



Adult Questionnaire Showcards

Year 14 – 2024/25



*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

At birth, what was your sex recorded as?

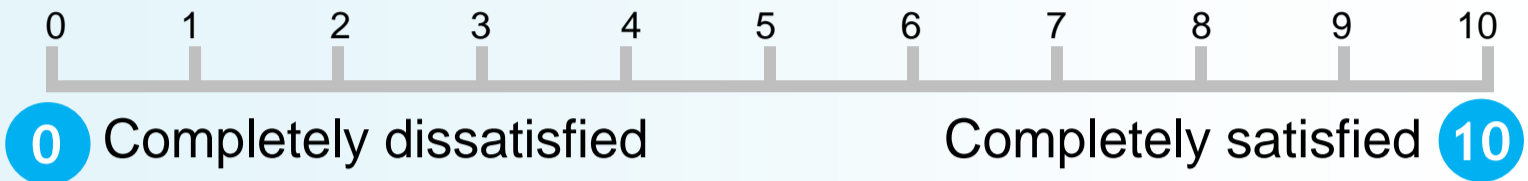
- 1 Male
- 2 Female
- 3 Another term

What is your gender?

- 1 Male
- 2 Female
- 3 Another gender – please specify, if you are comfortable doing so

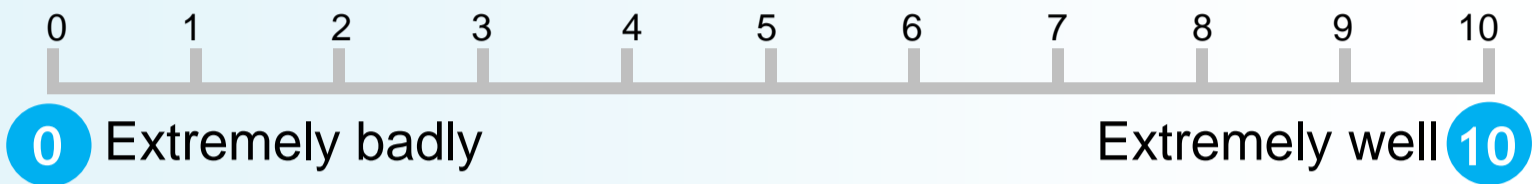
This is a general question about your life as a whole these days. This includes all areas of your life.

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 I don't have any family

12 I can't define my family

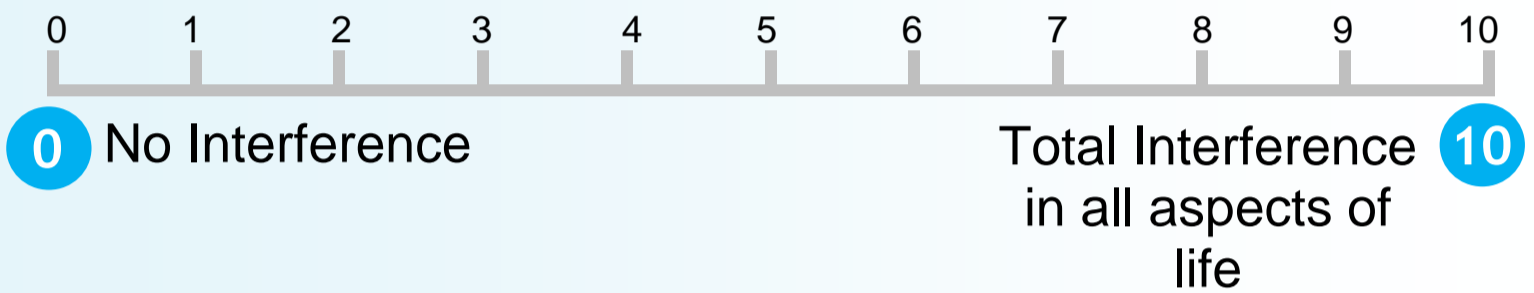
Where is the pain situated?

Select all that apply

- 1 Head (eg, headache or migraine)
- 2 Face or mouth (including teeth, gums, ear and the joint just above the ear)
- 3 Neck
- 4 Shoulder
- 5 Chest
- 6 Upper back
- 7 Lower back (between the lower ribs and the fold between buttocks and thigh)
- 8 Hip joint (often felt as groin pain, pain at the upper thigh in the front or pain under the buttock)
- 9 Stomach or pelvis (including genitals and anus)
- 10 Knee
- 11 Hand (wrist, knuckles, fingers or thumb)
- 12 Foot (including ankles and toes)
- 13 Other joints (eg, elbow)
- 77 Other (specify up to 2 'other' locations)

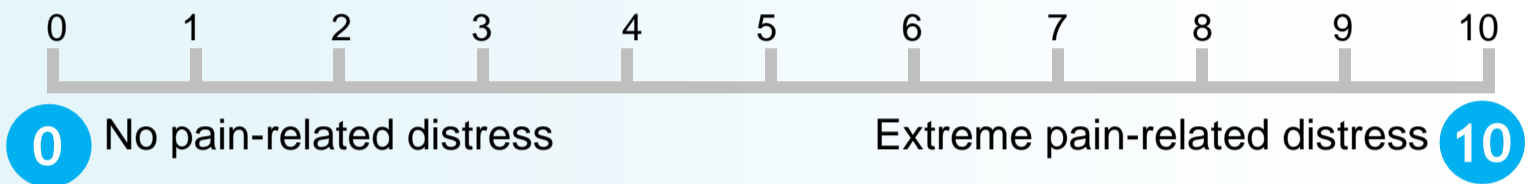
Some people with chronic pain find that their pain interferes with their daily activities. For example, it gets in the way of work, exercise or sleep.

On a scale of 0 to 10, where 0 is no interference and 10 is total interference in all aspects of life, please rate how much pain interfered with your activities over the **past week**.

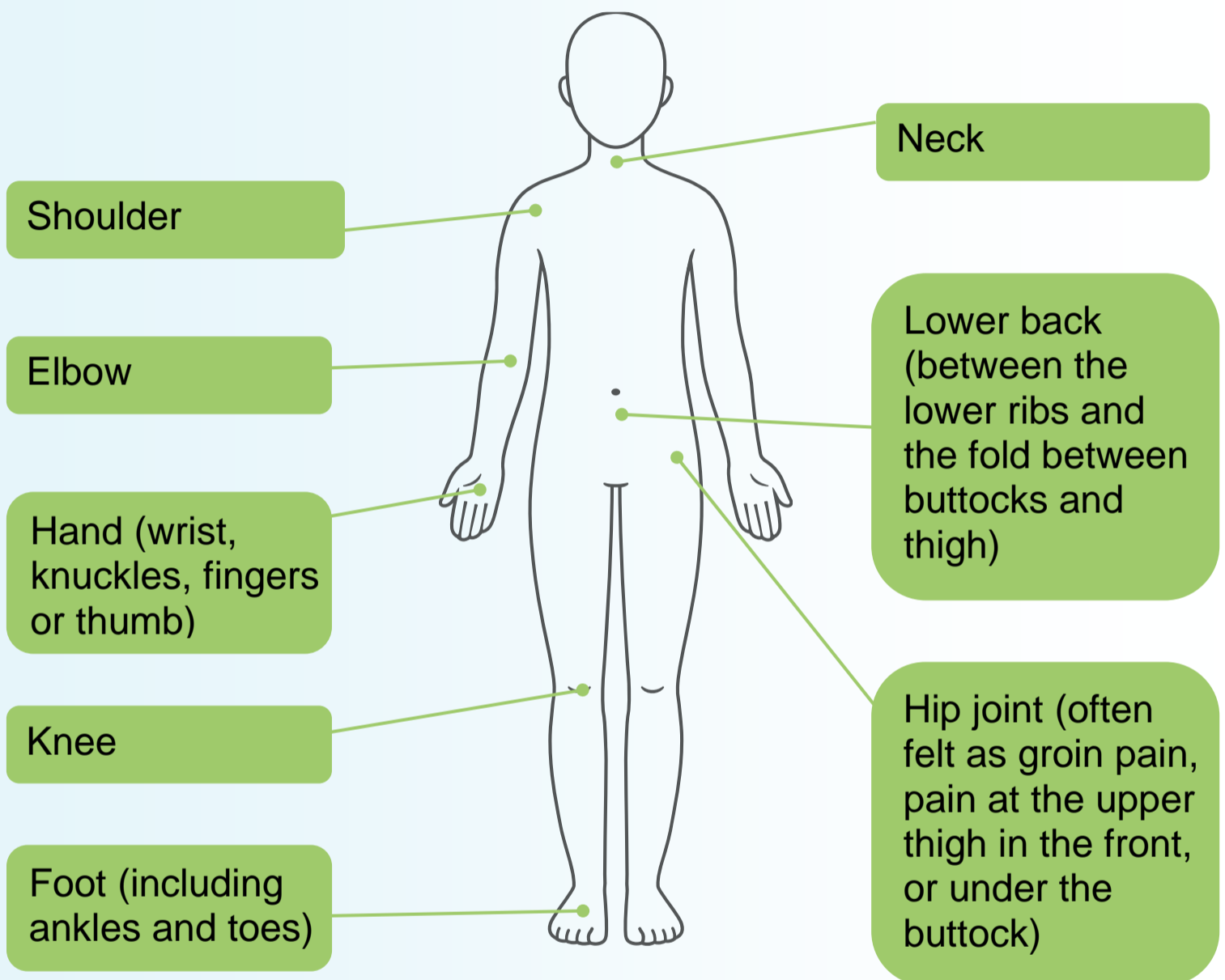


Some people with chronic pain report distress in relation to their pain – for example, low self-esteem, hopelessness, worries or anger.

On a scale of 0 to 10, where 0 is no pain-related distress and 10 is extreme pain-related distress, please rate your pain-related distress over the **past week**.



In the **past 12 months** have you had joint pain, aches or stiffness that has bothered you **most days**, for **more than a month**?



In which of these joints have you had that joint pain or stiffness that has bothered you **most days, for more than a month?**

Select all that apply

- 1 Neck
- 2 Shoulder
- 3 Lower back (between the lower ribs and the fold between buttocks and thigh)
- 4 Hip Joint (often felt as groin pain, pain at the upper thigh in the front, or under the buttock)
- 5 Knee
- 6 Foot (including ankles and toes)
- 7 Hand (wrist, knuckles, fingers or thumb)
- 8 Elbow
- 0 None of these have been painful/stiff most days in the past 12 months

In which of these joints do you get joint pain that is **activity-related**. That is, do any activities of daily living, such as physical activity or work, tend to make the pain worse, either **during or after** the activity?

Select all that apply

- 1 Neck
- 2 Shoulder
- 3 Lower back (between the lower ribs and the fold between buttocks and thigh)
- 4 Hip Joint (often felt as groin pain, pain at the upper thigh in the front, or under the buttock)
- 5 Knee
- 6 Foot (including ankles and toes)
- 7 Hand (wrist, knuckles, fingers or thumb)
- 8 Elbow
- 0 None of these joint pains have been activity-related in the past 12 months

Do you get **stiffness** in any of these joints on most mornings?

Select all that apply

- 1 Neck
- 2 Shoulder
- 3 Lower back (between the lower ribs and the fold between buttocks and thigh)
- 4 Hip Joint (often felt as groin pain, pain at the upper thigh in the front, or under the buttock)
- 5 Knee
- 6 Foot (including ankles and toes)
- 7 Hand (wrist, knuckles, fingers or thumb)
- 8 Elbow
- 0 None of these joints felt stiff on most mornings in the past 12 months

In which of these joints does the stiffness usually **ease within 30 minutes of light activity** on most mornings?

Select all that apply

- 1 Neck
- 2 Shoulder
- 3 Lower back (between the lower ribs and the fold between buttocks and thigh)
- 4 Hip Joint (often felt as groin pain, pain at the upper thigh in the front, or under the buttock)
- 5 Knee
- 6 Foot (including ankles and toes)
- 7 Hand (wrist, knuckles, fingers or thumb)
- 8 Elbow
- 0 None of these

Have you ever been told by a doctor or other health professional that you have.....

Select all that apply

- High blood pressure
- High cholesterol levels in your blood
- Angina (typically chest pain when you walk or do exercise)
- Heart failure (inadequate heart pumping, or a build-up of fluid in the lungs or legs)
- Any other heart disease (include problems with heart rhythm and heart valves)

Have you ever been told by a doctor or other health professional that you have.....

Select all that apply

- Diabetes
- Asthma
- COPD (Chronic Obstructive Pulmonary Disease; please include emphysema and chronic bronchitis, but exclude asthma, allergies and acute infections such as flu, colds, COVID, acute bronchitis and pneumonia)
- Osteoarthritis (degenerative, joint tissue breaks down over time; the most common form of arthritis)
- Gout (a form of arthritis often causing pain, redness and tenderness in the joints)
- Rheumatoid arthritis (autoimmune; the immune system damages healthy joint tissue)
- Other or unknown arthritis

LTC2.2, LTC2.3, LTC2.4, LTC2.5, LTC2.6.

Remember that a long-term condition is a condition that has lasted, or is expected to last, for more than six months. Do you have...

Select all that apply

- Depression
- Post-traumatic stress disorder (PTSD)
- Obsessive-compulsive disorder (OCD)
- Anxiety disorder (eg, panic attacks, phobia)
- Bipolar disorder



A1.13b

According to your doctor or other health professional, what type of diabetes do you have?

If you don't remember or weren't told, that's OK.

- 1 Type 1 (auto-immune)
- 2 Type 2
- 3 Other type



When you were first diagnosed with diabetes, how long was it before you started taking insulin?

- 1 Less than 1 month
- 2 1 month to less than 6 months
- 3 6 months to less than 1 year
- 4 1 year or more

What treatments do you **now** have for asthma?

Select all that apply.

- 1 No treatment
- 2 Inhaled medicines such as inhalers, puffers, pumps or nebulisers
- 3 Medicines, tablets, pills or injections
- 77 Something else



What have you used in **the last week** for your gout?

Select all that apply

- 1 Uric acid-lowering medicines such as allopurinol, probenecid, febuxostat
- 2 Colchicine
- 3 Prednisone
- 4 Non-steroidal anti-inflammatory drugs such as naproxen, diclofenac (Voltaren), celecoxib, ibuprofen (Nurofen)
- 5 Rongoā Māori
- 6 Traditional Pacific medicines
- 7 Herbal medicines or supplements
- 8 Exercise or physiotherapy
- 9 Diet
- 77 Other – please specify
- 0 Nothing

Have you **ever** had COVID-19?

- 1 Yes, I had a positive RAT or PCR test
- 2 Yes, I believe I have had it but I didn't get a positive test
- 3 No, I don't think I've had COVID-19

Long-COVID is when symptoms that start during or after a COVID-19 infection continue for 3 months or longer and are not explained by a different diagnosis. The symptoms can change over time.

Did you have any symptoms **lasting 3 months or longer** that you did not have prior to having COVID-19?

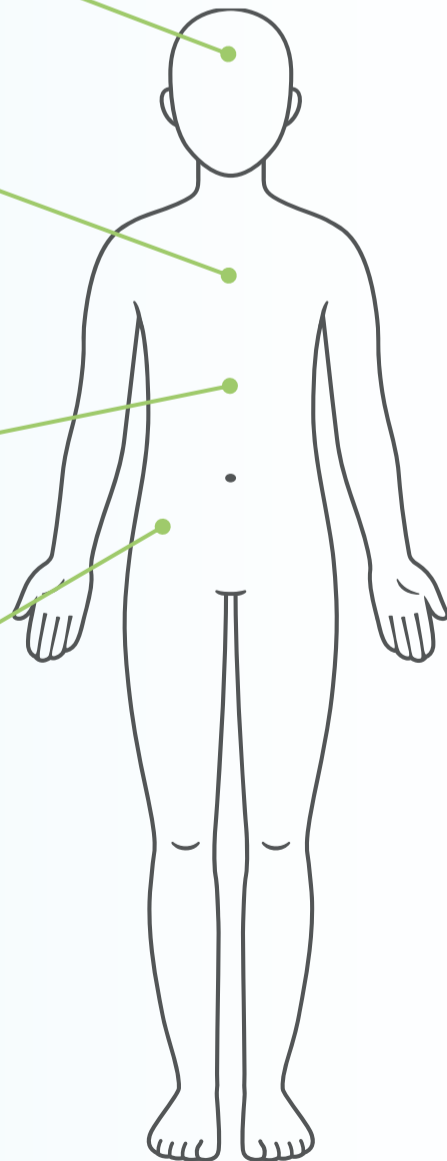
Long-COVID symptoms may include:

- Tiredness or fatigue
- Difficulty thinking or concentrating
- Forgetfulness or memory problems (sometimes referred to as “brain fog”)
- Depression, anxiety or mood changes
- Dizziness on standing

- Fast-beating or pounding heart (also known as heart palpitations)
- Chest pain
- Difficulty breathing or shortness of breath

- Upset stomach or changes in digestion

- Joint or muscle pain
- Less sexual desire or capacity



How often do you leak urine?

- 1 Never
- 2 About once a week or less often
- 3 Two or three times a week
- 4 About once a day
- 5 Several times a day
- 6 All the time



We would like to know how much urine **you think** leaks.

How much urine do you **usually** leak (whether you wear protection or not)?

- 1 None
- 2 A small amount
- 3 A moderate amount
- 4 A large amount

When does urine leak?

Select all that apply.

- 1 Never – urine does not leak
- 2 Leaks before you can get to the toilet
- 3 Leaks when you cough or sneeze
- 4 Leaks when you are asleep
- 5 Leaks when you are physically active / exercising
- 6 Leaks when you have finished urinating and are dressed
- 7 Leaks for no obvious reason
- 8 Leaks all the time

A1.31a

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

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



In general, would you say your health is:

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



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

Would you have difficulty lifting a two-litre bottle of water from waist to eye level?

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

Do you have difficulty using your hands and fingers, such as picking up small objects, or opening containers?

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

How often do you feel anxious, nervous or worried?

- 1 Daily
- 2 Weekly
- 3 Monthly
- 4 A few times a year
- 5 Never



Thinking about the last time you felt this way, how anxious, nervous or worried did you feel?

- 1 A little
- 2 A lot
- 3 Somewhere in between a little and a lot



How often do you feel depressed?

- 1 Daily
- 2 Weekly
- 3 Monthly
- 4 A few times a year
- 5 Never



Thinking about the last time you felt this way, how depressed did you feel?

- 1 A little
- 2 A lot
- 3 Somewhere in between a little and a lot



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

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

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

Select all that apply

- 1 Weight and/or height measurement
- 2 Blood pressure test
- 3 Cholesterol test
- 4 Diabetes test (HbA1c or blood glucose test)
- 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; or sent by GP
- 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; or sent by GP
- 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

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

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, including through school or work (eg, EAP)
- 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

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-ringa	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?

- Never
- Less than once a day
- Once a day
- Twice a day
- More than twice a day
- No natural teeth



What type of toothpaste do you usually use?

1. Standard fluoride toothpaste



3. Non-fluoridated toothpaste



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



How often do you now smoke?

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

At what age did you **start** smoking **daily**?

N I have never smoked daily

1 _____ years



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

What, if anything, did you use to help you quit smoking during your **last** quit attempt?

Select all that apply

- 1 Vaping or e-cigarettes
- 2 Nicotine replacement therapies (eg patches, gum)
- 3 Medicines (eg Champix, Zyban and Norpress)
- 4 Rongoā Māori (eg plant remedies, mirimiri)
- 5 Quitline
- 6 Face-to-face stop smoking service (eg in the community, hospital)
- 7 Support from friends and whānau
- 77 Other – please specify
- 0 I did it on my own

How often do you now use 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

Why do you use vaping devices?

Select all that apply

- 1 Less harmful than smoking
- 2 To reduce or quit smoking
- 3 A stop smoking service or health care worker suggested it
- 4 Cheaper than tobacco
- 5 Easier to get than tobacco
- 6 People around me do it
- 7 More acceptable to others than smoking
- 8 More satisfying than smoking
- 9 I enjoy them
- 10 I like the flavours
- 11 I can't go without it
- 12 To cope with stress, anxiety, or depression
- 77 Other – please specify

How long ago did you stop vaping?

- 1 Within the last month
- 2 1 month to 12 months ago
- 3 More than 1 year ago



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:

1 medium
piece of fruit

OR

2 small
pieces of fruit

OR

1 cup of canned,
frozen or stewed fruit



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

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

½ medium potato /
similar sized kumara

OR

½ cup cooked
vegetables

OR

1 cup raw salad
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

A3.33

Have you or someone else been injured as a result of your drinking?

- 1 Yes, but not in the last year
- 2 Yes, during the last year
- 3 No



A3.34

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

- 1 Yes, but not in the last year
- 2 Yes, during the last year
- 3 No



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

Please just read out the option number next to the words.

Select all that apply

- 1** Cannabis, for example, 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, kava etc)
- 0** No, none of the above

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

- 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 cannabis?

- 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 cannabis 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 cannabis?

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

A3.43

Has a friend or relative or anyone else **ever** expressed concern about your use of cannabis?

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



A3.44

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

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



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 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 or other doctoral degree
- 77 Other – please specify



In the past 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 Veteran's Pension
- 6 Other superannuation, pensions, annuities (other than NZ Superannuation, Veteran's Pension or war pensions)
- 7 Jobseeker Support
- 8 Sole Parent Support
- 9 Supported Living Payment
- 10 Student Allowance
- 11 Other government benefits, government income support payments, war pensions, paid parental leave or Disability Allowance
- 12 Other sources of income, including support payments from people who do not live in the household
- 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 past 12 months? Please read out the number next to the income group.

- 1 Loss
- 2 Zero income
- 3 \$1 – \$10,000
- 4 \$10,001 – \$15,000
- 5 \$15,001 – \$20,000
- 6 \$20,001 – \$25,000
- 7 \$25,001 – \$30,000
- 8 \$30,001 – \$35,000
- 9 \$35,001 – \$40,000
- 10 \$40,001 – \$50,000
- 11 \$50,001 – \$60,000
- 12 \$60,001 – \$70,000
- 13 \$70,001 – \$100,000
- 14 \$100,001 – \$200,000
- 15 \$200,001 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 **past 12 months**?

Please read out the number next to the income group.

- 1 \$30,000 or less
- 2 \$30,001 – \$70,000
- 3 \$70,001 – \$100,000
- 4 \$100,001 – \$150,000
- 5 \$150,001 – \$200,000
- 6 \$200,001 or more



How well does your household's total income meet the cost of basic needs such as food, clothing and housing.

Would you say it's not enough, only just enough, enough, or more than enough?

- 1 Not enough
- 2 Only just enough
- 3 Enough
- 4 More than enough

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, on unpaid leave, 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 disabled
- 4 Looked after a child (who does **not** live in my household)
- 5 Helped someone who is ill or disabled (who does **not** live in my household)
- 6 Other help or voluntary work for or through any organisation, group or marae
- 0 None of these

A5.19b

Are you attending, studying or enrolled at school or any other place of education?

- 1 Yes – full-time (20 hours or more a week)
- 2 Yes – part-time (less than 20 hours a week)
- 3 No – neither



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

Do you, or anyone else who lives here:

- 1 Hold this dwelling in a family trust
- 2 Own or partly own this dwelling, with or without a mortgage
- 3 Neither of these, for example renting

Who owns this house / flat?

- 1 Private person, trust or business
- 2 Local Authority or City Council
- 3 Kāinga Ora (formerly Housing New Zealand)
- 4 Other state-owned corporation or state-owned enterprise, or government department or ministry
- 5 Iwi, hapū or Māori land trust
- 6 Other community housing provider

How many of each of the following rooms are there in this house or flat?

- Bedrooms, including any sleepouts furnished as bedrooms
- Lounges, living rooms or family rooms
- Dining rooms
- Kitchens
- Conservatories you can sit in
- Studies, studios, hobby rooms

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

- 1 Heterosexual or straight
- 2 Gay or lesbian
- 3 Bisexual
- 4 Another identity – please specify, if you are comfortable doing so

Relationships

- 1 Spouse or partner
- 2 Child (eg daughter)
- 3 Parent (eg mother)
- 4 Sibling (eg brother)
- 5 Grandchild
- 6 Grandparent
- 7 Great-grandchild
- 8 Great-grandparent
- 9 Nephew or niece
- 10 Uncle or aunt
- 11 Other relative
- 12 Unrelated