the HDEC in May 2025, this practice stopped.

From the 2021/22 NZHS onwards, verbal consent is collected as part of the questionnaire, for permission for:

- the survey supervisor to contact them again for audit purposes
- researchers to contact them again within the next five years about the possibility of answering other health-related questions of importance to the Ministry
- their survey data to be combined with other information already routinely collected by government agencies.

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