



Child Questionnaire Showcards

Year 14 – 2024/25



*No showcard for
this question.*



What gender is your child?

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

Have you ever been told by a doctor or other health profession that your child has:

Select all that apply

- Eczema
- A food allergy, food intolerance, such as lactose intolerance, or coeliac disease
- Asthma
- Autism Spectrum Disorder (ASD – include Asperger’s syndrome)
- Attention Deficit Hyperactivity Disorder (ADHD – include Attention deficit disorder, ADD)

What treatments does your child **now** have for eczema?

Select all that apply

- 1 No treatment
- 2 Moisturiser cream
- 3 Steroid creams or medicine, such as Hydrocortisone, Prednisone
- 4 Immunosuppression medications, such as Methotrexate
- 5 Rongoā Māori
- 77 Something else

Which types of food is your child allergic, or intolerant, to **now**?

Select all that apply

- 1 Eggs
- 2 Cow's milk
- 3 Peanuts
- 4 Tree nuts (eg, almonds, cashews, walnuts, pecans)
- 5 Wheat or gluten
- 6 Soy
- 7 Fish
- 8 Shellfish (eg, oyster, paua, crayfish)
- 9 Sesame Seeds
- 10 Fruit, eg, kiwifruit
- 11 Lupin
- 77 Something else

What treatments does your child need when they have a reaction to food?

Select all that apply

- 1 No treatment
- 2 Antihistamines, such as Phenergan, Cetirizine
- 3 Adrenaline injection, such as an EpiPen
- 4 Steroid creams or medicine, such as Hydrocortisone, Prednisone
- 5 Other medicines, tablets or pills
- 77 Something else

What treatments does your child **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 treatments does your child **now** have for ADHD?

Select all that apply

- 1 No treatments or behavioural management strategies
- 2 Prescribed medicines, tablets or pills
- 3 Counsellor, therapist or psychologist
- 77 Something else

C1.18a

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

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

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

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

CF1.01

Does your child have difficulty seeing, even if wearing glasses?

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

Does your child have difficulty hearing sounds like people's voices or music, 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

Compared with children of the same age, does your child have difficulty walking 100 metres on level ground? That would be about the length of a rugby field.

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

Does your child have difficulty with self-care such as feeding or dressing themselves?

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

Using their usual language, does your child have difficulty communicating, for example, understanding or being understood?

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

Compared with children of the same age, does your child have difficulty learning things?

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

Compared with children of the same age, does your child have difficulty remembering things?

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

Does your child have difficulty concentrating on an activity that they enjoy doing?

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

Does your child have difficulty accepting changes in their routine?

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

Compared with children of the same age, does your child have difficulty controlling their behaviour?

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

Does your child have difficulty making friends?

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

How often does your child seem very anxious, nervous, or worried?

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

How often does your child seem very sad or depressed?

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

Does your child have difficulty seeing, even if wearing glasses?

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

Does your child have difficulty hearing sounds like people's voices or music, 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

Compared with children of the same age, does your child have difficulty walking?

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

Compared with children of the same age, does your child have difficulty picking up small objects with their hand?

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

Does your child have difficulty understanding you?

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

When your child speaks, do you have difficulty understanding them?

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

Compared with children of the same age, does your child have difficulty learning things?

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

Compared with children of the same age, does your child have difficulty playing?

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

Compared with children of the same age, how much does your child kick, bite or hit other children or adults?

- 1 Not at all
- 2 The same or less
- 3 More
- 4 A lot more

At your child's **usual medical centre**, has your child had an appointment with any of the following health care workers about their own health, in the **past 12 months**?

Select all that apply

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

In the **past 12 months**, was there a time when your child 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 (for other children) 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 child's last visit to an emergency department, what were **all** the reasons your child 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 took your child 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 your child last visited a dental health care worker, for any reason?

- 1 Within the past year (less than 12 months ago)
- 2 Within the past two years (more than 1 year but less than 2 years ago)
- 3 Within the past five years (more than 2 years but less than 5 years ago)
- 4 Five or more years ago
- 5 Has never seen a dental health care worker

In the **past 12 months**, did you consult with any of the following, for concerns about your child's **emotions, behaviour, stress, mental health, or substance use**?

Select all that apply

- 1 GP
- 2 Nurse (include nurses at a medical centre as well as Plunket, Wellchild, Tamariki Ora, school and district nurses)
- 3 Paediatrician, psychiatrist, or other medical specialist
- 4 Social worker
- 5 Psychologist, counsellor or psychotherapist
- 6 Teacher
- 7 Religious or spiritual advisor, like a minister, priest or tohunga
- 8 Kaumātua or tohunga
- 9 Family, whānau, partner and/or friends
- 10 Other person
- 11 No, none of the above

In the **past 12 months**, did your child receive help for concerns about their **emotions, behaviour, 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 Crisis mental health team
- 3 Māori health service (including Māori mental health or addictions services)
- 4 Community mental health or addictions service (including hospital outpatient appointments)
- 5 Other community support services, such as a youth 'one-stop-shop'
- 6 Other – please specify
- 7 No, none of the above

Thinking about the **most recent time** when you felt your child 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 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

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

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

On **average**, how many **servings** of fruit does your child 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.

- They 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 does your child 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.

- They 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 often does your child have breakfast?

Your child may have had breakfast anywhere, such as at home, school, day-care or a café.

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

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

Think about snacks as well as mealtimes.

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

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



How often does your child drink soft drinks, fizzy drinks, sports drinks or energy drinks?

Please don't include diet or reduced sugar varieties.

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



How does your child usually get to and from school?

Select all that apply

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

C3.13c

How often are your child's teeth brushed?

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

What type of toothpaste does your child usually use?

1. Standard fluoride toothpaste



3. Non-fluoridated toothpaste



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

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

Select all that apply

Just read out the number next to the words.

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

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

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

Just read out the number next to the words.

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

For each item, please select Not true, Somewhat true or Certainly true.

It would help us if you answered all items as best you can, even if you are not absolutely certain.

Please give your answers on the basis of your child's behaviour over the **last six months**.

- 1 Not true
- 2 Somewhat true
- 3 Certainly true

For each item, please select Not true, Somewhat true or Certainly true.

It would help us if you answered all items as best you can, even if you are not absolutely certain.

Please give your answers on the basis of your child's behaviour over the **last six months or this school year.**

- 1 Not true
- 2 Somewhat true
- 3 Certainly true

In general, how well do you feel you are coping with the day-to-day demands of raising children?

- 1 Very well
- 2 Well
- 3 Somewhat well
- 4 Not very well
- 5 Not very well at all

During the **past month**, how often have you felt your child is much harder to care for than most children the same age?

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

During the **past month**, how often have you felt your child does things that really bother you a lot?

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

During the **past month**, how often have you felt angry with your child?

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

First of all, we know that some people can't afford to eat properly and we are interested in whether you think your household has enough money to eat properly.

It's what you think eating properly is – not what I think or anyone else thinks.

We **can** afford to eat properly.

- 1 Always
- 2 Sometimes
- 3 Never

We are interested in whether you run out of basics, like bread, potatoes, etc because you do not have enough money. We are NOT referring to treats or special foods.

Food runs out in our household due to lack of money.

How often has this been true for your household over the past year?

- 1 Often
- 2 Sometimes
- 3 Never

Now we are interested in whether a lack of money leads you to sometimes have smaller meals than you would like or whether a lack of money means there isn't enough food for seconds or you sometimes skip meals?

We eat less because of lack of money.

How often has this been true for your household over the past year?

- 1 Often
- 2 Sometimes
- 3 Never

Now we are going to talk about the variety of foods you eat. By variety, we mean the number of different kinds of food you have.

The variety of foods we are able to eat is limited by a lack of money.

How often has this been true for your household over the past year?

- 1 Often
- 2 Sometimes
- 3 Never

Some people rely on support and assistance from others for supplying their regular food and we are interested in finding out how many people fall into this group.

We rely on others to provide food and/or money for food, for our household, when we don't have enough money.

How often has this been true for your household over the past year?

- 1 Often
- 2 Sometimes
- 3 Never

Also, some people have to rely on other sources of help such as food grants or food banks.

We make use of special food grants or food banks when we do not have enough money for food.

How often has this been true for your household over the past year?

- 1 Often
- 2 Sometimes
- 3 Never

We know that some people get quite stressed and worried about providing enough food even though they don't actually go without food.

I feel stressed because of not having enough money for food.

How often has this been true for your household over the past year?

- 1 Often
- 2 Sometimes
- 3 Never

We recognise that for some people food and sharing with others is important, to the point that they don't have enough food for themselves.

In this question we are only interested in social situations that are gatherings within, or outside, the household. As a result people may find themselves stressed/whakamā (embarrassed) about their koha (gift) when providing food for others.

I feel stressed because I can't provide the food I want for social occasions.

How often has this been true for your household over the past year?

- 1 Often
- 2 Sometimes
- 3 Never

Which ethnic group or groups does your child belong to?

Select all that apply

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

Which country was your child born in?

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

What is the total income that **your household** got from all sources, before tax or anything was taken out of it, in the **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

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

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

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

- 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