



Adult Questionnaire Showcards

Year 7 – 2017/18



If found, please call 0800 478 783



AD.02

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

A1.07

[Multiple responses possible]

1. No treatment
2. Aspirin
3. Other medicines, tablets or pills (including spray under the tongue, patches on the skin and blood thinners)
4. Diet
5. Exercise
77. Other – please specify

A1.11

[Multiple responses possible]

1. No treatment
2. Aspirin
3. Other medicines, tablets or pills
4. Diet
5. Exercise or rehabilitation (include speech therapy, occupational therapy, physiotherapy)
77. Other – please specify

A1.14

[Multiple responses possible]

1. No treatment
2. Insulin injections
3. Medicines, tablets or pills
4. Diet
5. Exercise
77. Other – please specify

A1.17

[Multiple responses possible]

1. No treatment
2. Inhalers
3. Medicine, tablets or pills
77. Other – please specify

A1.19, A1.20

[Multiple responses possible]

1. Rheumatoid
2. Osteoarthritis
3. Gout
4. Psoriatic
5. Systemic lupus erythematosus (SLE)
77. Other – please specify

A1.21

[Multiple responses possible]

1. No treatment
2. Medicines, tablets, or pills (including painkillers)
3. Exercise or physiotherapy
4. Injections
5. Diet
77. Other – please specify

A1.22a

1. Yes, limited a lot
2. Yes, limited a little
3. No, not limited at all

A1.24, A1.26, A1.28
[Multiple responses possible]

1. No treatment
2. Medicines, tablets or pills
3. Counselling
4. Exercise
77. Other treatment – please specify

A1.31a

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

A2.02

1. A GP clinic, medical centre or family practice
2. A clinic that is after-hours only – not an Emergency Department at a public hospital
77. Other – please specify

A2.07

1. There weren't any appointments
2. The time offered didn't suit me
3. The appointment was with a doctor I didn't want to see
4. I could have seen a nurse but I wanted to see a doctor
5. Another reason

P2.08a

[Multiple responses possible]

1. Earlier in the morning on weekdays
(e.g. before 8am)
2. Later in the evening on weekdays
(e.g. after 5pm)
3. On a Saturday, or longer hours on
a Saturday
4. On a Sunday
5. None of these

P2.09

1. Over the phone
2. Email
3. In person (i.e. going into the medical centre)
4. Text or SMS
5. Online service or patient portal (e.g. ManageMyHealth, Health 365)
77. Other – please specify

A2.04

[Multiple responses possible]

1. Weight and/or height measurement
2. Blood pressure test
3. Cholesterol test
4. Diabetes test
5. Flu vaccination
6. Other immunisation or vaccination
7. “Green prescription”
0. None of the above

A2.05

[Multiple responses possible]

1. Smoking
2. Healthy food or nutrition
3. Weight
4. Exercise or physical activity
5. Teeth or oral health
6. Alcohol
7. Illegal drug use
8. Mental or emotional health
0. None of the above

P2.11a

1. Very helpful
2. Helpful
3. Neither helpful or unhelpful
4. Unhelpful
5. Very unhelpful

P2.11b

1. Very satisfied
2. Satisfied
3. Neither satisfied or dissatisfied
4. Dissatisfied
5. Very dissatisfied

P2.11c

1. Yes, always
2. Yes, sometimes
3. No, not at all

P2.11d

1. Yes, definitely
2. Yes, to some extent
3. No, not at all
4. Not applicable

A2.14

1. Within the last month
2. More than 1 month ago and less than 3 months
3. More than 3 months ago and less than 6 months
4. More than 6 months ago and less than 12 months ago

A2.15

1. A GP clinic, medical centre or family practice
2. A clinic that is after-hours only – not an Emergency Department at a public hospital
77. Other – please specify

P2.17, P2.18, A2.22, A2.23, P2.24 – P2.26

1. Very good
2. Good
3. Neither good or bad
4. Poor
5. Very poor
6. Doesn't apply

P2.27

1. Very good
2. Good
3. Neither good or bad
4. Poor
5. Very poor

A2.28

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

P2.33b, P2.34a

1. Yes
2. No
3. Doesn't apply

A2.44

1. Within the last month
2. More than 1 month ago and less than 3 months
3. More than 3 months ago and less than 6 months
4. More than 6 months ago and less than 12 months ago

P2.46 – P2.51a

1. Very good
2. Good
3. Neither good or bad
4. Poor
5. Very poor
6. Doesn't apply

P2.51b

1. Very good
2. Good
3. Neither good or bad
4. Poor
5. Very poor

P2.51c

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

A2.53

1. Within the last month
2. More than 1 month ago and less than 3 months
3. More than 3 months ago and less than 6 months
4. More than 6 months ago and less than 12 months ago

P2.55

1. Very good
2. Good
3. Neither good or bad
4. Poor
5. Very poor
6. I did not see a doctor at my last visit to an after-hours medical centre
7. Doesn't apply

P2.56

1. Very good
2. Good
3. Neither good or bad
4. Poor
5. Very poor
6. Doesn't apply

P2.57

1. Very good
2. Good
3. Neither good or bad
4. Poor
5. Very poor

P2.58

1. Yes, definitely
2. Yes, to some extent
3. No, not at all
4. Doesn't apply

A2.59

1. Didn't have a medical problem outside regular office hours
2. Yes, didn't go because of cost
3. No

A2.62

[Multiple responses possible]

1. You used the emergency department
2. You used an outpatients department
3. You were admitted for day treatment, but did not stay overnight
4. You were admitted as an inpatient and stayed at least one night
5. None of the above

A2.66

[Multiple responses possible]

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

A2.70

1. Within the last month
2. More than 1 month ago and less than 3 months
3. More than 3 months ago and less than 6 months
4. More than 6 months ago and less than 12 months ago

A2.72, A2.73
[Multiple responses possible]

1. Thought the condition was serious / life threatening
2. Time of day / day of week (e.g. after-hours)
3. Sent by GP
4. Sent by Healthline (or another telephone helpline)
5. Taken by ambulance or helicopter
6. Cheaper
7. More confident about hospital than GP
8. Hospital knows me
9. ED recommended by someone else
10. Waiting time at GP too long
11. Do not have regular GP
77. Another reason

P2.75

1. Very good
2. Good
3. Neither good or bad
4. Poor
5. Very poor
6. Doesn't apply

P2.76

1. I didn't mind the wait
2. I had to wait a bit too long
3. I had to wait far too long

P2.77

1. Very good
2. Good
3. Neither good or bad
4. Poor
5. Very poor
6. I did not see any doctors at my last visit to a hospital emergency department
7. Doesn't apply

P2.78

1. Very good
2. Good
3. Neither good or bad
4. Poor
5. Very poor
6. Doesn't apply

P2.79

1. Very good
2. Good
3. Neither good or bad
4. Poor
5. Very poor

P2.80

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

A2.82a

[Multiple responses possible]

1. Dermatologist
2. Neurologist
3. Cardiologist
4. Haematologist
5. Endocrinologist
6. Respiratory Physician
7. Immunologist (allergy specialist)
8. Oncologist
9. General surgeon
10. Orthopaedic surgeon
11. Ophthalmologist (eye specialist)
12. Ear, nose and throat specialist
13. Urologist
14. Obstetrician or Gynaecologist
15. Geriatrician
16. General or Internal Medical specialist
17. Psychiatrist
77. Other
0. None

A2.84

1. Public hospital as an outpatient
2. Private hospital as an outpatient
3. Specialist's private rooms or clinic
4. GP clinic or medical centre with a visiting medical specialist
77. Other – please specify

A2.85, A2.86, P2.87

1. Very good
2. Good
3. Neither good or bad
4. Poor
5. Very poor
6. Doesn't apply

P2.88

1. Very good
2. Good
3. Neither good or bad
4. Poor
5. Very poor

A2.89

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

A2.91

1. Within the past year (anytime 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

A2.95

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

P2.95b

1. Very good
2. Good
3. Neither good or bad
4. Poor
5. Very poor

P2.95c

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

A2.96

[Multiple responses possible]

1. Pharmacist
2. Physiotherapist
3. Chiropractor
4. Osteopath
5. Dietitian
6. Optician or optometrist
7. Occupational therapist
8. Speech-language therapist
9. Midwife
10. Social worker
11. Psychologist or counsellor
77. Other – please specify
0. None of the above

P2.96a

1. Every day
2. At least once a week
3. At least once a fortnight
4. At least once a month
5. At least once every 3 months
6. At least once every 6 months
7. At least once a year
8. Not at all

P2.96b

[Multiple responses possible]

1. Medicine that required a prescription
2. Medicine or other health products that did not require a prescription
3. Advice or information on prescribed medicines
4. Advice or information on medicines or other health products that did not require a prescription
5. Advice that you or someone else should go to another health care worker (e.g. a doctor)
6. Other advice about a health-related issue
7. Health service or health check (e.g. blood pressure, vaccination)
8. Other products such as toiletries, cosmetics or passport photos
0. Nothing

P2.96c

[Multiple responses possible]

1. GP or doctor
2. Nurse
3. Physiotherapist
4. Dietitian
5. Optician or optometrist
6. Midwife
77. Other – please specify

P2.96d

1. Very good
2. Good
3. Neither good or bad
4. Poor
5. Very poor
6. Doesn't apply

P2.96e

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

U1.01 – U1.14

1. Strongly disagree
2. Disagree
3. Agree
4. Strongly agree

U2.01 – U2.16

1. Cannot do, or always difficult
2. Usually difficult
3. Sometimes difficult
4. Usually easy
5. Always easy

U3.01

[Multiple responses possible]

1. GP
2. Nurse
3. Pharmacy
4. Medical specialist
5. Other health care worker – please specify type of health care worker

6. Family, friend or work colleague
7. Health support group (e.g. Anxiety support group) or organisation (e.g. Cancer Society)
8. Social media (including blogs, online forums and chat groups)
9. Internet (excluding social media) e.g. Google
10. Mobile app
11. Telephone helpline
12. Book, magazine, newspaper or journal
77. Other – please specify

0. I have not tried to get health information or advice in the last 12 months

A3.08

‘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

A3.10

‘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

A3.12b

1. Less than once a day
2. Once a day
3. Twice a day
4. More than twice a day
5. No natural teeth

A3.12c

1. Standard fluoride toothpaste



2. Low fluoride toothpaste



3. Non-fluoridated toothpaste



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

A3.15

1. You 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

A3.16

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

A3.17

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

A3.21b

1. You 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

A3.22

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' = 1 medium piece or
2 small pieces of fruit or
 $\frac{1}{2}$ cup of stewed fruit.

For example:

1 apple + 2 small apricots = 2 servings.

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

A3.23

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' = 1 medium potato / kumara or
 $\frac{1}{2}$ cup cooked vegetables or
1 cup of salad vegetables.

For example:

2 medium potatoes + $\frac{1}{2}$ cup of peas = 3 servings.

1. I don't eat vegetables
2. Less than 1 serving per day
3. 1 serving per day
4. 2 servings per day
5. 3 servings per day
6. 4 or more servings per day

A3.26a

[Please see Standard Drinks Picture Showcard]

1. 1 or 2
2. 3 or 4
3. 5 or 6
4. 7 to 9
5. 10 or 11
6. 12 or more

A3.27a

[Please see Standard Drinks Picture Showcard]

1. Never
2. Less than monthly
3. Monthly
4. Weekly
5. Daily or almost daily

A3.28 – A3.32

1. Never
2. Less than monthly
3. Monthly
4. Weekly
5. Daily or almost daily

A3.33, A3.34

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

A4.01

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

A4.02, A4.03

1. Yes, limited a lot
2. Yes, limited a little
3. No, not limited at all

A4.04 – A4.07

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

A4.08

1. Not at all
2. A little bit
3. Moderately
4. Quite a bit
5. Extremely

A4.09 – A4.22

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

A5.03

[Multiple responses possible]

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

A5.07

[Multiple responses possible]

1. English
2. Māori
3. Samoan
4. NZ sign language
77. Other language, e.g. Gujarati, Cantonese, Greek – please specify

A5.14

1. None
2. NZ School Certificate in one or more subjects
or National Certificate level 1
or NCEA level 1
3. NZ Sixth Form Certificate in one or more subjects
or National Certificate level 2
or NZ UE before 1986 in one or more subjects
or NCEA level 2
4. NZ Higher School Certificate
or Higher Leaving Certificate
or NZ University Bursary / Scholarship
or National Certificate level 3
or NCEA level 3
or NZ Scholarship level 4
5. Other secondary school qualification
gained in New Zealand – please specify
6. Other secondary school qualification
gained overseas

A5.15

0. None
1. National Certificate level 1
2. National Certificate level 2
3. National Certificate level 3
4. National Certificate level 4
5. Trade Certificate
6. Diploma or Certificate level 5
7. Advanced Trade Certificate
8. Diploma or Certificate level 6
9. Teachers Certificate / Diploma
10. Nursing Diploma
11. Bachelor
12. Bachelor Hons
13. Postgraduate Certificate / Diploma
14. Masters Degree
15. PhD
77. Other – please specify

A5.16

[Multiple responses possible]

1. Wages, salaries, commissions, bonuses etc, paid by an employer
2. Self-employment, or business you own and work in
3. Interest, dividends, rent, other investments
4. Regular payments from ACC or a private work accident insurer
5. NZ Superannuation or Veterans Pension
6. Other superannuation, pensions, annuities (other than NZ Superannuation, Veterans Pension or War Pension)
7. Jobseeker Support
8. Sole Parent Support
9. Supported Living Payment
10. Student allowance
11. Other government benefits, government income support payments, war pensions, or paid parental leave
12. Other sources of income
17. No source of income during that time

A5.23

1. Loss
2. Zero income
3. \$1 – \$5,000
4. \$5,001 – \$10,000
5. \$10,001 – \$15,000
6. \$15,001 – \$20,000
7. \$20,001 – \$25,000
8. \$25,001 – \$30,000
9. \$30,001 – \$35,000
10. \$35,001 – \$40,000
11. \$40,001 – \$50,000
12. \$50,001 – \$60,000
13. \$60,001 – \$70,000
14. \$70,001 – \$100,000
15. \$100,001 – \$150,000
16. \$150,001 or more

A5.23

After tax		Before tax
Weekly income \$	Fortnightly income \$	Annual income \$
1 – 86	1 – 172	1 – 5,000
87 – 172	173 – 344	5,001 – 10,000
173 – 256	345 – 512	10,001 – 15,000
257 – 335	513 – 670	15,001 – 20,000
336 – 414	671 – 828	20,001 – 25,000
415 – 493	829 – 986	25,001 – 30,000
494 – 573	987 – 1,146	30,001 – 35,000
574 – 652	1,147 – 1,304	35,001 – 40,000
653 – 805	1,305 – 1,610	40,001 – 50,000
806 – 939	1,611 – 1,878	50,001 – 60,000
940 – 1,074	1,879 – 2,148	60,001 – 70,000
1,075 – 1,459	2,149 – 2,918	70,001 – 100,000
1,460 – 2,102	2,919 – 4,204	100,001 – 150,000
2,103+	4,205+	150,001+

A5.24

1. Loss
2. Zero income
3. \$1 – \$20,000
4. \$20,001 – \$30,000
5. \$30,001 – \$50,000
6. \$50,001 – \$70,000
7. \$70,001 – \$100,000
8. \$100,001 or more

A5.17

1. Working in paid employment (includes self-employment)
 2. Not in paid work, and looking for a job
 3. Not in paid work, and not looking for a job (for any reason, such as being retired, a homemaker, caregiver, or full-time student)
77. Other – please specify

A5.19

[Multiple responses possible]

1. Household work, cooking, repairs, gardening, etc, for my own household
2. Looked after a child who is a member of my household
3. Looked after a member of my household who is ill or has a disability
4. Looked after a child (who does not live in my household)
5. Helped someone who is ill or has a disability (who does not live in my household)
6. Other voluntary work for or through any organisation, group or marae
7. Studied for 20 hours or more per week at school or any other place
8. Studied for less than 20 hours per week at school or any other place
9. None of these

A5.21

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

A5.22

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

A5.29a

1. Private person, trust or business
2. Local Authority or City Council
3. Housing New Zealand Corporation
4. Other state-owned corporation or state-owned enterprise, or government department or ministry

A5.30a

Count:

- bedrooms
- kitchens
- dining rooms
- lounges or living rooms
- rumpus rooms, family rooms, etc.
- conservatories you can sit in
- studies, studios, hobby rooms, etc.

DON'T count:

- bathrooms, showers, toilets
- spa rooms
- laundries
- halls
- garages
- pantries

In an open-plan situation, count rooms such as dining rooms and living rooms in the same way as you would if they had walls between them.

A5.30b

1. Heterosexual or straight
2. Gay or lesbian
3. Bisexual
4. Other

A3.36a

[Multiple responses possible]

1. Cannabis (marijuana, hash, hash oil)
2. Ecstasy
3. Amphetamines, for example, 'P' ('pure' methamphetamine), ice (crystal methamphetamine), speed
5. Stimulants, for example Ritalin[®]
6. Codeine, morphine, methadone, oxycodone, pethidine
7. Sedatives, for example Valium, diazepam, temazepam
8. Hallucinogens, for example LSD, mushrooms, ketamine
9. Cocaine
10. Heroin, opium, homebake
77. Other – please specify
12. No, none of the above

A5.35

1. Spouse or partner
2. Son or daughter
3. Father or mother
4. Brother or sister
5. Grandchild
6. Grandparent
7. Great-grandchild
8. Great-grandparent
9. Nephew or niece
10. Uncle or aunt
11. Other relative
12. Unrelated