

New Zealand Health Survey

Adult Questionnaire (Year 8)

1 July 2018 – 30 June 2019

CAPI Version

In field July 2018

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# Notes for programmer

*Style conventions for printed questionnaire*

* black – text to be read by respondent and surveyor (generally questions and question responses)
* blue – instructions to be read by surveyor, or respondent if self-completes. Tool tips (denoted by a ⚐ symbol) contain information for the surveyor or respondent that only appear when the pointer is positioned over the underlined words, or when the underlined words are touched with a finger.
* red – instructions for programmer
* green – text in the showcards
* purple – text not displayed on screen (information for the reader only)

Edit checks:

* ‘Don't know’, ‘Refused’, ‘I don’t want to answer’, ‘No treatment’, and ‘None of the above’ cannot be selected with any other answer.

Please note that:

* The module questions for health service utilisation and patient experience, and understanding health and healthcare, have been removed for the Year 8 survey. These are the questions starting with ‘P’ or ‘U’.
* The Year 8 adult survey includes the following modules:
	+ Dietary habits (relevant module questions begin with letters ‘DH’)
	+ Alcohol clip-on (relevant questions begin with letters ‘ALC’)
	+ Functional Difficulties (relevant module questions begin with letters ‘FD’)

# Initial demographics

Before we begin, I just need to enter some information so that I only ask questions applicable to your gender and age group.

**AD.01** **You are male / female…?**

**🛈 Check aloud with respondent.**

1 Male

2 Female

**[Showcard]**

**AD.02 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

# Long-term health conditions

The first section of the Health Survey is about **long-term** **health conditions** you may have. A long-term health condition is a **physical or mental** illness that has lasted, or is expected to last, for **more than six months**. The symptoms may come and go, or be present all the time.

Heart disease

The first few questions are about heart disease. Please **do not** include high blood pressure or high blood cholesterol here, as I will ask you about those later.

**A1.01 Have you ever been told by a doctor that you have had a heart attack?**

1 Yes

2 No [go to angina A1.04]

.K Don’t know [go to A1.04]

.R Refused [go to A1.04]

**A1.02 Have you ever been admitted to hospital with a heart attack?**

1 Yes

2 No [go to angina A1.04]

.K Don’t know [go to A1.04]

.R Refused [go to A1.04]

**A1.03 Was this in the last 12 months?**

1 Yes

2 No

.K Don’t know

.R Refused

**A1.04 Have you ever been told by a doctor that you have angina?**

 **🛈 If clarification is required, angina is typically chest pain when you walk or do exercise.**

1 Yes

2 No

.K Don’t know

.R Refused

**A1.05 Have you ever been told by a doctor that you have heart failure? That is,**

**inadequate heart pumping, or a build-up of fluid in the lungs or legs.**

1 Yes

2 No

.K Don’t know

.R Refused

**A1.06 Have you ever been told by a doctor that you have any other heart disease? Please include problems with heart rhythm and heart valves, but not high blood pressure or high cholesterol.**

1 Yes

2 No

.K Don’t know

.R Refused

**🛈 Ask A1.07 if respondent answered ‘Yes’ to one or more of A1.01, A1.04, A1.05 or A1.06. Everyone else go to Stroke A1.10.**

**[Showcard]**

**A1.07 What treatments do you now have for your heart condition(s)?**

 **[Multiple responses possible]**

**🛈 Probe “Any others?” until no other treatment mentioned.**

**🛈 Don’t include surgery the respondent has had or is scheduled to have in the future.**

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 **[Specify]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 .K Don’t know

 .R Refused

**A1.09 Have you ever had bypass surgery or angioplasty for your heart condition(s)?**

 **🛈 If asked: Angioplasty is a procedure that helps improve your blood supply to the heart muscle. A tube is inserted into one of your arteries through an incision in your groin, wrist or arm. The doctor then directs the tube into a blocked or narrow heart artery, which expands the artery and allows the blood to flow more easily to the muscle. Often, a stent will be inserted at this time.**

 1 Yes

 2 No

.K Don’t know

.R Refused

Stroke

**A1.10 Have you ever been told by a doctor that you have had a stroke? Please do not include “mini-stroke” or transient ischaemic attack (or TIA).**

 1 Yes

 2 No [go to diabetes A1.12]

.K Don’t know [go to A1.12]

.R Refused [go to A1.12]

**[Showcard]**

**A1.11 What treatments do you now have for your stroke?**

**[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 **[Specify]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

.K Don’t know

.R Refused

Diabetes

**A1.12 Have you ever been told by a doctor that you have diabetes?**

**🛈 If the respondent is female, insert ‘Please do notinclude diabetes during pregnancy’.**

1 Yes

2 No [go to asthma A1.15]

.K Don’t know [go to A1.15]

.R Refused [go to A1.15]

**A1.13 How old were you when you were first told by a doctor that you had diabetes?**

 **🛈 If from birth record 0.**

 \_\_\_\_\_ years (range 0–120)

 .K Don’t know

 .R Refused

**[Showcard]**

**A1.14 What treatments do you now have for your diabetes?**

**[Multiple responses possible]**

1 No treatment

2 Insulin injections

3 Medicines, tablets or pills

4 Diet

5 Exercise

77 Other **[Specify]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

.K Don’t know

.R Refused

Asthma

**A1.15 Have you ever been told by a doctor that you have asthma?**

1 Yes

2 No [go to arthritis A1.18]

.K Don’t know [go to A1.18]

.R Refused [A1.18]

**A1.16 In the last 12 months, have you had an attack of asthma?**

1 Yes

2 No

.K Don’t know

.R Refused

**[Showcard]**

**A1.17 What treatments do you now have for asthma?**

 **[Multiple responses possible]**

1 No treatment

2 Inhalers

3 Medicines, tablets or pills

77 Other **[Specify]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

.K Don’t know

.R Refused

Arthritis

**A1.18 Have you ever been told by a doctor that you have arthritis? Please include gout, lupus and psoriatic arthritis.**

1 Yes

2 No [go to mental health conditions intro before A1.23]

.K Don’t know [go to intro before A1.23]

.R Refused [go to intro before A1.23]

**[Showcard]**

**A1.19 What kind of arthritis was that?**

 **[Multiple responses possible]**

1 Rheumatoid

2 Osteoarthritis

3 Gout

4 Psoriatic

5 Systemic lupus erythematosus (SLE)

77 Other **[Specify]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

.K Don’t know [go to treatments A1.21]

.R Refused [go to A1.21]

**🛈 Ask A1.20 if respondent has more than one kind of arthritis in A1.19.**

**[Showcard]**

**A1.20 Which kind of arthritis affects you most?**

1 Rheumatoid

2 Osteoarthritis

3 Gout

4 Psoriatic

5 Systemic lupus erythematosus (SLE)

77 Other **[Specify]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

.K Don’t know

.R Refused

**[Showcard]**

**A1.21 What treatments do you now have for arthritis?**

**[Multiple responses possible]**

**🛈 Don’t include surgery the respondent has had or is scheduled to have in the future.**

1 No treatment

2 Medicines, tablets or pills (including painkillers)

3 Exercise or physiotherapy

4 Injections

5 Diet

77 Other **[Specify]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

.K Don’t know

.R Refused

**A1.22** **Have you ever had an operation or surgery because of your arthritis?**

1 Yes

2 No

.K Don’t know

.R Refused

**[Showcard]**

**A1.22a Are you now limited in any way, in your usual activities, because of arthritis symptoms?**

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

.K Don’t know

.R Refused

Mental health conditions

The next few questions are about long-term mental health conditions that have lasted, or are expected to last, for **more than 6 months**. The symptoms may come and go, or be present all the time.

 **A1.23 Have you ever been told by a doctor that you have depression?**

 1 Yes

 2 No [go to bipolar A1.25]

.K Don’t know [go to A1.25]

.R Refused [go to A1.25]

**[Showcard]**

**A1.24 What treatments do you now have for depression?**

 **[Multiple responses possible]**

1 No treatment

2 Medicines, tablets or pills

3 Counselling

4 Exercise

77 Other treatment **[Specify]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

.K Don’t know

.R Refused

**A1.25 Have you ever been told by a doctor that you have bipolar disorder, which is sometimes called manic depression?**

1 Yes

2 No [go to anxiety A1.27]

.K Don’t know [go to A1.27]

.R Refused [go to A1.27]

**[Showcard]**

**A1.26 What treatments do you now have for bipolar disorder?**

**[Multiple responses possible]**

1 No treatment

2 Medicines, tablets or pills

3 Counselling

4 Exercise

77 Other treatment **[Specify]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

.K Don’t know

.R Refused

**A1.27 Have you ever been told by a doctor that you have anxiety disorder? This includes panic attacks, phobia, post-traumatic stress disorder, and obsessive compulsive disorder?**

1 Yes

2 No [go to chronic pain A1.29]

.K Don’t know [go to A1.29]

.R Refused [go to A1.29]

**[Showcard]**

**A1.28 What treatments do you now have for anxiety disorder?**

**[Multiple responses possible]**

1 No treatment

2 Medicines, tablets or pills

3 Counselling

4 Exercise

77 Other treatment **[Specify]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

.K Don’t know

.R Refused

Chronic pain

**A1.29 Do you experience chronic pain? This is pain that is present almost every day, but the intensity of the pain may vary. Please only include pain that has lasted, or is expected to last, for more than six months.**

**🛈 This includes chronic pain that is reduced by treatment.**

1 Yes

2 No

.K Don’t know

.R Refused

Hysterectomy

**🛈 Ask next hysterectomy question, L1.29t, if respondent is female, aged 20 years and over.**

**L1.29t Have you ever had a hysterectomy, that is, when your uterus or womb is removed?**

1 Yes

2 No

.K Don’t know

.R Refused

Oral health

The next questions are about your teeth, gums and mouth. When I say dental health care worker, I mean dentists, dental therapists (formerly known as dental nurses), as well as any dental health specialists such as orthodontists.

**A1.30 How many of your teeth have been removed by a dental health care worker because of tooth decay, an abscess, infection or gum disease? Do not include teeth lost for other reasons such as injury, crowded mouth or orthodontics.**

**🛈 Includes teeth that were removed while overseas (as well as in New Zealand).**

**🛈 Includes baby teeth and wisdom teeth ONLY if removed because of tooth decay, an abscess, infection or gum disease.**

*\_\_\_\_\_* teeth (range 0–32) [if 0 teeth removed, go to health of mouth question A1.31a]

99 All of my teeth have been removed because of tooth decay or gum disease

.K Don’t know [go to A1.31a]

.R Refused [go to A1.31a]

**A1.31 Were any of these teeth removed in the last 12 months?**

1 Yes

2 No

.K Don’t know

.R Refused

**🛈 All respondents to be asked A1.31a (health of mouth).**

**[Showcard]**

**A1.31a How would you describe the health of your teeth or mouth?**

 1 Excellent

 2 Very good

 3 Good

 4 Fair

 5 Poor

 .K Don’t know

 .R Refused

## Interviewer observations

**Complete following observations without asking the respondent:**

**A6.13 Interview is being conducted with language assistance from a family member / friend of respondent.**

 ** Only code ‘Yes’ if the respondent has required more than a couple of questions to be interpreted.**

1 Yes

2 No

**A6.12 Interview is being conducted with cognitive assistance from a family member / caregiver.**

** Only code ‘Yes’ if the respondent has required more than a couple of questions to be answered completely on their behalf.**

1 Yes

2 No

**A6.14 Interview is being conducted with language assistance from a professional translator.**

1 Yes

2 No

# Health service utilisation and patient experience

The next set of questions is about your use of health care services in **New Zealand**. I’ll begin by asking you about the **place** you usually go to when you are feeling unwell or are injured. Then I will ask about the different **people** you have seen about your health in the past 12 months, which is from [insert period based on date of interview, i.e. insert [current month] last year to now]. I will also ask about your experiences with accessing and receiving health care – these types of questions often relate to your last visit. All these questions are about your use of health services, for your own health.

Usual primary health care provider

**A2.01 Do you have a GP clinic or medical centre that you usually go to when you are feeling unwell or are injured?**

1 Yes

2 No [go to GP intro before A2.12]

.K Don’t know [go to intro before A2.12]

.R Refused [go to intro before A2.12]

**[Showcard]**

**A2.02 What sort of health care service is this?**
**🛈 Student / youth health services, Māori or Pacific health clinics, Accident and Medical Centres, GP clinics located within a hospital, and air force / army / navy GPs should be coded as ‘A GP clinic, medical centre or family practice’.**

**🛈 If respondent says two places (e.g. GP clinic for illness and after-hours for injury), ask which one they “usually” go to.**

**🛈 When using the ‘Other’ option, first check all interviewer notes. If respondent says ED, prison GPs, company GPs or rest home GPs, specify in ‘Other’.**

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 **[Specify]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [go to GP intro before A2.12]

.K Don’t know [go to intro before A2.12]

.R Refused [go to intro before A2.12]

From now on, we’ll call this place your **usual medical centre**. The next questions are about some of the things that happen when you contact or go to your usual medical centre.

**A2.03 Have you been to your usual medical centre, for your own health, in the past 12 months?**

1 Yes

2 No

.K Don’t know

.R Refused

**A2.06 In the past 12 months, has there been a time when you wanted to see a GP, nurse or other health care worker at your usual medical centre, within the next 24 hours, but they were unable to see you?**

1 Yes

2 No [go to A2.04]

.K Don’t know [go to A2.04]

.R Refused [go to A2.04]

**[Showcard]**

**A2.07 The last time you couldn’t be seen within 24 hours, why was that?**

🛈 If the reason that the person could not see the GP was because it was a weekend, the response should be coded as ‘another reason’.

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

.K Don’t know

.R Refused

**🛈 Ask next questions (A2.04 and A2.05) if respondent has visited their usual medical centre in the last 12 months (A2.03=1), else go to GP intro (A2.12).**

**[Showcard]**

**A2.04 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?**

 **[Multiple responses possible]**

🛈 If respondent asks “what is a green prescription?”, give the following definition: “A green prescription is a health professional’s written advice to be physically active and eat healthily, as part of the patient’s health management”.

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

.K Don’t know

.R Refused

**[Showcard]**

**A2.05 Over the past 12 months, has someone at your usual medical centre talked with you, or arranged for someone else to talk with you, about any of these subjects? Please include talks that you started.**

 **[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

.K Don’t know

.R Refused

General practitioners

These next questions are about seeing general practitioners (GPs) or family doctors. This can be at your **usual medical centre** or **somewhere else**. Some questions may sound similar to questions you have already answered.

### GP – utilisation

**A2.12 In the past 12 months, have you seen a GP, or been visited by a GP, about your**

 **own health? By health, I mean your mental and emotional health as well as**

 **your physical health.**

1 Yes

2 No [go to GP barriers to access A2.33]

.K Don’t know [go to A2.33]

.R Refused [go to A2.33]

**A2.13 How many times did you see a GP in the past 12 months?**

 \_\_\_\_\_ times (range 1–99)

.K Don’t know

.R Refused

**[Showcard]**

**A2.14 When was the last time you saw a GP about your own health?**

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

.K Don’t know

.R Refused

**[Showcard]**

**A2.15 Thinking back to the last time you saw a GP about your own health, what type of medical centre was it?**

 **🛈 Student / youth health services, Māori or Pacific health clinics, Accident and Medical Centres, GP clinics located within a hospital, and air force / army / navy GPs should be coded as ‘A GP clinic, medical centre or family practice’.**

**🛈 If respondent says two places (e.g. GP clinic for illness and after-hours for injury), ask which one they “usually” go to.**

**🛈 When using the ‘Other’ option, first check all interviewer notes. If respondent says “ED”, prison GPs, company GPs or rest home GPs, specify in ‘Other’.**

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 **[Specify]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

.K Don’t know

.R Refused

**A2.16 Thinking about your last visit to a GP, what were you charged for that visit?**

🛈 Record amount in dollars and cents, e.g. $60=60.00.

🛈 If respondent says between two amounts, record the average in dollars and cents (e.g. between $40 and $50: record 45.00).

🛈 If free enter 0.00.

🛈 If respondent says an amount greater than $199, record as $199.00.

$\_\_\_.\_\_\_ (range 0.00–199.00)

.K Don’t know

.R Refused

### GP – patient experience

**🛈 Ask next patient experience questions (A2.22–A2.28) if the respondent’s last visit to a GP was within the last 3 months (A2.14=1 or 2), else go to A2.33 (GP – barriers to access).**

The next set of questions is about your last visit to a GP. Not all questions may apply to your last visit – if this is the case please select “Doesn’t apply”.

**[Showcard]**

**A2.22 Still thinking about your last visit to a GP, how good was the doctor at explaining your health conditions and treatments in a way that you could understand?**

1 Very good

2 Good

3 Neither good or bad

4 Poor

5 Very poor

6 Doesn’t apply

.K Don’t know

.R Refused

**[Showcard]**

**A2.23 How good was the doctor at involving you in decisions about your care, such as discussing different treatment options?**

1 Very good

2 Good

3 Neither good or bad

4 Poor

5 Very poor

6 Doesn’t apply

.K Don’t know

.R Refused

**[Showcard]**

**A2.28 Did you have confidence and trust in the GP you saw?**

1 Yes, definitely

2 Yes, to some extent

3 No, not at all

.K Don’t know

.R Refused

### GP – barriers to access

**A2.33 In the past 12 months, was there a time when you had a medical problem but did not visit a GP because of cost?**

1 Yes

2 No

.K Don’t know

.R Refused

**A2.34 In the past 12 months, was there a time when you had a medical problem but did not visit a GP because you had no transport to get there?**

1 Yes

2 No

.K Don’t know

.R Refused

**A2.35 In the past 12 months, was there a time when you got a prescription for yourself, but did not collect one or more prescription items from the pharmacy or chemist because of cost?**

1 Yes

2 No

.K Don’t know

.R Refused

Nurses at GP clinics and medical centres

The next set of questions is about nurses who work at GP clinics and medical centres. You may have seen them as part of a consultation with your GP or you may have had an appointment with a nurse without seeing a GP at the same time.

Please do **not** include nurses who may have visited you at home or seen you in a hospital. Also, don’t include midwives or dental nurses.

### Nurse – utilisation

**A2.41 In the past 12 months, have you seen a nurse at a GP clinic or medical centre, about your own health?**

**🛈 A GP clinic or medical centre can include student / youth health services, Māori or Pacific health clinics, Accident and Medical Centres, and GP clinics located within a hospital, and air force / army / navy GPs.**

1 Yes

2 No [go to after-hours A2.52]

.K Don’t know [go to A2.52]

.R Refused [go to A2.52]

**A2.42 How many times in the past 12 months did you see a nurse as part of a GP consultation? This includes seeing the nurse before or after seeing the GP.**

 **🛈 If none enter 0.**

­­ \_\_\_\_\_ times (range 0–99)

.K Don’t know

.R Refused

**A2.43 How many times in the past 12 months did you see a nurse without seeing a GP at the same visit?**

 **🛈 If none enter 0.**

­­

 \_\_\_\_\_ times (range 0–99)

.K Don’t know

.R Refused

**[Showcard]**

**A2.44 When was the last time you saw a nurse at a GP clinic or medical centre?**

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

.K Don’t know

.R Refused

**If A2.42≥1 AND A2.43=0 automatically code A2.45=1 and go to A2.52.**

**If A2.42=0 AND A2.43≥1 automatically code A2.45=2 and go to A2.45a.**

The next question is similar to an earlier question, but is now asking about the last time you saw a nurse at a GP clinic or medical centre.

**A2.45 Thinking back to the last time you saw a nurse, did you see the nurse as part of a GP consultation? This includes seeing the nurse before or after seeing the GP.**

 **🛈 If the nurse was seen without seeing a GP at the same visit, code as “No”.**

1 Yes [go to after-hours A2.52]

2 No [go to cost of visit A2.45a]

.K Don’t know [go to after-hours A2.52]

.R Refused [go to after-hours A2.52]

**A2.45a What were you charged the last time you saw the nurse at a GP clinic?**

🛈 Record amount in dollars and cents, e.g. $60=60.00.

🛈 If respondent says between two amounts, record the average in dollars and cents (e.g. between $40 and $50: record 45.00).

🛈 If free enter 0.00.

🛈 If respondent says an amount greater than $199, record as $199.00.

 $\_\_\_.\_\_\_ (range 0.00–199.00)

 .K Don’t know

 .R Refused

After-hours medical care

The next set of questions is on after-hours medical care, such as during evenings, weekends or holidays when most GP clinics or medical centres are closed.

### After-hours – utilisation

**A2.52 In the past 12 months, how many times did you go to an after-hours medical centre about your own health? Do not include visits to an emergency department at a public hospital – we will ask about those later.**

 \_\_\_\_\_ times (range 0–99)

[if 0 go to barriers to after-hours services A2.59]

[if 1–99] then go to A2.53]

.K Don’t know [go to barriers A2.59]

.R Refused [go to barriers A2.59]

**[Showcard]**

**A2.53 When was the last time you used an after-hours medical centre for your own health?**

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

.K Don’t know

.R Refused

**A2.54** **What were you charged for your last after-hours visit?**

🛈 Record amount in dollars and cents, e.g. $60=60.00.

🛈 If respondent says between two amounts, record the average in dollars and cents (e.g. between $40 and $50: record 45.00).

🛈 If free enter 0.00.

🛈 If respondent says an amount greater than $199, record as $199.00.

$\_\_\_.\_\_\_ (range 0.00–199.00)

.K Don’t know

.R Refused

### After-hours – barriers to access

**[Showcard]**

**A2.59 In the past 12 months, was there a time when you had a medical problem outside regular office hours, but did not visit an after-hours medical centre because of cost?**

1 Didn’t have a medical problem outside regular office hours [go to hospitals intro before A2.61]

2 Yes, didn’t go because of cost

3 No

.K Don’t know

.R Refused

**A2.60 In the past 12 months, was there a time when you had a medical problem outside regular office hours but did not visit an after-hours medical centre because you had no transport to get there?**

1 Yes, didn’t go because I had no transport to get there

2 No

.K Don’t know

.R Refused

Hospitals

The next few questions in this section are about your use of hospitals over the past 12 months. I’ll begin by asking you about **public** hospitals.

**A2.61 In the last 12 months, have you yourself used a service at, or been admitted to, a public hospitalas a patient? This could have been for a physical or a mental health condition.**

1 Yes

2 No [go to private hospitals intro before A2.65]

.K Don’t know [go to intro before A2.65]

.R Refused [go to intro before A2.65]

**[Showcard]**

**A2.62 In the last 12 months, at a public hospital, which of the following happened? [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

.K Don’t know

.R Refused

Now I’ll ask about private hospitals.

**A2.65 In the last 12 months, have you yourself used a service at, or been admitted to, a privatehospital?**

1 Yes

2 No [go to emergency department intro before A2.69]

.K Don’t know [go to intro before A2.69]

.R Refused [go to intro before A2.69]

**[Showcard]**

**A2.66 In the last 12 months**, **at a private hospital, which of the following happened?**

 **[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

.K Don’t know

.R Refused

Emergency department

The next questions are about your use and experience of emergency departments at public hospitals for your own health.

### ED – utilisation

**A2.69 In the past 12 months, how many times did you go to an emergency department at a public hospital about your own health?**

­­ \_\_\_\_\_ times (range 0–99) [if 0 go to medical specialists intro before A2.82a]

**🛈 If A2.62=1 (used an ED), then number of times should be >=1. If number of times =>1 then A2.62 should =1 (used an ED) or .K or .R. Prompt to go back and correct A2.62 or A2.69.**

.K Don’t know [go to intro before A2.82a]

.R Refused [go to intro before A2.82a]

**[Showcard]**

**A2.70 When was the last time you went to an emergency department about your own health?**

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

.K Don’t know

.R Refused

**A2.71 Was your last visit to the emergency department for a condition you thought could have been treated by the doctors or staff at a medical centre, if they had been available?**

1 Yes

2 No

.K Don’t know

.R Refused

**[Showcard]**

**A2.72 Still thinking about your last visit to an emergency department for your own health, what were all the reasons you went to a hospital emergency department?**

 **[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

.K Don’t know [go to medical specialists A2.82a]

.R Refused [go to A2.82a]

**🛈 Ask next question if respondent selected more than one of options 1–11 above.**

**[Showcard]**

**A2.73 What was the main reason you went to a hospital emergency department?**

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

.K Don’t know

.R Refused

Medical specialists

The next few questions are about medical specialists. By medical specialist I mean the kind of doctor that people go to for a particular health condition, problem or service, not a GP. You may have seen the medical specialist as an outpatient in a hospital or at their private rooms or clinic. Please do **not** include medical specialists you may have seen if you were admitted to hospital overnight.

### Specialists – utilisation

**[Showcard]**

**A2.82a In the last 12 months, have you seen any of the following medical specialists about your own health?**

**[Multiple responses possible]**

**🛈 A medical specialist is a doctor who has completed advanced training in a specific area of medicine. People are sometimes referred to a specialist by their GP.**

**🛈 Only code as 'Other' if respondent has seen a specialist in this list ⚐, otherwise code ‘None’.**

**🛈 If A2.66=3 then response option ‘None’ should not show.**

|  |  |
| --- | --- |
| **⚐ Tool tip:**  |  |
| **Rheumatologist** | **Infectious disease physician** |
| **Gastroenterologist** | **Occupational health physician** |
| **Plastic surgeon** | **Sports physician** |
| **Oral and maxillofacial surgeon** | **Sexual and reproductive health specialist** |
| **Vascular surgeon** | **Anaesthetist** |
| **Other specialist surgeon** |  |

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 [go to dental health care worker introduction before A2.91]

.K Don’t know [go to A2.91]

.R Refused [go to A2.91]

**[Showcard]**

**A2.84 The last time you saw a medical specialist about your own health, where was this? Remember, this does not include medical specialists you may have seen if you were in hospital overnight.**

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 **[Specify]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

.K Don’t know

.R Refused

### Specialists – patient experience

The next set of questions is about your last visit to a medical specialist. Not all questions may apply to your last visit – if this is the case, please select “Doesn’t apply”.

**[Showcard]**

**A2.85 Thinking about your last visit to a medical specialist, how good was the specialist at explaining your health conditions and treatments in a way that you could understand?**

1 Very good

2 Good

3 Neither good or bad

4 Poor

5 Very poor

6 Doesn’t apply

.K Don’t know

.R Refused

**[Showcard]**

**A2.86 How good was the medical specialist at involving you in decisions about your care, such as discussing different treatment options?**

1 Very good

2 Good

3 Neither good or bad

4 Poor

5 Very poor

6 Doesn’t apply

.K Don’t know

.R Refused

**[Showcard]**

**A2.89 Did you have confidence and trust in the medical specialist you saw?**

1 Yes, definitely

2 Yes, to some extent

3 No, not at all

.K Don’t know

.R Refused

Dental health care workers

These next questions are about dental health care services you have used in **New Zealand**. When I say “dental health care worker”, I mean dentists, dental therapists (formerly known as dental nurses), dental hygienists, as well as any dental health specialists such as orthodontists.

### Dental health care workers – utilisation

**[Showcard]**

**A2.91 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

.K Don’t know

.R Refused

**[Showcard]**

**A2.95 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

.K Don’t know

.R Refused

### Dental health care workers – barriers to access

**A2.95a In the last 12 months, have you avoided going to a dental health care worker because of the cost?**

1 Yes

2 No

.K Don’t know

.R Refused

Other health care workers

The next question is about other health care workers you may have seen in the last 12 months. Do not include anyone that you may have seen if you were admitted to hospital overnight. **Please do not include any health care workers that we have already talked about.**

**[Showcard]**

**A2.96 In the last 12 months, have you seen any of the following health care workers about your own health?**

**[Multiple responses possible]**

**🛈 Only code ‘Pharmacist’ if the respondent has consulted with a pharmacist about their own health, not just collected a prescription.**

**🛈 The ‘Other’ category could include alternative therapists, audiologists, radiographers and nurses seen somewhere other than a GP clinic or medical centre, etc.**

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 **[Specify]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

0 None of the above

.K Don’t know

.R Refused

# Health behaviours and risk factors

The next section is about things that can influence your health.

High blood pressure

**A3.01** **Have you ever been told by a doctor that you have high blood pressure?**

**🛈 Read out if female – Please do not include high blood pressure you may have had during pregnancy.**

1 Yes

2 No [go to high cholesterol A3.03]

.K Don’t know [go to A3.03]

.R Refused [go to A3.03]

**A3.02** **Are you currently taking pills regularly for high blood pressure?**

1 Yes

2 No

.K Don’t know

.R Refused

High cholesterol

**A3.03** **Have you ever been told by a doctor that you have high cholesterol levels in your blood?**

1 Yes

2 No [go to physical activity intro before A3.06]

.K Don’t know [go to intro before A3.06]

.R Refused [go to intro before A3.06]

**A3.04 Are you currently taking pills regularly for high cholesterol?**

1 Yes

2 No

.K Don’t know

.R Refused

Physical activity

I’m now going to ask you about the time you spent being **physically active** in the last 7 days, from last **[enter day]** to yesterday. Do not include activity undertaken today.

By ‘active’ I mean doing anything using your muscles. Think about activities at work, school or home, getting from place to place, and any activities you did for exercise, sport, recreation or leisure.

I will ask you separately about brisk walking, moderate activities, and vigorous activities.

**A3.06 During the last 7 days, on how many days did you walk at a brisk pace– a brisk pace is a pace at which you are breathing harder than normal? This includes walking at work, walking to travel from place to place, and any other walking that you did solely for recreation, sport, exercise or leisure.**

**Think only about walking done for at least 10 minutes at a time.**

 \_\_\_\_\_ days per week (range 0–7) [if A3.06=0 go to moderate activity A3.08]

.K Don’t know [go to A3.08]

.R Refused [go to A3.08]

**A3.07** **How much time did you typically spend walking at a brisk pace on eachof those days?**

🛈 If respondent cannot provide a typical duration, record the average time per day.

**🛈 All fields (hours and minutes) must be completed.**

 *\_\_\_\_\_* hours (range 0–24) *\_\_\_\_\_* minutes (0–59) **🛈 Total time must be >=10 mins.**

.K Don’t know

.R Refused

**🛈 If A3.07>=8 hours, display message: “A person is unlikely to walk at a brisk pace (breathe harder than normal) for 8 or more hours per day. Please verify. Click ‘OK’ to go back and change answer or ‘Cancel’ to continue”.**

**[Showcard]**

**A3.08 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 – like carrying light loads, bicycling at a regular pace, or other activities like those on the Showcard. Do not include walking of any kind.**

**Think only about those physical activities done for at least 10 minutes at a time**.

**🛈 Activities shown on the Showcard are examples of moderate activity. Many other activities may fall into this category.**

**🛈 Activities on the Moderate Activity Showcard and Vigorous Activity Showcard can be interchangeable. If a respondent defines an activity as being moderate, even though it is on the Vigorous Activity Showcard, it should be included here.**

 \_\_\_\_\_ days per week (range 0–7) [if A3.08=0 go to vigorous activity A3.10]

.K Don’t know [go to A3.10]

.R Refused [go to A3.10]

**A3.09 How much time did you typically spend on each of those days doing moderate physical activities?**

🛈 If respondent cannot provide a typical duration, record the average time per day.

**🛈 All fields (hours and minutes) must be completed.**

 \_\_\_\_\_ hours (range 0–24) \_\_\_\_\_ minutes (0–59) **🛈 Total time must be >=10 mins.**

.K Don’t know

.R Refused

**🛈 If A3.09>=8 hours, display message: “A person is unlikely to do moderate physical activity (breathe harder than normal) for 8 or more hours per day. Please verify. Click ‘OK’ to go back and change answer or ‘Cancel’ to continue”.**

**🛈 If A3.09=A3.07, display message: “A person is unlikely to spend exactly the same amount of time brisk walking as they do moderate activity each day. Please verify. Click ‘OK’ to go back and change answer or ‘Cancel’ to continue”.**

**[Showcard]**

**A3.10 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’) – like heavy lifting, digging, aerobics, fast bicycling, or other activities like those shown on the Showcard.**

**Think only about those physical activities done for at least 10 minutes at a time.**

**🛈 Activities shown on the Showcard are examples of vigorous activity. Many other activities may fall into this category.**

**🛈 Activities on the Vigorous Activity Showcard and Moderate Activity Showcard can be interchangeable. If a respondent defines an activity as being vigorous, even though it is on the Moderate Activity Showcard, it should be included here.**

 \_\_\_\_\_ days per week (range 0–7) [if A3.10=0 go to all activities A3.12]

.K Don’t know [go to A3.12]

.R Refused [go to A3.12]

**A3.11** **How much time did you typically spend on each of those days doing vigorous physical activities?**

🛈 If respondent cannot provide a typical duration, record the average time per day.

**🛈 All fields (hours and minutes) must be completed.**

 \_\_\_\_\_ hours (range 0–24) \_\_\_\_\_ minutes (0–60) **🛈 Total time must be >=10 mins.**

.K Don’t know

.R Refused

**🛈 If A3.11>=4 hours, display message: “A person is unlikely to do vigorous activity (huff and puff) for 4 or more hours per day. Please verify. Click ‘OK’ to go back and change answer or ‘Cancel’ to continue”.**

**A3.12** **Thinking about all your activities over the last 7 days (including brisk walking), on how many days did you engage in:**

* + - * + **at least 30 minutes of moderate activity (including brisk walking) that made you breathe a little harder than normal, OR**
				+ **at least 15 minutes of vigorous activity that made you breathe a lot harder than normal (‘huff and puff’)?**

 \_\_\_\_\_ days per week (range 0–7)

.K Don’t know

.R Refused

Sleep

Now, a question about sleep.

**A3.12a How many hours of sleep do you usually get in a 24 hour period, including all naps and sleeps?**

**🛈 Enter whole numbers. Round 30 minutes or more up to the next whole hour and round 29 or fewer minutes down.**

\_\_\_\_\_ hours (range 1–24)

 .K Don’t know

 .R Refused

**🛈 If A3.12a<4 hours, display message: “A person is unlikely to usually sleep less than 4 hours in a 24 hour period. Please verify. Click ‘OK’ to go back and change answer or ‘Cancel’ to continue”.**

**🛈 If A3.12a>12 hours, display message: “A person is unlikely to usually sleep more than 12 hours in a 24 hour period. Please verify. Click ‘OK’ to go back and change answer or ‘Cancel’ to continue”.**

**🛈 Ask next two tooth brushing questions, A3.12b and A3.12c, only if respondent has natural teeth, that is A1.30 not equal to .R.**

Tooth brushing

Now, a couple of questions about tooth brushing.

**[Showcard]**

**A3.12b How often do you brush your teeth?**

0 Never

1 Less than once a day

2 Once a day

3 Twice a day

4 More than twice a day

5 No natural teeth [go to tobacco A3.13]

.K Don’t know

.R Refused

**[Toothpaste picture showcard]**

**A3.12c Looking at the Showcard** ⚐**, what type of toothpaste do you usually use?**

**🛈 If respondent is unsure about what type of toothpaste is used, and give their permission, you could ask to see the toothpaste that is currently used.**

* **Standard fluoride packaging might include: “0.221% sodium fluoride”, “0.76% sodium monofluorophosphate”, “1000–1450 ppm” and/or “fluoride toothpaste”.**
* **Low fluoride packaging might include: “0.117% sodium fluoride”, “0.304% sodium monofluorophosphate”, “400–500 ppm” and/or “low fluoride”.**

**🛈 Homemade toothpaste or baking soda should be coded as ‘Don’t use toothpaste / no toothpaste available in the house’.**

1 Standard fluoride toothpaste

2 Low fluoride toothpaste

3 Non-fluoridated toothpaste

4 Don’t use toothpaste / no toothpaste available in house

.K Don’t know

.R Refused

**🛈 The toothpaste picture showcard needs updating if there are any major changes in the market. This should be reviewed annually, in consultation with the Ministry’s oral health team, during questionnaire development.**

Tobacco

Now, some questions on tobacco smoking. For these questions, please do not include use of electronic cigarettes or vaping devices. We will ask about those later.

**A3.13** **Have you ever smoked cigarettes or tobacco at all, even just a few puffs? Please include pipes and cigars.**

**🛈 If asked, this does not include marijuana / cannabis or electronic cigarettes.**

1 Yes

2 No [go to electronic cigarettes A3.21a]

.K Don’t know

.R Refused

**A3.14** **Have you ever smoked a total of more than 100 cigarettes in your whole life?**

1 Yes

2 No [go to electronic cigarettes A3.21a]

.K Don’t know

.R Refused

**[Showcard]**

**A3.15 How often do you now smoke?**

 **🛈 Read response options. If more than one frequency given, code the highest one.**

1 I don’t smoke now

2 At least once a day [go to type tobacco A3.17]

3 At least once a week [go to A3.17]

4 At least once a month [go to A3.17]

5 Less often than once a month [go to A3.17]

.K Don’t know [go to A3.17]

.R Refused [go to A3.17]

**🛈 Ask next question, A3.16, if respondents are ex-smokers (A3.13=1 and A3.14=1 and A3.15=1).**

**[Showcard]**

**A3.16 How long ago did you stop smoking?**

1 Within the last month [go to number of quit attempts last 12 months A3.21]

2 1 month to 3 months ago [go to A3.21]

3 4 months to 6 months ago [go to A3.21]

4 7 to 12 months ago [go to A3.21]

5 1 to 2 years ago [go to electronic cigarettes A3.21a]

6 2 to 5 years ago [go to A3.21a]

7 Longer than 5 years ago [go to A3.21a]

.K Don’t know [go to A3.21a]

.R Refused [go to A3.21a]

**🛈 Ask next questions, A3.17 and A3.18 if respondents are current smokers (A3.15=2, 3, 4, 5) or didn’t answer the current smoker question (A3.15=.K, .R).**

**[Showcard]**

**A3.17 Which of these products do you smoke the most?**

 **🛈 Read answers and code.**

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 [go to times quit smoking A3.20]

5 Cigars [go to A3.20]

.K Don’t know

.R Refused

**A3.18 On average, how many cigarettes do you smoke a day?**

**🛈 Please don’t display the response option numbers on the CAPI screen or showcards.**

**🛈 Don’t initially prompt answer. Wait and code.**

 **🛈 If respondent is unable to suggest an average, ask for the typical number of cigarettes smoked in a week and divide by 7.**

 **🛈 Round answer to nearest number if necessary, e.g. 2.5 cigarettes a day should be rounded up to 3, that is, option ‘1–5 per day’. 10.4 cigarettes would be rounded down to 10, that is, option ‘6–10 per day’.**

1 Less than 1 per day

2 1–5 per day

3 6–10 per day

4 11–15 per day

5 16–20 per day

6 21–25 per day

7 26–30 per day

8 31 or more a day

 .K Don’t know

 .R Refused

**🛈 Ask A3.20 if respondents are current smokers (A3.15=2, 3, 4, 5) or didn’t answer the current smoker question (A3.15=.K or .R).**

**A3.20 In the last 12 months, how many times did you quit smoking for more than one week?**

­­\_\_\_\_\_ times (range 0–51) [go to electronic cigarettes A3.21a]

.K Don’t know [go to A3.21a]

.R Refused [go to A3.21a]

**🛈 Ask A3.21 if respondents are ex-smokers (A3.15=1) and quit smoking in the last 12 months (A3.16=1, 2, 3 or 4).**

**A3.21 In the last 12 months, how many times did you quit smoking for more than one week? Please include the time when you stopped smoking.**

­­\_\_\_\_\_ times (range 1–51)

.K Don’t know

.R Refused

Electronic cigarettes

**🛈 Ask everyone A3.21a, regardless of their smoking status.**

Now I’ll ask you about electronic cigarettes and vaping devices.

**A3.21a Have you ever tried an electronic cigarette or vaping device, even just a puff or ‘vape’?**

**🛈 Electronic cigarettes or vaping devices, also known as e-cigs, vapes or personal vaporizers, are battery-powered devices that heat a liquid to release vapour as people inhale from them. The vapour may contain nicotine and may be flavoured.**

1 Yes

2 No [go to nutrition intro before A3.22]

.K Don't know [go to A3.22]

.R Refused [go to A3.22]

**[Showcard]**

**A3.21b How often do you now use electronic cigarettes or vaping devices?**

**🛈 Read response options. If more than one frequency given, code the highest one.**

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

.K Don’t know

.R Refused

Dietary habits

I am now going to ask you about your usual eating patterns. When answering these questions please think back over the past four weeks. Remember to think about all meals (that is breakfast, lunch and dinner) as well as snacks, and times when you eat away from home as well as at home.

**🛈 For questions A3.22, A3.23, DH1.01, DH1.07, DH1.08 and DH1.10−DH1.17, don’t display the response option numbers on the CAPI screen or showcards.**

**[Showcard]**

**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 ½ 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

.K Don’t know

.R Refused

**[Showcard]**

**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 ½ cup cooked vegetables or 1 cup of salad vegetables. For example, 2 medium potatoes + ½ cup of peas = 3 servings.**

**Remember to think about all meals and snacks.**

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

.K Don’t know

.R Refused

**[Showcard]**

**DH1.01 On average, how many slices of bread, toast or bread rolls do you eat per day? Please don’t include bagels or wraps.**

1 None, I don’t eat bread, toast or rolls [go to DH1.03]

2 Less than one per day

3 1–2 per day

4 3–4 per day

5 5–6 per day

6 7 or more per day

.K Don’t know

.R Refused

**[Showcard]**

**DH1.02 What type of bread, toast or rolls do you eat the most of?**

**🛈 Gluten-free and organic bread should be coded as 1, 2 or 3 instead of 4 (‘Other’).**

**🛈 ‘Multigrain’ breads are mostly light grain.**

1 White

2 Light grain (e.g. Molenberg, Freya's, Ploughmans or MacKenzie High Country)

3 Heavy grain (e.g. Vogel’s or Burgen)

4 Other

.K Don’t know

.R Refused

**[Showcard]**

**DH1.03 What type of milk do you use the most of?**

**🛈 If respondent selects ‘None, I don’t use milk’ prompt them by asking if they ever have milk in drinks like tea or coffee.**

**🛈 Include powdered milk.**

**🛈 Exclude flavoured milks (e.g. chocolate milk).**

1 None, I don’t use milk

2 Whole or standard milk (dark blue or silver)

3 Reduced fat (light blue)

4 Skim or Trim (green or yellow)

5 Raw milk (unpasteurised)

6 Plant-based milk, such as soy milk, rice milk, almond milk or coconut milk

7 Other animal’s milk, such as goat’s milk or sheep’s milk

.K Don’t know

.R Refused

**[Showcard]**

**DH1.04 What type of butter, margarine or plant oil spread do you use the most of?**

**🛈 ‘Butter and plant oil blend’ can be full-fat or lite / reduced fat.**

1 None, I don't use butter, margarine or plant oil spreads

2 Butter (including semi soft)

3 Butter and plant oil blend (e.g. Anchor Dairy Blend)

4 Full-fat margarine or plant oil spread (e.g. canola, olive oil or sunflower based)

5 Lite or reduced-fat margarine or plant oil spread (e.g. canola, olive oil or sunflower based)

6 Plant sterol spread or margarine – full and low fat varieties (e.g. ProActiv or Logicol)

.K Don’t know

.R Refused

**[Showcard]**

**DH1.05 What type of oil or fat do you use most often when cooking?**

**🛈 If respondent says they don’t cook, select ‘Not applicable – I don’t cook’.**

1. None, I don't use oil or fat when cooking
2. Olive oil
3. Coconut oil
4. Other plant or vegetable based oil (e.g. sunflower, canola, sesame, rice bran, avocado, grapeseed, nut oils)
5. Butter (including semi soft)
6. Butter and plant oil blend (e.g. Anchor Dairy Blend)

7 Margarine or plant oil spread (e.g. canola, olive oil or sunflower based)

8 Dripping or lard

9 Other

10 Not applicable – I don’t cook

.K Don’t know

.R Refused

**[Showcard]**

**DH1.06 In the past four weeks, which of the following have you eaten at all? Please say all that apply.**

**[Multiple responses possible]**

1. Processed meats – such as ham, bacon, sausages, luncheon, smoked chicken, canned corned beef, pastrami or salami
2. Red meat – such as beef, pork, mutton, lamb, goat or venison
3. Chicken
4. Fish or other seafood

0 None of the above [go to DH1.11]

.K Don’t know [go to DH1.11]

.R Refused [go to DH1.11]

**🛈 If respondent has eaten processed meat in the past 4 weeks (DH1.06=1) ask DH1.07. Else go to check before DH1.08.**

**[Showcard]**

**DH1.07 How often do you eat processed meat products, such as ham, bacon, sausages, luncheon, smoked chicken, canned corned beef, pastrami or salami?**

1 Never

2 Less than once per week

3 1–2 times per week

4 3–4 times per week

5 5–6 times per week

6 7 or more times per week

.K Don’t know

.R Refused

**🛈 If DH1.07=1, display message: “Can I just check: earlier you mentioned that you’ve eaten processed meat in the last four weeks. Please verify. Click ‘OK’ to go back and change answer or ‘Cancel’ to continue”.**

**🛈 If respondent has eaten red meat in the past 4 weeks (DH1.06=2) ask questions DH1.08 and DH1.09. Else go to check before DH1.10.**

**[Showcard]**

**DH1.08 How often do you eat red meat, such as beef, pork, mutton, lamb, goat or venison? Remember to think about all meals and snacks.**

**🛈 Don’t include processed meat products, such as ham, bacon, sausages, luncheon, smoked chicken, canned corned beef, pastrami or salami.**

1 Never

2 Less than once per week

3 1–2 times per week

4 3–4 times per week

5 5–6 times per week

6 7 or more times per week

.K Don’t know

.R Refused

**🛈 If DH1.08=1, display message: “Can I just check: earlier you mentioned that you’ve eaten red meat in the last four weeks. Please verify. Click ‘OK’ to go back and change answer or ‘Cancel’ to continue”.**

**[Showcard]**

**DH1.09 How often do you remove excess fat from red meat before cooking or eating it?**

1 Never

2 Rarely

3 Sometimes

4 Regularly

5 Always

.K Don’t know

.R Refused

**🛈 If respondent has eaten seafood in the past 4 weeks (DH1.06=4) ask DH1.10. Else go to DH1.11.**

**[Showcard]**

**DH1.10 How often do you eat fish or other seafood, including seafood that is canned? Do not include fish or other seafood that is deep-fried.**

**Remember to think about all meals and snacks.**

1 Never

2 Less than once per week

3 1–2 times per week

4 3–4 times per week

5 5–6 times per week

6 7 or more times per week

.K Don’t know

.R Refused

Please continue to think back over the past four weeks when answering these questions.

**[Showcard]**

**DH1.11 How often do you 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.**

**🛈 If respondent asks, only include fast food and takeaways that are high in fat and salt. Other examples are hot dogs, chicken nuggets and deep-fried food.**

1 Never

2 Less than once per week

3 1–2 times per week

4 3–4 times per week

5 5–6 times per week

6 7 or more times per week

.K Don’t know

.R Refused

**[Showcard]**

**DH1.12 How often do you eat legumes, such as lentils, chickpeas, kidney beans or baked beans?**

**🛈 Examples of foods that could contain legumes are hummus and soups.**

**🛈 If asked, don’t include peas or peanuts because these are counted in other questions.**

1 Never

2 Less than once per week

3 1–2 times per week

4 3–4 times per week

5 5–6 times per week

6 7 or more times per week

.K Don’t know

.R Refused

**[Showcard]**

**DH1.13 How often do you eat biscuits, cakes, slices, muffins, sweet pastries or muesli bars?**

 **🛈 Include nut bars.**

1 Never

2 Less than once per week

3 1–2 times per week

4 3–4 times per week

5 5–6 times per week

6 7 or more times per week

.K Don’t know

.R Refused

**[Showcard]**

**DH1.14 How often do you eat nuts or seeds? Include butters made from nuts or seeds, such as peanut butter.**

**🛈 Include roasted and salted nuts or seeds.**

**🛈 Don’t include Nutella and most other hazelnut spreads (where nuts are not the main ingredient), or nuts and seeds that are contained in cereals, snack bars, salads, smoothies etc.**

1 Never

2 Less than once per week

3 1–2 times per week

4 3–4 times per week

5 5–6 times per week

6 7 or more times per week

.K Don’t know

.R Refused

**[Showcard]**

**DH1.15 How often do you eat lollies, sweets, chocolate or confectionery?**

 **🛈 If asked, don’t include ice-cream.**

1 Never

2 Less than once per week

3 1–2 times per week

4 3–4 times per week

5 5–6 times per week

6 7 or more times per week

.K Don’t know

.R Refused

**[Showcard]**

**DH1.16 How often do you have a drink made from cordial, concentrate or powder such as Raro? This would include using lime cordial, for example, to make a lime and soda drink.**

 **Please don’t include diet or reduced sugar varieties.**

**🛈 Includes drinks from cordials and concentrates, which are sweetened syrups, and powder (e.g. Raro) in sachet mixes.**

**🛈 Excludes diet or reduced sugar varieties, and fruit juices (e.g. brands such as Just Juice, Fresh Up and Keri).**

1 Never

2 Less than once per week

3 1–2 times per week

4 3–4 times per week

5 5–6 times per week

6 7 or more times per week

.K Don’t know

.R Refused

**[Showcard]**

**DH1.16a How often do you drink fruit juice?**

**🛈 Includes freshly squeezed varieties, and juice brands such as Just Juice, Fresh Up and Keri.**

**🛈 Excludes drinks made from cordial, concentrate or powder such as Raro.**

1 Never

2 Less than once per week

3 1–2 times per week

4 3–4 times per week

5 5–6 times per week

6 7 or more times per week

.K Don’t know

.R Refused

**[Showcard]**

**DH1.17 How often do you drink soft drinks, fizzy drinks, sports drinks or energy drinks? Include use of these as mixers in alcoholic drinks.**

 **Please don’t include diet or reduced sugar varieties.**

**🛈 Includes soft and fizzy drinks, which are carbonated, such as Coca-Cola, lemonade and ginger beer, sports drinks such as Powerade and Mizone, and energy drinks such as ‘V’ and Red Bull.**

**🛈 Excludes diet or reduced sugar varieties, sparkling water, flavoured waters (e.g. H2Go), fruit juices and drinks made from cordial, concentrate or powder.**

1 Never

2 Less than once per week

3 1–2 times per week

4 3–4 times per week

5 5–6 times per week

6 7 or more times per week

.K Don’t know

.R Refused

**[Showcard]**

**DH1.18 Do you completely exclude any of the following food groups from your diet?**

**[Multiple responses possible]**

**🛈 'Completely exclude' means you never eat it on its own, or as part of a prepared dish.**

1 Red meat (e.g. beef, pork, mutton, lamb, goat, venison)

2 Chicken or poultry (e.g. turkey, duck)

3 Fish or other seafood

4 Eggs

5 Dairy products (e.g. milk, cheese)

6 Gluten sources (e.g. wheat, barley)

7 Nuts

8 None of the above

.K Don’t know

.R Refused

Alcohol

I will now ask you some questions about your use of alcoholic drinks.

**A3.24** **Have you had a drink containing alcohol in the last year?**

1 Yes

2 No [go to alcohol harm A3.33]

.K Don’t know [go to A3.33]

.R Refused [go to A3.33]

**A3.25** **How often do you have a drink containing alcohol?**

**🛈 Don’t initially prompt answer. Wait and code.**

1 Monthly or less

2 Up to 4 times a month

3 Up to 3 times a week

4 4 or more times a week

.K Don’t know

.R Refused

**[Showcard]**

**[Standard drinks picture showcard]**

**🛈 Please don’t display the response option numbers on the CAPI screen or showcards for A3.26a.**

**A3.26a Looking at the Showcard, how many drinks containing alcohol do you have on a typical day when you are drinking?**

**By one drink, I now mean one standard drink, that is, one can or stubbie of beer, half a large bottle of beer, one small glass of wine or one shot of spirits.**

**This picture Showcard** ⚐ **[show picture Showcard] can help you estimate the number of standard drinks you have drunk. It shows some examples of the number of standard drinks in different alcoholic drinks.**

**🛈 Take average and round to nearest whole number if necessary, e.g. if respondent says 4 or 5, average is 4.5, round to nearest whole number = 5, that is, option ‘5 or 6’.**

1 1 or 2

2 3 or 4

3 5 or 6

4 7 to 9

5 10 or 11

6 12 or more

.K Don’t know

.R Refused

**🛈 The standard drinks picture showcard is reviewed annually in case there are any changes in the market.**

**⚐ Tool tip:**

**Standard drinks picture showcard:**



**[Showcard]**

**[Standard drinks picture showcard]**

**A3.27a Looking at the Showcard, and the picture Showcard, how** **often do you have six or more standard drinks on one occasion?**

1 Never

2 Less than monthly

3 Monthly

4 Weekly

5 Daily or almost daily

.K Don’t know

.R Refused

**[Showcard]**

**A3.28 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

.K Don’t know

.R Refused

**[Showcard]**

**A3.29 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

.K Don’t know

.R Refused

**[Showcard]**

**A3.30 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

.K Don’t know

.R Refused

**[Showcard]**

**A3.31 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

.K Don’t know

.R Refused

**[Showcard]**

**A3.32 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

.K Don’t know

.R Refused

**🛈 The next two questions are about lifetime harm from drinking, so ask all respondents even if they have not had a drink containing alcohol in the last year.**

**[Showcard]**

**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

.K Don’t know

.R Refused

**[Showcard]**

**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

.K Don’t know

.R Refused

**🛈 Ask ALC1.01 if respondents did not drink alcohol in the past year, or if they responded ‘Don’t know’ or ‘Refused’ (i.e. A3.24=2, .K, .R). Go to ALC1.02 if respondent has drunk alcohol in the past year (A3.24=1).**

**ALC1.01 In your entire life, have you had at least one alcoholic drink, not counting small tastes or sips?**

1 Yes

2 No [go to self-complete section SCIntro]

.K Don’t know [go to SCIntro]

.R Refused [go to SCIntro]

**ALC1.02 About how old were you the first time you had an alcoholic drink, not counting small tastes or sips?**

 years (range 1–120)

.K Don’t know

.R Refused

**🛈 If ALC1.02>AD.02 age group, display message: “You recorded that the respondent had their first alcoholic drink at an age that is older than their current age. Please verify. Click ‘OK’ to go back and change answer or ‘Cancel’ to continue”.**

**🛈 If ALC1.02<5 years, display message: “You recorded that the respondent had their first alcoholic drink earlier than 5 years old. Please verify. Click ‘OK’ to go back and change answer or ‘Cancel’ to continue”.**

# Self-complete section

**[Red text does not appear on screen]**

**🛈 If the interview is being conducted with cognitive or language assistance from a family member / caregiver / friend of the respondent (A6.12=1 OR A6.13=1), skip to SF-12v2 (A4.01). Everyone else (A6.12=2 AND A6.13=2) go to SCIntro.**

**🛈 START OF SELF-COMPLETE SECTION.**

**SCIntro**

The next few questions are more personal, so I will let you record the answers yourself.

I will turn the computer around and help you get started. If you would like any help in answering these questions, feel free to ask me.

🛈 The interviewer can administer this section using showcards but only if privacy can be ensured (i.e. no one other than a professional translator can see or hear the answers).

1. **Continue with this section** [go to ALC4.11]
2. Skip this section because privacy isn’t ensured[go to A4.01]

**🛈 If SCIntro=2, please display the following pop-up message: ‘You have chosen to skip this section. Click ‘OK’ to go back, or ‘Cancel’ to skip the section’.**

**🛈 New screen**

Pregnancy and alcohol

**[Red text does not appear on screen]**

**🛈 Only females aged 15–54 years to be asked about pregnancy (ALC4.11). Everyone else go to drugs (A3.36a).**

ALC4.11 In the last 12 months were you pregnant at any time?

1 Yes

2 No [go to drugs A3.36a]

.K I don’t know [go to A3.36a]

.R I don’t want to answer [go to A3.36a]

**🛈 Ask following questions (alcohol use in pregnancy) only if respondent has been pregnant in last 12 months (ALC4.11=1), and has consumed alcohol in the past year (A3.24=1), or has ever consumed alcohol (ALC1.01=1), else skip to drugs A3.36a.**

Now a couple of questions about alcohol use and pregnancy. If you were pregnant more than once in the last 12 months, please think about the most recent time.

ALC4.16 At any time during your most recent pregnancy, did you drink alcohol?

* 1. Yes
	2. No

.K I don’t know

.R I don’t want to answer

**[Showcard]**

ALC4.17 Thinking about your most recent pregnancy, please select the statement that best applies to you:

1. I did not change my drinking while I was pregnant
2. I reduced my drinking while I was pregnant
3. I stopped drinking as soon as I learned I was pregnant
4. I eventually stopped drinking while I was pregnant
5. I had stopped drinking before I got pregnant
6. I increased my drinking while I was pregnant

.K I don’t know

.R I don’t want to answer

ALC4.18 During your most recent pregnancy, did anyone advise you not to drink alcohol?

1 Yes

2 No [go to drugs A3.36a]

.K I don’t know [go to A3.36a]

.R I don’t want to answer [go to A3.36a]

**[Showcard]**

ALC4.19 Who advised you not to drink alcohol? Please select all that apply.

1 Spouse or partner

2 Parents

3 Other relative or whānau member

4 Friend

5 GP

6 Nurse

7 Midwife

8 Obstetrician

9 Someone else

.K I don’t know

.R I don’t want to answer

## Drugs

**[Red text does not appear on screen]**

Now a question about drugs. Remember that everything you tell us will remain confidential.

**[Showcard]**

**A3.36a** In the last 12 months, have you used any of the following drugs for recreational or non-medical purposes, or to get high? Please select all that apply.

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

.K I don’t know

.R I don’t want to answer

Perception of weight

**[Red text does not appear on screen]**

Next a couple of questions about weight.

**[Showcard]**

DH1.19 On a scale of one to five, where one is very underweight and five is very overweight, how do **you** view your weight?

1 Very underweight

2 Underweight

3 Neither underweight nor overweight

4 Overweight

5 Very overweight

.K Don’t know

.R Refused

**[Showcard]**

DH1.20 Are you currently trying to do any of the following?

1 Lose weight

2 Stay the same weight

3 Gain weight

4 No – not trying to do anything about my weight

.K Don’t know

.R Refused

**🛈 END OF SELF-COMPLETE SECTION.**

**🛈 New screen**

Thank you for completing those questions.

Please return the computer to the surveyor and they will continue asking you questions.

# Health status

Now some more questions about your health. Some of these questions may appear similar but we need to ask them.

## SF-12v2

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This first question is about your health now.

**[Showcard]**

**A4.01 In general, would you say your health is …**

**🛈 Read response options.**

1 Excellent

2 Very good

3 Good

4 Fair

5 Poor

.K Don’t know

.R Refused

**🛈 If respondent used a family or professional translator (A6.13=1 OR A6.14=1), skip to FD1.01. Everyone else (A6.13=2 AND A6.14=2) go to next question A4.02.**

Now I’m going to read a list of activities that you might do during a typical day.

As I read each item, please tell me if your health now limits you a lot, limits you a little, or does not limit you at all in these activities.

**🛈 If respondent says he/she does not do these activities, then ask how limited they think they would be if they tried to do them.**

**[Showcard]**

**A4.02 Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf. Does your health now limit you a lot, limit you a little, or not limit you at all?**

**🛈 Read response options only if necessary.**

1 Yes, limited a lot

2 Yes, limited a little

3 No, not limited at all

.K Don’t know

.R Refused

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**[Showcard]**

**A4.03 Climbing several flights of stairs. Does your health now limit you a lot, limit you a little, or not limit you at all?**

**🛈 Read response options only if necessary.**

1 Yes, limited a lot

2 Yes, limited a little

3 No, not limited at all

.K Don’t know

.R Refused

The following two questions ask about your physical health and your daily activities.

**[Showcard]**

**A4.04 During the past four weeks, how much of the time have you accomplished less than you would like as a result of your physical health?**

**🛈 Read response options.**

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

.K Don’t know

.R Refused

**[Showcard]**

**A4.05 During the past four weeks, how much of the time were you limited in the kind of work or other regular daily activities you do as a result of your physical health?**

**🛈 Read response options.**

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

.K Don’t know

.R Refused

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**(IQOLA SF-12v2 Standard, English [New Zealand], 7/03).**

The following two questions ask about your emotions and your daily activities.

**[Showcard]**

**A4.06 During the past four weeks, how much of the time have you accomplished less than you would like as a result of any emotional problems, such as feeling depressed or anxious?**

**🛈 Read response options.**

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

.K Don’t know

.R Refused

**[Showcard]**

**A4.07 During the past four weeks, how much of the time did you do work or other regular daily activities less carefully than usual as a result of any emotional problems, such as feeling depressed or anxious?**

**🛈 Read response options.**

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

.K Don’t know

.R Refused

**[Showcard]**

**A4.08 During the past four weeks, how much did pain interfere with your normal work, including both work outside the home and housework? Did it interfere …**

**🛈 Read response options.**

1 Not at all

2 A little bit

3 Moderately

4 Quite a bit

5 Extremely

.K Don’t know

.R Refused

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The next questions are about how you feel and how things have been with you during the past four weeks.

As I read each statement, please give the one answer that comes closest to the way you have been feeling; is it all the time, most of the time, some of the time, a little of the time, or none of the time?

**[Showcard]**

**A4.09 How much of the time during the past four weeks, have you felt calm and peaceful?**

**🛈 Read response options only if necessary.**

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

.K Don’t know

.R Refused

**[Showcard]**

**A4.10 How much of the time during the past four weeks, did you have a lot of energy?**

**🛈 Read response options.**

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

.K Don’t know

.R Refused

**[Showcard]**

**A4.11 How much of the time during the past four weeks, have you felt downhearted and depressed?**

**🛈 Read response options only if necessary.**

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

.K Don’t know

.R Refused

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**[Showcard]**

**A4.12 During the past four weeks, how much of the time has your physical health or emotional problems interfered with your social activities like visiting with friends or relatives? Has it interfered …**

**🛈 Read response options.**

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

.K Don’t know

.R Refused

## Functional difficulties – Washington Group Short Set

**[Red text does not appear on screen]**

The next questions ask about difficulties you may have doing certain activities because of a health problem.

**[Showcard]**

**FD1.01 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

.K Don’t know

.R Refused

**[Showcard]**

**FD1.02 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

.K Don’t know

.R Refused

**[Showcard]**

**FD1.03 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

.K Don’t know

.R Refused

**[Showcard]**

**FD1.04 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

.K Don’t know

.R Refused

**[Showcard]**

**FD1.05 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

.K Don’t know

.R Refused

**[Showcard]**

**FD1.06 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

.K Don’t know

.R Refused

## Mental Health – K10

The next questions are again about how you have been feeling during the **past four weeks**. Some questions may sound similar to questions you have already answered.

**[Showcard]**

**A4.13 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

.K Don’t know

.R Refused

**[Showcard]**

**A4.14 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 [go to hopeless A4.16]

.K Don’t know [go to A4.16]

.R Refused [go to A4.16]

**[Showcard]**

**A4.15 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

.K Don’t know

.R Refused

**[Showcard]**

**A4.16 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

.K Don’t know

.R Refused

**[Showcard]**

**A4.17 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 [go to depressed A4.19]

.K Don’t know [go to A4.19]

.R Refused [go to A4.19]

**[Showcard]**

**A4.18 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

.K Don’t know

.R Refused

**[Showcard]**

**A4.19 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 [go to effort A4.21]

.K Don’t know [go to A4.21]

.R Refused [go to A4.21]

**[Showcard]**

**A4.20 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

.K Don’t know

.R Refused

**[Showcard]**

**A4.21 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

.K Don’t know

.R Refused

**[Showcard]**

**A4.22 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

.K Don’t know

.R Refused

# Socio-demographics

Now, I am going to ask you some general questions about you and your household. The answers to these questions help us to check that we have selected a representative sample of New Zealanders to participate in this survey, and sometimes these things can affect our health.

## Date of birth

**A5.01 Firstly, what is your date of birth?**

**🛈 Interviewer read back date of birth to check it is correct.**

**🛈 All fields (day, month and year) must be completed.**

**🛈 Pop-up message: “This means he/she is X years old”.**

\_\_\_\_\_ Day (range 1–31)

\_\_\_\_\_ Month (range Jan–Dec)

\_\_\_\_\_ Year (range 1890–2003) **🛈 Annual update of year range.** [go to ethnic group A5.03]

.R Refused

**🛈 Calculated age must be ≥15 years.**

**🛈 Ask if refused date of birth (A5.01=.R).**

**A5.02 Would you mind telling me your age?**

 \_\_\_\_\_ years (range 15–120)

.R Refused

## Ethnic group

**[Showcard]**

**A5.03 Which ethnic group or groups do you belong to?**

 **[Multiple responses possible]**

**🛈 If ‘Other – Specify’ is selected you will be asked to specify the other ethnic groups on the next screen.**

1 New Zealand European

2 Māori

3 Samoan

4 Cook Island Māori

5 Tongan

6 Niuean

7 Chinese

8 Indian

77 Other **[Specify]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Three “Other” ethnic groups to be asked about on a new screen and programmed from the codefile from StatsNZ]

.K Don’t know

.R Refused

**[Showcard]**

**A5.05 Which country were you born in?**

**🛈 When selecting ‘Other’ you are able to enter a historic name of the country. The codefile will recognise this and assign it to the same category as the country’s present name.**

1 New Zealand [go to language A5.07]

2 Australia

3 England

4 China (People’s Republic of)

5 India

6 South Africa

7 Samoa

8 Cook Islands

77 Other **[Specify the name of the country]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [Programme from the codefile from StatsNZ. Can only specify one country]

.K Don’t know [go to language A5.07]

.R Refused [go to language A5.07]

**A5.06 In what year did you arrive to live in New Zealand?**

**🛈 Record 4 digit date e.g. 1967.
🛈 Answer must be ≥ year of birth.**

 *\_\_\_\_\_* (range 1900–current year) **🛈 Update current interview year.**

.K Don’t know

.R Refused

**[Showcard]**

**A5.07 In which languages could you have a conversation about a lot of everyday things?**

**[Multiple responses possible]**

**🛈 If ‘Other language – Specify’ is selected you will be asked to specify the other languages on the next screen.**

1 English

2 Māori

3 Samoan

4 NZ sign language

77 Other language, e.g. Gujarati, Cantonese, Greek **– please specify**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Three “Other” languages possible]

[Programme from the codefile from StatsNZ]

.K Don’t know

.R Refused

## Education

Now some questions about your education.

**[Showcard]**

**A5.14 What is your highest secondary school qualification?**

1 None

2 NZ School Certificate in one or more subjects

 or National Certificate level 1
or NCEA level 1

3 NZ Sixth Form Certificate in one or more subjects
or National Certificate level 2
or NZ UE before 1986 in one or more subjects
or NCEA level 2

4 NZ Higher School Certificate
or Higher Leaving Certificate
or NZ University Bursary / Scholarship
or National Certificate level 3
or NCEA level 3
or NZ Scholarship level 4

5 Other secondary school qualification **gained in New Zealand**
**[Specify]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6 Other secondary school qualification **gained overseas**

.K Don’t know

.R Refused

**[Showcard]**

**A5.15 What is your highest completed qualification?**

0 None

1 National Certificate level 1

2 National Certificate level 2

3 National Certificate level 3

4 National Certificate level 4

5 Trade Certificate

6 Diploma or Certificate level 5

7 Advanced Trade Certificate

8 Diploma or Certificate level 6

9 Teachers Certificate / Diploma

10 Nursing Diploma

11 Bachelor

12 Bachelor Hons

13 Postgraduate Certificate / Diploma

14 Masters Degree

15 PhD

77 Other **[Specify]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

.K Don’t know

.R Refused

**🛈 If A5.14=2–6 (secondary school qualification completed) AND A5.15=0 (no highest completed qualification), then prompt to go back and correct A5.14 or A5.15. Display message: “In question A5.14 you recorded that the respondent had completed a secondary school qualification, but in A5.15 you recorded that they haven’t completed a qualification. Do you want to go back and correct A5.14 or A5.15?”**

## Income sources

 The next few questions ask about your sources of income.

**[Showcard]**

**A5.16 In the last 12 months, what are all the ways that you yourself got income? Please do not count loans because they are not income.**

 **[Multiple responses possible]**

**🛈 Probe “any other?” until no other type of income support mentioned.**

**🛈 All loans, including student loans, should not be counted.**

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

.K Don’t know

.R Refused

Income

**[Showcard x2]**

**A5.23 Looking at the Showcard, what is the total income that you yourself got from all sources, before tax or anything was taken out of it, in the last 12 months? Please read out the number next to the income group.**

 **If you know your weekly or fortnightly income after tax, I can show you a Showcard** ⚐ **to work out your annual income before tax.**

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 [programme A5.24=8 and go to A5.17]

16 $150,001 or more [programme A5.24=8 and go to A5.17]

.K Don’t know

.R Refused

**🛈 The showcard, to calculate annual income (before tax), will need updating if there are any changes to the tax rates. This should be reviewed annually during questionnaire development.**

**[Showcard]**

**A5.24 Looking at the Showcard, what is the total income that your household got from all sources, before tax or anything was taken out of it, in the last 12 months? Please read out the number next to the income group.**

1 Loss

2 Zero income

3 $1 – $20,000

4 $20,001 – $30,000

5 $30,001 – $50,000

6 $50,001 – $70,000

7 $70,001 – $100,000

8 $100,001 or more

.K Don’t know

.R Refused

Employment

**[Showcard]**

**A5.17 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 [go to work without pay A5.19]

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) [go to A5.19]

77 Other **[Specify]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [go to A5.19]

.K Don’t know [go to A5.19]

.R Refused [go to A5.19]

**A5.18 How many hours a week do you usually work?**

**🛈 Record to nearest hour.**

 \_\_\_\_\_ hours (range 1–120)

.K Don’t know

.R Refused

**[Showcard]**

**A5.19 In the last 4 weeks, which of these have you done, without pay?**

**[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

.K Don’t know

.R Refused

## Medical insurance

 Now I’ll ask you about medical insurance.

**A5.20 Are you covered by any health or medical insurance?**

1 Yes

2 No [go to housing A5.28a]

.K Don’t know [go to A5.28a]

.R Refused [go to A5.28a]

**[Showcard]**

**A5.21 What type of health or medical insurance is that?**

 **🛈 If hospital plus one or two other services, e.g. 4 free GP visits per year, code as Other and record details of policy.**

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 **[Specify]** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

.K Don’t know

.R Refused

**[Showcard]**

**A5.22 And who pays for this health or medical insurance?**

**🛈 Please ensure respondent reads all response options before choosing.**

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

.K Don’t know

.R Refused

Housing

Now some questions about housing.

**A5.28a Do you, or anyone else who lives here, hold this house / flat in a family trust?**

**🛈 Help Text: What is a family trust?**

**A family trust is a legal way to protect and hold family assets. In the context**

**of this question, a house could be a family asset. The house is owned by a**

**group of people, not an individual (this group of people are the nominated**

**trustees. These may or may not be family members).**

**The aim of the trust is to preserve the assets (such as a house) in the**

**interests of present and/or future family members (or nominated**

**beneficiaries). The family trust arrangement will be set out in a legal**

**document, usually called a trust deed.**

**Either the nominated beneficiary or nominated trustee of the family trust**

**can ‘hold’ the house / flat in a family trust.**

**Charitable trusts should not be included, only family trusts and other types**

**of private trusts.**

**If a house is owned by a company or business, select “No” for this**

**question.**

1 Yes [go to bedrooms, A5.30]

2 No

.K Don’t know

.R Refused

**A5.29 Do you, or anyone else who lives here, own or partly own this dwelling, with or without a mortgage?**

1 Yes [go to bedrooms, A5.30]

2 No

.K Don’t know

.R Refused

**[Showcard]**

**A5.29a Who owns this house / flat?**

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

.K Don’t know

.R Refused

**A5.30 How many bedrooms are there in this dwelling? Please include rooms or sleepouts that are furnished as bedrooms and any caravans that this household uses as a bedroom.**

**🛈 Count: Any room furnished as a bedroom even if no one is using it.**

**Sleepouts or caravans if they are next to the house / flat, and are furnished as a bedroom.**

**🛈 Don't count: Any other room (e.g. living room) used as a bedroom UNLESS the only bedroom facilities are in that room.**

 *\_\_\_\_\_* bedrooms (range 1–20)

.K Don’t know

.R Refused

**[Showcard]**

**A5.30a Counting those bedrooms, how many rooms are there in this dwelling? Please include all the rooms listed under ‘Count’ on the Showcard** ⚐**. Do not include the rooms listed under ‘DON’T count’.**

**🛈 If necessary, help the respondent to identify the rooms that should be counted. If they are uncertain about a particular room, and give their permission, you could view that room in order to help them.**

**🛈 If a dwelling is built in an open-plan style, then room equivalents should be counted as if they had walls between them.**

**🛈 Room equivalents should not be counted for one-roomed dwellings (i.e. bed-sitting rooms). A one-roomed dwelling should be counted as having one room only.**

**🛈 Answer must be ≥ number of bedrooms given at A5.30.**

\_\_\_\_\_ rooms (range 1–100)

.K Don’t know

.R Refused

# Self-complete section

**[Red text does not appear on screen]**

**🛈 If the interview is being conducted with cognitive or language assistance from a family member / caregiver / friend of the respondent (A6.12=1 OR A6.13=1), skip to household composition (A5.31). Everyone else (A6.12=2 AND A6.13=2) go to A5.30bIntro.**

**🛈 START OF SELF-COMPLETE SECTION.**

**A5.30bIntro**

Now I’m going to hand the computer back to you again, so that you can answer the next question privately.

🛈 The interviewer can administer this section using showcards but only if privacy can be ensured (i.e. no one other than a professional translator can see or hear the answers).

1. **Continue with this section** [go to A5.30b]
2. Skip this section because privacy isn’t ensured[go to A5.31]

**🛈 If A5.30bIntro=2, please display the following pop-up message: ‘You have chosen to skip this section. Click ‘OK’ to go back, or ‘Cancel’ to skip the section’.**

**🛈 New screen**

## Sexual identity

**[Red text does not appear on screen]**

**[Showcard]**

**A5.30b** Which of the following options best describes how you think of yourself?

1 Heterosexual or straight

2 Gay or lesbian

3 Bisexual

4 Other

.K I don’t know

.R I don’t want to answer

**🛈 END OF SELF-COMPLETE SECTION.**

**🛈 New screen**

Thank you for completing that question.

Please return the computer to the surveyor and they will ask you the last group of questions.

**🛈 The rest of the questionnaire is collected in the Sample Manager tool.**

# Household composition

**🛈 Ask next questions, A5.31 and A5.35, if there is more than 1 person in household (Occupants in household screener>1).**

## Sex and age

**[Red text does not appear on screen]**

**A5.31** **I would now like to enter some information about the other people who live with you, as this can impact on your health.** **Please confirm the initials, ages and gend****ers of all the people who usually live in this household.**

**🛈 The following questions cover the initials, age, sex and relationship of every member of the household.**

**🛈 Update fields or add / delete occupants below as required.**

**🛈 Oc****cupant grid pre-populated with information from household screener.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Occupant Name** | **ID** | **Age** | **Gender** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## Relationships

The next questions are about relationships in your household.

**🛈 The following questions cover the relationships between every member of the household.**

**🛈 Ask the relationships between every household member one-way. E.g. if a father Matt is asked the relationship to his son James, there’s no need to also ask James his relationship to his father as it will be derived.**

**[Showcard]**

**A5.35**

**🛈 If dealing with respondent’s relationships, insert:**

**What is [name’s] relationship to you?**

**🛈 Otherwise insert:**

**What is [name’s] relationship to [name]?**

**🛈 Include natural, step, adopted and foster relationships.**

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

.K Don’t know

.R Refused

# Health measurements

## Blood pressure

Now I would like to take your blood pressure.

**🛈 For female respondents aged 15–54 years, ask the following question.**

**AM.1** **Firstly, I need to ask if you are pregnant at the moment?**

1 Yes, respondent is pregnant [skip to exit intro before A6.01]

 **🛈 Say “We can skip this section then”.**

2 No, respondent not pregnant **[Continue]**

.K Don’t know [go to first blood pressure measurement]

 .R Refused [go to first blood pressure measurement]

I will now take your blood pressure using an automated blood pressure monitor.

Before we take the blood pressure measurement you need to have been sitting quietly for five minutes. You cannot have eaten, drunk or smoked during this time. You will need to sit with your feet flat on the floor and with your back against the back of the chair, and have your left arm straight on the table.

**🛈 Select the cuff size and attach to the respondent’s left arm.**

During the measurement the cuff will inflate three times, once every minute. You will feel some pressure on your arm while this is happening. You should not move or talk during the test and it is important to stay relaxed.

Do you have any questions before we begin?

Now I will start the machine.

**First reading**

**ABP\_1A** \_\_/\_\_/\_\_ Systolic blood pressure (mmHG) (range 30–300)

**ABP\_1B** \_\_/\_\_/\_\_ Diastolic blood pressure (mmHG) (range 30–200)

**🛈 Hard edit: Systolic1 must be >Diastolic1**

**🛈 Soft edit: Systolic1 minus Diastolic2 is <20 or >100**

**ABP\_1C** \_\_/\_\_/\_\_ Heart Rate (in beats per minute) (range 30–200)

**Second reading**

**ABP\_2A** \_\_/\_\_/\_\_ Systolic blood pressure (mmHG) (range 30–300)

**ABP\_2B** \_\_/\_\_/\_\_ Diastolic blood pressure (mmHG) (range 30–200)

**🛈 Hard edit: Systolic2 must be >Diastolic2**

**🛈 Soft edit: Systolic2 minus Diastolic2 is <20 or >100**

**ABP\_2C** \_\_/\_\_/\_\_ Heart Rate (in beats per minute) (range 30–200)

**Third reading**

**ABP\_3A** \_\_/\_\_/\_\_ Systolic blood pressure (mmHG) (range 30–300)

**🛈 Soft edit: Systolic1=Systolic2=Systolic3**

**ABP\_3B** \_\_/\_\_/\_\_ Diastolic blood pressure (mmHG) (range 30–200)

**🛈 Hard edit: Systolic3 must be >Diastolic3**

**🛈 Soft edit: Systolic3 minus Diastolic3 is <20 or >100**

**🛈 Soft edit: Diastolic3=Diastolic2=Diastolic1**

**ABP\_3C** \_\_/\_\_/\_\_ Heart Rate (in beats per minute) (range 30–200)

778 Right arm used

779 Not obtained – cuff too small or toolarge

780 Not obtained – error reading

781 Not obtained – other problem with equipment

782 Not obtained – respondent anxious / nervous

783 Not obtained – medical exclusion e.g. paralysis

.R Respondent refused to have blood pressure recorded

I will write your blood pressure results on a measurement card for you to keep.

**🛈 Tablet automatically generates the blood pressure results and script based on lowest systolic and lowest diastolic reading from the last two readings.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Results** | **Systolic** |  | **Diastolic** |
| 1: Ideal  | <130 | and | <80 |
| 2: Raised | 130–169 | or | 80–99 |
| 3: Very raised | 170 or more | or | 100 or more |

**🛈 Read the exact script about the respondent’s blood pressure results from the tablet screen. If they have any questions about their results advise them to consult their doctor.**

**Your Blood Pressure reading is \_\_\_\_/\_\_\_\_ (mmHg)**

**1:** “Your blood pressure is within the ideal range”.

**2:** “Your blood pressure is a bit high today”.

“Some people will have results that are higher than ideal but this may not mean you have a health problem. Your blood pressure results can vary from day-to-day and are influenced by many things. We recommend you discuss these results with your usual doctor or health professional”.

**3:** “Your blood pressure is high today”.

“Some people will have results that are higher than ideal but this may not mean you have a health problem. Your blood pressure results can vary from day-to-day and are influenced by many things. We recommend you discuss these results with your usual doctor or health professional in the next few days”.

I am now going to take three measurements from you – height, weight, and waist – in that order. I’m then going to take those measurements again, and if any of the second measures are not close enough to the first ones, I’ll measure you for a third time. While I’m setting up the equipment, could you please remove your shoes and all heavy outer clothing so we can obtain accurate measurements… Thank you.

## Height

Now I would like to measure your height.

Please stand with your back to the door / wall. Put your feet together and move them back until your heels touch the door / wall. Stand up straight and look straight ahead.

**🛈 If head is not in Frankfort Plane say…**

Please raise / lower your chin. Take a deep breath and hold it.

**🛈 Take measurement when breath is held and say it aloud.**

That’s fine, you can breathe normally now and step away from the door / wall.

**AM.2** **1st reading 0.000 (m)** (range 0.600m–2.300m)

.R Respondent refused to have height recorded

777 Respondent unable to have height recorded (e.g. chairbound, too unsteady on feet, in pain etc.)

**🛈 Check any measurements that fall below the 1st percentile or above the 99th percentile.**

## Weight

Wait until it turns zero. Please step onto the centre of the scale with your weight on both feet. Relax **[take reading]**. Thank you. You can step off now.

**AM.3** **1st reading 000.0 (kg)** (range 10.0kg–210.0kg)

.R Respondent refused to have weight recorded

777 Respondent unable to have weight recorded (e.g. chairbound, too unsteady on feet, in pain etc.)

**🛈 Check any measurements that fall below the 1st percentile or above the 99th percentile.**

## Waist

Please stand in a relaxed position. Take the end of the tape, pass it around your waist and hand it back to me. Please help me to position the tape at the level of your waist. Good, now just breathe normally **[take measurement at end of breath out]**. Thank you.

**AM.4** **1st reading 000.0 (cm)** (range 10.0cm–200.0cm)

.R Respondent refused to have waist circumference recorded

997 Respondent unable to have waist circumference recorded

**🛈 Check any measurements that fall below the 1st percentile or above the 99th percentile.**

**🛈 Computer to repeat prompts as above and automatically does calculation to indicate if 3rd reading is required – if more than 1% difference between first and second reading, a third reading is required.**

# Exit

Thank you for participating in this survey. The Ministry of Health is very grateful that you have given your time to provide this important information to them. Before we finish, I would like to ask you a few more questions. Please note that any information you give me from now on will not be stored with your answers to the survey.

## Recontact information for quality control

I would now like to collect some recontact information from you. This is so that my Supervisor can call you in the next few weeks if there are any queries about the completion of this survey, or to check that you are happy with the way the interview was conducted.

**A6.01 Is there a landline phone that my Supervisor can call you on?**

**🛈 If prefix 021, 022, 025 or 027 is given, check for a landline number.**

1. Yes **[enter landline phone number]**
2. No

**A6.02 Do you have a cell phone number we could reach you on?**

1. Yes **[enter cell phone number]**
2. No

**A6.03 Do you have an email address, in case we cannot contact you by telephone?**

1. Yes **[enter email address]**
2. No

## Recontact information for follow-up research

**A6.04 I would now like to ask if you would be happy to be contacted within the next two years about the possibility of answering other health questions of importance to the Ministry of Health? Saying yes to this question won’t commit you to taking part in any further research, it just means we can contact you to ask.**

1 Yes, you can contact me and ask if I want to help again

2 No, don’t contact me to help again [go to intro before A6.08]

**A6.05 To recontact you for other health questions of importance to the Ministry of Health, can we use the same phone number and email address you provided before?**

1. Yes [go to name and address A6.07]
2. No

**A6.06** **Is there another phone number and email address we can use to recontact you?**

1. Yes **[record phone number/s and email address]**
2. No

**A6.07 Could I please also record your name and address? Remember that these details will never be stored with your survey answers, to ensure that your survey results will always be anonymous.**

1 Yes, record my name

 a. First name:

 b. Surname:

2 Yes, record my address

 a. Street number and name:

 b. Suburb:

 c. City:

 d. Postcode **[if known]**:

3 No, do not record my name and address / Refused

## Consent for data linkage

The Ministry of Health would also like to ask your permission to combine your survey information with other health information already routinely collected by the Ministry of Health, such as hospital admissions data. This step allows more complex health issues to be looked at. You may remember this was mentioned in the information pamphlet. **🛈 Show respondent pamphlet.** Remember that all information you provide will be kept confidential.

**A6.08 Do you consent to the Ministry of Health linking your survey information with other health data already routinely collected by the Ministry of Health?**

**🛈 If the answer is Yes, the participant MUST also read and sign the data linkage consent form. They must also be given a hard copy of the consent form for their future information.**

1 Yes **[respondent must sign data linkage consent form before continuing]**

2 No [go to thank you]

**🛈 Ask next question if respondent did not provide contact details in A6.07.**

**A6.09 Could I please record your name and address for data linkage? Remember that these details will never be stored with your survey answers to ensure that your survey results will always be anonymous.**

1 Yes, record my name

 a. First name:

 b. Surname:

2 Yes, record my address

 a. Street number and name:

 b. Suburb:

 c. City:

 d. Postcode **[if known]**:

3 No, do not record my name and address / Refused

**A6.10 Could I please record your date of birth for data linkage?**

**🛈 If respondent is reluctant to give name, address and/or date of birth but has consented to data linkage, then that’s ok as we will attempt to data link based on the information they are happy to provide.**

1 Yes **[record date of birth DD/MM/YYYY]**

2 No

## Christchurch residency

We have just one last question to ask. The Ministry of Health would like to use Health Survey data to monitor the long-term health impacts of the 22 February 2011 Christchurch earthquake. To do this they need to know who was living in Christchurch at the time.

**A6.11 Were you a resident of Christchurch at the time of the 22 February 2011 earthquake?**

**🛈 Clarifications if required:**

**Christchurch residents away on 22 February (e.g. business / holiday) should answer Yes.**

**Visitors to Christchurch on 22 February should answer No.**

1 Yes

2 No

3 Don't know

4 Refused

# Thank you

On behalf of the Ministry of Health, thank you once again for talking with me about your health. Here is a small gift from the Ministry in recognition of your time.

**🛈 Give Thank You card and koha.**

Inside the card is a list of phone numbers you can call if you would like more information or advice, and printed on the pen is the New Zealand Health Survey website where you can find the results of the survey.

I would like to reassure you that your answers remain confidential to the Ministry of Health. As I said, my name is XXXX and I’m from CBG Health Research.

**🛈 End survey for households with no persons aged under 15 years.**

## Child health component

**🛈 For households with child aged 0 to 14 years.**

As we discussed at the beginning of this survey, we would also like to interview the legal guardian of **[randomly selected child’s name]**, that is the person who has day-to-day responsibility for the care of **[Name]**. Is that you?

1 Yes **[go to child health questionnaire]**

2 No **🛈 ask to speak to legal guardian.**

**Please record following details:**

**1 Child health questionnaire completed**

**2 Child health questionnaire still to be completed**

## Interviewer observations

**Complete following observations without asking the respondent:**

**A6.1****6 Record if other people were in the room during any part of the questionnaire.**

**[please select all that apply]**

1. Spouse / partner
2. Parent(s)
3. Other adult(s)
4. Child(ren)
5. Completed alone in room

**🛈 START OF SELF-COMPLETE SECTION.**

## Respondent burden assessment

The next questions will ask you about your experience of the survey process. I will turn the computer towards you, so you can answer the questions privately. Please click the ‘Next’ button when you are done.

**1 Please rate on a scale of 1–5, where 1 is Absolutely NOT Acceptable and 5 is Highly Acceptable.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| Survey length |  |  |  |  |  |
| The number of questions |  |  |  |  |  |
| Complexity of questions |  |  |  |  |  |
| Relative intrusiveness of questions |  |  |  |  |  |

**2 Would you take part in the New Zealand Health Survey again?**

 Yes [go to 4]

 No [go to 3]

**3 Please indicate why you would not take part again? [Tick all that apply]**

 Took too long

 Too many questions

 Questions were too personal

Questions were not relevant

Survey was too repetitive

Lost interest

Other

**4 Are there any other comments you would like to make about taking part in the survey?**

|  |
| --- |
|  |

**Please click the ‘Finish’ button and hand the computer back.**

**🛈 END OF SELF-COMPLETE SECTION.**

**[Red text does not appear on screen]**