

New Zealand Health Survey

Adult Questionnaire (Year 11)

1 July 2021 – 30 June 2022

In field July 2021

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# Overview and programming information

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| --- |
| **Design** |
| Approximately 14,000 adults are interviewed face-to-face each year for the New Zealand Health Survey. Interviews are administered using a combination of computer-assisted personal interviewing (CAPI) and computer-assisted self-interviewing (CASI). Key topics include long-term health conditions, heath status and behaviours, health service utilisation and patient experience. Anthropometric measurements (height, weight and waist circumference) and blood pressure **were not taken due to COVID-19 restrictions**. NZHS collects information that cannot be obtained more effectively or efficiently through other means, such as by analyses of hospital administrative records, disease registries or epidemiological research.  |

|  |  |
| --- | --- |
| **Text Format**  | **Examples** |
| Black  | Text read by interviewer or respondent: introductions, questions / question options | The next set of questions is about nurses who work at general practices and medical centres  |
| Blue  | Showcard note positioned above a question  | [Showcard] |
|  | Multiple response allowed for a question  | [Select all that apply]  |
|  | Instructional text specifically for interviewers  | i Record to nearest hourOther [Specify] |
|  | Text read verbatim to respondents | i Say “We can skip this section then” |
|  | Interviewer observations: section completed unobtrusively (solely) by interviewer  | Complete following observations without asking the respondent |
|  | Tool tips or Showcards with a ⚐ symbol, contain information that only appears if the mouse pointer hovers over the underlined words, or if underlined words are touched with a finger | i Here is a list of examples of specialist doctors ⚐ |
| Green | Copyright / attribution, displayed on screen as a requirement of usage | SF-12® is a registered trademark of Medical Outcomes Trust |
| Purple | Text specifically for questionnaire readers, not displayed on screen | The toothpaste picture showcard needs updating if there are any major changes in the market |
| Red | Programmer information, instructions, alerts and headings, not displayed on screen | i Calculated age must be ≥15 years |

|  |  |  |
| --- | --- | --- |
| **Key Edit Checks**  | **Description** | **Type** |
| Single and multiple-choice responses | For each question, only one answer can be selected, except for multiple-choice questions, represented by the instruction [Select all that apply]. | Hard edit |
| Exclusive answer options | Don't know, Refused / I don’t want to answer, Doesn’t apply, None of the above, None, and No treatment are all exclusive responses, ie they cannot be selected in conjunction with other responses. | Hard edit |
| Range checks | For numeric response questions, the data entered must fall within a certain range. Range checks prompt interviewers to change an answer falling outside the pre-set range parameters. For example, a person cannot enter an amount more than $199.00 for the cost of GP visits.  | Hard edit |
| Confirmation checks | For some questions, the survey prompts the interviewer to check a response which may be unlikely, or which may be incompatible with previous answers. For example, a person is unlikely to usually sleep for less than 4 hours in a 24 hour period.  | Soft edit |
| Consistency checks | Some checks enforce consistency of responses between questions. When edit checks are triggered, the surveyor or respondent must go back and change their answer to ensure response consistency. For example, if a person reports that they have used an emergency department (ED) in the past 12 months, when they are later asked to report the number of times they have used an ED, this response must be greater than zero.  | Hard edit |
| Completeness checks | For some of the grid-style questions, where multiple items / statements are combined into a table, each row must contain a response. For example, relationship information is captured for every pair of occupants in a household. This is recorded in a grid format and each row must be completed. | Hard edit |
| Hard edit checks require the interviewer / respondent to change the data they have entered before continuing. Soft edit checks provide an opportunity to check a response, and if applicable, change the data entered before continuing; however, the original response entered can also be retained. |
| **Showcards** |
| Showcard tablet | Answer options are visible for some questions on a separate tablet device which the respondent views during the survey. |
| Response option numbering | Selected options are allocated numbers allowing respondents to discretely provide a response; ie to call out a number opposed to the descriptive text. |
| **Year 11 Modules** |  |
| COVID-19  | Attitude to vaccine and recording of places visited (eg diary or app). |
| Mental wellbeing Mental health self-complete section | Life satisfaction, family wellbeing and loneliness. * Anxiety symptoms (GAD-7), depression symptoms (PHQ-9), and

patient-rated psychosocial functional impairment.* The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST). Core cannabis questions included within module for Year 11.
* Mental health services: use, unmet need, and barriers to access.
 |

# Informed consent

Before we begin, I need to check that:

* You have read and understand the information pamphlet on the New Zealand Health Survey. You know you can ask questions at any time and you can contact CBG Health Research or the Ministry of Health if you want further information.
* You know that you can stop the interview at any time and you don’t have to answer every question. There is no disadvantage to you if you don’t want to take part, or if you choose to stop at any time.
* You know that your participation in the New Zealand Health Survey is confidential and no information that could identify you will ever be used in any reports. All your answers are protected by the Privacy Act 2020.

AC.01 You agree to take part in the New Zealand Health Survey on behalf of:

1 Yourself [Only display for respondents aged 15 years and over]

2 An adult who is unable to provide consent, and for whom you have Enduring Power of Attorney for their personal care and welfare, or for whom you are the welfare guardian [Only display for respondents aged 16 years and over]

3 A person aged 15 years whom you are the parent / legal guardian of [Only display for respondents aged 15 years]

i If AC.01=1 and respondent is 15 years of age, ask AC.02:

AC.02 Has the parent / legal guardian of the survey respondent consented to them taking part?

1 Yes

2 No

i If AC.02=2, display message: i Consent must be provided by a parent/legal guardian for 15 year old respondents to complete the survey themselves. Please obtain consent before continuing.

AC.03 You agree for parts of this survey to be audio recorded for quality monitoring and you understand that any recording will be anonymous.

1 Yes

2 No

# 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…?

i 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

# Overall life satisfaction and family wellbeing

[Showcard]

AMH2.01 I am going to ask you a very general question about your life as a whole these days. This includes all areas of your life. Looking at the Showcard, where zero is Completely dissatisfied, and ten is Completely satisfied, how do you feel about your life as a whole?

 \_\_\_\_\_ (range 0–10)

.K Don’t know

.R Refused

[Showcard]

AMH2.02 Now, a question about your family. Please think in general about how your family is doing. Looking at the Showcard, where zero means Extremely badly and ten means Extremely well, how would you rate how your family is doing these days?

i If necessary: Include all areas of life for your family.

i If necessary: Your 'family' is the group of people you think of as your family.

\_\_\_\_\_ (range 0–10)

11 Don’t have any family

12 Can’t define my family

.K Don’t know

.R Refused

# Long-term health conditions

The next 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?

 i 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

i 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)?

 [Select all that apply]

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

i 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)?

 i 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?

[Select all that apply]

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?

i If respondent is female, insert: Please do **not**include 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?

 i 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?

[Select all that apply]

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 [go to 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?

[Select all that apply]

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 introduction before A1.23]

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

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

[Showcard]

A1.19 What kind of arthritis was that?

 [Select all that apply]

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]

i 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 ([pipe through response from A1.19=77])

.K Don’t know

.R Refused

[Showcard]

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

[Select all that apply]

i 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?

[Select all that apply]

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?

[Select all that apply]

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?

[Select all that apply]

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**.

i This includes chronic pain that is reduced by treatment.

1 Yes

2 No

.K Don’t know

.R Refused

Hysterectomy

i Ask next question if respondent is female and 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.

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

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

i Most adults grow 32 teeth in total.

\_\_\_\_\_ teeth (range 0–32) [if 0 teeth removed, go to health of mouth 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

i Ask all respondents following question, A1.31a.

[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:

🛈 If the survey is completed on behalf of the respondent by someone with EPOA (Enduring Power of Attorney), or by the respondent’s welfare guardian (AC.01=2), auto code A6.13=2 and A6.12=2 and go to A6.14.

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

The next set of questions is about your use of health care services, for your **own** health, in **New Zealand**.

Usual primary health care provider

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

i Do not include emergency department (ED).

1 Yes

2 No [go to General practitioners introduction before A2.13a]

.K Don’t know [go to introduction before A2.13a]

.R Refused [go to introduction before A2.13a]

From now on, we’ll call this place your **usual medical centre**.

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

1 Yes

2 No [go to General practitioner introduction before A2.13a]

.K Don’t know [go to introduction before A2.13a]

.R Refused [go to introduction before A2.13a]

[Showcard]

A2.040At your **usual medical centre** have you had an appointment with any of the following health care workers about your own health, in the **past 12 months**?

[Select all that apply]

1 GP (general practitioner or family doctor)

2 Nurse

3 Physiotherapist

4 Mental health professional (eg psychologist or counsellor)

5 Dietitian

77 Another health care worker [Specify (Year 11 only)]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

0 None of the above

.K Don’t know

.R Refused

i If A2.03a=1 and A2.040=0, display message: Consistency check i In question A2.03a you recorded that the respondent had visited their usual medical centre, but in A2.040 you recorded that they have not had an appointment at their medical centre. Verify answers with respondent. Go back to A2.03a. Go back to A2.040.

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**.

***GP – utilisation***

A2.13a How many times did you see a GP in the past 12 months? This may have been about your physical health, or your mental or emotional health.

 \_\_\_\_\_ times (range 1–99)

1. Haven’t seen a GP in last 12 months [go to GP – barriers to access A2.33a]

i If A2.040=1 and A2.13a=0, display message: Consistency check i In question A2.040 you recorded that the respondent had visited a GP at their usual medical centre, but in A2.13a you recorded that they haven’t seen a GP. Verify answers with respondent. Go back to A2.040. Go back to A2.13a.

.K Don’t know [go to A2.33a]

.R Refused [go to A2.33a]

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

i Record amount in dollars and cents, eg $60=60.00.

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

i If free enter 0.00.

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

i Can give an estimate if exact amount unknown.

$\_\_\_.\_\_\_ (range 0.00–199.00)

.K Don’t know

.R Refused

***GP – barriers to access***

A2.33a 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

[Showcard]

A2.360 In the **past 12 months**, was there a time when you had a **medical problem** but did not visit a GP for any of the following reasons?

[Select all that apply]

i Read each response option aloud and allow respondents to respond to each option.

1 Time taken to get an appointment too long

2 Owed money to the medical centre

3 Dislike or fear of the GP

4 Difficult to take time off work

5 No transport or too far to travel

6 Could not arrange childcare or care for a dependent adult i An adult who is ill or disabled

7 Didn’t have a carer, support person or interpreter to go with you

77 Another reason [Specify]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

0 None of the above

.K Don’t know

.R Refused

A2.35a 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 general practices and medical centres

The next set of questions is about nurses who work at general practices and medical centres.

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.

A2.41a In the past 12 months, have you seen a nurse at a general practice or medical centre, about your own health? This may have been about your physical health, or your mental or emotional health.

1 Yes

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

i If A2.040=2 and A2.41a=2, display message: Consistency check i In question A2.040 you recorded that the respondent had visited a nurse at their usual medical centre, but in A2.41a you recorded that they haven’t seen a nurse. Verify answers with respondent. Go back to A2.040. Go back to A2.41a.

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

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

A2.42a 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.

i If none enter 0.

­­ \_\_\_\_\_ times (range 0–99)

.K Don’t know

.R Refused

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

 i If none enter 0.

­­

 \_\_\_\_\_ times (range 0–99)

.K Don’t know

.R Refused

i If A2.41a=1 and A2.42a=0 and A2.43a=0, display message: Consistency check i If A2.41a=1 (saw a nurse), then number of times at A2.42a OR A2.43a should be >=1. Go back to A2.41a OR go back to A2.42a OR go back to A2.43a.

Emergency department

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

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 Specialist doctors introduction before A2.820]

.K Don’t know [go to introduction before A2.820]

.R Refused [go to introduction before A2.820]

[Showcard]

A2.720Thinking about your last visit to an emergency department for your own health, what were **all** the reasons you went?

[Select all that apply]

i Read each response option aloud and allow respondents to respond to each option.

i If respondent says they were taken by ambulance or sent by someone such as a GP, Option 1 should be selected.

1. Condition appeared serious / life threatening
2. GP or after-hours too expensive
3. Time of day / day of week (outside of usual medical centre hours)
4. Time taken to get an appointment was too long at usual medical centre

77 Another reason [Specify]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

.K Don’t know [go to Specialist doctors introduction before A2.820]

.R Refused [go to introduction before A2.820]

i Ask next question if more than one of the Options 1–4/77 selected in A2.720. Only show responses that were selected in A2.720 (as well as .K and .R).

[Showcard]

A2.730 What was the **main** reason you went to a hospital emergency department?

1. Condition appeared serious / life threatening
2. GP or after-hours too expensive
3. Time of day / day of week (outside of usual medical centre hours)
4. Time taken to get an appointment was too long at usual medical centre

77 Another reason ([pipe through response from A2.720)

.K Don’t know

.R Refused

Specialist doctors

The next few questions are about specialist doctors. By 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 specialist in a hospital or at their private rooms or clinic.

A2.820 In the **past five years**, has a doctor **referred** you to a **specialist**?

i Select 'Yes' even if they did not visit the specialist.

i Here is a list of examples of specialist doctors ⚐:

|  |  |
| --- | --- |
| Anaesthetist | Kidney or renal specialist |
| Cardiologist | Neurologist |
| Dermatologist | Oncologist |
| Diabetologist | Ophthalmologist |
| Ear, nose and throat specialist | Orthopaedic surgeon |
| Endocrinologist | Plastic surgeon |
| Gastroenterologist | Psychiatrist |
| General or Internal Medical specialist | Respiratory medicine specialist |
| General surgeon  | Rheumatologist |
| Gynaecologist or obstetrician | Urologist |
| Haematologist | Vascular surgeon |

1 Yes

2 No [go to Dental health care workers introduction before A2.91]

.K Don’t know [go to introduction before A2.91]

.R Refused [go to introduction before A2.91]

[Showcard]

A2.830 In the **past five years**, was there a time when a doctor **referred** you to a **specialist** but you did not go for any of the following reasons?

[Select all that apply]

i Read each response option aloud and allow respondents to respond to each option.

1. Cost
2. Dislike or fear of the treatment
3. Difficult to take time off work
4. No transport or too far to travel
5. Could not arrange childcare or care for a dependent adult i An adult who is ill or disabled
6. Didn’t have a carer, support person or interpreter to go with you
7. Hospital or specialist doctor didn't accept the referral
8. No longer needed or issue was resolved
9. Another reason [Specify]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

0 None of the above

.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

# 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?

i If respondent is female, insert: 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 introduction before A3.06]

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

.R Refused [go to introduction 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 **each**of those days?

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

i All fields (hours and minutes) must be completed.

 \_\_\_\_\_hours (range 0–24) \_\_\_\_\_ minutes (range 0–59) i If under 10 minutes, display message: Total time must be >=10 mins.

.K Don’t know

.R Refused

i 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. Verify answer with respondent. Click ‘OK’ to go back and change answer or ‘Cancel’ to continue.

[Picture 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.

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

i 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?

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

i All fields (hours and minutes) must be completed.

 \_\_\_\_\_ hours (range 0–24) \_\_\_\_\_ minutes (range 0–59) i If under 10 minutes, display message: Total time must be >=10 mins.

.K Don’t know

.R Refused

i 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. Verify answer with respondent. Click ‘OK’ to go back and change answer or ‘Cancel’ to continue.

i 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. Verify answer with respondent. Go back to A3.07. Go back to A3.09. Go to next question.

[Picture 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.

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

i 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?

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

i All fields (hours and minutes) must be completed.

 \_\_\_\_\_ hours (range 0–24) \_\_\_\_\_ minutes (range 0–59) i If under 10 minutes, display message: Total time must be >=10 mins.

.K Don’t know

.R Refused

i 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. Verify answer with respondent. 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?

i 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

i If A3.12a<4 hours, display message: A person is unlikely to usually sleep less than 4 hours in a 24 hour period. Verify answer with respondent. Click ‘OK’ to go back and change answer or ‘Cancel’ to continue.

i If A3.12a>12 hours, display message: A person is unlikely to usually sleep more than 12 hours in a 24 hour period. Verify answer with respondent. Click ‘OK’ to go back and change answer or ‘Cancel’ to continue.

i Ask next two tooth brushing questions, A3.12b and A3.12c, only if respondent has natural teeth, that is, A1.30 not equal to 99.

Tooth brushing

Now, a couple of questions about tooth brushing.

[Showcard]

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

0 Never [go to COVID-19 introduction before COV1.13]

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 introduction before COV1.13]

.K Don’t know

.R Refused

[Picture Showcard]

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

i 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”.

i 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.

Preventing spread of COVID-19

Now, a few questions related to COVID-19.

COV1.13 Have you received a COVID-19 vaccine?

1. Yes [go to COV1.04]
2. No

.K Don’t know

.R Refused

[Showcard]

COV1.13a When a COVID-19 vaccine is offered to you, how likely would you be to get vaccinated?

1. Very likely [go to COV1.04]
2. Likely [go to COV1.04]
3. Neither likely nor unlikely
4. Unlikely
5. Very unlikely

.K Don’t know

.R Refused [go to COV1.04]

COV1.13c Why are you unlikely or unsure about getting vaccinated when a COVID-19 vaccine is offered to you?

i Please don’t include any identifying information such as people’s names in this answer.

i Please don’t read out response categories to respondents.

[Select all that apply].

1. Concerned about vaccine safety (eg long-term side effects)
2. Vaccine isn't effective
3. Existing health conditions (eg pregnancy, heart problems)
4. Uncertain / waiting to see what happens
5. Believe can fight-off COVID-19 without vaccination (eg healthy, alternative medicine, prayer)
6. Choose not to be vaccinated (don’t want to be pushed into it)
7. Other [Specify] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

.K Don’t know

.R Refused

[Showcard]

COV1.04 Over the past **7 days**, how often have you recorded the places you’ve been (eg in a diary or app)?

1 Every time

2 Most times

3 Sometimes

4 A little of the time

5 None of the time

6 Not applicable

.K Don’t know

.R Refused

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.

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

1 Yes

2 No [go to Electronic cigarettes introduction before 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 introduction before A3.21a]

.K Don’t know

.R Refused

[Showcard]

A3.15 How often do you now smoke?

 i 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 tobacco products 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]

i 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 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 introduction before A3.21a]

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

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

.K Don’t know [go to introduction before A3.21a]

.R Refused [go to introduction before A3.21a]

i 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**?

 i 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?

i Response option numbers are not displayed on CAPI screen.

i Don’t initially prompt answer. Wait and code.

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

 i Round answer to nearest number if necessary, eg 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

i 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 introduction before A3.21a]

.K Don’t know [go to introduction before A3.21a]

.R Refused [go to introduction before A3.21a]

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

i 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’?

i 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 Dietary habits introduction before A3.22a]

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

.R Refused [go to introduction before A3.22a]

[Showcard]

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

i 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

Now, a couple of questions about eating fruit and vegetables.

i Response option numbers are not displayed on the CAPI screen or showcards

for questions A3.22a and A3.23a.

[Picture Showcard]

A3.22a 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** 1 cup of canned, frozen or stewed fruit. For example, 1 apple + 2 small apricots = 2 servings.

i If asked, include fruit smoothies.

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 servings per day

7 5 servings per day

8 6 or more servings per day

.K Don’t know

.R Refused

[Picture Showcard]

A3.23a 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**’ = ½ medium potato / similar sized kumara **or** ½ cup cooked vegetables **or** 1 cup of raw salad vegetables. For example, 5 servings could comprise of 1 medium potato + 1 cup of cooked vegetables + 1 cup of raw salad throughout the day.

Remember to think about all meals and snacks.

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 servings per day

7 5 servings per day

8 6 or more servings per day

.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?

i 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]

[Picture Showcard]

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

i Response option numbers are not displayed on CAPI screen or showcards.

**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.

i Take average and round to nearest whole number if necessary, eg 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.

Picture Showcard for A3.26a and A3.27a:



[Showcard]

[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

i 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

## Drugs

The next question is about your experience of using drugs. These substances can be smoked, swallowed, snorted, inhaled, injected or taken in the form of pills.

Please do not include medicine that you have used for the purpose it was prescribed for, by your doctor or nurse. Please **include** prescribed medicine that you have taken for other reasons, such as to get high, or taken more frequently or at a higher dose than specified.

Remember that everything you tell us will remain confidential.

[Showcard]

A3.37 Looking at the Showcard, in the **past 12 months**, have you used any of the following substances? Please just read out the number next to the words.

 [Select all that apply]

 i Prompt: “any others?”

i Do not include medication, such as medicinal cannabis, that is taken for the purpose it was prescribed for and is taken as prescribed.

 1 Cannabis (marijuana, hash, weed)

2 Cocaine

3 Ecstasy / MDMA

4 Amphetamine type stimulants, for example, ‘P’, speed, ice, Ritalin®

5 Inhalants, for example, NOS, glue, petrol, poppers

6 Sedatives or sleeping pills, for example, Valium, diazepam

7 Hallucinogens, for example, LSD, mushrooms, ketamine

8 Opioids, for example, heroin, morphine, methadone, codeine

77 Other substances – please specify (for example, synthetic cannabinoids, ‘synnies’, GHB, GBL etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

0 No, none of the above [cannot be selected with other options]

.K Don’t know

.R Refused

# Health status

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

## SF-12v2® Health Survey (Four-week Recall)

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This first question is about your health **now**.

Please try to answer as accurately as you can.

[Showcard]

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

i Read response options.

1 Excellent

2 Very good

3 Good

4 Fair

5 Poor

.K Don’t know

.R Refused

i 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 introduction before 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.

i If respondent says they do not do these activities, then ask how limited they think they would be if they tried to do them.

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[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?

i 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

[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?

i 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?

i 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?

i 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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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?

i 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?

i 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 …

i 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?

i 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?

i 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]

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

i 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…

i 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

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 feeling 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 feeling 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

[Showcard]

AMH1.01a During the past four weeks, how often did you feel lonely?

1 All of the time

2 Most of the time

3 Some of the time

4 A little of the time

5 None of the time

.K Don’t know

.R Refused

Mental health self-complete section

i 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 Socio-demographics. Everyone else (A6.12=2 AND A6.13=2) go to AMHIntro1.

i START OF SELF-COMPLETE SECTION.

AMHIntro1

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

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

1. **Continue with this section** [go to AMHIntro2]
2. Skip this section because privacy isn’t ensured [Socio-demographics introduction before A5.01]

i If AMHIntro1=2, display the following message: You have chosen to skip this section. Click ‘OK’ to go back, or ‘Cancel’ to skip the section.

i New screen.

AMHIntro2

Some words in the survey will be underlined and will have a flag symbol next to them. This tells you that there is additional information available to help you answer the question.

Move the pointer over this word ⚐ or touch it with your finger to display the additional information. To make the box disappear, move the pointer away or touch on another area of the screen.

Now click ‘Next ⇨’.

AMHIntro3

Questions about your emotions, stress, mental health and substance use will begin on the next screen.

Please let your interviewer know if you would like any assistance when completing this section.

Click ‘Next ⇨’ to begin.

## Patient Health Questionnaire (GAD-7 and PHQ-9)

[Showcard]

PHQ1.16–PHQ1.22

i Questions PHQ1.16 to PHQ1.22 fit on one screen for self-complete.

Over the last **2 weeks**, how often have you been bothered by any of the following problems?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 1. Not at all | 2. Several days | 3. More than half the days | 4. Nearly every day |
| Feeling nervous, anxious or on edge |  |  |  |  |
| Not being able to stop or control worrying |  |  |  |  |
| Worrying too much about different things |  |  |  |  |
| Trouble relaxing |  |  |  |  |
| Being so restless that it is hard to sit still |  |  |  |  |
| Becoming easily annoyed or irritable |  |  |  |  |
| Feeling afraid as if something awful might happen |  |  |  |  |

i If one or more of PHQ1.16–PHQ1.22 are left blank, display the following pop-up message: You have not answered every row. Click ‘OK’ to go back and select an answer for every question, OR click ‘Cancel’ to go to the next screen.

[Showcard]

PHQ1.28–PHQ1.36

i Questions PHQ1.28 to PHQ1.36 fit on one screen for self-complete.

Over the last **2 weeks**, how often have you been bothered by any of the following problems?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 1. Not at all | 2. Several days | 3. More than half the days | 4. Nearly every day |
| Little interest or pleasure in doing things |  |  |  |  |
| Feeling down, depressed, or hopeless |  |  |  |  |
| Trouble falling or staying asleep, or sleeping too much |  |  |  |  |
| Feeling tired or having little energy |  |  |  |  |
| Poor appetite or overeating |  |  |  |  |
| Feeling bad about yourself – or that you are a failure or have let yourself or your family down |  |  |  |  |
| Trouble concentrating on things, such as reading the newspaper or watching television |  |  |  |  |
| Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual  |  |  |  |  |
| Thoughts that you would be better off dead or of hurting yourself in some way |  |  |  |  |

i If one or more of PHQ1.28–PHQ1.36 are left blank, display the following pop-up message: You have not answered every row. Click ‘OK’ to go back and select an answer for every question, OR click ‘Cancel’ to go to the next screen.

i Go to PHQ1.37 if any answers in PHQ1.16–PHQ1.22 were: ‘Several days’ OR ‘More than half the days’ OR ‘Nearly every day’, OR any answers in PHQ1.28–PHQ1.36 were: ‘Several days’ OR ‘More than half the days’ OR ‘Nearly every day’, otherwise go to AST1.01.

[Showcard]

PHQ1.37 Thinking about the problems you’ve reported in this section of the questionnaire that have been bothering you…

How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

1. Not difficult at all
2. Somewhat difficult
3. Very difficult
4. Extremely difficult

i If PHQ1.37 is left blank, display the following pop-up message: You have not answered this question. Click ‘OK’ to go back and select an answer, OR click ‘Cancel’ to go to the next screen.

i If PHQ1.36=2–4 go to AMH\_ALERTa

AMH\_ALERTa

If you are worried about yourself or having thoughts of hurting yourself, you need to reach out and talk to someone who’s trained to help you straight away. There are a range of organisations that can provide expert advice and support. The contact details for these organisations are provided in the thank you card you will be given at the end of this interview.

## The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)

The next questions are about your experience of using alcohol, tobacco products and other drugs. These substances can be smoked, swallowed, snorted, inhaled, injected or taken in the form of pills.

Please **do not include** medicine that you have used **for the purpose it was prescribed** for, by your doctor. Please **include prescribed medicine** that you have **taken for other reasons**, such as to get high, or taken more frequently or at a higher dose than specified.

i Question numbers are not included with any ASSIST grid items as non-consecutive numbering can occur with item selections.

[Showcard]

AST1.01–AST1.10

In your **lifetime**, which of the following substances have you **ever used**?

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| **Tobacco products** (cigarettes, chewing tobacco, cigars, etc) |  |  |
| **Alcoholic beverages** (beer, wine, spirits, etc) |  |  |
| **Cannabis** (marijuana, hash, weed, etc) |  |  |
| **Cocaine** (coke, crack, etc) |  |  |
| **Amphetamine type stimulants** (P, speed, ice, Ritalin®, ecstasy, MDMA, etc) |  |  |
| **Inhalants** (NOS, glue, petrol, poppers, etc) |  |  |
| **Sedatives or sleeping pills** (Valium, diazepam, etc) |  |  |
| **Hallucinogens** (LSD, mushrooms, ketamine, etc) |  |  |
| **Opioids** (heroin, homebake, morphine, methadone, codeine, etc) |  |  |
| **Other** (synthetic cannabinoids, ‘synnies’, GHB, GBL, kava, etc. You will be asked to specify these on the next screen) | [go to AST1.10a] | [go to AST1.11] |

i If all of AST1.01–AST1.10=No, display the following pop-up message: Your answers indicate that you have never tried any of the substances mentioned in this grid; not even when you were at school? If you did, please click ‘OK’ to go back and indicate which substances you have used at any point in your life. If not, click ‘Cancel’ to go to the next screen.

i If one or more of AST1.01–AST1.10 are left blank, display the following pop-up message: You have not answered every row. Click ‘OK’ to go back and select an answer for every question, OR click ‘Cancel’ to go to the next screen.

i If after pop-up message displayed, AST1.10 (Other)=Yes, go to AST1.10a.

Otherwise:

* If after pop-up message displayed, any of AST1.01–AST1.09=Yes, go to AST1.11–AST1.20c.
* Everyone else (ie all AST1.01–AST1.10=No or missing) go to introduction before AMH1.01.

Display AST1.10a–AST1.10c on a new screen.

AST1.10a–AST1.10c

Please specify the other substances that you have **ever used**.

Write each substance in a separate box.

|  |  |
| --- | --- |
| Other substance 1 |  |
| Other substance 2 |  |
| Other substance 3 |  |

i If there is no text entered into any of AST1.10a–c, display the following pop-up message: You have not answered this question. Click ‘OK’ to go back and select an answer for every question, OR click ‘Cancel’ to go to the next screen.

i If any of AST1.01–AST1.10=Yes after pop-up message displayed, ask AST1.11–AST1.20c. Otherwise go to introduction before AMH1.01.

[Showcard]

AST1.11–AST1.20c

i Grid below should only display substances that a respondent has ever used, ie when AST1.01, AST1.02, AST1.03, AST1.04, AST1.05, AST1.06, AST1.07, AST1.08, OR AST1.09=Yes; OR when AST1.10a, AST1.10b, OR AST1.10c are populated.

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1. Never | 2. Once or twice | 3. Monthly | 4. Weekly | 5. Daily or almost daily |
| **Tobacco products** (cigarettes, chewing tobacco, cigars, etc) |  |  |  |  |  |
| **Alcoholic beverages** (beer, wine, spirits, etc) |  |  |  |  |  |
| **Cannabis** (marijuana, hash, weed, etc) |  |  |  |  |  |
| **Cocaine** (coke, crack, etc) |  |  |  |  |  |
| **Amphetamine type stimulants** (P, speed, ice, Ritalin®, ecstasy, MDMA, etc) |  |  |  |  |  |
| **Inhalants** (NOS, glue, petrol, poppers, etc) |  |  |  |  |  |
| **Sedatives or sleeping pills** (Valium, diazepam, etc) |  |  |  |  |  |
| **Hallucinogens** (LSD, mushrooms, ketamine, etc) |  |  |  |  |  |
| **Opioids** (heroin, homebake, morphine, methadone, codeine, etc) |  |  |  |  |  |
| i If AST1.10a is populated, show name of substance here |  |  |  |  |  |
| i If AST1.10b is populated, show name of substance here |  |  |  |  |  |
| i If AST1.10c is populated, show name of substance here |  |  |  |  |  |

i If respondent has left any displayed substances blank (ie has not responded), show the following pop-up message: You have not answered every row. Click ‘OK’ to go back and select an answer for every question, OR click ‘Cancel’ to go to the next screen.

i If ‘Never’ OR there is no response to all substances displayed in AST1.11–AST1.20c, skip to AST1.51–AST1.60c.

i If answered: ‘Once or twice’, ‘Monthly’, ‘Weekly’, or ‘Daily or almost daily’, to any displayed substances in AST1.11–AST1.20c, ask AST1.21 to AST1.50c for each substance used in the past three months.

[Showcard]

AST1.21–AST1.30c

i Grid below should:

* Display substances when AST1.11, AST1.12, AST1.13, AST1.14, AST1.15, AST1.16, AST1.17, AST1.18, OR AST1.19, AST1.20a, AST1.20b, OR AST1.20c=‘Once or twice’, ‘Monthly’, ‘Weekly’, or ‘Daily or almost daily’.
* Not display substances when AST1.11–AST1.20c=‘Never’ OR there is no response.

During the **past three months**, how often have you had a strong desire or urge to use the substances you mentioned?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1. Never | 2. Once or twice | 3. Monthly | 4. Weekly | 5. Daily or almost daily |
| **Tobacco products** (cigarettes, chewing tobacco, cigars, etc) |  |  |  |  |  |
| **Alcoholic beverages** (beer, wine, spirits, etc) |  |  |  |  |  |
| **Cannabis** (marijuana, hash, weed, etc) |  |  |  |  |  |
| **Cocaine** (coke, crack, etc) |  |  |  |  |  |
| **Amphetamine type stimulants** (P, speed, ice, Ritalin®, ecstasy, MDMA, etc) |  |  |  |  |  |
| **Inhalants** (NOS, glue, petrol, poppers, etc) |  |  |  |  |  |
| **Sedatives or sleeping pills** (Valium, diazepam, etc) |  |  |  |  |  |
| **Hallucinogens** (LSD, mushrooms, ketamine, etc) |  |  |  |  |  |
| **Opioids** (heroin, homebake, morphine, methadone, codeine, etc) |  |  |  |  |  |
| i If AST1.20a is ‘Once or twice’, ‘Monthly’, ‘Weekly’, or ‘Daily or almost daily’, show name of substance here |  |  |  |  |  |
| i If AST1.20b is ‘Once or twice’, ‘Monthly’, ‘Weekly’, or ‘Daily or almost daily’, show name of substance here |  |  |  |  |  |
| i If AST1.20c is ‘Once or twice’, ‘Monthly’, ‘Weekly’, or ‘Daily or almost daily’, show name of substance here |  |  |  |  |  |

i If respondent has left any displayed substances blank (ie has not responded), display the following pop-up message: You have not answered every row. Click ‘OK’ to go back and select an answer for every question, OR click ‘Cancel’ to go to the next screen.

[Showcard]

AST1.31–AST1.40c

i Grid below should:

* Display substances when AST1.11, AST1.12, AST1.13, AST1.14, AST1.15, AST1.16, AST1.17, AST1.18, OR AST1.19, AST1.20a, AST1.20b, OR AST1.20c=‘Once or twice’, ‘Monthly’, ‘Weekly’, or ‘Daily or almost daily’.
* Not display substances when AST1.11–AST1.20c=‘Never’ OR there is no response.

During the **past** **three months**, how often has your use of the substances you mentioned led to health, social, legal or financial problems?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1. Never | 2. Once or twice | 3. Monthly | 4. Weekly | 5. Daily or almost daily |
| **Tobacco products** (cigarettes, chewing tobacco, cigars, etc) |  |  |  |  |  |
| **Alcoholic beverages** (beer, wine, spirits, etc) |  |  |  |  |  |
| **Cannabis** (marijuana, hash, weed, etc) |  |  |  |  |  |
| **Cocaine** (coke, crack, etc) |  |  |  |  |  |
| **Amphetamine type stimulants** (P, speed, ice, Ritalin®, ecstasy, MDMA, etc) |  |  |  |  |  |
| **Inhalants** (NOS, glue, petrol, poppers, etc) |  |  |  |  |  |
| **Sedatives or sleeping pills** (Valium, diazepam, etc) |  |  |  |  |  |
| **Hallucinogens** (LSD, mushrooms, ketamine, etc) |  |  |  |  |  |
| **Opioids** (heroin, homebake, morphine, methadone, codeine, etc) |  |  |  |  |  |
| i If AST1.20a is ‘Once or twice’, ‘Monthly’, ‘Weekly’, or ‘Daily or almost daily’, show name of substance here |  |  |  |  |  |
| i If AST1.20b is ‘Once or twice’, ‘Monthly’, ‘Weekly’, or ‘Daily or almost daily’, show name of substance here |  |  |  |  |  |
| i If AST1.20c is ‘Once or twice’, ‘Monthly’, ‘Weekly’, or ‘Daily or almost daily’, show name of substance here |  |  |  |  |  |

i If respondent has left any displayed substances blank (ie has not responded), display the following pop-up message: You have not answered every row. Click ‘OK’ to go back and select an answer for every question, OR click ‘Cancel’ to go to the next screen.

[Showcard]

AST1.41–AST1.50c

i Grid below should:

* Display substances when AST1.12, AST1.13, AST1.14, AST1.15, AST1.16, AST1.17, AST1.18, OR AST1.19, AST1.20a, AST1.20b, OR AST1.20c=‘Once or twice’, ‘Monthly’, ‘Weekly’, or ‘Daily or almost daily’.
* Not display this question for Tobacco, AST1.11=‘Once or twice’, ‘Monthly’, ‘Weekly’, or ‘Daily or almost daily’.
* Not display substances when AST1.11–AST1.20c=‘Never’ OR there is no response.

During the **past three months**, how often have you failed to do what was normally expected of you because of your use of the substances you mentioned?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1. Never | 2. Once or twice | 3. Monthly | 4. Weekly | 5. Daily or almost daily |
| **Tobacco products** (cigarettes, chewing tobacco, cigars, etc) |  |  |  |  |  |
| **Alcoholic beverages** (beer, wine, spirits, etc) |  |  |  |  |  |
| **Cannabis** (marijuana, hash, weed, etc) |  |  |  |  |  |
| **Cocaine** (coke, crack, etc) |  |  |  |  |  |
| **Amphetamine type stimulants** (P, speed, ice, Ritalin®, ecstasy, MDMA, etc) |  |  |  |  |  |
| **Inhalants** (NOS, glue, petrol, poppers, etc) |  |  |  |  |  |
| **Sedatives or sleeping pills** (Valium, diazepam, etc) |  |  |  |  |  |
| **Hallucinogens** (LSD, mushrooms, ketamine, etc) |  |  |  |  |  |
| **Opioids** (heroin, homebake, morphine, methadone, codeine, etc) |  |  |  |  |  |
| i If AST1.20a is ‘Once or twice’, ‘Monthly’, ‘Weekly’, or ‘Daily or almost daily’, show name of substance here |  |  |  |  |  |
| i If AST1.20b is ‘Once or twice’, ‘Monthly’, ‘Weekly’, or ‘Daily or almost daily’, show name of substance here |  |  |  |  |  |
| i If AST1.20c is ‘Once or twice’, ‘Monthly’, ‘Weekly’, or ‘Daily or almost daily’, show name of substance here |  |  |  |  |  |

i If respondent has left any displayed substances blank (ie has not responded), display the following pop-up message: You have not answered every row. Click ‘OK’ to go back and select an answer for every question, OR click ‘Cancel’ to go to the next screen.

[Showcard]

AST1.51–AST1.60c

i Grid below should only display substances that a respondent has ever used, ie when AST1.01, AST1.02, AST1.03, AST1.04, AST1.05, AST1.06, AST1.07, AST1.08, OR AST1.09=Yes; OR when AST1.10a, AST1.10b, OR AST1.10c are populated.

Has a friend or relative or anyone else **ever** expressed concern about your use of the substances you mentioned?

|  |  |  |  |
| --- | --- | --- | --- |
|  | 1. No, never | 2. Yes, in the past 3 months | 3. Yes, but not in the past 3 months |
| **Tobacco products** (cigarettes, chewing tobacco, cigars, etc) |  |  |  |
| **Alcoholic beverages** (beer, wine, spirits, etc) |  |  |  |
| **Cannabis** (marijuana, hash, weed, etc) |  |  |  |
| **Cocaine** (coke, crack, etc) |  |  |  |
| **Amphetamine type stimulants** (P, speed, ice, Ritalin®, ecstasy, MDMA, etc) |  |  |  |
| **Inhalants** (NOS, glue, petrol, poppers, etc) |  |  |  |
| **Sedatives or sleeping pills** (Valium, diazepam, etc) |  |  |  |
| **Hallucinogens** (LSD, mushrooms, ketamine, etc) |  |  |  |
| **Opioids** (heroin, homebake, morphine, methadone, codeine, etc) |  |  |  |
| i If AST1.10a is populated, show name of substance here |  |  |  |
| i If AST1.10b is populated, show name of substance here |  |  |  |
| i If AST1.10c is populated, show name of substance here |  |  |  |

i If respondent has left any displayed substances blank (ie has not responded), display the following pop-up message: You have not answered every row. Click ‘OK’ to go back and select an answer for every question, OR click ‘Cancel’ to go to the next screen.

[Showcard]

AST1.61–AST1.70c

i Grid below should only display substances that a respondent has ever used, ie when AST1.01, AST1.02, AST1.03, AST1.04, AST1.05, AST1.06, AST1.07, AST1.08, OR AST1.09=Yes; OR when AST1.10a, AST1.10b, OR AST1.10c are populated.

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | 1. No, never | 2. Yes, in the past 3 months | 3. Yes, but not in the past 3 months |
| **Tobacco products** (cigarettes, chewing tobacco, cigars, etc) |  |  |  |
| **Alcoholic beverages** (beer, wine, spirits, etc) |  |  |  |
| **Cannabis** (marijuana, hash, weed, etc) |  |  |  |
| **Cocaine** (coke, crack, etc) |  |  |  |
| **Amphetamine type stimulants** (P, speed, ice, Ritalin®, ecstasy, MDMA, etc) |  |  |  |
| **Inhalants** (NOS, glue, petrol, poppers, etc) |  |  |  |
| **Sedatives or sleeping pills** (Valium, diazepam, etc) |  |  |  |
| **Hallucinogens** (LSD, mushrooms, ketamine, etc) |  |  |  |
| **Opioids** (heroin, homebake, morphine, methadone, codeine, etc) |  |  |  |
| i If AST1.10a is populated, show name of substance here |  |  |  |
| i If AST1.10b is populated, show name of substance here |  |  |  |
| i If AST1.10c is populated, show name of substance here |  |  |  |

i If respondent has left any displayed substances blank (ie has not responded), display the following pop-up message: You have not answered every row. Click ‘OK’ to go back and select an answer for every question, OR click ‘Cancel’ to go to the next screen.

[Showcard]

AST1.71Have you **ever** used any drug by injection (non-medical use only)?

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

i If AST1.71 is left blank, display the following pop-up message: You have not answered this question. Click ‘OK’ to go back and select an answer, OR click ‘Cancel’ to go to the next screen.

## Use of services and informal help for mental health and substance use

This section is about your contact with health professionals and other people for any concerns you might have had about your **emotions, stress, mental health, or substance use**.

By substance use, we mean use of alcohol or drugs. Please don’t include tobacco products.

Please note that when you see underlined words followed by a flag symbol, you can touch on them for more information.

Click ‘Next ⇨’ to begin.

[Showcard]

AMH1.01 In the **past** **12 months**, did you go to any of the following **self-help groups** for concerns about your emotions, stress, mental health, or substance use ⚐? Please don’t include Internet support groups.

[Select all that apply]

⚐ Tool tip: By substance use, we mean use of alcohol or drugs. Please don’t include tobacco products.

1. An emotional or mental health self-help group, such as a group for eating disorders, bipolar disorder, or bereavement (death of a loved one)
2. An alcohol or drug use self-help group, such as Alcoholics Anonymous, or Narcotics Anonymous
3. Other
4. No, none of the above

.K I don’t know

.R I don’t want to answer

AMH1.02a In the **past** **12 months**, did you call or text a telephone **helpline** for concerns about your emotions, stress, mental health, or substance use ⚐?

⚐ Tool tip: By substance use, we mean use of alcohol or drugs. Please don’t include tobacco products.

1. Yes
2. No

.K I don’t know

.R I don’t want to answer

AMH1.03 In the **past** **12 months**, have you had **counselling** for your mental health or substance use ⚐, that lasted 30 minutes or longer? Please don’t include counselling from friends or family.

⚐ Tool tip: By substance use, we mean use of alcohol or drugs. Please don’t include tobacco products.

1. Yes
2. No

.K I don’t know

.R I don’t want to answer

[Showcard]

AMH1.04b In the **past** **12 months**, did you use any **online resources** to get information, help or support for concerns about your emotions, stress, mental health, or substance use ⚐?

 [Select all that apply]

⚐ Tool tip: By substance use, we mean use of alcohol or drugs. Please don’t include tobacco products.

1. Yes, to learn about symptoms, diagnosis, causes, treatments, or medication side effects
2. Yes, to find out where to get help
3. Yes, to discuss with others through forums, support groups or online social networks
4. Yes, to get online therapy, such as e-therapy or online counselling
5. Yes, to use a mental health and wellbeing app
6. Other
7. No, did not use online resources to get information, help or support for concerns about my emotions, stress, mental health, or substance use ⚐

.K I don’t know

.R I don’t want to answer

AMH1.05 In the **past** **12 months**, were you **prescribed** medication or taking prescription medication for your emotions, stress, mental health, or substance use ⚐?

⚐ Tool tip: By substance use, we mean use of alcohol or drugs. Please don’t include tobacco products.

1. Yes
2. No

.K I don’t know

.R I don’t want to answer

[Showcard]

AMH1.06 In the **past** **12 months**, did you use any of the following **complementary or alternative therapies** for concerns about your emotions, stress, mental health, or substance use ⚐?

[Select all that apply]

 ⚐ Tool tip: By substance use, we mean use of alcohol or drugs. Please don’t include tobacco products.

1. Massage
2. Exercise, or movement therapy
3. Herbal medicine, such as Chinese or Western
4. Spiritual, psychic or energy healing
5. Rongoā Māori, Mirimiri, or other traditional Māori healing
6. Traditional Pacific healing
7. Relaxation, meditation, mindfulness training, yoga or guided imagery
8. Acupuncture
9. Osteopathic or chiropractic treatment
10. Hypnosis
11. Other
12. No, none of the above

.K I don’t know

.R I don’t want to answer

[Showcard]

AMH1.07a In the **past** **12 months**, have you consulted any of the following people for concerns about your emotions, stress, mental health, or substance use ⚐?

 [Select all that apply]

⚐ Tool tip: By substance use, we mean use of alcohol or drugs. Please don’t include tobacco products.

⚐ Tool tip: A peer support worker is someone who is employed to use their lived experience of mental health or addiction difficulties to assist others with their recovery.

1. GP
2. Nurse
3. Psychiatrist or other medical specialist
4. Social worker
5. Psychologist, Counsellor or Psychotherapist
6. Teacher
7. Religious or spiritual advisor, like a Minister, Priest or Tohunga
8. Kaumātua or Tohunga
9. Family, whānau, partner and/or friends
10. Peer support worker
11. Other person
12. No, none of the above

.K I don’t know

.R I don’t want to answer

[Showcard]

AMH1.08 In the **past** **12 months**, have you received help for concerns about your emotions, stress, mental health, or substance use ⚐, from any of the following?

[Select all that apply]

 ⚐ Tool tip: By substance use, we mean use of alcohol or drugs. Please don’t include tobacco products.

⚐ Tool tip: Youth ‘one-stop-shops’ provide primary health care (including drop-in services) plus a range of other services for young people. They use a youth development and holistic approach to health.

1. Hospital emergency department or an after-hours medical centre
2. Hospital ward
3. Crisis mental health team
4. Māori health service (including Māori mental health or addictions services)
5. Community mental health or addictions service (including hospital outpatient appointments)
6. Other community support services, such as a youth ‘one-stop-shop’ ⚐
7. Programme in prison or a youth justice centre
8. Other [Specify]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. No, none of the above

.K I don’t know

.R I don’t want to answer

AMH1.09 In the **past 12 months**, have you stayed, **overnight** **or longer**, in a hospital or a residential treatment centre ⚐ for concerns about your emotions, stress, mental health, or substance use ⚐?

⚐ Tool tip: A residential treatment centre, sometimes called a rehab, is a live-in health care facility providing therapy for substance use, mental illness, or other behavioural problems.

⚐ Tool tip: By substance use, we mean use of alcohol or drugs. Please don’t include tobacco products.

1. Yes
2. No

.K I don’t know

.R I don’t want to answer

## Unmet need and barriers accessing mental health and addictions services

AMH1.10 In the **past** **12 months**, did you ever feel that you needed professional help for your emotions, stress, mental health, or substance use ⚐, but you **didn’t receive that help**? This could have been because of personal reasons (for example, it cost too much) or reasons you couldn’t control (for example, no appointments available).

⚐ Tool tip: By substance use, we mean use of alcohol or drugs. Please don’t include tobacco products.

1. Yes
2. No [go to AMH\_Thank you]

.K I don’t know [go to AMH\_Thank you]

.R I don’t want to answer [go to AMH\_Thank you]

[Showcard]

AMH1.11a Thinking about the **most recent** time when you felt you needed professional help but didn’t receive it, why was that?

[Select all that apply]

1. Wanted to handle it alone and/or with the support of family, whānau and friends
2. Couldn’t spare the time
3. Costs too much
4. Problems with transportation or childcare
5. Unsure where to go or who to see
6. Couldn't get an appointment at a suitable time
7. Time taken to get an appointment too long
8. Available services did not meet my cultural or language needs
9. Health professionals unhelpful or unwilling to help
10. Not satisfied with available services
11. Didn't think treatment would work
12. Concerned what others might think
13. Another reason [Specify]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

.K I don’t know

.R I don’t want to answer

i END OF SELF-COMPLETE SECTION.

i New screen.

AMH\_Thank you.

That is the end of the self-complete section. Thank you for answering these questions.

AMH\_ALERTb

If you wish to talk to someone about anything that has been covered in the survey, there are a range of organisations that can provide expert advice and support. The contact details for these organisations are provided in the thank you card you will be given at the end of this interview.

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

# 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?

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

i To update a previously-recorded date, click on the date picker, select the month and year from the drop-down lists, then **click on the correct day**.

i Display message: This means you are X years old.

\_\_\_\_\_ Day (range 1–31)

\_\_\_\_\_ Month (range Jan–Dec)

\_\_\_\_\_ Year (range [current year minus 120]–[current year minus 15]) [go to Ethnic group(s) A5.03]

.R Refused

i Calculated age must be ≥15 years. If less than 15, display message: Age cannot be less than 15.

i Ask next question if date of birth refused (A5.01=.R).

A5.02 Would you mind telling me your age?

 \_\_\_\_\_ years (range 15–120)

.R Refused

## Ethnic group(s)

[Showcard]

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

[Select all that apply]

i 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?

i 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

.R Refused

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

i Record 4 digit date, eg 1967.

i If year is earlier than year of birth, display message: Consistency check i Answer must be ≥ year of birth given at A5.01. Go back to A5.01 (Date of birth). Go back to A5.06.

 \_\_\_\_\_ (range [current year minus 120]–[current year])

.K Don’t know

.R Refused

[Showcard]

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

 [Select all that apply]

i If ‘Other language – Specify’ is selected, the respondent 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, eg 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

i If A5.14=2, 3, 4, 5, 6 (secondary school qualification completed) AND A5.15=0 (no highest completed qualification), display message: Consistency check i 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. Verify answers with respondent. Go back to A5.14. Go back to 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.

 [Select all that apply]

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

i 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]

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 have a Showcard ⚐ that can help you 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?

i 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**?

 [Select all that apply]

1 Household work, cooking, repairs, gardening, etc, for **my own household**

2 Looked after a child who is a member of **my household**

3 Looked after a member of **my household** who is ill or 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 introduction before A5.28a]

.K Don’t know [go to introduction before A5.28a]

.R Refused [go to introduction before A5.28a]

[Showcard]

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

 i If hospital **plus** one or two other services, eg 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?

i 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?

i 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 Kāinga Ora (formerly 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.

i 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.

i Don't count: Any other room (eg 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’.

i 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.

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

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

i If number of rooms is fewer than number given in A5.30, display message: Consistency check i Answer must be ≥ number of bedrooms given at A5.30. Go back to A5.30. Go back to A5.30a.

\_\_\_\_\_ rooms (range 1–100)

.K Don’t know

.R Refused

Identity self-complete section

i 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.

i START OF SELF-COMPLETE SECTION.

A5.30bIntro

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

i The interviewer can administer this section using showcards but only if privacy can be ensured (ie 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]

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

i New screen.

## Sexual identity

 [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

i END OF SELF-COMPLETE SECTION.

i 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.

# Household composition

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

## Gender and age

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 genders of all the people who usually live in this household.

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

i Update fields or add / delete occupants below as required.

i Occupant grid pre-populated with information from household screener.

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

## Relationships

The next questions are about relationships in your household.

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

i Ask the relationships between every household member one-way. Eg 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

i If dealing with respondent’s relationships, insert:

What is [Name’s] relationship to you?

i Include natural, step, adopted and foster relationships.

i Otherwise insert:

What is [Name’s] relationship to [Name]?

i 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

i Perform the following soft edit checks on all coded relationship pairs.

|  |  |  |
| --- | --- | --- |
| Edit Check  | Description | Error Message |
| E1 | A person is unlikely to have more than one spouse / partner in a household. | [Name] is recorded as already having a spouse or partner. Please verify that [Name] is another spouse / partner of [Name]. |
| E2 | A person is unlikely to be living with more than two parents at one time. | [Name] is recorded as already having two parents. Please verify that [Name] is another parent of [Name]. |
| E3 | A person is unlikely to have a relationship of parent to one household member and a relationship of grandchild to another household member. | This household spans at least 4 generations. Please verify this with respondent and if this is not correct, please select 'Go to' to review the relationships in the household. |
| E4 | It is unlikely that a person aged less than 15 years would be unrelated to all household members. | [Name] is less than 15 years and is recorded as being unrelated to any other household member. Please verify this response. |
| E5 | It is unlikely that a person aged less than 15 years would be a spouse of another household member. | [Name] is less than 15 years of age and is recorded as the spouse/partner of [Name]. Please verify this response. |
| E6 | It is unlikely that a person aged less than 15 years would be a parent of another household member. | [Name] is less than 15 years of age and is recorded as the parent of [Name]. Please verify this response. |
| E7 | A person aged less than 30 years is unlikely to be the grandparent of another household member. | [Name] is less than 30 years of age and recorded as the grandparent of [Name]. Please verify this response. |
| E8 | A person aged less than 45 years is unlikely to be the great-grandparent of another household member. | [Name] is less than 45 years of age and recorded as the great-grandparent of [Name]. Please verify this response. |
| E9 | It is unlikely that a child is older than a parent. | [Name] is younger than [Name] but is recorded as their parent. Please verify this response. |
| E10 | It is unlikely that a child is older than their grandparent. | [Name] is younger than [Name] but is recorded as their grandparent. Please verify this response. |
| E11 | It is unlikely that a child is older than their great-grandparent. | [Name] is younger than [Name] but is recorded as their great-grandparent. Please verify this response. |
| E12 | A person aged over 70 years is unlikely to have a relationship of niece or nephew to another household member. | [Name] is over 70 years of age and is recorded as the niece or nephew of [Name]. Please verify this response. |
| E13 | A person aged over 50 years is unlikely to be the grandchild of another household member. | [Name] is over 50 years of age and is recorded as the grandchild of [Name]. Please verify this response. |
| E14 | A person aged over 30 years is unlikely to be the great-grandchild of another household member. | [Name] is over 30 years of age and is recorded as the great-grandchild of [Name]. Please verify this response. |
| E15 | A person aged over 70 years is unlikely to be the child / foster child / stepchild of another household member. | [Name] is over 70 years of age and is recorded as the child / foster child / stepchild of [Name]. Please verify this response. |
| E16 | A parent is likely to be at least 13 years older than their child. | [Name] is recorded as the parent of [Name] but is less than 13 years older than them. Please verify this response. |
| E17 | It is unlikely that the age gap between siblings would be greater than 40 years. | [Name] is recorded as [Name's] brother / sister, but is over 40 years older than them. Please verify this response. |

# 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?

1. Yes [Specify] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [only accept landline number format]
2. No

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

1. Yes [Specify] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [only accept cell number format]
2. No

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

1. Yes [Specify] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [only accept email format]
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 five 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 Data linkage introduction before A6.08]

i If A6.01, A6.02 and A6.03 all=2 go to A6.06, otherwise go to A6.05.

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 What phone number(s) and email address can we use to recontact you?

1. Landline number: [only accept landline number format]
2. Cell phone number: [only accept cell number format]
3. Email address: [only accept email format]
4. Do not record phone number(s) or email / Refused

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 and address

 a. First name: [mandatory field]

 b. Middle name:

 c. Surname:

 d. Street number and name: [mandatory field]

 e. Suburb: [mandatory field]

 f. City: [mandatory field]

 g. Postcode:

2 No, do **not** record my name and address / Refused

## Consent for data linkage

The Ministry of Health would like to ask for your permission to combine the valuable information you have provided in this survey, with other information routinely collected by government agencies, for research. Combining the answers you have just given with other information, such as education, income and housing, will help us to develop new ways to improve the health and wellbeing of all New Zealanders.

To combine the information, the Ministry of Health needs your permission to use your name, address, gender and date of birth details. The Ministry is bound by the Privacy Act, and these details will be kept secure and only used by approved staff for data linking. Your name, address and date of birth will be removed before the combined information is made available to approved researchers. The combined information will only be used for research purposes.

A6.08 Are you willing for your survey results to be linked with other information routinely collected by government agencies?

1 Yes

2 No [go to Interviewer observation introduction before A6.16]

A6.10 Can I please record your name, address, date of birth and gender for data linking? Please note:

* Your name, address, and date of birth will remain confidential and can only be accessed by approved staff at the Ministry of Health or Statistics New Zealand, for the purpose of linking data held by government agencies
* These details will be removed when the data has been linked (only the month and year of birth will be retained)
* You have the right to change or access your personal details (ie name, address and date of birth).

i To update a previously-recorded date, click on the date picker, select the month and year from the drop-down lists, then **click on the correct day**.

1 Yes

 a. First name: [mandatory field]

 b. Middle name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 c. Surname: [mandatory field]

 d. Street number and name: [mandatory field]

 e. Suburb: [mandatory field]

 f. City: [mandatory field]

 g. Postcode:

h. Date of birth: (range [current year minus 120]–[current year minus 15]) [mandatory field]

 i. Gender: [mandatory field]

2 No, don’t record any of these details

i If first name, surname, address, date of birth, or gender not provided, display the following message: In order to help us link your data, would you mind providing your full name, address, date of birth and gender?

i If only one initial provided for either first or last name, display the following message: In order to help us link your data, would you mind providing your full first and last name, rather than initials?

i If two or more names entered into first or last name field, display the following message: Two or more names entered into a single field, please check and use the middle name field if applicable.

i If date of birth recorded at A6.10≠A5.01, display the following message: Data linkage date of birth (dd/mm/yyyy) does not match date of birth recorded earlier in the survey (dd/mm/yyyy). Please check with respondent.

## Interviewer observations

Complete following observations without asking the respondent:

A6.16 Record if other people were in the room during any part of the questionnaire.

[Select all that apply]

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

AMH6.13a Did the respondent **complete** any of the mental health self-complete questions?

1. Yes [go to AMH6.13]
2. No [go to Respondent burden assessment introduction before AR1.01]

AMH6.13 Did the interviewer help the respondent complete any of the self-complete module questions?

1 Yes, to a small extent

2 Yes, to a moderate extent

3 Yes, to a large extent

4 Yes, totally (interviewer administered the entire module)

5 No, not at all

i 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.

AR1.01 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 |  |  |  |  |  |
| Intrusiveness of questions |  |  |  |  |  |

i If VIP survey, ask AR1.05 and AR1.06.

AR1.05 These next questions ask about your experience of taking part **online**.

Please rate the following statements on a scale of 1–5, where 1 is Strongly Disagree and 5 is Strongly Agree:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 |
| It was easy to book an appointment |  |  |  |  |  |
| The survey website was easy to use  |  |  |  |  |  |
| It was easy to communicate with the interviewer  |  |  |  |  |  |
| I felt comfortable to provide honest answers  |  |  |  |  |  |
| Overall, I enjoyed taking part online |  |  |  |  |  |

AR1.06 Did you encounter any problems with making an appointment, or taking part online?

1 Yes [Specify]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2 No

AR1.02 Would you take part in the New Zealand Health Survey again?

1 Yes [go to AR1.04]

2 No [go to AR1.03]

AR1.03 Please indicate why you would not take part again?

 [Select all that apply]

1 Took too long

2 Too many questions

3 Questions were too personal

4 Questions were not relevant

5 Survey was too repetitive

6 Lost interest

7 Other [Specify]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AR1.04 Are there any other comments you would like to make about taking part in the survey?

1 Yes [Specify]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2 No

Thank you, please hand the computer back.

i END OF SELF-COMPLETE SECTION.

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

# 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.

i 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. If you’d prefer, I can arrange for this to be emailed to you along with the consent form(s) you signed today. If you’d rather not receive these items, that’s completely fine.

1. Yes, please email to me[Specify]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [only accept email format]
2. No, don’t email

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

## Child health component

i 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 i ask to speak to legal guardian.

Record following details:

1 Child health questionnaire completed

2 Child health questionnaire still to be completed