



New Zealand Health Survey

New Zealand Health Survey

Adult Questionnaire (Year 12)

1 July 2022 – 30 June 2023

In field July 2022

Released under the Official Information Act 1982

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Overview and programming information

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, health status and behaviours, health service utilisation and patient experience. Anthropometric measurements (height, weight and waist circumference) are also taken. 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
Blue	<p>Showcard note positioned above a question</p> <p>Multiple response allowed for a question</p> <p>Instructional text specifically for interviewers</p> <p>Text read verbatim to respondents</p> <p>Interviewer observations: section completed unobtrusively (solely) by interviewer</p> <p>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</p>
Green	Copyright / attribution, displayed on screen as a requirement of usage
Purple	Text specifically for questionnaire readers, not displayed on screen
Red	Programmer information, instructions, alerts and headings, not displayed on screen

Abbreviations used in programming text

F2F	Face-to-face	Respondent interviewed in person by interviewer
VIP	Virtual Interface Platform	Survey tool enabling remote interviewing via computer software

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 / Prefer not to say, 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 interviewer 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 12 Modules

Perceived body size	The three perceived body size questions provide alternatives to the physical measurement of height and weight.
Washington Group Enhanced Short Set	The six extra items in the Washington Group Enhanced Short Set supplement the existing six items of the Washington Group Short Set in the core questionnaire.
Mental health and substance use self-complete section	<ul style="list-style-type: none">• Anxiety symptoms (GAD-7), depression symptoms (PHQ-9), and patient-rated psychosocial functional impairment. Note there is a gap in question numbering between the GAD-7 and PHQ-9 because three anxiety attack questions (in 2016/17 Health Survey) were removed.• The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST). Core cannabis questions included within module.• Mental health services: use, unmet need, and barriers to access.

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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]

① 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

① If AC.02=2, display message: ① 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 and overall wellbeing self-complete section

[For VIP survey insert: Before we begin, can I please check that you are in a private space, where our conversation will not be overheard?

① If the answer is 'No', request that the respondent find a private space before you continue. Alternatively, rearrange the interview to a time when the respondent will have privacy.

I'll just explain some key features of this video interview:

- Three types of questions will be asked: questions that include an option list for you to select from; yes or no questions that do not include an option list; and questions that are more personal, that you can complete yourself.
- To pause the survey at any time, just click the pause button at the top right of the screen. To turn off your camera or microphone, select the camera or microphone icons below the video feed. If you need help with your audio or video, using headphones, or help with anything else, just let me know.]

① New screen.

The first section asks about age group, sex, gender, and wellbeing. Age group and sex are asked here so that only questions which apply to you are asked in the survey.

These questions are for you to answer on your own. [For F2F survey insert: I will turn the computer towards you, so you can answer the questions privately.] If you need help, I can show you what to do.

① I can also read the questions out, and you can answer by calling out the option number [For F2F survey insert: from the showcard] that best applies to you.

① START OF SELF-COMPLETE.

Age group

[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

Sex and gender

[Showcard]

AD.01a At birth, what was your sex recorded as?

- 1 Male
- 2 Female
- 3 Another term

Document 1

[Showcard]

AD.01b What is your gender?

① A person's gender may be different from their sex at birth. Gender refers to a person's social and personal identity as male, female, or another gender such as non-binary.

- 1 Male
- 2 Female
- 3 Another gender please specify, if you are comfortable doing so [Other screen text: (leave blank if you do not wish to specify)] [Allow blank if respondent does not volunteer any detail] [To be programmed from the codefile from StatsNZ after interview – ie NOT by respondent / interviewer]

Overall life satisfaction and family wellbeing

[Showcard]

AMH2.01 This is a general question about your life as a whole these days. This includes all areas of your life.

Where zero is completely dissatisfied, and ten is completely satisfied, how do you feel about your life as a whole?

_____ (range 0–10)

.K Don't know

.R Prefer not to say

[Showcard]

AMH2.02 Now, a question about your family. Please think in general about how your family is doing.

Where zero means extremely badly and ten means extremely well, how would you rate how your family is doing these days?

① If necessary: Include all areas of life for your family.

① 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 Prefer not to say

① New screen.

Thank you for answering these questions; please click 'Next'. [For F2F survey insert: Please return the computer to the interviewer and they will continue the questionnaire.]

① END OF SELF-COMPLETE SECTION.

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?

① 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

Document 1

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

① 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]

① Probe "Any others?" until no other treatment mentioned.

① 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)?

① 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]

Document 1

[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?

① If respondent's sex is female (AD.01a=2) 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?

① 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]

Document 1

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 Chronic pain A1.29]
- .K Don't know [go to A1.29]
- .R Refused [go to A1.29]

[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]

① 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

Document 1

[Showcard]

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

[Select all that apply]

① 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

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**.

① This includes chronic pain that is reduced by treatment.

- 1 Yes
- 2 No
- .K Don't know
- .R Refused

Hysterectomy self-complete section

① Ask L1.29t if sex is female, AD.01a=2 and aged 20 years and over (AD.02#1). Otherwise go to Oral health introduction.

The next question is for you to answer on your own. If you need help, I can show you what to do.

① I can also read the question out, and you can answer by calling out the option number.

① START OF SELF-COMPLETE.

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 Prefer not to say

① New screen.

Thank you for answering this question; please click 'Next'. [For F2F survey insert: Please return the computer to the interviewer and they will continue the questionnaire.]

① END OF SELF-COMPLETE SECTION.

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.

① Includes teeth that were removed while overseas (as well as in New Zealand).

① Includes baby teeth and wisdom teeth **ONLY** if removed because of tooth decay, an abscess, infection or gum disease.

① 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

Document 1

① 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 – language / cognitive assistance

Complete following observations without asking the respondent:

① 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.

① 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**.

① 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?

① 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]

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

- 1 GP (general practitioner or family doctor)
- 2 Nurse
- 3 Physiotherapist
- 4 Mental health professional (eg psychologist or counsellor)
- 5 Dietitian
- 77 Another health care worker [Specify] _____
- 0 None of the above
- .K Don't know
- .R Refused

① If A2.03a=1 and A2.040=0, display message: Consistency check ① 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)

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

ⓘ If A2.040=1 and A2.13a=0, display message: Consistency check ⓘ 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?

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

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

ⓘ If free enter 0.00.

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

ⓘ 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

Document 1

[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?

[For VIP survey insert: You may need to scroll down to see all the answer options.]

[Select all that apply]

① Read each response option aloud and allow respondents to respond to each option.

① Please exclude not visiting a GP because of cost.

- 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 ① 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]

ⓘ If A2.040=2 and A2.41a=2, display message: Consistency check ⓘ 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.
ⓘ 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?
ⓘ If none enter 0.

- _____ times (range 0–99)
- .K Don't know
 - .R Refused

ⓘ If A2.41a=1 and A2.42a=0 and A2.43a=0, display message: Consistency check ⓘ 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]

Document 1

[Showcard]

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

[Select all that apply]

① Read each response option aloud and allow respondents to respond to each option.

① 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; or sent by GP
- 2 GP or after-hours too expensive
- 3 Time of day / day of week (outside of usual medical centre hours)
- 4 Time taken to get an appointment was too long at usual medical centre
- 77 Another reason [Specify] _____
- .K Don't know [go to Specialist doctors introduction before A2.820]
- .R Refused [go to introduction before A2.820]

① 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; or sent by GP
- 2 GP or after-hours too expensive
- 3 Time of day / day of week (outside of usual medical centre hours)
- 4 Time taken to get an appointment was too long at usual medical centre
- 77 Another reason ([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.

Specialist – utilisation

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

- ① Select 'Yes' even if they did not visit the specialist.
- ① 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 [\[go to introduction before A2.91\]](#)

Specialist – barriers to access

[\[Showcard\]](#)

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?

[\[For VIP survey insert: You may need to scroll down to see all the answer options.\]](#)

[\[Select all that apply\]](#)

① 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 ① [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
- 77 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?

① 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 Body size introduction before DH1.19]
- .K Don't know [go to introduction before DH1.19]
- .R Refused [go to introduction before DH1.19]

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

- 1 Yes
- 2 No
- .K Don't know
- .R Refused

Body size self-complete section

The next few questions about weight and height are for you to answer on your own. If you need help, I can show you what to do.

④ I can also read the questions out, and you can answer by calling out the option number.

④ START OF SELF-COMPLETE.

[Showcard]

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

- 1 Very underweight
 - 2 Underweight
 - 3 Neither underweight nor overweight
 - 4 Overweight
 - 5 Very overweight
 - 6 Currently pregnant [Only show this option for cis-female respondents (sex is female, AD.01a=2 AND gender is female, AD.01b=2) aged 15–54 years].
[Pregnant respondents skip to Physical Activity introduction before A3.06]
- .K Don't know
.R Prefer not to say

[Showcard]

BS3.01 How tall are you without shoes?

④ Please enter answer using just one type of unit.

④ Data to be converted to m (0.000 m).

- 1 ____ centimetres (range 60–250)
 - 2 ____ metres (range 0.6–2.5)
 - 3 ____ feet (range 2–8) and ____ inches (range 0–35)
- .K Don't know
.R Prefer not to say

[Showcard]

BS3.02 How much do you weigh?

④ Please enter answer using just one type of unit.

④ Data to be converted to kg (000.0kg).

- 1 ____ kilograms (range 6–250)
 - 2 ____ stones (range 1–40) and ____ pounds (range 0–14)
 - 3 ____ pounds (range 14–550)
- .K Don't know
.R Prefer not to say

④ New screen.

Thank you for completing this section; please click 'Next'. [For F2F survey insert: Please return the computer to the interviewer and they will continue the questionnaire.]

④ END OF SELF-COMPLETE SECTION.

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?

① If respondent cannot provide a typical duration, record the average time per day.

① All fields (hours and minutes) must be completed.

_____ hours (range 0–24) _____ minutes (range 0–59) ① If under 10 minutes, display message: Total time must be >=10 mins.

.K Don't know

.R Refused

① 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. Go back to question A3.07 and verify answer with respondent.

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 shown on the [For F2F insert: Showcard.] [For VIP insert: screen image (you may need to scroll down).] Do not include walking of any kind.

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

① Activities shown on the Showcard / screen image are examples of moderate activity. Many other activities may fall into this category.

① Activities on the Moderate Activity Showcard / screen image and Vigorous Activity Showcard / screen image can be interchangeable. If a respondent defines an activity as being moderate, even though it is on the Vigorous Activity Showcard / screen image, 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?

① If respondent cannot provide a typical duration, record the average time per day.

① All fields (hours and minutes) must be completed.

_____ hours (range 0–24) _____ minutes (range 0–59) ① If under 10 minutes, display message: Total time must be ≥ 10 mins.

.K Don't know

.R Refused

① 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. Go back to question A3.09 and verify answer with respondent.

① 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. Go back to question A3.07 or A3.09 and verify answer with respondent.

Document 1

[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 [For F2F insert: Showcard.] [For VIP insert: screen image. You may need to scroll down.]

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

① Activities shown on the Showcard / screen image are examples of vigorous activity. Many other activities may fall into this category.

① Activities on the Vigorous Activity Showcard / screen image and Moderate Activity Showcard / screen image can be interchangeable. If a respondent defines an activity as being vigorous, even though it is on the Moderate Activity Showcard / screen image, 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?

① If respondent cannot provide a typical duration, record the average time per day.

① All fields (hours and minutes) must be completed.

_____ hours (range 0–24) _____ minutes (range 0–59) ① If under 10 minutes, display message: Total time must be >=10 mins.

.K Don't know

.R Refused

① 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. Go back to question A3.11 and verify answer with respondent.

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?

① 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

① 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.

① 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.

① 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 Tobacco introduction before A3.13]

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 A3.13]

.K Don't know

.R Refused

[Picture Showcard]

A3.12c Looking at the [For F2F insert: Showcard] [For VIP insert: options on the screen], what type of toothpaste do you usually use?

[For VIP survey insert: You may need to scroll down to see the answer options.]

① 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”.

① Homemade toothpaste or baking soda should be coded as ‘Don’t use toothpaste / no toothpaste available in the house’.

- 1 Standard fluoride toothpaste
 - 3 Non-fluoridated toothpaste
 - 4 Don’t use toothpaste / no toothpaste available in house
- .K Don’t know
.R Refused

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

Tobacco

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

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

① 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

Document 1

[Showcard]

A3.15 How often do you now smoke?

① 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]

① 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]

① 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**?

① 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

Document 1

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

① Response option numbers are not displayed on CAPI screen.

① Don't initially prompt answer. Wait and code.

① If respondent is unable to suggest an average, ask for the typical number of cigarettes smoked in a week and divide by 7.

① 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

① 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]

① 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

① 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'?

① 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?

① 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.

① 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.

① If asked, include fruit smoothies.

[For VIP survey insert: You may need to scroll down to see all the answer options.]

- 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

Document 1

[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.

[For VIP survey insert: You may need to scroll down to see all the answer options.]

- 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?

① 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 [For F2F insert: Showcard] [For VIP insert: options on the screen], how many drinks containing alcohol do you have on a typical day when you are drinking? [For VIP insert: You may need to scroll down to see the answer options.]
Ⓢ 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.

[For F2F insert: This Picture Showcard [show Picture Showcard]] [For VIP insert: The screen image] can help you estimate the number of standard drinks you have drunk. It shows some examples of the number of standard drinks in different alcoholic drinks.

Ⓢ Take average and round to nearest whole number if necessary, 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:



Document 1

[Showcard]

[Picture Showcard]

A3.27a Looking at the [For F2F survey insert: Showcard, and the Picture Showcard] [For VIP survey insert: options on the screen, and the screen image], how often do you have six or more standard drinks on one occasion? [For VIP insert: You may need to scroll down to see the answer options.]

- 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

Document 1

[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

① 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 [For F2F survey insert: Showcard] [For VIP survey insert: options on the screen], in the **past 12 months**, have you used any of the following substances? Please just read out the number next to the words. [For VIP survey insert: You may need to scroll down to see all the answer options.]

[Select all that apply]

① Prompt: "any others?"

① Please 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:

① Read response options.

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- .K Don't know
- .R Refused

① 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.

① 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?

① 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?

① 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?

① 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?

① 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

Document 1

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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?

① 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?

① 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 ...

① 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

Document 1

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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?

① 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?

① 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?

① Read response options only if necessary.

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- .K Don't know
- .R Refused

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[Showcard]

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

[Read response options.](#)

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- .K Don't know
- .R Refused

Functional difficulties – Washington Group Enhanced 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

Document 1

[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

[Showcard]

FD1.07 Would you have difficulty lifting a two-litre bottle of water from waist to eye level?

- 1 No – no difficulty
- 2 Yes – some difficulty
- 3 Yes – a lot of difficulty
- 4 Cannot do at all
- .K Don't know
- .R Refused

[Showcard]

FD1.08 Do you have difficulty using your hands and fingers, such as picking up small objects, or opening containers?

- 1 No – no difficulty
- 2 Yes – some difficulty
- 3 Yes – a lot of difficulty
- 4 Cannot do at all
- .K Don't know
- .R Refused

Document 1

[Showcard]

FD1.09 How often do you feel anxious, nervous or worried?

- 1 Daily
- 2 Weekly
- 3 Monthly
- 4 A few times a year
- 5 Never [\[go to FD1.11\]](#)
- .K Don't know [\[go to FD1.11\]](#)
- .R Refused [\[go to FD1.11\]](#)

[Showcard]

FD1.10 Thinking about the last time you felt this way, how anxious, nervous or worried did you feel?

- 1 A little
- 2 A lot
- 3 Somewhere in between a little and a lot
- .K Don't know
- .R Refused

[Showcard]

FD1.11 How often do you feel depressed?

- 1 Daily
- 2 Weekly
- 3 Monthly
- 4 A few times a year
- 5 Never [\[go to Mental health – K10 introduction before A4.13\]](#)
- .K Don't know [\[go to intro before A4.13\]](#)
- .R Refused [\[go to intro before A4.13\]](#)

[Showcard]

FD1.12 Thinking about the last time you felt this way, how depressed did you feel?

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

Document 1

[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

Document 1

[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

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Mental health and substance use self-complete section

① 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.

AMHIntro1

[For F2F survey insert: Now, I'm going to hand the computer to you, so that you can answer the next questions privately.]

[For VIP survey insert: The next questions are for you to answer privately. Your answers are totally confidential and will not be seen by me, unless you ask me to help you.]

① The interviewer can administer this section [For F2F survey insert: using showcards] but only if privacy can be ensured (ie no one other than a professional translator can see or hear the answers).

[For VIP survey insert: ① If the respondent is happy for you to administer the questions, select the 'Unblock and hold' checkbox.]


- 1 **Continue with this section (privacy ensured)** [go to AMHIntro2]
- 2 Respondent refuses to continue / privacy not ensured [go to Socio-demographics introduction before A5.01]

① If AMHIntro1=2, display the following message: Are you sure you want to skip this section? Click 'OK' to go back, or 'Cancel' to skip the section.

① START OF SELF-COMPLETE.

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

① 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				

① 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.

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[Showcard]

PHQ1.28–PHQ1.36

① 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?

[For VIP survey insert: You may need to scroll down to see all the grid statements.]

	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				

① 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.

① 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

① 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.

① 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 [F2F insert: given] [VIP insert: emailed (if you agree),] at the end of this interview.

Please click 'Next'.

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.

① Question numbers are not included with any ASSIST grid items as non-consecutive numbering can occur with item selections.

Click 'Next' to begin.

[Showcard]

AST1.01–AST1.10

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

[For VIP survey insert: You may need to scroll down to see all the grid statements.]

	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]

Document 1

① 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.

① 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.

① 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	

① 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 type in answers, OR click 'Cancel' to go to the next screen.

① 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.

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[Showcard]

AST1.11–AST1.20c

① 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?

[For VIP survey insert: You may need to scroll down to see all the grid statements.]

	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)					
① If AST1.10a is populated, show name of substance here					
① If AST1.10b is populated, show name of substance here					
① If AST1.10c is populated, show name of substance here					

① 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 'Previous' to go back and select an answer for every question, OR click 'Next' to go to the next screen.

① If 'Never' OR there is no response to all substances displayed in AST1.11–AST1.20c, skip to AST1.51–AST1.60c.

① 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.

Document 1

[Showcard]

AST1.21–AST1.30c

① 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?

[For VIP survey insert: You may need to scroll down to see all the grid statements.]

	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)					
① If AST1.20a is 'Once or twice', 'Monthly', 'Weekly', or 'Daily or almost daily', show name of substance here					
① If AST1.20b is 'Once or twice', 'Monthly', 'Weekly', or 'Daily or almost daily', show name of substance here					
① If AST1.20c is 'Once or twice', 'Monthly', 'Weekly', or 'Daily or almost daily', show name of substance here					

① 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 'Previous' to go back and select an answer for every question, OR click 'Next' to go to the next screen.

Document 1

[Showcard]

AST1.31–AST1.40c

① 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?

[For VIP survey insert: You may need to scroll down to see all the grid statements.]

	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)					
① If AST1.20a is 'Once or twice', 'Monthly', 'Weekly', or 'Daily or almost daily', show name of substance here					
① If AST1.20b is 'Once or twice', 'Monthly', 'Weekly', or 'Daily or almost daily', show name of substance here					
① If AST1.20c is 'Once or twice', 'Monthly', 'Weekly', or 'Daily or almost daily', show name of substance here					

① 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 'Previous' to go back and select an answer for every question, OR click 'Next' to go to the next screen.

Document 1

[Showcard]

AST1.41–AST1.50c

① 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?

[For VIP survey insert: You may need to scroll down to see all the grid statements.]

	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)					
① If AST1.20a is 'Once or twice', 'Monthly', 'Weekly', or 'Daily or almost daily', show name of substance here					
① If AST1.20b is 'Once or twice', 'Monthly', 'Weekly', or 'Daily or almost daily', show name of substance here					
① If AST1.20c is 'Once or twice', 'Monthly', 'Weekly', or 'Daily or almost daily', show name of substance here					

① 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 'Previous' to go back and select an answer for every question, OR click 'Next' to go to the next screen.

Document 1

[Showcard]

AST1.51–AST1.60c

① 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?

[For VIP survey insert: You may need to scroll down to see all the grid statements.]

	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)			
① If AST1.10a is populated, show name of substance here			
① If AST1.10b is populated, show name of substance here			
① If AST1.10c is populated, show name of substance here			

① 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 'Previous' to go back and select an answer for every question, OR click 'Next' to go to the next screen.

Document 1

[Showcard]

AST1.61–AST1.70c

① 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?

[For VIP survey insert: You may need to scroll down to see all the grid statements.]

	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)			
① If AST1.10a is populated, show name of substance here			
① If AST1.10b is populated, show name of substance here			
① If AST1.10c is populated, show name of substance here			

① 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 'Previous' to go back and select an answer for every question, OR click 'Next' to go to the next screen.

Document 1

[Showcard]

AST1.71 Have 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

ⓘ If AST1.71 is left blank, display the following pop-up message: You have not answered this question. Click 'Previous' to go back and select an answer, OR click 'Next' 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 Prefer not to say

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 Prefer not to say

Document 1

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 Prefer not to say

[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](#) ?

[For VIP survey insert: You may need to scroll down to see all the answer options.]

[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 Prefer not to say

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 Prefer not to say

[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](#) ?

[For VIP survey insert: You may need to scroll down to see all the answer options.]

[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 Prefer not to say

[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](#) ?

[For VIP survey insert: You may need to scroll down to see all the answer options.]

[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 Prefer not to say

[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?

[For VIP survey insert: You may need to scroll down to see all the answer options.]

[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 Prefer not to say

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 Prefer not to say

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 Prefer not to say [\[go to AMH_Thank you\]](#)

[\[Showcard\]](#)

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

[\[For VIP survey insert:](#) You may need to scroll down to see all the answer options.]

[\[Select all that apply\]](#)

- 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 Prefer not to say

[① New screen.](#)

AMH_Thank you.

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

[Please click 'Next'.](#)

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 [\[F2F insert: given\]](#) [\[VIP insert: emailed \(if you agree\),\]](#) at the end of this interview.

The interviewer will continue the questionnaire; please click 'Next'. [\[For F2F survey insert:](#) Please return the computer to the interviewer and they will continue the questionnaire.

[① END OF SELF-COMPLETE SECTION.](#)

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?

① Interviewer read back date of birth to check it is correct.

① 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 **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

① **Calculated age must be ≥ 15 years. If less than 15, display message:** Age cannot be less than 15.

① **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?

[For VIP survey insert: You may need to scroll down to see all the answer options.]

[Select all that apply]

① 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, Ethnicity New Zealand Standard Classification 2005 V2.1.0]

.K Don't know

.R Refused

Document 1

[Showcard]

A5.05 Which country were you born in?

[For VIP survey insert: You may need to scroll down to see all the answer options.]

① 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?

① Record 4 digit date, eg 1967.

① If year is earlier than year of birth, display message: Consistency check ① Answer must be \geq 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]

① 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?

[For VIP survey insert: You may need to scroll down to see all the answer options.]

- 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

Released under the Official Information Act 1982

Document 1

[Showcard]

A5.15 What is your highest completed qualification?

[For VIP survey insert: You may need to scroll down to see all the answer options.]

- 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

① If A5.14=2, 3, 4, 5, 6 (secondary school qualification completed) AND A5.15=0 (no highest completed qualification), display message: Consistency check ① 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]

① Probe “any other?” until no other type of income support mentioned.

① All loans, including student loans, should not be counted.

[For VIP survey insert: You may need to scroll down to see all the answer options.]

- 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

Released under the Official Information Act 1982

Income

[Showcard]

A5.23 Looking at the [For F2F survey insert: Showcard] [For VIP survey insert: options on the screen (you may need to scroll down)], 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**, [For F2F insert: I have a [Showcard](#) that] [For VIP insert: the screen image] 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 [For F2F survey insert: Showcard] [For VIP survey insert: options on the screen], 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?

① 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**?

[For VIP survey insert: You may need to scroll down to see all the answer options.]
[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]

Document 1

[Showcard]

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

① 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?

① 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?

① 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

Document 1

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.

① 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.

① 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

[Picture Showcard]

A5.30a Counting those bedrooms, how many rooms are there in this dwelling? Please include all the rooms listed under 'Count' on the [For F2F insert: Showcard.] [For VIP insert: screen.] Do not include the rooms listed under 'DON'T count'. [For VIP survey insert: You may need to scroll down.]

① 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.

① If a dwelling is built in an open-plan style, then room equivalents should be counted as if they had walls between them.

① 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.

① If number of rooms is fewer than number given in A5.30, display message: Consistency check ① Answer must be \geq 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

Sexual identity self-complete section

A5.30bIntro

The next question is for you to answer on your own. If you need help, I can show you what to do.

① I can also read the question out, and you can answer by calling out the option number [For F2F survey insert: from the showcard].

① START OF SELF-COMPLETE.

[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 Prefer not to say

① New screen.

Thank you for completing that question; please click 'Next'. [For F2F survey insert: Please return the computer to the interviewer and they will ask you the last group of questions.]

① END OF SELF-COMPLETE SECTION.

Household composition

① 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.

① The following questions cover the initials, age, gender and relationship of **every** member of the household.

① Update fields or add / delete occupants below as required.

① Occupant grid pre-populated with information from household screener.

① Provide three response options for gender: male, female, another gender.

Occupant Name	ID	Age	Gender

Relationships

The next questions are about relationships in your household.

① The following questions cover the relationships between **every** member of the household.

① 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

① If dealing with respondent's relationships, insert:

What is [Name's] relationship to you?

① Include natural, step, adopted and foster relationships.

① Otherwise insert:

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

① Include natural, step, adopted and foster relationships.

- 1 Spouse or partner
- 2 Child (eg daughter)
- 3 Parent (eg mother)
- 4 Sibling (eg brother)
- 5 Grandchild
- 6 Grandparent
- 7 Great-grandchild
- 8 Great-grandparent
- 9 Nephew or niece
- 10 Uncle or aunt
- 11 Other relative
- 12 Unrelated
- .K Don't know
- .R Refused

① Perform the following soft edit checks on all coded relationship pairs.

Document 1

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]

① 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]

Document 1

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).

① 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

① 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?

① 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?

① 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.

① 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 – setting and assistance

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

Document 1

A6.17 Did the interviewer help the respondent complete any of the self-complete questions?

- 1 Yes, to a small extent
- 2 Yes, to a moderate extent
- 3 Yes, to a large extent
- 4 Yes, totally (interviewer completed all self-complete questions)
- 5 No, not at all

Respondent burden assessment self-complete section

The next questions will ask you about your experience of the survey process. [For VIP: These questions are for you to answer on your own.] [For F2F: I will turn the computer towards you, so you can answer the questions privately.]

① START OF SELF-COMPLETE.

AR1.01 Please rate on a scale of 1–5, where 1 is Absolutely NOT Acceptable and 5 is Highly Acceptable:

	1 (Absolutely NOT Acceptable)	2	3	4	5 (Highly Acceptable)
Survey length					
The number of questions					
Complexity of questions					
Intrusiveness of questions					

① 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 (Strongly Disagree)	2	3	4	5 (Strongly Agree)
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					

Document 1

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

① New screen.

Thank you for answering those questions; please click 'Next'. [For F2F: Please hand the computer back.]

① END OF SELF-COMPLETE SECTION.

For VIP, go to Thank you.

① The rest of the questionnaire is collected in the Sample Manager tool.

Health measurements

Height

Now, I would like to measure your height.

① For cis-female respondents (sex is female, AD.01a=2 AND gender is female, AD.01b=2) aged 15–54 years, ask the following question.

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

- 1 Yes, respondent is pregnant [skip to Thank you section]
① Say “We can skip this section then”.
- 2 No, respondent not pregnant [Continue]
- .K Don't know [go to first height measurement]
- .R Refused [go to first height measurement]

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

① If head is not in Frankfort Plane say...

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

① Take measurement when breath is held and say it aloud.

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

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

- .R Respondent refused to have height recorded
- 777 Respondent unable to have height recorded (eg chairbound, too unsteady on feet, in pain etc.)

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

Weight

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

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

- .R Respondent refused to have weight recorded
- 777 Respondent unable to have weight recorded (eg chairbound, too unsteady on feet, in pain etc.)

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

Waist

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

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

Document 1

.R Respondent refused to have waist circumference recorded

997 Respondent unable to have waist circumference recorded

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

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

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Thank you

On behalf of the Ministry of Health, thank you once again for talking with me about your health.

[For F2F: Here is a small gift from the Ministry in recognition of your time.

① 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).]

[For VIP: We would like to email you a Thank you card (with a list of phone numbers you can call if you would like more information or advice), along with the consent form(s).]

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

① End survey for households with no persons aged under 15 years.

Child health component

① 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 ① ask to speak to legal guardian.

Record following details:

- 1 Child health questionnaire completed
- 2 Child health questionnaire still to be completed



New Zealand Health Survey

New Zealand Health Survey

Child Questionnaire (Year 12)

1 July 2022 – 30 June 2023

In field July 2022

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Overview and programming information

Design

Approximately 5,000 primary caregivers of children aged 0–14 are interviewed face-to-face each year for the New Zealand Health Survey. Interviews are administered using computer-assisted personal interviewing (CAPI). Key topics include long-term health conditions, health status and behaviours, health service utilisation and patient experience. Anthropometric measurements (height, weight and waist circumference) are also taken. 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: 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	ⓘ Round to nearest hour Other [Specify]
	Text read verbatim to respondents	ⓘ Prompt: “any others?”
	Interviewer observations: section completed unobtrusively (solely) by interviewer	Complete following observations without asking the respondent
	Tool tips, 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	ⓘ Here is a list of examples of specialist doctors 
Green	Copyright / attribution, displayed on screen as a requirement of usage	© Robert Goodman, 2005
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	ⓘ Limit to children <2 years

Abbreviations used in programming text

F2F	Face-to-face	Respondent interviewed in person by interviewer
VIP	Virtual Interface Platform	Survey tool enabling remote interviewing via computer software

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 / Prefer not to say, 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 child is unlikely to usually sleep for less than 6 hours in a 24 hour period.	Soft edit
Consistency checks	Some checks enforce consistency of responses between questions. When edit checks are triggered, the interviewer or respondent must go back and change their answer to ensure response consistency. For example, reporting that the child was born in a maternity ward in the past year is only a valid answer if the child is less than one year old.	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 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 12 Modules

Disability	Disability measured by the UNICEF Child Functioning Module for 5–14 year olds – as amended by Stats NZ Tatauranga Aotearoa for the 2019/20 Household Economic Survey (HES).
Behaviour and mental health self-complete section	<ul style="list-style-type: none">• Strengths and Difficulties Questionnaire (SDQ) with three age groups: 2–4 year olds, 5–10 year olds, and 11–14 year olds, focusing on how children behave and function day-to-day, and the Parental stress section, centring on how parents or caregivers are coping day-to-day.• Mental health services: use, unmet need, and barriers to access.
Household food security	A focus on households in New Zealand and the financial resources to purchase food items, for everyday purposes and social occasions.

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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.

CC.01 You agree to take part in the New Zealand Health Survey on behalf of a child aged 0-14, for whom you are the parent / legal guardian.

- 1 Yes
- 2 No

① If CC.01=2, display message: ① Consent must be obtained before continuing. Check response. If consent is not given, exit survey and thank them for their time.

CC.02 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

[For VIP survey insert: Before we begin, can I please check that you are in a private space, where our conversation will not be overheard?

① If the answer is 'No', request that the respondent find a private space before you continue. Alternatively, rearrange the interview to a time when the respondent will have privacy.

I'll just explain some key features of this video interview:

- Three types of questions will be asked: questions that include an option list for you to select from; yes or no questions that do not include an option list; and questions that are more personal, that you can complete yourself.
- To pause the survey at any time, just click the pause button at the top right of the screen. To turn off your camera or microphone, select the camera or microphone icons below the video feed. If you need help with your audio or video, using headphones, or help with anything else, just let me know.]

① New screen.

To start, I will need to enter some general information about the child that has been randomly selected for the survey, so that I only ask questions which are applicable to their gender and age.

CD.01 To begin, could you tell me the child's **first** name?

① If respondent will not provide the child's name, initials are acceptable.

Record name. [Child's name recorded]

.R Refused

[Showcard]

CD.021 What gender is [Name]?

① A child's gender may be different from their sex at birth. Gender is a person's sense of being male, female, or another gender such as non-binary.

- 1 Male
- 2 Female
- 3 Another gender – please specify, if you are comfortable doing so [Other screen text: (leave blank if they do not wish to specify)] [Allow blank if respondent does not volunteer any detail] [To be programmed from the codefile from StatsNZ after interview – ie NOT by respondent / interviewer]

Document 2

CD.03 I need to know / confirm [Name's] age as the questions I ask depend on their age.

① I need to know their age so that only questions that apply are asked.

① Record age under 2 years in months; and age ≥ 2 years in years.

① Only one field should be completed.

① If Don't know or Refused selected, display message: I really need to know [Name's] age in order to proceed with the questionnaire. Go back and enter age. If respondent still cannot or won't give the age, end interview and thank respondent for their time.

CD.03a Age _____ months (range 0–23)

CD.03b Age _____ years (range 2–14)

.K Don't know

.R Refused

① Error message if both month and year selected: Can't have values for both month and year.

CD.03c Age group

① Interviewer records age group.

- 1 Birth–11 months
- 2 12–23 months (1 year old)
- 3 2–4 years
- 4 5–9 years
- 5 10–14 years

① If age and age group do not match, display message: Consistency check ① Age and age group do not match. Verify answer with respondent. Go back to CD.03 (Age).

Long-term health conditions

The next questions are about **long-term health conditions** [Name] 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.

① If child <5 years add... Some of the next questions may not apply to [Name], but please try to answer anyway.

Health conditions

C1.01 Have you ever been told by a doctor that [Name] has asthma?

- 1 Yes
- 2 No [go to eczema C1.03]
- .K Don't know [go to C1.03]
- .R Refused [go to C1.03]

[Showcard]

C1.02 What treatments does [Name] **now** have for asthma?

[Select all that apply]

- 1 No treatment
- 2 Inhaler
- 3 Medicines, tablets or pills
- 77 Something else
- .K Don't know
- .R Refused

C1.03 Have you ever been told by a doctor that [Name] has eczema?

- 1 Yes
- 2 No [go to Neurodiversity C1.09]
- .K Don't know [go to C1.09]
- .R Refused [go to C1.09]

[Showcard]

C1.04 What treatments does [Name] **now** have for eczema?

[Select all that apply]

- 1 No treatment
- 2 Medicines, tablets or pills
- 3 Cream or ointment
- 77 Something else
- .K Don't know
- .R Refused

① Go to Neurodiversity questions (C1.09–C1.16) for children aged 2–14 years. Go to Interviewer observations (C6.13) for children aged from birth to 11 months. Go to Oral health introduction before C1.17 for children aged 12–23 months.

Neurodiversity

C1.09 Have you ever been told by a doctor that [Name] has autism spectrum disorder?

Include Asperger's syndrome.

- 1 Yes
- 2 No [go to attention deficit disorder C1.15]
- .K Don't know [go to C1.15]
- .R Refused [go to C1.15]

[Showcard]

C1.10 What treatments does [Name] **now** have for autism spectrum disorder?

[Select all that apply]

Include Asperger's syndrome.

- 1 No treatment
- 2 Medicines, tablets or pills
- 3 Counselling
- 77 Something else
- .K Don't know
- .R Refused

C1.15 Have you ever been told by a doctor that [Name] has attention deficit hyperactivity disorder (ADHD)?

Include attention deficit disorder (ADD).

- 1 Yes
- 2 No [go to Oral health introduction before C1.17]
- .K Don't know [go to introduction before C1.17]
- .R Refused [go to introduction before C1.17]

[Showcard]

C1.16 What treatments does [Name] **now** have for ADHD?

[Select all that apply]

Include attention deficit disorder (ADD).

- 1 No treatment
- 2 Medicines, tablets or pills
- 3 Counselling
- 77 Something else
- .K Don't know
- .R Refused

Oral health

① Go to Oral health questions (C1.17–C1.18a) for children aged 1–14 years. Go to Interviewer observations introduction before C6.13 for children aged <1 year.

The next questions are about [Name's] 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.

C1.17 Have any of [Name's] teeth been removed by a dental health care worker because of **tooth decay, an abscess or infection**? Do not include teeth lost for other reasons such as injury, crowded mouth or orthodontics.

① Includes teeth that were removed while overseas (as well as in New Zealand).

① Includes baby teeth **ONLY** if removed because of tooth decay, an abscess or infection.

- 1 Yes
- 2 No [go to health of mouth C1.18a]
- .K Don't know [go to C1.18a]
- .R Refused [go to C1.18a]

C1.18 Were any of these teeth removed in the last 12 months?

- 1 Yes
- 2 No
- .K Don't know
- .R Refused

[Showcard]

C1.18a How would you describe the health of [Name's] teeth or mouth?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- .K Don't know
- .R Refused

Interviewer observations – language assistance

Complete following observations without asking the respondent:

C6.13 Interview is being conducted with **language** assistance from a **family member / friend** of respondent.

① Only code 'Yes' if the respondent has required more than a couple of questions to be interpreted.

- 1 Yes
- 2 No

C6.14 Interview is being conducted with **language** assistance from a **professional translator**.

- 1 Yes
- 2 No

Health status

① Ask all respondents C1.19.

General health question

This question is about [Name's] general health.

Please try to answer as accurately as you can.

[Showcard]

C1.19 In general, would you say [Name's] health is:

① Read response options.

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- .K Don't know
- .R Refused

Child Functioning Module

① Go to the next question for children aged 5–14 years. Go to Health service utilisation before C2.01a for children aged 0–4 years.

[Showcard]

CF1.01 Does [Name] 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]

CF1.02 Does [Name] have difficulty hearing sounds like people's voices or music, even if using a hearing aid?

- 1 No – no difficulty
- 2 Yes – some difficulty
- 3 Yes – a lot of difficulty
- 4 Cannot do at all
- .K Don't know
- .R Refused

[Showcard]

CF1.03 Compared with children of the same age, does [Name] have difficulty walking 100 metres on level ground? That would be about the length of a rugby field.

- 1 No – no difficulty
- 2 Yes – some difficulty
- 3 Yes – a lot of difficulty
- 4 Cannot do at all
- .K Don't know
- .R Refused

Document 2

[Showcard]

CF1.04 Does [Name] have difficulty with self-care such as feeding or dressing themselves?

- 1 No – no difficulty
- 2 Yes – some difficulty
- 3 Yes – a lot of difficulty
- 4 Cannot do at all
- .K Don't know
- .R Refused

[Showcard]

CF1.05 Using their usual language, does [Name] 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

[Showcard]

CF1.06 Compared with children of the same age, does [Name] have difficulty learning things?

- 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]

CF1.07 Compared with children of the same age, does [Name] have difficulty remembering things?

- 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]

CF1.08 Does [Name] have difficulty concentrating on an activity that they enjoy doing?

- 1 No – no difficulty
- 2 Yes – some difficulty
- 3 Yes – a lot of difficulty
- 4 Cannot do at all
- .K Don't know
- .R Refused

Document 2

[Showcard]

CF1.09 Does [Name] have difficulty accepting changes in their routine?

- 1 No – no difficulty
 - 2 Yes – some difficulty
 - 3 Yes – a lot of difficulty
 - 4 Cannot do at all
- .K Don't know
.R Refused

[Showcard]

CF1.10 Compared with children of the same age, does [Name] have difficulty controlling their behaviour?

- 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]

CF1.11 Does [Name] have difficulty making friends?

- 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]

CF1.12 How often does [Name] seem very anxious, nervous, or worried?

- 1 Daily
 - 2 Weekly
 - 3 Monthly
 - 4 A few times a year
 - 5 Never
- .K Don't know
.R Refused

[Showcard]

CF1.13 How often does [Name] seem very sad or depressed?

- 1 Daily
 - 2 Weekly
 - 3 Monthly
 - 4 A few times a year
 - 5 Never
- .K Don't know
.R Refused

Health service utilisation

The next set of questions is about the use of health care services in **New Zealand** for [Name].

Usual primary health care provider

C2.01a Do you have a **general practice or medical centre** that you **usually** go to when [Name] is feeling unwell or is injured?
ⓘ Do not include emergency department (ED).

- 1 Yes
- 2 No [go to General practitioner introduction before C2.12a]
- .K Don't know [go to introduction before C2.12a]
- .R Refused [go to introduction before C2.12a]

From now on, we'll call this place [Name's] **usual medical centre**.

C2.03 Is [Name's] usual medical centre the same place that **you** usually go to when you are feeling unwell or injured?

- 1 Yes
- 2 No
- .K Don't know
- .R Refused

C2.04 Has [Name] been to their usual medical centre in the **last 12 months**, about their own health?

- 1 Yes
- 2 No [go to General practitioner introduction before C2.12a]
- .K Don't know [go to introduction before C2.12a]
- .R Refused [go to introduction before C2.12a]

[Showcard]

C2.011 At [Name's] **usual medical centre**, has [Name] had an appointment with any of the following health care workers about their own health, in the **past 12 months**?
[Select all that apply]

- 1 GP (general practitioner or family doctor)
- 2 Nurse
- 3 Physiotherapist
- 4 Mental health professional (eg psychologist or counsellor)
- 5 Dietitian
- 77 Another health care worker [Specify] _____
- 0 None of the above
- .K Don't know
- .R Refused

ⓘ If C2.04=1 and C2.011=0, display message: Consistency check ⓘ In question C2.04 you recorded that they had visited their usual medical centre, but in C2.011 you recorded that they have not had an appointment at their medical centre. Verify answers with respondent. Go back to C2.04. Go back to C2.011.

General practitioners

These next questions are about [Name] seeing a general practitioner (GP) or family doctor. This can be at their **usual medical centre** or **somewhere else**.

GP – utilisation

C2.12a How many times did [Name] see a GP in the past 12 months? This may have been about their physical health, or their mental or emotional health.

_____ times (range 1–99)

0 Hasn't seen a GP in last 12 months [go to GP – barriers to access C2.27]

ⓘ If C2.011=1 and C2.12a=0, display message: Consistency check ⓘ In question C2.011 you recorded that they had visited a GP at their usual medical centre, but in C2.12a you recorded that they haven't seen a GP. Verify answers with respondent. Go back to C2.011. Go back to C2.12a.

.K Don't know [go to C2.27]

.R Refused [go to C2.27]

C2.15 Thinking about [Name's] last visit to a GP, what were you charged for that visit?

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

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

ⓘ If free enter 0.00.

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

ⓘ Can give an estimate if exact amount unknown.

\$____.____ (range 0.00–199.00)

.K Don't know

.R Refused

GP – barriers to access

C2.27 In the past 12 months, was there a time when [Name] had a medical problem but did not visit or talk to a GP because of cost?

1 Yes

2 No

.K Don't know

.R Refused

Document 2

[Showcard]

C2.270 In the **past 12 months**, was there a time when [Name] had a **medical problem** but did not visit a GP for any of the following reasons?

[For VIP survey insert: You may need to scroll down to see all the answer options.]

[Select all that apply]

① Read each response option aloud and allow respondents to respond to each option.

① Please exclude not visiting a GP because of cost.

- 1 Time taken to get an appointment too long
- 2 Owed money to the medical centre
- 3 Dislike or fear of the GP
- 4 Difficult to take time off work
- 5 No transport or too far to travel
- 6 Could not arrange childcare (for other children) or care for a dependent adult
① 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

C2.30 In the past 12 months, was there a time when [Name] got a prescription but you 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 [Name] at home or school or nurses [Name] saw in a hospital. Also, don't include midwives or dental nurses.

C2.36a In the past 12 months, has [Name] seen a nurse at a general practice or medical centre? This may have been about their physical health, or their mental or emotional health.

- 1 Yes
- 2 No [go to emergency department introduction before C2.59]

① If C2.011=2 and C2.36a=2, display message: Consistency check ① In question C2.011 you recorded that they had visited a nurse at their usual medical centre, but in C2.36a you recorded that they haven't seen a nurse. Verify answers with respondent. Go back to C2.011. Go back to C2.36a.

- .K Don't know [go to introduction before C2.59]
- .R Refused [go to introduction before C2.59]

Document 2

C2.37a How many times in the past 12 months did [Name] see a nurse **as part of a GP consultation**? This includes seeing the nurse before or after seeing the GP.

① If none enter 0.

_____ times (range 0–99)

.K Don't know

.R Refused

C2.38a How many times in the past 12 months did [Name] see a nurse **without** seeing a GP at the same visit?

① If none enter 0.

_____ times (range 0–99)

.K Don't know

.R Refused

① If C2.36a=1 and C2.37a=0 and C2.38a=0, display message: Consistency check ① If C2.36a=1 (saw a nurse), then number of times at C2.37a OR C2.38a should be >=1. Go back to C2.36a OR go back to C2.37a OR go back to C2.38a.

Emergency department

The next questions are about [Name's] use of emergency departments at public hospitals.

C2.59 In the past 12 months, how many times did [Name] go to an emergency department at a public hospital about their own health?

_____ times (range 0–99) [if 0 go to Specialist doctors introduction before C2.720]

.K Don't know [go to introduction before C2.720]

.R Refused [go to introduction before C2.720]

[Showcard]

C2.620 Thinking about [Name's] last visit to an emergency department, what were **all** the reasons [Name] went?

[Select all that apply]

① Read each response option aloud and allow respondents to respond to each option.

① 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; or sent by GP

2 GP or after-hours too expensive

3 Time of day / day of week (outside of usual medical centre hours)

4 Time taken to get an appointment was too long at usual medical centre

77 Another reason [Specify] _____

.K Don't know [go to Specialist doctors introduction before C2.720]

.R Refused [go to introduction before C2.720]

Document 2

① Ask next question if more than one of the Options 1–4/77 selected in C2.620. Only show responses that were selected in C2.620 (as well as .K and .R).

[Showcard]

C2.630 What was the **main** reason you took [Name] to a hospital emergency department?

- 1 Condition appeared serious / life threatening; or sent by GP
- 2 GP or after-hours too expensive
- 3 Time of day / day of week (outside of usual medical centre hours)
- 4 Time taken to get an appointment was too long at usual medical centre
- 77 Another reason ([pipe through response from C2.620])
- .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. [Name] may have seen the specialist in a hospital or at their private rooms or clinic.

Specialist – utilisation

C2.720 In the **past five years**, has a doctor referred [Name] to a **specialist**?

① Select 'Yes' even if they did not visit the specialist.

① Here is a [list of examples of specialist doctors](#) P:

Cardiologist	Ophthalmologist
Clinical geneticist	Orthopaedic Surgeon
Dermatologist	Paediatrician
Diabetologist	Paediatric surgeon
Ear, nose and throat specialist	Plastic surgeon
General surgeon	Psychiatrist
Immunologist (allergy specialist)	Respiratory medicine specialist
Neurologist	Urologist

- 1 Yes
- 2 No [go to Dental health care workers introduction before C2.80]
- .K Don't know [go to introduction before C2.80]
- .R Refused [go to introduction before C2.80]

Specialist – barriers to access

[Showcard]

C2.730 In the **past five years**, was there a time when a doctor **referred** [Name] to a **specialist** but [Name] did not go for any of the following reasons?

[For VIP survey insert: You may need to scroll down to see all the answer options.]

[Select all that apply]

① 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 (for other children) or care for a dependent adult
① 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
- 77 Another reason [Specify] _____
- 0 None of the above
- .K Don't know
- .R Refused

Dental health care workers

① Go to the following questions for children aged 1–14 years. Go to Breastfeeding C3.02 for children aged 0–23 months.

These next questions are about dental health care services [Name] has 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]

C2.80 How long has it been since [Name] last visited a dental health care worker, for any reason?

- 1 Within the past year (less than 12 months ago)
- 2 Within the past two years (more than 1 year but less than 2 years ago)
- 3 Within the past five years (more than 2 years but less than 5 years ago)
- 4 Five or more years ago
- 5 Has never seen a dental health care worker
- .K Don't know
- .R Refused

Dental health care workers – barriers to access

C2.83a In the last 12 months, have you avoided taking [Name] 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 [Name's] health.

Perception of child's weight

① Go to the next question for children aged 2–14 years. Go to Breastfeeding C3.02 for children aged 0–23 months.

[Showcard]

C3.01 On a scale of one to five, where one is very underweight and five is very overweight, how do you view the weight of [Name]?

- 1 Very underweight
- 2 Underweight
- 3 Neither underweight nor overweight
- 4 Overweight
- 5 Very overweight
- .K Don't know
- .R Refused

① Ask all respondents Breastfeeding questions C3.02 to C3.04.

Breastfeeding

C3.02 Has [Name] ever been breastfed?

① 'Expressed' milk is to be counted as being breastfed.

- 1 Yes
- 2 No [if child aged 0–4 years go to C3.05, if aged 5+ years go to Dietary habits C3.06a]
- .K Don't know [if 0–4 years go to C3.05, if 5+ years go to C3.06a]
- .R Refused [if 0–4 years go to C3.05, if 5+ years go to C3.06a]

C3.03 What age was [Name] when they stopped being breastfed?

- ① Less than 1 week old, code "years" as 0, "months" as 0, and "weeks" as 0.
- ① If still being breastfed, code as "Not applicable".
- ① 'Expressed' milk is to be counted as being breastfed.
- ① All fields (years, months and weeks) must be completed.

____ years (range 0–9) ____ months (range 0–11) ____ weeks (range 0–51)

- .N Not applicable
- .K Don't know
- .R Refused

① If C3.03 >= CD.03 + 1 (age + 1 year / 1 month), display message: You recorded that the child stopped breastfeeding at an age that is older than their current age. Verify answer with respondent. Click 'OK' to go back and change answer or 'Cancel' to continue.

Document 2

C3.04 What age was [Name] when they were given any drink or food other than breast milk?

① This includes water, formula and other types of milk, but does not include prescribed medicines.

① Less than 1 week old, code “weeks” as 0 and “months” as 0.

① If breastfeeding exclusively, code as “Not applicable”.

① All fields (months and weeks) must be completed.

_____ months (range 0–11) _____ weeks (range 0–51)

.N Not applicable

.K Don't know

.R Refused

① If $C3.04 \geq CD.03 + 1$ (age + 1 year / 1 month), display message: You recorded that the child was given drink or food other than breast milk at an age that is older than their current age. Verify answer with respondent. Click 'OK' to go back and change answer or 'Cancel' to continue.

① Go to the next question C3.05 for children aged 0–4 years. Go to Dietary habits C3.06a for children aged >4 years.

C3.05 At what age was [Name] first given solids?

① If child not yet given solids, code as “Not applicable”.

① All fields (months and weeks) must be completed.

_____ months (range 0–11) _____ weeks (range 0–51)

.N Not applicable

.K Don't know

.R Refused

① If $C3.05 \geq CD.03 + 1$ (age + 1 year / 1 month), display message: You recorded that the child was first given solids at an age that is older than their current age. Verify answer with respondent. Click 'OK' to go back and change answer or 'Cancel' to continue.

Dietary habits

① Go to the following dietary habits questions for children aged 2–14 years. Go to the screen time questions (C3.12–C3.13a) for children aged 6 months to <2 years. Go to the sleep question (C3.13b) for children aged <6 months.

① Response option numbers are not displayed on CAPI screen or showcards for questions C3.06a–C3.10a.

[Picture Showcard]

C3.06a On **average**, how many **servings** of fruit does [Name] 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.

[For VIP survey insert: You may need to scroll down to see all the answer options.]

① If asked, include fruit smoothies.

- 1 They 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]

C3.07a On **average**, how many **servings** of vegetables does [Name] 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.

[For VIP survey insert: You may need to scroll down to see all the answer options.]

- 1 They 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

Document 2

[Showcard]

C3.08a How often does [Name] have breakfast? [Name] may have had breakfast anywhere, such as at home, school, day-care or a café.

① Includes both weekends and weekdays.

① Include breakfast drinks such as smoothies and shakes, but not other drinks. For example, only having a glass of milk or cup of tea should not be counted as having breakfast.

① Breakfast is usually the first meal of the day, eaten within 2 hours of getting up.

- 1 Never
- 2 Less than once per week
- 3 1–2 times per week
- 4 3–4 times per week
- 5 5–6 times per week
- 6 7 or more times per week
- .K Don't know
- .R Refused

[Picture Showcard]

C3.09a How often does [Name] eat food, such as fish and chips, burgers, fried chicken or pizza, that has been purchased from a **fast food place** or **takeaway shop**? Think about snacks as well as mealtimes.

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

[For VIP survey insert: You may need to scroll down to see all the answer options.]

① If respondent asks, only include fast food and takeaways that are high in fat and salt. Other examples are hot dogs, chicken nuggets and deep-fried food.

- 1 Never
- 2 Less than once per week
- 3 1–2 times per week
- 4 3–4 times per week
- 5 5–6 times per week
- 6 7 or more times per week
- .K Don't know
- .R Refused

Document 2

[Picture Showcard]

C3.10a How often does [Name] drink soft drinks, fizzy drinks, sports drinks or energy drinks? Please don't include diet or reduced sugar varieties.

[For VIP survey insert: You may need to scroll down to see all the answer options.]

① Includes soft and fizzy drinks, which are carbonated, such as Coca-Cola, lemonade and ginger beer, sports drinks such as Powerade and Mizone, and energy drinks such as 'V' and Red Bull.

② Excludes diet or reduced sugar varieties, sparkling water, flavoured waters (eg H2Go), fruit juices and drinks made from cordial, concentrate or powder.

- 1 Never
- 2 Less than once per week
- 3 1–2 times per week
- 4 3–4 times per week
- 5 5–6 times per week
- 6 7 or more times per week
- .K Don't know
- .R Refused

Physical activity

① Go to the next question (C3.11) for children aged 5–14 years. Go to the screen time questions (C3.12–C3.13a) for children aged 6 months–4 years. Go to the sleep question (C3.13b) for children aged <6 months.

[Showcard]

C3.11 How does [Name] usually get to and from school?

[For VIP survey insert: You may need to scroll down to see all the answer options.]

[Select all that apply]

① Code walking bus as "Walk" and carpool as "Car or taxi".

② Code push scooter (non-motorised) as "Skate or other physical activity".

- 1 Walk
- 2 Bike
- 3 Skate or other physical activity
- 4 Car or taxi
- 5 School bus or school van
- 6 Public transport
- 77 Other [Specify] _____
- 0 Not applicable, for example, is home schooled
- .K Don't know
- .R Refused

Screen time

① Go to the next four questions about screen time for children aged 6 months–14 years (CD.03a=6–23 months OR CD.03b=2–14 years).

C3.12 What is the average amount of time [Name] spends watching TV **each weekday**? This could be anywhere, not just in your home, and includes DVDs / videos but does not include games.

① Round to nearest hour.

① Include television programmes, videos and movies watched on any device. Include those accessed online (eg via YouTube) and on-demand (eg via Netflix).

_____ hours (range 0–24)

.K Don't know

.R Refused

① If C3.12 >= 10 hours, display message: A person is unlikely to watch TV for an average of 10 or more hours per day. Verify answer with respondent. Click 'OK' to go back and change answer or 'Cancel' to continue.

C3.12a What is the average amount of time [Name] spends **each weekday** looking at a screen doing things **other** than watching TV or videos? For example, playing video games or browsing the Internet. This does **not** include time spent at school or on homework.

① Round to nearest hour.

① Include activities on a tablet, computer, electronic gaming device or other hand-held electronic device such as a smart phone.

① Include texting, emailing and using social media.

① Don't count time reported in the previous question.

_____ hours (range 0–24)

.K Don't know

.R Refused

① If C3.12a >= 10 hours, display message: A person is unlikely to look at a screen for an average of 10 or more hours per day. Verify answer with respondent. Click 'OK' to go back and change answer or 'Cancel' to continue.

C3.13 What is the average amount of time [Name] spends watching TV **in the weekend**? Again, this could be anywhere, not just in your home and includes DVDs / videos but does not include games.

① Round to nearest hour.

① Record total hours over **both** Saturday and Sunday.

① Include television programmes, videos and movies watched on any device.

Include those accessed online (eg via YouTube) and on-demand (eg via Netflix).

_____ hours (range 0–48)

.K Don't know

.R Refused

① If C3.13 >= 20 hours, display message: A person is unlikely to watch TV for an average of 20 or more hours over a weekend. Verify answer with respondent. Click 'OK' to go back and change answer or 'Cancel' to continue.

Document 2

C3.13a What is the average amount of time [Name] spends **in the weekend** looking at a screen doing things **other** than watching TV or videos? For example, playing video games or browsing the Internet. This does **not** include time spent at school or on homework.

- ① Round to nearest hour.
- ① Record total hours over **both** Saturday and Sunday.
- ① Include activities on a tablet, computer, electronic gaming device or other hand-held electronic device such as a smart phone.
- ① Include texting, emailing and using social media.
- ① Don't count time reported in the previous question.

_____ hours (range 0–48)

- .K Don't know
- .R Refused

① If C3.13a ≥ 20 hours, display message: A person is unlikely to look at a screen for an average of 20 or more hours over a weekend. Verify answer with respondent. Click 'OK' to go back and change answer or 'Cancel' to continue.

① Ask all respondents the next questions.

Sleep

C3.13b How many hours of sleep does [Name] usually get in a 24 hour period, including **all naps** and sleeps?

- ① 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

① If C3.13b < 6 hours, display message: A child is unlikely to usually sleep less than 6 hours in a 24 hour period. Verify answer with respondent. Click 'OK' to go back and change answer or 'Cancel' to continue.

For children aged 2–14 years only:

① If C3.13b > 14 hours, display message: A child is unlikely to usually sleep more than 14 hours in a 24 hour period. Verify answer with respondent. Click 'OK' to go back and change answer or 'Cancel' to continue.

Tooth brushing

[Showcard]

C3.13c How often are [Name's] teeth brushed?

- 0 Never [go to Response to child's misbehaviour C3.15]
- 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 Response to child's misbehaviour C3.15]
- .K Don't know
- .R Refused

Document 2

[Picture Showcard]

C3.13d Looking at the [For F2F insert: Showcard] [For VIP insert: options on the screen], what type of toothpaste does [Name] usually use?

[For VIP survey insert: You may need to scroll down to see the answer options.]

① 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”.

① Homemade toothpaste or baking soda should be coded as ‘Doesn’t use toothpaste / no toothpaste available in the house’.

- 1 Standard fluoride toothpaste
 - 3 Non-fluoridated toothpaste
 - 4 Doesn’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.

Response to child’s misbehaviour

[Showcard]

C3.15 Thinking back over the **past four weeks**, when [Name] misbehaved, which of the following, if any, have you done? Just read out the number next to the words.

[For VIP survey insert: You may need to scroll down to see all the answer options.]

[Select all that apply]

① Prompt: “any others?”

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

Document 2

[Showcard]

C3.16a Using the scale on the [For F2F survey insert: Showcard] [For VIP survey insert: screen], to what extent do you disagree or agree with the following statement:

There are certain circumstances when it's alright for parents to use physical punishment, such as smacking, with children. Just read out the number next to the words.

- 1 Strongly disagree
- 2 Disagree
- 3 Neither disagree nor agree
- 4 Agree
- 5 Strongly agree
- .K Don't know
- .R Refused

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Behaviour and mental health self-complete section

① If the interview is being conducted with language assistance from a family member / friend of the respondent (C6.13=1), or language assistance from a professional translator (C6.14=1) skip to Household food security (CFS1.01). Everyone else go to CDWIntro.

CDWIntro

[For F2F survey insert: Now, I'm going to hand the computer to you, so that you can answer the next questions privately.]

[For VIP survey insert: The next questions are for you to answer privately. Your answers are totally confidential and will not be seen by me, unless you ask me to help you.]

① The interviewer can administer this section [For F2F survey insert: using showcards] but only if privacy can be ensured.

[For VIP survey insert: ① If the respondent is happy for you to administer the questions select the 'Unblock and hold' checkbox.]

- 1 **Continue with this section** [go to CDW2.01]
- 2 **Skip this section because privacy isn't ensured** [go to introduction before CFS1.01]

① If CDWIntro=2, display the following message: You have chosen to skip this section. Click 'OK' to go back, or 'Cancel' to skip the section.

① For each SDQ screen, if one or more items 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.

① Licensing rules for the SDQ require the copyright notice on each SDQ screen: © Robert Goodman, 2005

① START OF SELF-COMPLETE.

Strengths and Difficulties Questionnaire (SDQ) for 2–4 year olds

- ① Children aged ≥ 2 and < 5 years go to this version of SDQ (CDW2.01 to CDW2.25).
- ① Questions CDW2.01 to CDW2.25 to fit over three screens for self-complete.
- ① The three introductory sentences should be included on each screen.

[Showcard]

CDW2.01–2.25 For each item, please mark the box for Not true, Somewhat true or Certainly true.

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

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

[For VIP survey insert: You may need to scroll down to see all the grid statements.]

	1. Not true	2. Somewhat true	3. Certainly true
Considerate of other people's feelings			
Restless, overactive, cannot stay still for long			
Often complains of headaches, stomach-aches or sickness			
Shares readily with other children, for example toys, treats, pencils			
Often loses temper			
Rather solitary, prefers to play alone			
Generally well behaved, usually does what adults request			
Many worries or often seems worried			
Helpful if someone is hurt, upset or feeling ill			
Constantly fidgeting or squirming			
Has at least one good friend			
Often fights with other children or bullies them			
Often unhappy, depressed or tearful			
Generally liked by other children			
Easily distracted, concentration wanders			
Nervous or clingy in new situations, easily loses confidence			
Kind to younger children			
Often argumentative with adults			
Picked on or bullied by other children			
Often offers to help others (parents, teachers, other children)			
Can stop and think things out before acting			
Can be spiteful to others			
Gets along better with adults than with other children			
Many fears, easily scared			
Good attention span, sees tasks through to the end			

- ① Go to introduction before CMH1.01a.

Strengths and Difficulties Questionnaire (SDQ) for 5–10 year olds

- ① Children aged ≥5 and <11 years go to this version of SDQ (CDW3.01 to CDW3.25).
- ① Questions CDW3.01 to CDW3.25 fit over three screens for self-complete.
- ① The three introductory sentences should display on each screen.

[Showcard]

CDW3.01–3.25 For each item, please mark the box for Not true, Somewhat true or Certainly true.

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

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

[For VIP survey insert: You may need to scroll down to see all the grid statements.]

	1. Not true	2. Somewhat true	3. Certainly true
Considerate of other people's feelings			
Restless, overactive, cannot stay still for long			
Often complains of headaches, stomach-aches or sickness			
Shares readily with other children, for example toys, treats, pencils			
Often loses temper			
Rather solitary, prefers to play alone			
Generally well behaved, usually does what adults request			
Many worries or often seems worried			
Helpful if someone is hurt, upset or feeling ill			
Constantly fidgeting or squirming			
Has at least one good friend			
Often fights with other children or bullies them			
Often unhappy, depressed or tearful			
Generally liked by other children			
Easily distracted, concentration wanders			
Nervous or clingy in new situations, easily loses confidence			
Kind to younger children			
Often lies or cheats			
Picked on or bullied by other children			
Often volunteers to help others (parents, teachers, other children)			
Thinks things out before acting			
Steals from home, school or elsewhere			
Gets along better with adults than with other children			
Many fears, easily scared			
Good attention span, sees work through to the end			

- ① Go to introduction before CMH1.01a.

Strengths and Difficulties Questionnaire (SDQ) for 11–14 year olds

- ① Children aged ≥11 and <15 years go to this version of SDQ (CDW4.01 to CDW4.25).
- ① Questions CDW4.01 to CDW4.25 to fit over three screens for self-complete.
- ① The three introductory sentences should be included on each screen.

[Showcard]

CDW4.01–4.25 For each item, please mark the box for Not true, Somewhat true or Certainly true.

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

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

[For VIP survey insert: You may need to scroll down to see all the grid statements.]

	1. Not true	2. Somewhat true	3. Certainly true
Considerate of other people's feelings			
Restless, overactive, cannot stay still for long			
Often complains of headaches, stomach-aches or sickness			
Shares readily with other youth, for example books, games, food			
Often loses temper			
Would rather be alone than with other youth			
Generally well behaved, usually does what adults request			
Many worries or often seems worried			
Helpful if someone is hurt, upset or feeling ill			
Constantly fidgeting or squirming			
Has at least one good friend			
Often fights with other youth or bullies them			
Often unhappy, depressed or tearful			
Generally liked by other young people			
Easily distracted, concentration wanders			
Nervous in new situations, easily loses confidence			
Kind to younger children			
Often lies or cheats			
Picked on or bullied by other young people			
Often volunteers to help others (parents, teachers, children)			
Thinks things out before acting			
Steals from home, school or elsewhere			
Gets along better with adults than with other young people			
Many fears, easily scared			
Good attention span, sees tasks through to the end			

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

- ① Children aged <2 years go to Parental stress introduction before CPS1.01.
- ① Children aged 2–14 years go to the following mental health service use questions.

This section is about [Name's] contact with health professionals and other people for concerns about [Name's] **emotions, behaviour, stress, mental health, or substance use**.

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

① Only include the following introductory sentence for children aged 2–9 years (not 10–14 years):

We realise that young children are unlikely to have substance use problems, but we are using the same questions for all children for consistency.

Click 'Next' to begin.

CMH1.01a During the **past 12 months**, did you call or text a telephone **helpline** for concerns about [Name's] emotions, behaviour, 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 Prefer not to say

① Children aged 10–14 years go to next question CMH1.02a; children aged 2–9 years go to CMH1.04b.

CMH1.02a During the **past 12 months**, did [Name] call or text a telephone **helpline** for concerns about their emotions, behaviour, 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 Prefer not to say

Document 2

CMH1.03 In the **past 12 months**, has [Name] had **counselling** for 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 Prefer not to say

[Showcard]

CMH1.04b During the **past 12 months**, did you use any **online resources** to get information, help or support for concerns about [Name's] emotions, behaviour, stress, mental health, or [substance use](#) ?

[For VIP survey insert: You may need to scroll down to see all the answer options.]

[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 use a mental health and wellbeing app
- 5 Other
- 6 No, did not use online resources to get information, help or support for concerns about their emotions, behaviour, stress, mental health, or [substance use](#)
- .K I don't know
- .R Prefer not to say

CMH1.05 In the **past 12 months**, was [Name] **prescribed** medication or taking prescription medication for their emotions, behaviour, 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 Prefer not to say

Document 2

[Showcard]

CMH1.06 In the **past 12 months**, did [Name] use any of the following **complementary or alternative therapies** for concerns about their emotions, behaviour, stress, mental health, or [substance use](#) ?

[For VIP survey insert: You may need to scroll down to see all the answer options.]
[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 Prefer not to say

[Showcard]

CMH1.07 In the **past 12 months**, did you consult with any of the following, for concerns about [Name's] emotions, behaviour, stress, mental health, or [substance use](#) ?

[For VIP survey insert: You may need to scroll down to see all the answer options.]
[Select all that apply]

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

- 1 GP
- 2 Nurse at a medical centre
- 3 Plunket, Wellchild or Tamariki Ora Nurse
- 4 School or District Nurse
- 5 Paediatrician, Psychiatrist, or other medical specialist
- 6 Social worker
- 7 Psychologist, Counsellor, or Psychotherapist
- 8 Teacher
- 9 Religious or spiritual advisor, like a Minister, Priest or Tohunga
- 10 Kaumātua or Tohunga
- 11 Family, whānau, partner and/or friends
- 12 Other person
- 13 No, none of the above
- .K I don't know
- .R Prefer not to say

Document 2

[Showcard]

CMH1.08 In the **past 12 months**, did [Name] receive help for concerns about their emotions, behaviour, stress, mental health, or [substance use](#) from any of the following?

[For VIP survey insert: You may need to scroll down to see all the answer options.]
[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 [\[go to CMH1.11\]](#)
- 2 Crisis mental health team [\[go to CMH1.11\]](#)
- 3 Māori health service (including Māori mental health or addictions services) [\[go to CMH1.09\]](#)
- 4 Community mental health or addictions service (including hospital outpatient appointments) [\[go to CMH1.09\]](#)
- 5 Other community support services, such as a [youth 'one-stop-shop'](#) [\[go to CMH1.11\]](#)
- 6 Other [\[Specify\]](#) _____ [\[go to CMH1.11\]](#)
- 7 No, none of the above [\[go to CMH1.11\]](#)
- .K I don't know [\[go to CMH1.11\]](#)
- .R Prefer not to say [\[go to CMH1.11\]](#)

① The following set of two questions (CMH1.09 and CMH1.10) will be asked for question CMH1.08 response options 3 and 4 respectively (ie up to two times). Others proceed to question CMH1.11.

CMH1.09 Did the [\[enter 'Māori health service' OR 'community mental health or addictions service' from CMH1.08\]](#) provide emotional or practical support for you in your role as a parent? If you have only had an update about your child's condition or progress, please don't count this.

- 1 Yes
- 2 No
- .K I don't know
- .R Prefer not to say

[Showcard]

CMH1.10 Who was present at the last visit to the [\[enter 'Māori health service' OR 'community mental health or addictions service' from CMH1.08\]](#)?

- 1 Child alone
- 2 Parent(s) / caregiver(s) only
- 3 Child and one or more support people, such as parents, family / whānau and close friends
- 4 Other
- .K I don't know
- .R Prefer not to say

Unmet need and barriers accessing mental health and addictions services

CMH1.11 In the **past 12 months**, did you ever feel that [Name] needed professional help for their emotions, behaviour, stress, mental health, or [substance use](#) , but they **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 [\[go to Parental stress introduction before CPS1.01\]](#)
- .K I don't know [\[go to introduction before CPS1.01\]](#)
- .R Prefer not to say [\[go to introduction before CPS1.01\]](#)

① If response 1 selected in CMH1.11, ask CMH1.12a, otherwise go to Parental stress introduction before CPS1.01.

[\[Showcard\]](#)

CMH1.12a Thinking about the **most recent time** when you felt [Name] needed professional help, but didn't receive it, why was that?

[\[For VIP survey insert:](#) You may need to scroll down to see all the answer options.]

[\[Select all that apply\]](#)

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

Document 2

① All children aged 0–14 years go to Parental stress questions.

Parental stress

The next five questions are about how **you** may have felt while looking after [Name].

[Showcard]

CPS1.01 In general, how well do you feel you are coping with the day-to-day demands of raising children?

- 1 Very well
- 2 Well
- 3 Somewhat well
- 4 Not very well
- 5 Not very well at all
- .K I don't know
- .R Prefer not to say

Now can you please think about the **past month**.

[Showcard]

CPS1.02 During the **past month**, how often have you felt [Name] is much harder to care for than most children the same age?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Usually
- 5 Always
- .K I don't know
- .R Prefer not to say

[Showcard]

CPS1.03 During the **past month**, how often have you felt [Name] does things that really bother you a lot?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Usually
- 5 Always
- .K I don't know
- .R Prefer not to say

[Showcard]

CPS1.04 During the **past month**, how often have you felt angry with [Name]?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Usually
- 5 Always
- .K I don't know
- .R Prefer not to say

Document 2

CPS1.05 Is there someone that you can turn to for day-to-day emotional support with raising children? This can be any person, including your husband or wife or partner.

- 1 Yes
- 2 No
- .K I don't know
- .R Prefer not to say

① New screen.

Thank you for completing those questions; please click 'Next'. [For F2F survey insert: Please return the computer to the interviewer and they will continue the questionnaire.]

① END OF SELF-COMPLETE SECTION.

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Household food security

I now want to ask you some questions about particular foods you choose, and the buying of food or gifting of food. We are interested in whether you feel you always have sufficient resources to have the food you need for yourself and the people you live with. We are not concerned with your budget, or how you spend money, but we are more interested in finding out about how people get the food that they need for their household to eat and share.

① There are eight statements about food security. Ask the respondent to consider each statement and respond. In each case "we" refers to the household.

① A household can be one person who lives alone, or two or more people who live together and share facilities (such as for cooking) in a private dwelling.

① If required, respondent can read out the number next to the answer on the showcard / screen.

[Showcard]

CFS1.01 First of all, we know that some people can't afford to eat properly and we are interested in whether you think your household has enough money to eat properly. It's what you think eating properly is – not what I think or anyone else thinks.

We can afford to eat properly.

- 1 Always
- 2 Sometimes
- 3 Never
- .K Don't know
- .R Refused

[Showcard]

CFS1.02 We are interested in whether you run out of basics, like bread, potatoes, etc because you do not have enough money. We are NOT referring to treats or special foods.

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

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

- 1 Often
- 2 Sometimes
- 3 Never
- .K Don't know
- .R Refused

Document 2

[Showcard]

CFS1.03 Now we are interested in whether a lack of money leads you to sometimes have smaller meals than you would like or whether a lack of money means there isn't enough food for seconds or you sometimes skip meals?

We eat less because of lack of money.

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

- 1 Often
- 2 Sometimes
- 3 Never
- .K Don't know
- .R Refused

[Showcard]

CFS1.04 Now we are going to talk about the variety of foods you eat. By variety, we mean the number of different kinds of food you have.

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

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

- 1 Often
- 2 Sometimes
- 3 Never
- .K Don't know
- .R Refused

[Showcard]

CFS1.05 Some people rely on support and assistance from others for supplying their regular food and we are interested in finding out how many people fall into this group.

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

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

- 1 Often
- 2 Sometimes
- 3 Never
- .K Don't know
- .R Refused

Document 2

[Showcard]

CFS1.06 Also, some people have to rely on other sources of help such as food grants or food banks.

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

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

- 1 Often
- 2 Sometimes
- 3 Never
- .K Don't know
- .R Refused

[Showcard]

CFS1.07 We know that some people get quite stressed and worried about providing enough food even though they don't actually go without food.

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

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

- 1 Often
- 2 Sometimes
- 3 Never
- .K Don't know
- .R Refused

[Showcard]

CFS1.08 We recognise that for some people food and sharing with others is important, to the point that they don't have enough food for themselves. In this question we are only interested in social situations that are gatherings within, or outside, the household. As a result people may find themselves stressed/whakamā (embarrassed) about their koha (gift) when providing food for others.

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

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

- 1 Often
- 2 Sometimes
- 3 Never
- .K Don't know
- .R Refused

① If all CFS1.01–CFS1.08=3, display message: Can I just check: earlier I recorded that you can 'never' afford to eat properly. Is this correct? If incorrect, go back to CFS1.01 and change answer (and then cycle through CFS1.02–CFS1.08). If correct, select 'Continue'.

① If all CFS1.01–CFS1.08=1, display message: Can I just check: earlier I recorded that you can 'always' afford to eat properly. Is this correct? If incorrect, go back to CFS1.01 and change answer (and then cycle through CFS1.02–CFS1.08). If correct, select 'Continue'.

Socio-demographics

Now, we need to collect some general information about [Name]. The answers to these questions help us to check that we have selected a representative sample of New Zealand children to participate in this survey, and sometimes these things can affect children's health.

Date of birth

C4.01 What is [Name's] date of birth?

① Interviewer read back date of birth to check it is correct.

① 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 **Display message:** This means [Name] is X years old.

_____ Day (range 1–31)

_____ Month (range Jan–Dec)

_____ Year (range [current year minus 15]–[current year])

.R Refused

Ethnic group(s)

[Showcard]

C4.03 Which ethnic group or groups does [Name] belong to?

[For VIP survey insert: You may need to scroll down to see all the answer options.]

[Select all that apply]

① 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, Ethnicity New Zealand Standard Classification 2005 V2.1.0]

.K Don't know

.R Refused

Document 2

[Showcard]

C4.05 Which country was [Name] born in?

[For VIP survey insert: You may need to scroll down to see all the answer options.]

① 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 Medical insurance introduction before C4.06a]
- 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

C4.06 In what year did [Name] arrive to live in New Zealand?

① Record 4 digit date, eg 2017.

① If year is earlier than year of birth, display message: Consistency check ① Answer must be \geq year of birth given at C4.01. Go back to C4.01 (Date of birth). Go back to C4.06.

_____ year (range [current year minus 15]–[current year])

- .K Don't know
- .R Refused

Medical insurance

Now I'll ask you about medical insurance.

C4.06a Is [Name] covered by any health or medical insurance?

- 1 Yes
- 2 No
- .K Don't know
- .R Refused

Interviewer observation – if adult questionnaire completed

Complete following observation without asking the respondent:

CQ1 Has the adult questionnaire been completed?

- 1 Yes [go to CQ2 interviewer observation]
- 2 No – to be completed **another day**, or **may not be completed** (adult declined)
[continue with questions from C4.17 – Extra questions if adult questionnaire had not yet been completed]
- 3 No – to be completed **directly after this survey** [go to CQ2 interviewer observation]

Extra questions if adult questionnaire has not yet been completed

Income

[Showcard]

C4.17 Looking at the [For F2F survey insert: Showcard] [For VIP insert: options on the screen], 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

Document 2

Housing

Now some questions about housing.

C4.17a Do you, or anyone else who lives here, hold this house / flat in a family trust?

① 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 C4.19]
- 2 No
- .K Don't know
- .R Refused

C4.18 Do you, or anyone else who lives here, own or partly own this dwelling, with or without a mortgage?

- 1 Yes [go to bedrooms C4.19]
- 2 No
- .K Don't know
- .R Refused

[Showcard]

C4.18a 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

Document 2

C4.19 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.

① 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.

① 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

[Picture Showcard]

C4.19a Counting those bedrooms, how many rooms are there in this dwelling? Please include all the rooms listed under 'Count' on the [For F2F insert: Showcard.] [For VIP insert: screen.] Do not include the rooms listed under 'DON'T count'.]

[For VIP survey insert: You may need to scroll down.]

① 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.

① If a dwelling is built in an open-plan style, then room equivalents should be counted as if they had walls between them.

① 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.

① If number of rooms is fewer than number given in C4.19, display message: Consistency check ① Answer must be \geq number of bedrooms given at C4.19. Go back to C4.19. Go back to C4.19a.

_____ rooms (range 1–100)

.K Don't know

.R Refused

Interviewer observation – if both adult / child survey respondent

Complete following observation without asking the respondent:

CQ2 Is the adult who answered this child questionnaire, also selected as the NZHS adult respondent?

1 Yes [go to Household composition C4.24]

2 No [continue with questions: introduction before secondary school qualification C4.20 to introduction before Relationships C4.28]

Extra questions if primary caregiver was *not* the NZHS adult respondent

Now, a few questions about you.

[Showcard]

C4.20 What is your highest secondary school qualification?

[For VIP survey insert: You may need to scroll down to see all the answer options.]

- 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

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Document 2

[Showcard]

C4.21 What is your highest completed qualification?

[For VIP survey insert: You may need to scroll down to see all the answer options.]

- 0 None
- 1 National Certificate level 1
- 2 National Certificate level 2
- 3 National Certificate level 3
- 4 National Certificate level 4
- 5 Trade Certificate
- 6 Diploma or Certificate level 5
- 7 Advanced Trade Certificate
- 8 Diploma or Certificate level 6
- 9 Teachers Certificate / Diploma
- 10 Nursing Diploma
- 11 Bachelor
- 12 Bachelor Hons
- 13 Postgraduate Certificate / Diploma
- 14 Masters Degree
- 15 PhD
- 77 Other [Specify] _____
- .K Don't know
- .R Refused

ⓘ If C4.20=2, 3, 4, 5, 6 (secondary school qualification completed) AND C4.21=0 (no highest completed qualification), display message: Consistency check ⓘ In question C4.20 you recorded that the respondent had completed a secondary school qualification, but in C4.21 you recorded that they haven't completed a qualification. Verify answers with respondent. Go back to C4.20. Go back to C4.21.

[Showcard]

C4.22 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 Household composition C4.24]
- 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 Household composition C4.24]
- 77 Other [Specify] _____ [go to Household composition C4.24]
- .K Don't know [go to Household composition C4.24]
- .R Refused [go to Household composition C4.24]

C4.23 How many hours a week do you **usually** work?

ⓘ Round to nearest hour.

- _____ hours (range 1–120)
- .K Don't know
 - .R Refused

Household composition

① Ask next questions, C4.24 and C4.28, if there is more than 1 person in household (Occupants in household screener>1).

Gender and age

C4.24 I would now like to enter some information about the **other** people who live in this household as this can affect [Name's] health. Please confirm the initials, ages and genders of all the people who usually live in this household.

① The following questions cover the initials, age, gender and relationship of **every** member of the household.

① Update fields or add / delete occupants below as required.

① Occupant grid pre-populated with information from household screener.

① Provide three response options for gender: male, female, another gender.

Occupant Name	ID	Age	Gender

Relationships

The next questions are about relationships in your household.

① The following questions cover the relationships between **every** member of the household.

① 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]

C4.28

① If dealing with respondent's relationships, insert:

What is [Name's] relationship to you?

① Include natural, step, adopted and foster relationships.

① Otherwise insert:

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

① Include natural, step, adopted and foster relationships.

- 1 Spouse or partner
- 2 Child (eg daughter)
- 3 Parent (eg father)
- 4 Sibling (eg brother)
- 5 Grandchild
- 6 Grandparent
- 7 Great-grandchild
- 8 Great-grandparent
- 9 Nephew or niece
- 10 Uncle or aunt
- 11 Other relative
- 12 Unrelated
- .K Don't know
- .R Refused

① Perform the following soft edit checks on all coded relationship pairs.

Document 2

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 talking with me about [Name's] health. 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.

C6.01 Is there a landline phone that my Supervisor can call you on?

- 1 Yes [Specify] _____ [only accept landline number format]
- 2 No

C6.02 Do you have a cell phone number we could reach you on?

- 1 Yes [Specify] _____ [only accept cell number format]
- 2 No

C6.03 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

C6.04 I would now like to ask if you would be happy to be contacted within the next five years about the possibility of [Name] being involved in follow-up health research of importance to the Ministry of Health? Saying yes to this question won't commit you or [Name] 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 C6.09]

① If C6.01, C6.02 and C6.03 all=2 go to C6.06, otherwise go to C6.05.

C6.05 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 C6.07]
- 2 No

C6.06 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

Document 2

C6.07 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. Surname: _____
 - c. Street number and name: _____ [mandatory field]
 - d. Suburb: _____ [mandatory field]
 - e. City: _____ [mandatory field]
 - f. Postcode: _____
- 2 No, do **not** record my name and address / Refused

C6.08 Could I also record [Name's] full name and their address?

① Interviewer to update address if different to parent / guardian address.

- 1 Yes, record child's 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 child's 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 about [Name] in this survey, with other information routinely collected by government agencies. 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 [Name's] 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. [Name's] 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.

C6.09 Are you willing for [Name's] survey results to be linked with other information routinely collected by government agencies?

- 1 Yes
- 2 No [go to Interviewer observations introduction before C6.15]

Document 2

C6.11 Can I please record [Name's] name, address, date of birth and gender for data linking? Please note:

- [Name's] 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 [Name's] personal details (ie name, address and date of birth).

① 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

- First name: _____ [mandatory field]
- Middle name: _____
- Surname: _____ [mandatory field]

- Street number and name: _____ [mandatory field]
- Suburb: _____ [mandatory field]
- City: _____ [mandatory field]
- Postcode: _____

- Date of birth: _____ (range [current year minus 15]–[current year])
[mandatory field]
- Gender: _____ [mandatory field]

2 No, don't record any of these details

① If first name, surname, address, date of birth, or gender not provided, display the following message: In order to help us link [Name's] data, would you mind providing [Name's] full name, address, date of birth and gender?

① If only one initial provided for either first or last name, display the following message: In order to help us link [Name's] data, would you mind providing [Name's] full first and last name, rather than initials?

① 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.

① If date of birth recorded at C6.11≠C4.01, 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 – setting

Complete following observations without asking the respondent:

C6.15 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 who took part in survey
- 5 Other child(ren)
- 6 Completed alone in room

Respondent burden assessment self-complete section

The next questions will ask you about your experience of the survey process. [For VIP: These questions are for you to answer on your own.] [For F2F: I will turn the computer towards you, so you can answer the questions privately.]

① START OF SELF-COMPLETE.

CR1.01 Please rate on a scale of 1–5, where 1 is Absolutely NOT Acceptable and 5 is Highly Acceptable:

	1 Absolutely NOT Acceptable	2	3	4	5 Highly Acceptable
Survey length					
The number of questions					
Complexity of questions					
Intrusiveness of questions					

① If VIP Survey and CQ1=2 (adult survey not yet completed) or CQ2=2 (adult survey completed, but by different person to child survey), ask CR1.05 and CR1.06.

CR1.05 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 Strongly Disagree	2	3	4	5 Strongly Agree
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					

Document 2

CR1.06 Did you encounter any problems with making an appointment, or taking part online?

- 1 Yes [Specify] _____
- 2 No

CR1.02 Would you take part in the New Zealand Health Survey again?

- 1 Yes [go to CR1.04]
- 2 No [go to CR1.03]

CR1.03 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] _____

CR1.04 Are there any other comments you would like to make about taking part in the survey?

- 1 Yes [Specify] _____
- 2 No

Thank you for answering those questions; please click 'Next'. [For F2F: Please hand the computer back.]

① END OF SELF-COMPLETE SECTION.

① New screen.

For VIP, go to Thank you.

① The rest of the questionnaire is collected in the Sample Manager tool.

Health measurements

① If the measurements section is completed first (eg after the adult measurements and before the child interview) ask:

Could you please tell me which of these age groups [Name] belongs to?

① Age is asked as these questions depend on the child's age.

- 1 Birth–11 months
- 2 12–23 months (1 year old)
- 3 2–4 years
- 4 5–9 years
- 5 10–14 years
- .K Don't know
- .R Refused

① If the measurements section is completed at the end of the child questionnaire:

① If child is aged 0–23 months old say: That's the end of the questionnaire. [go to Thank you section].

① If child aged 2–4 years old say: That's the end of the questionnaire. I would now like to measure [Name's] height and weight.

Is this a good time for me to get measurements from [Name]?

- 1 Yes
- 2 No [MAKE A TIME TO VISIT WHEN CHILD IS HOME]

① If child aged 5+ years old say: That's the end of the questionnaire. I would now like to measure [Name's] height, weight and waist circumference.

Is this a good time for me to get measurements from [Name]?

- 1 Yes
- 2 No [MAKE A TIME TO VISIT WHEN CHILD IS HOME]

① To child: While I'm setting up the equipment, could you please remove your shoes and any **heavy** clothing so that we get the measurements right... Thank you.

① For children aged 5–14, say: I am now going to take three measurements from you: height, weight and waist, in that order.

① For children aged 2–4, say: I am now going to take two measurements from you: height and weight, in that order.

I'm then going to take those measurements again, and if any of the second measures are not close enough to the first ones, I'll measure you for a third time.

Height

If aged 2 years and over.

Now I would like to measure your height.

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

① If head is not in Frankfort Plane say...

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

① Take measurement when breath is held and say it aloud.

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

CM1.0 1st reading 0.000 (m)

.R Respondent refused to have height recorded

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

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

Weight

If aged 2 years and over.

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

CM2.0 1st reading 000.0 (kg)

.R Respondent refused to have weight recorded

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

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

Waist

① If aged 5 years and over.

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

CM3.0 1st reading 000.0 (cm)

.R Respondent refused to have waist circumference recorded

777 Respondent unable to have waist circumference recorded

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

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

Thank you

On behalf of the Ministry of Health, thank you once again for talking with me about [Name's] health.

[For F2F: Here is a small gift from the Ministry in recognition of your time.

① 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).]

[For VIP: We would like to email you a Thank you card (with a list of phone numbers you can call if you would like more information or advice), along with the consent form(s).]

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

① End survey.

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New Zealand Health Survey

New Zealand Health Survey

Adult Questionnaire (Year 13)

1 July 2023 – 30 June 2024

In field July 2023

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Overview and programming information

Design

Each year for the New Zealand Health Survey, approximately 14,000 adults are interviewed face-to-face (in person) and remotely using computer software (a virtual interface platform). 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, health status and behaviours and health service utilisation. Anthropometric measurements (height, weight and waist circumference) and blood pressure are also taken. 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
Blue	<p>Showcard note positioned above a question</p> <p>Multiple response allowed for a question</p> <p>Instructional text specifically for interviewers</p> <p>Text read verbatim to respondents</p> <p>Interviewer observations: section completed unobtrusively (solely) by interviewer</p> <p>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</p>
Purple	Text specifically for questionnaire readers, not displayed on screen
Red	Programmer information, instructions, alerts and headings, not displayed on screen
Abbreviations used in programming text	
F2F	Face-to-face
VIP	Virtual Interface Platform

Document 3

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 / Prefer not to say, 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 interviewer 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 13 Modules

Perceived body size	The three perceived body size questions provide alternatives to the physical measurement of height and weight.
Washington Group Enhanced Short Set	The six extra items in the Washington Group Enhanced Short Set supplement the existing six items of the Washington Group Short Set in the core questionnaire.
Migraine clip-on	Five questions on migraines to determine the prevalence of migraines and compare to rates of being diagnosed with migraine.
Tobacco and vaping	The core and module questions have been mixed to make the questions flow. Core questions start with 'A' and module questions start with 'TOB'.
Racial discrimination	These six questions focus on how respondents may be viewed by others in terms of their ethnicity, how often respondents may think about their ethnicity, and whether they have experienced discrimination because of their ethnicity.

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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 Reach Aotearoa 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]

① 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

① If AC.02=2, display message: ① 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 and overall wellbeing self-complete section

[For VIP survey insert: Before we begin, can I please check that you are in a private space, where our conversation will not be overheard?

① If the answer is 'No', request that the respondent find a private space before you continue. Alternatively, rearrange the interview to a time when the respondent will have privacy.

I'll just explain some key features of this video interview:

- Three types of questions will be asked: questions that include an option list for you to select from; yes or no questions that do not include an option list; and questions that are more personal, that you can complete yourself.
- To pause the survey at any time, just click the pause button at the top right of the screen. To turn off your camera or microphone, select the camera or microphone icons below the video feed. If you need help with your audio or video, using headphones, or help with anything else, just let me know.]

① New screen.

The first section asks about age group, sex, gender, and wellbeing. Age group and sex are asked here so that only questions which apply to you are asked in the survey.

These questions are for you to answer on your own. [For F2F survey insert: I will turn the computer towards you, so you can answer the questions privately.] If you need help, I can show you what to do.

① I can also read the questions out, and you can answer by calling out the option number [For F2F survey insert: from the Showcard] that best applies to you.

① START OF SELF-COMPLETE.

Age group

[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

Sex and gender

[Showcard]

AD.01a At birth, what was your sex recorded as?

- 1 Male
- 2 Female
- 3 Another term

Document 3

[Showcard]

AD.01b What is your gender?

① A person's gender may be different from their sex at birth. Gender refers to a person's social and personal identity as male, female, or another gender such as non-binary.

- 1 Male
- 2 Female
- 3 Another gender please specify, if you are comfortable doing so [Other screen text: (leave blank if you do not wish to specify)] [Allow blank if respondent does not volunteer any detail] [To be programmed from the codefile from StatsNZ after interview – ie NOT by respondent / interviewer]

Overall life satisfaction and family wellbeing

[Showcard]

AMH2.01 This is a general question about your life as a whole these days. This includes all areas of your life.

Where zero is completely dissatisfied, and ten is completely satisfied, how do you feel about your life as a whole?

- _____ (range 0–10)
- .K I don't know
- .R Prefer not to say

[Showcard]

AMH2.02 Now, a question about your family. Please think in general about how your family is doing.

Where zero means extremely badly and ten means extremely well, how would you rate how your family is doing these days?

- ① If necessary: Include all areas of life for your family.
- ① If necessary: Your 'family' is the group of people you think of as your family.

- _____ (range 0–10)
- 11 I don't have any family
- 12 I can't define my family
- .K I don't know
- .R Prefer not to say

① New screen.

Thank you for answering these questions; please click 'Next'. [For F2F survey insert: Please return the computer to the interviewer and they will continue the questionnaire.]

① END OF SELF-COMPLETE SECTION.

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** condition 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?

① 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

Document 3

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

① 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]

① Probe "Any others?" until no other treatment mentioned.

① Don't include surgery the respondent has had or is scheduled to have in the future.

- 1 No treatment [cannot be selected with other options]
- 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)?

① 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]

Document 3

[Showcard]

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

[Select all that apply]

- 1 No treatment [cannot be selected with other options]
- 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?

① If respondent's sex is female (AD.01a=2) 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?

① 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 [cannot be selected with other options]
- 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]

Document 3

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 [cannot be selected with other options]
- 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 Chronic pain A1.29]
- .K Don't know [go to A1.29]
- .R Refused [go to A1.29]

[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]

① 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]

① Don't include surgery the respondent has had or is scheduled to have in the future.

- 1 No treatment [cannot be selected with other options]
- 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

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**.

① This includes chronic pain that is reduced by treatment.

- 1 Yes
- 2 No
- .K Don't know
- .R Refused

Migraines

M1.50 Have you had a headache in the **last three months**?

- 1 Yes [go to A1.51]
- 2 No [go to A1.54]
- .K Don't know [go to A1.54]
- .R Refused [go to A1.54]

M1.51 Has a headache limited your activities for **a day or more** in the **last three months**?

① Activities refers to work, study, play or other things you need to do in the day.

- 1 Yes
- 2 No
- .K Don't know
- .R Refused

M1.52 Are you nauseated or sick to your stomach when you have a headache?

① If respondent answers 'sometimes', code this as 'yes'.

- 1 Yes
- 2 No
- .K Don't know
- .R Refused

M1.53 Does light bother you when you have a headache?

① If respondent answers 'sometimes', code this as 'yes'.

- 1 Yes
- 2 No
- .K Don't know
- .R Refused

L1.29g Have you ever been told by a doctor that you have migraines?

- 1 Yes
- 2 No
- .K Don't know
- .R Refused

Hysterectomy self-complete section

① Ask L1.29t if sex is female (AD.01a=2) and aged 20 years and over (AD.02#1). Otherwise go to Oral health introduction.

The next question is for you to answer on your own. If you need help, I can show you what to do.

① I can also read the question out, and you can answer by calling out the option number.

① **START OF SELF-COMPLETE.**

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

- 1 Yes
- 2 No
- .K I don't know
- .R Prefer not to say

① **New screen.**

Thank you for answering this question; please click 'Next'. [For F2F survey insert: Please return the computer to the interviewer and they will continue the questionnaire.]

① **END OF SELF-COMPLETE SECTION.**

Oral health

The next questions are about your teeth, gums and mouth. When I say dental health care worker, I mean dentists, dental therapists (used to be called 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.

① Includes teeth that were removed while overseas (as well as in New Zealand).

① Includes baby teeth and wisdom teeth **ONLY** if removed because of tooth decay, an abscess, infection or gum disease.

① 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

Document 3

① 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

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Interviewer observations – language / cognitive assistance

Complete following observations without asking the respondent:

① 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.

① 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**.

① 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

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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?

① 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]

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

[Select all that apply]

- 1 GP (general practitioner or family doctor)
- 2 Nurse
- 3 Physiotherapist
- 4 Mental health professional (eg psychologist or counsellor)
- 5 Dietitian
- 77 Another health care worker [Specify] _____
- 0 None of the above [cannot be selected with other options]
- .K Don't know
- .R Refused

① If A2.03a=1 and A2.040=0, display message: Consistency check ① 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 or change this response.

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)

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

.K Don't know [go to A2.33a]

.R Refused [go to A2.33a]

ⓘ If A2.040=1 and A2.13a=0, display message: Consistency check ⓘ 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 or change this response.

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

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

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

ⓘ If free enter 0.00.

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

ⓘ 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

Document 3

[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?

[For VIP survey insert: You may need to scroll down to see all the answer options.]

[Select all that apply]

① Read each response option aloud and allow respondents to respond to each option.

① Please exclude not visiting a GP because of cost.

- 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 ① 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 [cannot be selected with other options]
- .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]
- .K Don't know [go to introduction before A2.69]
- .R Refused [go to introduction before A2.69]

ⓘ If A2.040=2 and A2.41a=2, display message: Consistency check ⓘ 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 or change this response.

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.

- ⓘ If none enter 0.
_____ times (range 0–99)
.K Don't know
.R Refused

ⓘ If A2.42a is more than A2.13a, display message: Consistency check: ⓘ The number of times respondent saw a nurse as part of a GP consultation in the past 12 months (A2.42a) should not be more than the number of times they saw a GP in the past 12 months (A2.13a). Go back to A2.13a or change this response.

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

- ⓘ If none enter 0.
_____ times (range 0–99)
.K Don't know
.R Refused

ⓘ If A2.41a=1 and A2.42a=0 and A2.43a=0, display message: Consistency check ⓘ 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 change this response.

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 Dental healthcare workers introduction before A2.91]

- .K Don't know [go to Dental healthcare workers introduction before A2.91]
- .R Refused [go to Dental healthcare workers introduction before A2.91]

[Showcard]

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

[Select all that apply]

① Read each response option aloud and allow respondents to respond to each option.

① 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; or sent by GP
- 2 GP or after-hours too expensive
- 3 Time of day / day of week (outside of usual medical centre hours)
- 4 Time taken to get an appointment was too long at usual medical centre
- 77 Another reason [Specify] _____
- .K Don't know [go to Dental health care workers introduction before A2.91]
- .R Refused [go to Dental health care workers introduction before A2.91]

① 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; or sent by GP
- 2 GP or after-hours too expensive
- 3 Time of day / day of week (outside of usual medical centre hours)
- 4 Time taken to get an appointment was too long at usual medical centre
- 77 Another reason ([pipe through response from A2.720])
- .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 (used to be called 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

Getting help for mental health and substance use issues

This section is about your contact with health professionals and other people for any concerns you might have 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.

[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**?

[For VIP survey insert: You may need to scroll down to see all the answer options.]

[Select all that apply]

① By substance use, we mean use of alcohol or drugs. Please don't include tobacco products.

① Please include all modes of consultation with a person (eg, on the phone, text, messaging apps).

① 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 [cannot be selected with other options]
- .K Don't know
- .R Refused

Document 3

[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?

[For VIP survey insert: You may need to scroll down to see all the answer options.]

[Select all that apply]

① By substance use, we mean use of alcohol or drugs. Please don't include tobacco products.

① 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 [cannot be selected with other options]
- .K Don't know
- .R Refused

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).

① By substance use, we mean use of alcohol or drugs. Please don't include tobacco products.

- 1 Yes
- 2 No [go to Health behaviours and risk factors introduction before A3.01]
- .K Don't know [go to introduction before A3.01]
- .R Refused [go to introduction before A3.01]

Document 3

[Showcard]

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

[For VIP survey insert: You may need to scroll down to see all the answer options.]

[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 Don't know
- .R Refused

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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?

① If respondent is female [AD.01a=2], 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 Body size introduction before DH1.19]
- .K Don't know [go to introduction before DH1.19]
- .R Refused [go to introduction before DH1.19]

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

- 1 Yes
- 2 No
- .K Don't know
- .R Refused

Body size self-complete section

The next few questions about weight and height are for you to answer on your own. If you need help, I can show you what to do.

④ I can also read the questions out, and you can answer by calling out the option number.

④ START OF SELF-COMPLETE.

[Showcard]

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

- 1 Very underweight
 - 2 Underweight
 - 3 Neither underweight nor overweight
 - 4 Overweight
 - 5 Very overweight
 - 6 Currently pregnant [Only show this option for cis-female respondents (sex is female, AD.01a=2 AND gender is female, AD.01b=2) aged 15–54 years].
[Pregnant respondents skip to Physical Activity introduction before A3.06]
- .K I don't know
.R Prefer not to say

[Showcard]

BS3.01 How tall are you without shoes?

④ Please enter answer using just one type of unit.

④ Data to be converted to m (0.000 m).

- 1 ____ centimetres (range 60–250)
 - 2 ____ metres (range 0.6–2.5)
 - 3 ____ feet (range 2–8) and ____ inches (range 0–11)
- .K I don't know
.R Prefer not to say

[Showcard]

BS3.02 How much do you weigh?

④ Please enter answer using just one type of unit.

④ Data to be converted to kg (000.0kg).

- 1 ____ kilograms (range 6–250)
 - 2 ____ stones (range 1–40) and ____ pounds (range 0–13)
 - 3 ____ pounds (range 14–550)
- .K I don't know
.R Prefer not to say

④ New screen.

Thank you for completing this section; please click 'Next'. [For F2F survey insert: Please return the computer to the interviewer and they will continue the questionnaire.]

④ END OF SELF-COMPLETE SECTION.

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?

① If respondent cannot provide a typical duration, record the average time per day.

① All fields (hours and minutes) must be completed.

_____ hours (range 0–24) _____ minutes (range 0–59) ① If under 10 minutes, display message: Total time must be >=10 mins.

.K Don't know

.R Refused

① 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. Go back to question A3.07 and verify answer with respondent.

[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 shown on the [For F2F insert: Showcard.] [For VIP insert: screen image (you may need to scroll down).] Do not include walking of any kind.

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

① Activities shown on the Showcard / screen image are examples of moderate activity. Many other activities may fall into this category.

① Activities on the Moderate Activity Showcard / screen image and Vigorous Activity Showcard / screen image can be interchangeable. If a respondent defines an activity as being moderate, even though it is on the Vigorous Activity Showcard / screen image, 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]

Picture Showcard for A3.08

Carrying light loads	Badminton (social)
Electrical work	Ballroom dancing
Farming	Bowls (indoor, outdoor / lawn)
Heavy gardening (digging, weeding, raking, planting, pruning, clearing section)	Cricket (outdoors – batting and bowling)
Heavy cleaning (sweeping, cleaning windows, moving furniture)	Cycling (recreational – less than 15km/hr – not mountain biking)
House renovation	Deer hunting
Machine tooling (operating lathe, punch press, drilling, welding)	Doubles tennis
Lawn mowing (manual mower)	Exercising at home (not gym)
Plastering	Golf
Plumbing	Horse Riding / Equestrian
	Kayaking – slow
Kapa haka practice	Skate boarding
Waiata-a-ringā	Surfing / body boarding
	Yachting / sailing / dingy sailing

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

- ① If respondent cannot provide a typical duration, record the average time per day.
- ① All fields (hours and minutes) must be completed.

_____ hours (range 0–24) _____ minutes (range 0–59) ① If under 10 minutes, display message: Total time must be >=10 mins.

- .K Don't know
- .R Refused

① 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. Go back to question A3.09 and verify answer with respondent.

① 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. Go back to question A3.07 or A3.09 and verify answer with respondent.

[Picture Showcard]

Document 3

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 [For F2F insert: Showcard.] [For VIP insert: screen image. You may need to scroll down.]

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

① Activities shown on the Showcard / screen image are examples of vigorous activity. Many other activities may fall into this category.

① Activities on the Vigorous Activity Showcard / screen image and Moderate Activity Showcard / screen image can be interchangeable. If a respondent defines an activity as being vigorous, even though it is on the Moderate Activity Showcard / screen image, 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]

Picture Showcard for A3.10

Carrying heavy loads	Boxing
Forestry	Aerobics
Heavy construction	Kayaking – fast
Digging ditches	Athletics (track and field)
Chopping or sawing wood	Aquarobics
	Skiing
Taiaha	Badminton (competitive)
Haka	Basketball
Rowing	Soccer
Judo, karate, other martial arts	Cricket – indoors (batting and bowling)
Mountain biking	Rock climbing
Cycling (competitive)	Cycling – recreational (not mountain biking) – more than 15 km/hr
Rugby union	Rugby league
Hockey	Exercise classes – going to the gym (other than for aerobics) / weight training
Race walking	Netball
Table tennis (competitive)	Volleyball
Running / jogging / cross country	Softball (running and pitching only)
Singles tennis	Squash
Touch rugby	Surf life saving
Tramping	Swimming (competitive)
Triathlon	Water Polo

Document 3

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

- ① If respondent cannot provide a typical duration, record the average time per day.
- ① All fields (hours and minutes) must be completed.

_____ hours (range 0–24) _____ minutes (range 0–59) ① If under 10 minutes, display message: Total time must be ≥ 10 mins.

- .K Don't know
- .R Refused

① If $A3.11 \geq 4$ hours, display message: A person is unlikely to do vigorous activity (huff and puff) for 4 or more hours per day. Go back to question A3.11 and verify answer with respondent.

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?

- ① 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

① 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.

① 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.

① 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 Tobacco introduction before A3.13]
- 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 A3.13]
- .K Don't know
- .R Refused

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[Picture Showcard]

A3.12c Looking at the [For F2F insert: Showcard] [For VIP insert: options on the screen], what type of toothpaste do you usually use?

[For VIP survey insert: You may need to scroll down to see the answer options.]

① 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”.

① Homemade toothpaste or baking soda should be coded as ‘Don’t use toothpaste / no toothpaste available in the house’.

- 1 Standard fluoride toothpaste
 - 3 Non-fluoridated toothpaste
 - 4 Don’t use toothpaste / no toothpaste available in house
- .K Don’t know
.R Refused

Picture Showcard for A3.12c

1. Standard fluoride toothpaste	
3. Non-fluoridated toothpaste	
4. Don't use toothpaste / no toothpaste available in house	

Tobacco

Now, some questions on tobacco smoking. For these questions, please do not include the use of vaping devices or electronic cigarettes. 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.

① If asked, this does **not** include marijuana / cannabis or vaping / electronic cigarettes.

- 1 Yes
- 2 No [go to SHS TOB4.02a]
- .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
- .K Don't know
- .R Refused

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[Showcard]

A3.15 How often do you now smoke?

① Read response options. If more than one frequency given, code the highest one.

- 1 I don't smoke now [go to Initiation and uptake TOB1.01]
- 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

① Ask next question, A3.18, if respondents smoke (A3.15=2, 3, 4, 5) or didn't answer the question about how often they smoke (A3.15=.K, .R).

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

① Response option numbers are not displayed on CAPI screen.

① Don't initially prompt answer. Wait and code.

① If respondent is unable to suggest an average, ask for the typical number of cigarettes smoked in a week and divide by 7.

① 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

Initiation and uptake

① Ask everyone TOB1.01 who had ever smoked cigarettes or tobacco at all even just a few puffs (A3.13=1)

① Others (A3.13 = 2, .K, .R) go to 'Exposure to second-hand smoke in adults', question TOB4.02a

TOB1.01 At what age did you try your first cigarette?

① If asked, this includes any type of tobacco product eg cigar, rollies

_____ years (range 0-110)

.K Don't know

.R Refused

① Ask TOB1.03a for respondents who have smoked a total of more than 100 cigarettes in their lifetime (A3.14 = 1).

① Others (A3.14 =2, .K, .R) go to 'Exposure to second-hand smoke in adults', question TOB4.02a

[Showcard]

TOB1.03a At what age did you **start** smoking **daily**?

① Daily means at least once a day.

① Enter answer in years. If respondent doesn't know exactly, get their best estimate.

① If respondents smoke daily (A3.15=2), then the response option 'I have never smoked daily' will not appear on the screen.

.N I have never smoked daily [Do not display for daily smokers (A3.15=2)]

_____ years (range 0-110) [Must be ≥ TOB1.01]

.K Don't know

.R Refused

① consistency check, if responses 'I have never smoked daily', 'Don't know' or 'Refused' is selected, AND year entered, error message to be displayed 'I have never smoked daily, Don't Know and Refused can't be selected if entering an answer'.

Quitting smoking

① Ask A3.16 if respondents no longer smoke (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

2 1 month to 3 months ago

3 4 months to 6 months ago

4 7 to 12 months ago

5 1 to 2 years ago

6 2 to 5 years ago

7 Longer than 5 years ago

.K Don't know

.R Refused

Document 3

① Ask A3.20b if respondents are current smokers (A3.15=2, 3, 4, 5) or didn't answer the current smoker question (A3.15 = K or R); or if they stopped smoking in the last 12 months (A3.16=1, 2, 3, 4).

A3.20b In the **last 12 months**, how many times did you try to quit smoking?

① If respondent stopped smoking in the last 12 months, they should include that.

① If respondent doesn't know exactly, get their best estimate.

_____ times (range 0–365) [If A3.16 = 1,2,3,4, then response can't be '0']

.K Don't know

.R Refused

① Ask A3.20a if respondents tried to quit smoking once or more in the last 12 months (A3.20b ≥ 1)

A3.20a How many of those times were for a week or more?

① If respondent stopped smoking in the last 12 months, they should include that.

① If respondent doesn't know exactly, get their best estimate.

_____ times (range 0–51) [If A3.20a > A3.20b, display note that the interviewer needs to check with the respondent and modify response accordingly]

.K Don't know

.R Refused

① Ask TOB3.02a if respondents tried to quit smoking once or more in the last 12 months (A3.20b ≥ 1)

[Showcard]

TOB3.02a What, if anything, did you use to help you quit smoking during your **last** quit attempt? Please say all that apply.

① Medicines given as examples in response option 3 are also known as Varenicline, Bupropion and Nortriptyline.

① Rongoā Māori is traditional Māori healing, which encompasses herbal remedies, physical therapies and spiritual healing.

① Face-to-face stop smoking services include online face-to-face conversations. They may also see clients in schools and the workplace.

[Multiple response]

1 Vaping or e-cigarettes

2 Nicotine replacement therapies (eg patches, gum)

3 Medicines (eg Champix, Zyban and Norpress)

4 Rongoā Māori (eg plant remedies, mirimiri)

5 Quitline

6 Face-to-face stop smoking service (eg in the community, hospital)

7 Support from friends and whānau

77 Other [Specify] _____

0 I did it on my own [cannot be selected with other options]

.K Don't know

.R Refused

Exposure to second-hand smoke

① Ask everyone, regardless of their smoking status

TOB4.02a Does **anyone** smoke while **inside** your home?
① This is not limited to people who live in the home.

- 1 Yes
- 2 No
- .K Don't know
- .R Refused

TOB4.03a Does **anyone** smoke while travelling in a car or van with you?
① This is not limited to people that you usually travel with.

- 1 Yes
- 2 No
- .K Don't know
- .R Refused

Vaping and electronic cigarettes

① Ask everyone A3.21a regardless of their smoking status.

Now I'll ask you about vaping devices and electronic cigarettes. I'll be using the term 'vaping devices' to cover both. If you vape cannabis on its own, please don't include this, because we will ask about cannabis later.

① Cannabis is also known as marijuana, THC, hash, and weed.

A3.21a Have you ever tried using a vaping device, even just once?

① Vaping devices or electronic cigarettes, also known as vapes or e-cigarettes, are battery-powered devices that heat a liquid to release vapour as people inhale from them. The liquid/juice 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]

TOB 8.01 Have you ever used vaping devices at least **once a week** for a **month** or longer?

- 1 Yes
- 2 No
- .K Don't know
- .R Refused

Document 3

① Ask A3.21b for those who have ever tried vaping/e-cigarettes (A3.21a = 1)

[Showcard]

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

- 1 I don't use them now (go to stop vaping question TOB8.02)
- 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

① Ask TOB4.10a if respondent currently vapes (A3.21b= 2,3,4, 5), or doesn't respond to the frequency of vaping question (A3.21b = .K, .R)

[Showcard]

TOB4.10a Why do you use vaping devices? Please say all that apply.

[Multiple response]

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

① Ask TOB 8.02 if respondent has been a regular vaper (TOB8.01 = 1) but doesn't vape now (A3.21b = 1).

① All other respondents [go to Dietary habits introduction before A3.22a]

[Showcard]

TOB 8.02 How long ago did you stop vaping?

- 1 Within the last month
- 2 1 month to 12 months ago
- 3 More than 1 year ago
- .K Don't know
- .R Refused

Dietary habits

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

① 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.

① If asked, include fruit smoothies.

[For VIP survey insert: You may need to scroll down to see all the answer options.]

- 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 for 3.22a



Document 3

[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**' = $\frac{1}{2}$ medium potato / similar sized kumara **or** $\frac{1}{2}$ 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.

[For VIP survey insert: You may need to scroll down to see all the answer options.]

- 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

Picture Showcard for 13.23a



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?

① 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

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[Showcard]
[Picture Showcard]

A3.26a Looking at the [For F2F insert: Showcard] [For VIP insert: options on the screen], how many drinks containing alcohol do you have on a typical day when you are drinking? [For VIP insert: You may need to scroll down to see the answer options.]
Ⓢ 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.

[For F2F insert: This Picture Showcard [show Picture Showcard]] [For VIP insert: The screen image] can help you estimate the number of standard drinks you have drunk. It shows some examples of the number of standard drinks in different alcoholic drinks.

Ⓢ Take average and round to nearest whole number if necessary, 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:



Document 3

[Showcard]

[Picture Showcard]

A3.27a Looking at the [For F2F survey insert: Showcard, and the Picture Showcard] [For VIP survey insert: options on the screen, and the screen image], how often do you have six or more standard drinks on one occasion? [For VIP insert: You may need to scroll down to see the answer options.]

- 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

Document 3

[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

① 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 questions are 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 [For F2F survey insert: Showcard] [For VIP survey insert: options on the screen], in the **past 12 months**, have you used any of the following substances? Please just read out the number next to the words. [For VIP survey insert: You may need to scroll down to see all the answer options.]

[Select all that apply]

① Prompt: "any others?"

① Please 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, for example, marijuana, hash, weed [go to A3.39]
- 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 [Specify] (for example, synthetic cannabinoids, 'synnies', GHB, GBL, kava etc) _____
- 0 No, none of the above [cannot be selected with other options]
- .K Don't know
- .R Refused

A3.38 In your **life**, have you **ever used cannabis**?

① Do not include synthetic cannabinoids.

① Do not include cannabis that has been prescribed by your doctor or nurse and is taken as prescribed.

- 1 Yes [go to A3.43]
- 2 No [go to Health status introduction before A4.01]
- .K Don't know [go to introduction before A4.01]
- .R Refused [go to introduction before A4.01]

Document 3

[Showcard]

A3.39 In the **past three months**, how often have you used cannabis?

① Do not include synthetic cannabinoids.

① Do not include cannabis that has been prescribed by your doctor or nurse and is taken as prescribed.

- 1 Never [go to A3.43]
- 2 Once or twice
- 3 Monthly
- 4 Weekly
- 5 Daily or almost daily
- .K Don't know
- .R Refused

[Showcard]

A3.40 During the **past three months**, how often have you had a strong desire or urge to use cannabis?

① Do not include mild or fleeting desire to use cannabis, or a desire to use because an opportunity arose (for example, **do not include** if a respondent was offered cannabis and experienced a desire to use cannabis as a result, but did not have a desire to use beforehand).

- 1 Never
- 2 Once or twice
- 3 Monthly
- 4 Weekly
- 5 Daily or almost daily
- .K Don't know
- .R Refused

[Showcard]

A3.41 During the **past three months**, how often has your use of cannabis led to health, social, legal or financial problems?

① This may include problems such as forgetting to do things, difficulty paying attention or getting motivated, problems getting organised, feeling depressed or anxious.

- 1 Never
- 2 Once or twice
- 3 Monthly
- 4 Weekly
- 5 Daily or almost daily
- .K Don't know
- .R Refused

[Showcard]

A3.42 During the **past three months**, how often have you failed to do what was normally expected of you because of your use of cannabis?

① This may include situations such as problems keeping up at work, missing or falling behind at school or university or failing to maintain usual family or relationship commitments (eg house cleaning or paying bills).

- 1 Never
- 2 Once or twice
- 3 Monthly
- 4 Weekly
- 5 Daily or almost daily
- .K Don't know
- .R Refused

[Showcard]

A3.43 Has a friend or relative or anyone else **ever** expressed concern about your use of cannabis?

① Concern can include things such as discussion, questioning, pestering, advice, worry or anger expressed by someone towards the respondent.

① This question is asked of everyone who has ever used cannabis, even if only used occasionally.

- 1 No, never
- 2 Yes, in the past 3 months
- 3 Yes, but not in the past 3 months
- .K Don't know
- .R Refused

[Showcard]

A3.44 Have you ever **tried** and **failed** to control, cut down or stop using cannabis?

① This question is about serious unsuccessful attempts to control, cut down or stop, rather than just passing thoughts of cutting down or half-hearted efforts. Successful attempts to cut down should **not** be recorded.

① If a respondent has made several attempts to cut down and was successful eventually, record the last unsuccessful attempt (eg someone that successfully stopped using cannabis 3 months ago, but had several failed attempts prior to that would be recorded as 'Yes, but not in the past 3 months').

① This question is asked of everyone who has ever used cannabis, even if only used occasionally.

- 1 No, never
- 2 Yes, in the past 3 months
- 3 Yes, but not in the past 3 months
- .K Don't know
- .R Refused

Health status

① Ask all respondents A4.01.

General health question

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:

① Read response options.

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- .K Don't know
- .R Refused

Functional difficulties – Washington Group Enhanced 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

Document 3

[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

[Showcard]

FD1.07 Would you have difficulty lifting a two-litre bottle of water from waist to eye level?

- 1 No – no difficulty
- 2 Yes – some difficulty
- 3 Yes – a lot of difficulty
- 4 Cannot do at all
- .K Don't know
- .R Refused

Document 3

[Showcard]

FD1.08 Do you have difficulty using your hands and fingers, such as picking up small objects, or opening containers?

- 1 No – no difficulty
- 2 Yes – some difficulty
- 3 Yes – a lot of difficulty
- 4 Cannot do at all
- .K Don't know
- .R Refused

[Showcard]

FD1.09 How often do you feel anxious, nervous or worried?

- 1 Daily
- 2 Weekly
- 3 Monthly
- 4 A few times a year
- 5 Never [go to FD1.11]
- .K Don't know [go to FD1.11]
- .R Refused [go to FD1.11]

[Showcard]

FD1.10 Thinking about the last time you felt this way, how anxious, nervous or worried did you feel?

- 1 A little
- 2 A lot
- 3 Somewhere in between a little and a lot
- .K Don't know
- .R Refused

[Showcard]

FD1.11 How often do you feel depressed?

- 1 Daily
- 2 Weekly
- 3 Monthly
- 4 A few times a year
- 5 Never [go to Mental health – K10 introduction before A4.13]
- .K Don't know [go to intro before A4.13]
- .R Refused [go to intro before A4.13]

[Showcard]

FD1.12 Thinking about the last time you felt this way, how depressed did you feel?

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

Document 3

[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

Document 3

[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

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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?

① Interviewer read back date of birth to check it is correct.

① 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 **Display message:** This means you are X years old.

_____ Day (range 1–31)

_____ Month (range Jan–Dec)

_____ Year (range [current in-field year minus 120]–[current in-field year minus 15])

[go to Ethnic group(s) A5.03]

.R Refused

① **Calculated age must be ≥ 15 years. If less than 15, display message:** Age cannot be less than 15.

① **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?

[For VIP survey insert: You may need to scroll down to see all the answer options.]

[Select all that apply]

① 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, Ethnicity New Zealand Standard Classification 2005 V2.1.0]

.K Don't know

.R Refused

Country of birth and languages

[Showcard]

A5.05 Which country were you born in?

[For VIP survey insert: You may need to scroll down to see all the answer options.]

① 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?

① Record 4 digit date, eg 1967.

① If year is earlier than year of birth, display message: Consistency check ① Answer must be \geq year of birth given at A5.01. Year of arrival cannot be before date of birth. Please correct year of arrival or use the Back [F2F] or Previous [VIP] button to go back to A5.01 and correct date of birth.

- _____ (range [current in-field year minus 120]–[current in-field 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]

① 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

Racial discrimination

[Showcard]

R5.08 Now I will ask you some questions about **reactions** to your ethnicity. How do **other people** usually classify you in New Zealand?

[Select all that apply]

- 1 New Zealand European
- 2 Māori
- 3 Samoan
- 4 Cook Island Māori
- 5 Tongan
- 6 Niuean
- 7 Chinese
- 8 Indian
- 77 Other [Specify] _____ [Three "Other" ethnic groups possible]
[Programme from the codefile from StatsNZ]
- .K Don't know
- .R Refused

[Showcard]

R5.09 How often do you think about your ethnicity? Would you say never, once a year, once a month, once a week, once a day, once an hour, or constantly?

- 1 Never
- 2 At least once a year
- 3 At least once a month
- 4 At least once a week
- 5 At least once a day
- 6 At least once an hour
- 7 Constantly
- .K Don't know
- .R Refused

Document 3

[Showcard]

R5.10 Have you ever been a victim of an ethnically motivated attack (verbal or physical abuse to you or your property) **in New Zealand**?

[Select all that apply]

① If respondent selects option 1 only, probe to see if option 2 also applies (and vice versa if only option 2 is selected).

① If respondent selects option 3 only, probe to see if option 4 also applies (and vice versa if only option 4 is selected).

- 1 Yes, verbal – within the past 12 months
- 2 Yes, verbal – more than 12 months ago
- 3 Yes, physical – within the past 12 months
- 4 Yes, physical – more than 12 months ago
- 5 No [cannot be selected with other options]
- .K Don't know
- .R Refused

[Showcard]

R5.11 Have you ever been treated unfairly (for example, kept waiting or treated differently) by a health professional (that is, a doctor, nurse, dentist etc) **because of your ethnicity** in New Zealand?

[Select all that apply]

① If respondent selects option 1 only, probe to see if option 2 also applies (and vice versa if only option 2 is selected).

- 1 Yes, within the past 12 months
- 2 Yes, more than 12 months ago
- 3 No [cannot be selected with other options]
- 4 Not applicable – have never tried to visit a health professional in New Zealand [cannot be selected with other options]
- .K Don't know
- .R Refused

[Showcard]

R5.12 Have you ever been treated unfairly at work or been refused a job **because of your ethnicity** in New Zealand?

[Select all that apply]

① If respondent selects option 1 only, probe to see if option 2 also applies (and vice versa if only option 2 is selected).

- 1 Yes, within the past 12 months
- 2 Yes, more than 12 months ago
- 3 No [cannot be selected with other options]
- 4 Not applicable – have never had a job or tried to find a job in New Zealand [cannot be selected with other options]
- .K Don't know
- .R Refused

Document 3

[Showcard]

R5.13 Have you ever been treated unfairly when renting or buying housing **because of your ethnicity** in New Zealand?

[Select all that apply]

① If respondent selects option 1 only, probe to see if option 2 also applies (and vice versa if only option 2 is selected).

- 1 Yes, within the past 12 months
 - 2 Yes, more than 12 months ago
 - 3 No [cannot be selected with other options]
 - 4 Not applicable – have never tried to rent or buy a house in New Zealand [cannot be selected with other options]
- .K Don't know
.R Refused

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Education

Now, some questions about your education.

[Showcard]

A5.14 What is your highest secondary school qualification?

[For VIP survey insert: You may need to scroll down to see all the answer options.]

- 1 None
- 2 NZ School Certificate in one or more subjects
or National Certificate level 1
or NCEA level 1
- 3 NZ Sixth Form Certificate in one or more subjects
or National Certificate level 2
or NZ UE before 1986 in one or more subjects
or NCEA level 2
- 4 NZ Higher School Certificate
or NZ University Bursary / Scholarship
or National Certificate level 3
or NCEA level 3
or NZ Scholarship level 4
- 5 Other secondary school qualification **gained in New Zealand**
[Specify] _____
- 6 Other secondary school qualification **gained overseas**
- .K Don't know
- .R Refused

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[Showcard]

A5.15 What is your highest completed qualification?

[For VIP survey insert: You may need to scroll down to see all the answer options.]

- 0 None
- 1 National Certificate level 1
- 2 National Certificate level 2
- 3 National Certificate level 3
- 4 National Certificate level 4
- 5 Trade Certificate
- 6 Diploma or Certificate level 5
- 7 Advanced Trade Certificate
- 8 Diploma or Certificate level 6
- 9 Teachers Certificate / Diploma
- 10 Nursing Diploma
- 11 Bachelor
- 12 Bachelor Hons
- 13 Postgraduate Certificate / Diploma
- 14 Masters Degree
- 15 PhD or other doctoral degree
- 77 Other [Specify] _____
- .K Don't know
- .R Refused

① If A5.14=2, 3, 4, 5, 6 (secondary school qualification completed) AND A5.15=0 (no highest completed qualification), display message: Consistency check ① 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.

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]

① Probe “any other?” until no other type of income support mentioned.

① All loans, including student loans, should not be counted.

[For VIP survey insert: You may need to scroll down to see all the answer options.]

- 1 Wages, salaries, commissions, bonuses etc, paid by an employer
- 2 Self-employment, or business you own and work in
- 3 Interest, dividends, rent, other investments
- 4 Regular payments from ACC or a private work accident insurer
- 5 NZ Superannuation or Veteran’s Pension
- 6 Other superannuation, pensions, annuities (other than NZ Superannuation, Veteran’s Pension or war pensions)
- 7 Jobseeker Support
- 8 Sole Parent Support
- 9 Supported Living Payment
- 10 Student Allowance
- 11 Other government benefits, government income support payments, war pensions, paid parental leave or Disability Allowance
- 12 Other sources of income, including support payments from people who do not live in the household
- 17 No source of income during that time [cannot be selected with other options]
- .K Don’t know
- .R Refused

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Income self-complete section

The following income questions are for you to answer on your own. [For F2F survey insert: I will turn the computer towards you, so you can answer the questions privately.] If you need help, I can show you what to do.

① I can also read the questions out, and you can answer by calling out the option number [For F2F survey insert: from the Showcard] that best applies to you.

① All loans, including student loans, should not be counted.

① START OF SELF-COMPLETE.

[Showcard]

A5.23a Looking at the [For F2F survey insert: Showcard] [For VIP survey insert: options on the screen (you may need to scroll down)], 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**, [For F2F insert: I have a [Showcard](#) that] [For VIP insert: the screen image] can help you work out your annual income **before tax**.

- 1 Loss
- 2 Zero income
- 3 \$1 – \$10,000
- 4 \$10,001 – \$15,000
- 5 \$15,001 – \$20,000
- 6 \$20,001 – \$25,000
- 7 \$25,001 – \$30,000
- 8 \$30,001 – \$35,000
- 9 \$35,001 – \$40,000
- 10 \$40,001 – \$50,000
- 11 \$50,001 – \$60,000
- 12 \$60,001 – \$70,000
- 13 \$70,001 – \$100,000
- 14 \$100,001 – \$200,000
- 15 \$200,001 or more [programme A5.24a=6 and go to A5.25]
- .K I don't know
- .R Prefer not to say

The Showcard (tool tip) 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.

Tool tip for weekly and fortnightly income.

After tax		Before tax
Weekly income \$	Fortnightly income \$	Annual income \$
0–86	0–172	0–5,000
87–172	173–344	5,001–10,000
173–256	345–512	10,001–15,000
257–335	513–670	15,001–20,000
336–414	671–828	20,001–25,000
415–493	829–986	25,001–30,000

Document 3

494–573	987–1,146	30,001–35,000
574–652	1,147–1,304	35,001–40,000
653–805	1,305–1,610	40,001–50,000
806–939	1,611–1,878	50,001–60,000
940–1,074	1,879–2,148	60,001–70,000
1,075–1,459	2,149–2,918	70,001–100,000
1,460–2,102	2,919–4,204	100,001–150,000
2,103–2,721	4,205–5,442	150,001–200,000
2,722+	5,443+	200,001+

[Showcard]

A5.24a Looking at the [For F2F survey insert: Showcard] [For VIP survey insert: options on the screen], 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 \$30,000 or less
- 2 \$30,001 – \$70,000
- 3 \$70,001 – \$100,000
- 4 \$100,001 – \$150,000
- 5 \$150,001 – \$200,000
- 6 \$200,001 or more
- .K I don't know
- .R Prefer not to say

[Showcard]

A5.25 How well does your household's total income meet the cost of basic needs such as food, clothing and housing. Would you say it's not enough, only just enough, enough, or more than enough?

① If people operate separately (eg flatting), please ask them to answer about their individual situation.

- 1 Not enough
- 2 Only just enough
- 3 Enough
- 4 More than enough
- .K I don't know
- .R Prefer not to say

① New screen.

Thank you for answering those questions; please click 'Next'. [For F2F: Please hand the computer back.]

① END OF SELF-COMPLETE SECTION.

Work and study

[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 A5.19a]
- 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 A5.19a]
- 77 Other [Specify] _____ [go to A5.19a]
- .K Don't know [go to A5.19a]
- .R Refused [go to A5.19a]

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

① Record to nearest hour.

_____ hours (range 1–120)

- .K Don't know
- .R Refused

[Showcard]

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

[For VIP survey insert: You may need to scroll down to see all the answer options.]
[Select all that apply]

- 1 Household work, cooking, repairs, gardening, etc, for **my own household**
- 2 Looked after a child who is a member of **my household**
- 3 Looked after a member of **my household** who is ill or disabled
- 4 Looked after a child (who does **not** live in my household)
- 5 Helped someone who is ill or disabled (who does **not** live in my household)
- 6 Other help or voluntary work for or through any organisation, group or marae
- 0 None of these [cannot be selected with other options]
- .K Don't know
- .R Refused

[Showcard]

A5.19b Are you attending, studying or enrolled at school or any other place of education?

- 1 Yes – full-time (20 hours or more a week)
- 2 Yes – part-time (less than 20 hours a week)
- 3 No – neither
- .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 A5.28b]
- .K Don't know [go to introduction before A5.28b]
- .R Refused [go to introduction before A5.28b]

[Showcard]

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

① 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?

① 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.

[Showcard]

A5.28b Looking at the [For F2F survey insert: Showcard] [For VIP insert: options on the screen], do you, or anyone else who lives here:

Tool tip for 'family trust': A family trust is a special way of owning assets such as a home. The home is owned by a legal entity, not an individual or group of people. The family trust arrangement will be set out in a legal document, usually called a trust deed. If your home is partly in a family trust and partly owned, select 'Hold this dwelling in a family trust'.

Tool tip for 'own or partly own': What counts as owning or partly owning this dwelling? The following situations count as owning:

- You or someone else here owns the dwelling, even if you don't own the land.
- You purchased the dwelling under unit title, stratum title or composite leasehold (ie, there are multiple owners).
- You purchased the dwelling under license to occupy. This may include self-care villas, townhouses, apartments, or units in a retirement complex.
- The dwelling you own is a moveable dwelling such as a caravan, boat, tent or motorhome even if you bought it under hire purchase or some other financial loan agreement.

① If you have a 'license to occupy' select 'Own or partly own this dwelling'.

① Select 'Neither of these' if you are occupying this dwelling under a rent-to-buy or similar agreement.

① Read response options.

- 1 Hold this dwelling in a family trust [go to rooms A5.29c]
- 2 Own or partly own this dwelling, with or without a mortgage [go to rooms A5.29c]
- 3 Neither of these, for example renting
- .K Don't know
- .R Refused

[Showcard]

A5.29b Who owns this house / flat?

- 1 Private person, trust or business
- 2 Local Authority or City Council
- 3 Kāinga Ora (formerly Housing New Zealand)
- 4 Other state-owned corporation or state-owned enterprise, or government department or ministry
- 5 Iwi, hapū or Māori land trust
- 6 Other community housing provider
- .K Don't know
- .R Refused

Document 3

[Showcard]

A5.29c How many of each of the following rooms are there in this house or flat?

- ① If this dwelling has no rooms of that type, enter '0' (all fields must be filled).
- ① Count any open-plan rooms as separate rooms. For example, a kitchen-dining room is two separate rooms.

- _____ Bedrooms, including any sleepouts furnished as bedrooms [range 0–99]
- _____ Lounges, living rooms or family rooms [range 0–99]
- _____ Dining rooms [range 0–99]
- _____ Kitchens [range 0–99]
- _____ Conservatories you can sit in [range 0–99]
- _____ Studies, studios, hobby rooms [range 0–99]
- .K Don't know
- .R Refused

Sexual identity self-complete section

The next question is for you to answer on your own. If you need help, I can show you what to do.

- ① I can also read the question out, and you can answer by calling out the option number [For F2F survey insert: from the Showcard].

① START OF SELF-COMPLETE.

[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 Another identity please specify, if you are comfortable doing so [Other screen text: (leave blank if you do not wish to specify)] [Allow blank if respondent does not volunteer any detail] [To be programmed from the codefile from StatsNZ after interview – ie NOT by respondent / interviewer]
- .K I don't know
- .R Prefer not to say

① New screen.

Thank you for completing that question; please click 'Next'. [For F2F survey insert: Please return the computer to the interviewer and they will ask you the last group of questions.]

① END OF SELF-COMPLETE SECTION.

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]

ⓘ 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]

Document 3

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).

① 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 in-field year minus 120]–[current in-field year minus 15]) [mandatory field]
i. Gender: _____ [mandatory field]

2 No, don't record any of these details

① 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?

① 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?

① 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.

① 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 – setting and assistance

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

A6.17 Did the interviewer help the respondent complete any of the self-complete questions?

- 1 Yes, to a small extent
- 2 Yes, to a moderate extent
- 3 Yes, to a large extent
- 4 Yes, totally (interviewer completed all self-complete questions)
- 5 No, not at all

Respondent burden assessment self-complete section

The next questions will ask you about your experience of the survey process. [For VIP: These questions are for you to answer on your own.] [For F2F: I will turn the computer towards you, so you can answer the questions privately.]

① START OF SELF-COMPLETE.

AR1.01 Please rate on a scale of 1–5, where 1 is Absolutely NOT Acceptable and 5 is Highly Acceptable:

	1 (Absolutely NOT Acceptable)	2	3	4	5 (Highly Acceptable)
Survey length					
The number of questions					
Complexity of questions					
Intrusiveness of questions					

① 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 (Strongly Disagree)	2	3	4	5 (Strongly Agree)
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					

Document 3

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

① New screen.

Thank you for answering those questions; please click 'Next'. [For F2F: Please hand the computer back.]

① END OF SELF-COMPLETE SECTION.

For VIP, go to Thank you.

① The rest of the questionnaire is collected in the Sample Manager tool.

Household composition

① 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.

① The following questions cover the initials, age, gender and relationship of **every** member of the household.

① Update fields or add / delete occupants below as required.

① Occupant grid pre-populated with information from household screener.

① Provide three response options for gender: male, female, another gender.

Occupant Name	ID	Age	Gender

Relationships

The next questions are about relationships in your household.

① The following questions cover the relationships between **every** member of the household.

① 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

① If dealing with respondent's relationships, insert:

What is [Name's] relationship to you?

① Include natural, step, adopted and foster relationships.

① Otherwise insert:

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

① Include natural, step, adopted and foster relationships.

- 1 Spouse or partner
- 2 Child (eg daughter)
- 3 Parent (eg mother)
- 4 Sibling (eg brother)
- 5 Grandchild
- 6 Grandparent
- 7 Great-grandchild
- 8 Great-grandparent
- 9 Nephew or niece
- 10 Uncle or aunt
- 11 Other relative
- 12 Unrelated
- .K Don't know
- .R Refused

① Perform the following soft edit checks on all coded relationship pairs.

Document 3

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.

Health measurements

Blood pressure

Now I would like to take your blood pressure.

① For cis-female respondents (sex is female, AD.01a=2 AND gender is female, AD.01b=2) aged 15–54 years, ask the following question.

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

- 1 Yes, respondent is pregnant [skip to Thank you section]
① Say “We can skip this section then”.
- 2 No, respondent not pregnant [go to first blood pressure measurement]
- .K Don't know [go to first blood pressure measurement]
- .R Refused [go to first blood pressure measurement]

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

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

① Select the cuff size and attach to the respondent's left arm.

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

Do you have any questions before we begin?

Now I will start the machine.

First reading

ABP_1A _/_/_ Systolic blood pressure (mmHG) (range 30–300)

ABP_1B _/_/_ Diastolic blood pressure (mmHG) (range 30–200)

① Hard edit: Systolic1 must be >Diastolic1

① Soft edit: Systolic1 minus Diastolic2 is <20 or >100

ABP_1C _/_/_ Heart Rate (in beats per minute) (range 30–200)

Second reading

ABP_2A _/_/_ Systolic blood pressure (mmHG) (range 30–300)

ABP_2B _/_/_ Diastolic blood pressure (mmHG) (range 30–200)

① Hard edit: Systolic2 must be >Diastolic2

① Soft edit: Systolic2 minus Diastolic2 is <20 or >100

ABP_2C _/_/_ Heart Rate (in beats per minute) (range 30–200)

Document 3

Third reading

ABP_3A __/__/__ Systolic blood pressure (mmHG) (range 30–300)

① Soft edit: Systolic1=Systolic2=Systolic3

ABP_3B __/__/__ Diastolic blood pressure (mmHG) (range 30–200)

① Hard edit: Systolic3 must be >Diastolic3

① Soft edit: Systolic3 minus Diastolic3 is <20 or >100

① Soft edit: Diastolic3=Diastolic2=Diastolic1

ABP_3C __/__/__ Heart Rate (in beats per minute) (range 30–200)

- 778 Right arm used
- 779 Not obtained – cuff too small or too large
- 780 Not obtained – error reading
- 781 Not obtained – other problem with equipment
- 782 Not obtained – respondent anxious / nervous
- 783 Not obtained – medical exclusion eg paralysis
- .R Respondent refused to have blood pressure recorded

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

① Tablet automatically generates the blood pressure results and script based on lowest systolic and lowest diastolic reading from the last two readings.

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

① Read the exact script about the respondent's blood pressure results from the tablet screen. If they have any questions about their results, advise them to consult their doctor.

Your Blood Pressure reading is ____/____ (mmHg)

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

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

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

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

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

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

Height

Now, I would like to measure your height.

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

① If head is not in Frankfort Plane say...

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

① Take measurement when breath is held and say it aloud.

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

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

.R Respondent refused to have height recorded

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

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

Weight

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

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

.R Respondent refused to have weight recorded

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

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

Waist

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

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

.R Respondent refused to have waist circumference recorded

997 Respondent unable to have waist circumference recorded

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

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

Released under the Official Information Act 1987

Thank you

On behalf of the Ministry of Health, thank you once again for talking with me about your health.

[For F2F: Here is a small gift from the Ministry in recognition of your time.

① 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).]

[For VIP: We would like to email you a Thank you card (with a list of phone numbers you can call if you would like more information or advice), along with the consent form(s).]

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

① End survey for households with no persons aged under 15 years.

Child health component

① 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 ① ask to speak to legal guardian.

Record following details:

- 1 Child health questionnaire completed
- 2 Child health questionnaire still to be completed



New Zealand Health Survey

New Zealand Health Survey

Child Questionnaire (Year 13)

1 July 2023 – 30 June 2024

In field July 2023

Released under the Official Information Act 1982

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Overview and programming information

Design

Each year for the New Zealand Health Survey, approximately 5,000 primary caregivers of children aged 0–14 are interviewed face-to-face (in person) and remotely using computer software (a virtual interface platform). Interviews are administered using computer-assisted personal interviewing (CAPI) and computer-assisted self-interviewing (CASI). Key topics include long-term health conditions, health status and behaviours and health service utilisation. Anthropometric measurements (height, weight and waist circumference) are also taken. 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: introductions, questions / question options
Blue	The next set of questions is about nurses who work at general practices and medical centres
	[Showcard]
	Multiple response allowed for a question
	[Select all that apply]
	Instructional text specifically for interviewers
	ⓘ Round to nearest hour
	Other [Specify]
	Text read verbatim to respondents
	ⓘ Prompt: “any others?”
	Interviewer observations: section completed unobtrusively (solely) by interviewer
	Complete following observations without asking the respondent
	Tool tips, 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
	ⓘ Here is a list of examples of specialist doctors 
Green	Copyright / attribution, displayed on screen as a requirement of usage
	© Robert Goodman, 2005
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
	ⓘ Limit to children <2 years

Abbreviations used in programming text

F2F	Face-to-face	Respondent interviewed in person by interviewer
VIP	Virtual Interface Platform	Survey tool enabling remote interviewing via computer software

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 / Prefer not to say, 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 child is unlikely to usually sleep for less than 6 hours in a 24 hour period.	Soft edit
Consistency checks	Some checks enforce consistency of responses between questions. When edit checks are triggered, the interviewer or respondent must go back and change their answer to ensure response consistency. For example, reporting that the child was born in a maternity ward in the past year is only a valid answer if the child is less than one year old.	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 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 13 Modules

Disability	Disability measured by the UNICEF Child Functioning Module for 5–14 year olds – as amended by Stats NZ Tatauranga Aotearoa for the 2019/20 Household Economic Survey (HES).
Smoke exposure	Two questions on exposure to second-hand smoke in the home and car for 0–14 year olds.
Child behaviour and parenting	Strengths and Difficulties Questionnaire (SDQ) with three age groups: 2–4 year olds, 5–10 year olds, and 11–14 year olds, focusing on how children behave and function day-to-day, and the Parental stress section (0+ year olds), centring on how parents or caregivers are coping day-to-day.

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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 Reach Aotearoa 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.

CC.01 You agree to take part in the New Zealand Health Survey on behalf of a child aged 0-14, for whom you are the parent / legal guardian.

- 1 Yes
- 2 No

① If CC.01=2, display message: ① Consent must be obtained before continuing. Check response. If consent is not given, exit survey and thank them for their time.

CC.02 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

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Initial demographics

[For VIP survey insert: Before we begin, can I please check that you are in a private space, where our conversation will not be overheard?

① If the answer is 'No', request that the respondent find a private space before you continue. Alternatively, rearrange the interview to a time when the respondent will have privacy.

I'll just explain some key features of this video interview:

- Three types of questions will be asked: questions that include an option list for you to select from; yes or no questions that do not include an option list; and questions that are more personal, that you can complete yourself.
- To pause the survey at any time, just click the pause button at the top right of the screen. To turn off your camera or microphone, select the camera or microphone icons below the video feed. If you need help with your audio or video, using headphones, or help with anything else, just let me know.]

① New screen.

To start, I will ask some general information about the child that has been randomly selected for the survey, so that I only ask questions which are applicable to their age.

CD.01 Could you tell me the child's **first** name?

① If respondent will not provide the child's name, initials are acceptable.

Record name. [Child's name recorded]

.R Refused

[Showcard]

CD.021 What gender is [Name]?

① A child's gender may be different from their sex at birth. Gender is a person's sense of being male, female, or another gender such as non-binary.

- 1 Male
- 2 Female
- 3 Another gender – please specify, if you are comfortable doing so [Other screen text: (leave blank if they do not wish to specify)] [Allow blank if respondent does not volunteer any detail] [To be programmed from the codefile from StatsNZ after interview – ie NOT by respondent / interviewer]

Document 4

CD.03 I need to know / confirm [Name's] age as the questions I ask depend on their age.

- ① I need to know their age so that only questions that apply are asked.
- ① Record age under 2 years in months; and age ≥ 2 years in years.
- ① Only one field should be completed.
- ① If Don't know or Refused selected, display message: I really need to know [Name's] age in order to proceed with the questionnaire. Select 'Back' [F2F] or 'Previous' [VIP] to go back and enter age. If respondent still cannot or won't give the age, end interview and thank respondent for their time.

CD.03a Age _____ months (range 0–23)

CD.03b Age _____ years (range 2–14)

- .K Don't know
- .R Refused

① Error message if both month and year selected: Only one field should be completed. Can't have values for both month and year.

CD.03c Age group

① Interviewer records age group.

- 1 Birth–11 months
- 2 12–23 months (1 year old)
- 3 2–4 years
- 4 5–9 years
- 5 10–14 years

① If age and age group do not match, display message: Consistency check ① Age and age group do not match. Verify answer with respondent. Go back to CD.03 (Age).

Long-term health conditions

The next questions are about **long-term health conditions** [Name] may have. A long-term health condition is a **physical or mental** condition 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.

① If child <5 years add... Some of the next questions may not apply to [Name], but please try to answer anyway.

Asthma

C1.01 Have you ever been told by a doctor or nurse that [Name] has asthma?

- 1 Yes
- 2 No [go to eczema C1.03]
- .K Don't know [go to C1.03]
- .R Refused [go to C1.03]

[Showcard]

C1.02 What treatments does [Name] **now** have for asthma?

[Select all that apply]

- 1 No treatment [cannot be selected with other options]
- 2 Inhaler
- 3 Medicines, tablets or pills
- 77 Something else
- .K Don't know
- .R Refused

Eczema

C1.03 Have you ever been told by a doctor or nurse that [Name] has eczema?

- 1 Yes
- 2 No [go to Neurodiversity C1.09]
- .K Don't know [go to C1.09]
- .R Refused [go to C1.09]

[Showcard]

C1.04 What treatments does [Name] **now** have for eczema?

[Select all that apply]

- 1 No treatment [cannot be selected with other options]
- 2 Medicines, tablets or pills
- 3 Cream or ointment
- 77 Something else
- .K Don't know
- .R Refused

① Go to Neurodiversity questions (C1.09–C1.16) for children aged 2–14 years. Go to Interviewer observations introduction (C6.13) for children aged from birth to 11 months. Go to Oral health introduction before C1.17 for children aged 12–23 months.

Neurodiversity

C1.09 Have you ever been told by a doctor that [Name] has autism spectrum disorder?

Include Asperger's syndrome.

- 1 Yes
- 2 No [go to attention deficit disorder C1.15]
- .K Don't know [go to C1.15]
- .R Refused [go to C1.15]

[Showcard]

C1.10 What treatments does [Name] **now** have for autism spectrum disorder?

[Select all that apply]

Include Asperger's syndrome.

- 1 No treatment [cannot be selected with other options]
- 2 Medicines, tablets or pills
- 3 Counselling
- 77 Something else
- .K Don't know
- .R Refused

C1.15 Have you ever been told by a doctor that [Name] has attention deficit hyperactivity disorder (ADHD)?

Include attention deficit disorder (ADD).

- 1 Yes
- 2 No [go to Oral health introduction before C1.17]
- .K Don't know [go to introduction before C1.17]
- .R Refused [go to introduction before C1.17]

[Showcard]

C1.16 What treatments does [Name] **now** have for ADHD?

[Select all that apply]

Include attention deficit disorder (ADD).

- 1 No treatment [cannot be selected with other options]
- 2 Medicines, tablets or pills
- 3 Counselling
- 77 Something else
- .K Don't know
- .R Refused

Oral health

① Go to Oral health questions (C1.17–C1.18a) for children aged 1–14 years. Go to Interviewer observations introduction before C6.13 for children aged <1 year.

The next questions are about [Name's] teeth, gums and mouth. When I say dental health care worker, I mean dentists, dental therapists (used to be called dental nurses) as well as any dental health specialists such as orthodontists.

C1.17 Have any of [Name's] teeth been removed by a dental health care worker because of **tooth decay, an abscess or infection**? Do not include teeth lost for other reasons such as injury, crowded mouth or orthodontics.

① Includes teeth that were removed while overseas (as well as in New Zealand).

① Includes baby teeth **ONLY** if removed because of tooth decay, an abscess or infection.

- 1 Yes
- 2 No [go to health of mouth C1.18a]
- .K Don't know [go to C1.18a]
- .R Refused [go to C1.18a]

C1.18 Were any of these teeth removed in the last 12 months?

- 1 Yes
- 2 No
- .K Don't know
- .R Refused

[Showcard]

C1.18a How would you describe the health of [Name's] teeth or mouth?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- .K Don't know
- .R Refused

Interviewer observations – language assistance

Complete following observations without asking the respondent:

C6.13 Interview is being conducted with **language** assistance from a **family member / friend** of respondent.

① Only code 'Yes' if the respondent has required more than a couple of questions to be interpreted.

- 1 Yes
- 2 No

C6.14 Interview is being conducted with **language** assistance from a **professional translator**.

- 1 Yes
- 2 No

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Health status

① Ask all respondents C1.19.

General health question

This question is about [Name's] health **now**.

Please try to answer as accurately as you can.

[Showcard]

C1.19 In general, would you say [Name's] health is:

① Read response options.

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- .K Don't know
- .R Refused

Child Functioning Module

① Go to the next question CF1.01 for children aged 5–14 years. Go to Health service utilisation introduction before C2.01a for children aged 0–4 years.

[Showcard]

CF1.01 Does [Name] 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]

CF1.02 Does [Name] have difficulty hearing sounds like people's voices or music, even if using a hearing aid?

- 1 No – no difficulty
- 2 Yes – some difficulty
- 3 Yes – a lot of difficulty
- 4 Cannot do at all
- .K Don't know
- .R Refused

Document 4

[Showcard]

CF1.03 Compared with children of the same age, does [Name] have difficulty walking 100 metres on level ground? That would be about the length of a rugby field.

- 1 No – no difficulty
- 2 Yes – some difficulty
- 3 Yes – a lot of difficulty
- 4 Cannot do at all
- .K Don't know
- .R Refused

[Showcard]

CF1.04 Does [Name] have difficulty with self-care such as feeding or dressing themselves?

- 1 No – no difficulty
- 2 Yes – some difficulty
- 3 Yes – a lot of difficulty
- 4 Cannot do at all
- .K Don't know
- .R Refused

[Showcard]

CF1.05 Using their usual language, does [Name] 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

[Showcard]

CF1.06 Compared with children of the same age, does [Name] have difficulty learning things?

- 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]

CF1.07 Compared with children of the same age, does [Name] have difficulty remembering things?

- 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

Document 4

[Showcard]

CF1.08 Does [Name] have difficulty concentrating on an activity that they enjoy doing?

- 1 No – no difficulty
- 2 Yes – some difficulty
- 3 Yes – a lot of difficulty
- 4 Cannot do at all
- .K Don't know
- .R Refused

[Showcard]

CF1.09 Does [Name] have difficulty accepting changes in their routine?

- 1 No – no difficulty
- 2 Yes – some difficulty
- 3 Yes – a lot of difficulty
- 4 Cannot do at all
- .K Don't know
- .R Refused

[Showcard]

CF1.10 Compared with children of the same age, does [Name] have difficulty controlling their behaviour?

- 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]

CF1.11 Does [Name] have difficulty making friends?

- 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]

CF1.12 How often does [Name] seem very anxious, nervous, or worried?

- 1 Daily
- 2 Weekly
- 3 Monthly
- 4 A few times a year
- 5 Never
- .K Don't know
- .R Refused

Document 4

[Showcard]

CF1.13 How often does [Name] seem very sad or depressed?

- 1 Daily
- 2 Weekly
- 3 Monthly
- 4 A few times a year
- 5 Never
- .K Don't know
- .R Refused

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Health service utilisation

The next set of questions is about the use of health care services in **New Zealand** for [Name].

Usual primary health care provider

C2.01a Do you have a **general practice or medical centre** that you **usually** go to when [Name] is feeling unwell or is injured?
ⓘ Do not include emergency department (ED).

- 1 Yes
- 2 No [go to General practitioner introduction before C2.12a]
- .K Don't know [go to General practitioner introduction before C2.12a]
- .R Refused [go to General practitioner introduction before C2.12a]

From now on, we'll call this place [Name's] **usual medical centre**.

C2.03 Is [Name's] usual medical centre the same place that **you** usually go to when you are feeling unwell or injured?

- 1 Yes
- 2 No
- .K Don't know
- .R Refused

C2.04 Has [Name] been to their usual medical centre in the **last 12 months**, about their own health?

- 1 Yes
- 2 No [go to General practitioner introduction before C2.12a]
- .K Don't know [go to introduction before C2.12a]
- .R Refused [go to introduction before C2.12a]

[Showcard]

C2.011 At [Name's] **usual medical centre**, has [Name] had an appointment with any of the following health care workers about their own health, in the **past 12 months**?
[Select all that apply]

- 1 GP (general practitioner or family doctor)
- 2 Nurse
- 3 Physiotherapist
- 4 Mental health professional (eg psychologist or counsellor)
- 5 Dietitian
- 77 Another health care worker [Specify] _____
- 0 None of the above [cannot be selected with other options]
- .K Don't know
- .R Refused

ⓘ If C2.04=1 and C2.011=0, display message: Consistency check ⓘ In question C2.04 you recorded that they had visited their usual medical centre, but in C2.011 you recorded that they have not had an appointment at their medical centre. Verify answers with respondent. Go back to C2.04 or change this response.

General practitioners

These next questions are about [Name] seeing a general practitioner (GP) or family doctor. This can be at their **usual medical centre** or **somewhere else**.

GP – utilisation

C2.12a How many times did [Name] see a GP in the past 12 months? This may have been about their physical health, or their mental or emotional health.

_____ times (range 1–99)

0 Hasn't seen a GP in last 12 months [go to GP – barriers to access C2.27]

.K Don't know [go to C2.27]

.R Refused [go to C2.27]

Ⓜ If C2.011=1 and C2.12a=0, display message: Consistency check Ⓜ In question C2.011 you recorded that they had visited a GP at their usual medical centre, but in C2.12a you recorded that they haven't seen a GP. Verify answers with respondent. Go back to C2.011. Go back to C2.12a.

C2.15 Thinking about [Name's] last visit to a GP, what were you charged for that visit?

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

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

Ⓜ If free enter 0.00.

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

Ⓜ Can give an estimate if exact amount unknown.

\$____.____ (range 0.00–199.00)

.K Don't know

.R Refused

GP – barriers to access

C2.27 In the past 12 months, was there a time when [Name] had a medical problem but did not visit or talk to a GP because of cost?

1 Yes

2 No

.K Don't know

.R Refused

Document 4

[Showcard]

C2.270 In the **past 12 months**, was there a time when [Name] had a **medical problem** but did not visit a GP for any of the following reasons?

[For VIP survey insert: You may need to scroll down to see all the answer options.]

[Select all that apply]

① Read each response option aloud and allow respondents to respond to each option.

① Please exclude not visiting a GP because of cost.

- 1 Time taken to get an appointment too long
- 2 Owed money to the medical centre
- 3 Dislike or fear of the GP
- 4 Difficult to take time off work
- 5 No transport or too far to travel
- 6 Could not arrange childcare (for other children) or care for a dependent adult
① 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 [cannot be selected with other options]
- .K Don't know
- .R Refused

C2.30 In the past 12 months, was there a time when [Name] got a prescription but you 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 [Name] at home or school or nurses [Name] saw in a hospital. Also, don't include midwives or dental nurses.

C2.36a In the past 12 months, has [Name] seen a nurse at a general practice or medical centre? This may have been about their physical health, or their mental or emotional health.

- 1 Yes
- 2 No [go to emergency department introduction before C2.59]
- .K Don't know [go to introduction before C2.59]
- .R Refused [go to introduction before C2.59]

① If C2.011=2 and C2.36a=2, display message: Consistency check ① In question C2.011 you recorded that they had visited a nurse at their usual medical centre, but in C2.36a you recorded that they haven't seen a nurse. Verify answers with respondent. Go back to C2.36a. Go back to C2.011.

Document 4

C2.37a How many times in the past 12 months did [Name] see a nurse **as part of a GP consultation**? This includes seeing the nurse before or after seeing the GP.

① If none enter 0.

_____ times (range 0–99)

.K Don't know

.R Refused

① If C2.37a is more than C2.12a, display message: Consistency check: ① The number of times child saw a nurse as part of a GP consultation in the past 12 months (C2.37a) should not be more than the number of times they saw a GP in the past 12 months (C2.12a). Go back to C2.12a or change this response.

C2.38a How many times in the past 12 months did [Name] see a nurse **without** seeing a GP at the same visit?

① If none enter 0.

_____ times (range 0–99)

.K Don't know

.R Refused

① If C2.36a=1 and C2.37a=0 and C2.38a=0, display message: Consistency check ① If C2.36a=1 (saw a nurse), then number of times at C2.37a OR C2.38a should be >=1. Go back to C2.36a OR go back to C2.37a OR change this response.

Emergency department

The next questions are about [Name's] use of emergency departments at public hospitals.

C2.59 In the past 12 months, how many times did [Name] go to an emergency department at a public hospital about their own health?

_____ times (range 0–99) [if 0 go to Dental health care workers introduction before C2.80]

.K Don't know [go to introduction before C2.80]

.R Refused [go to introduction before C2.80]

[Showcard]

C2.620 Thinking about [Name's] last visit to an emergency department, what were **all** the reasons [Name] went?

[Select all that apply]

① Read each response option aloud and allow respondents to respond to each option.

① 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; or sent by GP

2 GP or after-hours too expensive

3 Time of day / day of week (outside of usual medical centre hours)

4 Time taken to get an appointment was too long at usual medical centre

77 Another reason [Specify] _____

.K Don't know [go to dental health care workers introduction before C2.80]

.R Refused [go to introduction before C2.80]

① Ask next question if more than one of the Options 1–4/77 selected in C2.620. Only show responses that were selected in C2.620 (as well as .K and .R).

[Showcard]

C2.630 What was the **main** reason you took [Name] to a hospital emergency department?

- 1 Condition appeared serious / life threatening; or sent by GP
- 2 GP or after-hours too expensive
- 3 Time of day / day of week (outside of usual medical centre hours)
- 4 Time taken to get an appointment was too long at usual medical centre
- 77 Another reason ([pipe through response from C2.620])
- .K Don't know
- .R Refused

Dental health care workers

① Go to the following introduction for children aged 1–14 years. Go to Health behaviours and risk factors introduction before C3.01 for children aged 0–11 months.

These next questions are about dental health care services [Name] has used in **New Zealand**. When I say “dental health care worker”, I mean dentists, dental therapists (used to be called dental nurses), dental hygienists, as well as any dental health specialists such as orthodontists.

Dental health care workers – utilisation

[Showcard]

C2.80 How long has it been since [Name] last visited a dental health care worker, for any reason?

- 1 Within the past year (less than 12 months ago)
- 2 Within the past two years (more than 1 year but less than 2 years ago)
- 3 Within the past five years (more than 2 years but less than 5 years ago)
- 4 Five or more years ago
- 5 Has never seen a dental health care worker
- .K Don't know
- .R Refused

Dental health care workers – barriers to access

C2.83a In the last 12 months, have you avoided taking [Name] to a dental health care worker because of the cost?

- 1 Yes
- 2 No
- .K Don't know
- .R Refused

Getting help for mental health and substance use issues

- ① Children aged <2 years go to Health behaviours and risk factors introduction before C3.01.
- ① Children aged 2–14 years go to the following mental health service use questions.

This section is about [Name's] contact with health professionals and other people for any concerns about [Name's] **emotions, behaviour, stress, mental health, or substance use**.

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

① Only include the following introductory sentence for children aged 2–9 years (not 10–14 years):

We realise that young children are unlikely to have substance use problems. We are using the same questions for all children for consistency.

[Showcard]

CMH1.07a In the **past 12 months**, did you consult with any of the following, for concerns about [Name's] **emotions, behaviour, stress, mental health, or substance use**?

[For VIP survey insert: You may need to scroll down to see all the answer options.]

[Select all that apply]

① By substance use, we mean use of alcohol or drugs. Please don't include tobacco products.

- 1 GP
- 2 Nurse (include nurses at a medical centre as well as Plunket, Wellchild, Tamariki Ora, school and district nurses)
- 3 Paediatrician, psychiatrist or other medical specialist
- 4 Social worker
- 5 Psychologist, counsellor or psychotherapist
- 6 Teacher
- 7 Religious or spiritual advisor, like a minister, priest or tohunga
- 8 Kaumātua or tohunga
- 9 Family, whānau, partner and/or friends
- 10 Other person
- 11 No, none of the above [cannot be selected with other options]
- .K Don't know
- .R Refused

Document 4

[Showcard]

CMH1.08 In the **past 12 months**, did [Name] receive help for concerns about their **emotions, behaviour, stress, mental health, or substance use** from any of the following?

[For VIP survey insert: You may need to scroll down to see all the answer options.]

[Select all that apply]

① By substance use, we mean use of alcohol or drugs. Please don't include tobacco products.

① 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 Crisis mental health team
- 3 Māori health service (including Māori mental health or addictions services)
- 4 Community mental health or addictions service (including hospital outpatient appointments)
- 5 Other community support services, such as a youth 'one-stop-shop'
- 6 Other [Specify] _____
- 7 No, none of the above [cannot be selected with other options]
- .K Don't know
- .R Refused

CMH1.11 In the **past 12 months**, did you ever feel that [Name] needed professional help for their **emotions, behaviour, stress, mental health, or substance use**, but they **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).

① By substance use, we mean use of alcohol or drugs. Please don't include tobacco products.

- 1 Yes
- 2 No [go to Health behaviours and risk factors introduction before C3.01]
- .K Don't know [go to Health behaviours and risk factors introduction before C3.01]
- .R Refused [go to Health behaviours and risk factors introduction before C3.01]

Document 4

[Showcard]

CMH1.12a Thinking about the **most recent time** when you felt [Name] needed professional help, but didn't receive it, why was that?

[For VIP survey insert: You may need to scroll down to see all the answer options.]

[Select all that apply]

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

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Health behaviours and risk factors

The next section is about things that can influence [Name's] health.

Perception of child's weight

① Go to the next question for children aged 2–14 years. Go to Breastfeeding C3.02 for children aged 0–23 months.

[Showcard]

C3.01 On a scale of one to five, where one is very underweight and five is very overweight, how do you view the weight of [Name]?

- 1 Very underweight
- 2 Underweight
- 3 Neither underweight nor overweight
- 4 Overweight
- 5 Very overweight
- .K Don't know
- .R Refused

① Ask all respondents Breastfeeding questions C3.02 to C3.04.

Breastfeeding

C3.02 Has [Name] ever been breastfed?

① 'Expressed' milk is to be counted as being breastfed.

- 1 Yes
- 2 No [if child aged 0–4 years go to C3.05, if aged 5+ years go to Dietary habits C3.06a]
- .K Don't know [if 0–4 years go to C3.05, if 5+ years go to C3.06a]
- .R Refused [if 0–4 years go to C3.05, if 5+ years go to C3.06a]

C3.03 What age was [Name] when they stopped being breastfed?

- ① Less than 1 week old, code "years" as 0, "months" as 0, and "weeks" as 0.
- ① If still being breastfed, code as "Not applicable".
- ① 'Expressed' milk is to be counted as being breastfed.
- ① All fields (years, months and weeks) must be completed.

_____ years (range 0–9) _____ months (range 0–11) _____ weeks (range 0–51)

- .N Not applicable
- .K Don't know
- .R Refused

① If C3.03 >= CD.03 + 1 (age + 1 year / 1 month), display message: You recorded that the child stopped breastfeeding at an age that is older than their current age. Go back to previous question and verify answer with respondent.

Document 4

C3.04 What age was [Name] when they were given any drink or food other than breast milk?

① This includes water, formula and other types of milk, but does not include prescribed medicines.

① Less than 1 week old, code “weeks” as 0 and “months” as 0.

① If breastfeeding exclusively, code as “Not applicable”.

① All fields (months and weeks) must be completed.

_____ months (range 0–11) _____ weeks (range 0–51)

.N Not applicable

.K Don't know

.R Refused

① If $C3.04 \geq CD.03 + 1$ (age + 1 year / 1 month), display message: You recorded that the child was given drink or food other than breast milk at an age that is older than their current age. Go back to previous question and verify answer with respondent.

① Go to the next question C3.05 for children aged 0–4 years. Go to Dietary habits C3.06a for children aged >4 years.

C3.05 At what age was [Name] first given solids?

① If child not yet given solids, code as “Not applicable”.

① All fields (months and weeks) must be completed.

_____ months (range 0–11) _____ weeks (range 0–51)

.N Not applicable

.K Don't know

.R Refused

① If $C3.05 \geq CD.03 + 1$ (age + 1 year / 1 month), display message: You recorded that the child was first given solids at an age that is older than their current age. Go back to previous question and verify answer with respondent.

Dietary habits

① Go to the following dietary habits questions for children aged 2–14 years. Go to the screen time questions (C3.12–C3.13a) for children aged 6 months to <2 years. Go to the sleep question (C3.13b) for children aged <6 months.

① Response option numbers are not displayed on CAPI screen or showcards for questions C3.06a–C3.10a.

[Picture Showcard]

C3.06a On **average**, how many **servings** of fruit does [Name] 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.

[For VIP survey insert: You may need to scroll down to see all the answer options.]

① If asked, include fruit smoothies.

- 1 They 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 for C3.06a



Document 4

[Picture Showcard]

C3.07a On **average**, how many **servings** of vegetables does [Name] eat per day? Please include all fresh, frozen and canned vegetables. Do **not** include vegetable juices. A '**serving**' = $\frac{1}{2}$ medium potato / similar sized kumara **or** $\frac{1}{2}$ 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.

[For VIP survey insert: You may need to scroll down to see all the answer options.]

- 1 They 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

Picture Showcard for C3.07a



Document 4

[Showcard]

C3.08a How often does [Name] have breakfast? [Name] may have had breakfast anywhere, such as at home, school, day-care or a café.

① Includes both weekends and weekdays.

① Include breakfast drinks such as smoothies and shakes, but not other drinks. For example, only having a glass of milk or cup of tea should not be counted as having breakfast.

① Breakfast is usually the first meal of the day, eaten within 2 hours of getting up.

- 1 Never
- 2 Less than once per week
- 3 1–2 times per week
- 4 3–4 times per week
- 5 5–6 times per week
- 6 7 or more times per week
- .K Don't know
- .R Refused

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Document 4

[Picture Showcard]

C3.09a How often does [Name] eat food, such as fish and chips, burgers, fried chicken or pizza, that has been purchased from a **fast food place** or **takeaway shop**? Think about snacks as well as mealtimes.

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

[For VIP survey insert: You may need to scroll down to see all the answer options.]

① If respondent asks, only include fast food and takeaways that are high in fat and salt. Other examples are hot dogs, chicken nuggets and deep-fried food.

- 1 Never
- 2 Less than once per week
- 3 1–2 times per week
- 4 3–4 times per week
- 5 5–6 times per week
- 6 7 or more times per week
- .K Don't know
- .R Refused

Picture Showcard for C3.09a



Document 4

[Picture Showcard]

C3.10a How often does [Name] drink soft drinks, fizzy drinks, sports drinks or energy drinks? Please don't include diet or reduced sugar varieties.

[For VIP survey insert: You may need to scroll down to see all the answer options.]

① Includes soft and fizzy drinks, which are carbonated, such as Coca-Cola, lemonade and ginger beer, sports drinks such as Powerade and Mizone, and energy drinks such as 'V' and Red Bull.

② Excludes diet or reduced sugar varieties, sparkling water, flavoured waters (eg H2Go), fruit juices and drinks made from cordial, concentrate or powder.

- 1 Never
- 2 Less than once per week
- 3 1–2 times per week
- 4 3–4 times per week
- 5 5–6 times per week
- 6 7 or more times per week
- .K Don't know
- .R Refused

Picture Showcard for C3.10a



Physical activity

① Go to the next question (C3.11) for children aged 5–14 years. Go to the screen time questions (C3.12–C3.13a) for children aged 6 months–4 years. Go to the sleep question (C3.13b) for children aged <6 months.

[Showcard]

C3.11 How does [Name] usually get to and from school?

[For VIP survey insert: You may need to scroll down to see all the answer options.]

[Select all that apply]

① Code walking bus as “Walk” and carpool as “Car or taxi”.

① Code push scooter (non-motorised) as “Skate or other physical activity”.

- 1 Walk
- 2 Bike
- 3 Skate or other physical activity
- 4 Car or taxi
- 5 School bus or school van
- 6 Public transport
- 77 Other [Specify] _____
- 0 Not applicable, for example, is home schooled
- .K Don't know
- .R Refused

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Screen time

① Go to the next four questions about screen time for children aged 6 months–14 years (CD.03a=6–23 months OR CD.03b=2–14 years).

C3.12 What is the average amount of time [Name] spends watching TV **each weekday**? This could be anywhere, not just in your home, and includes DVDs / videos but does not include games.

① Round to nearest hour.

① Include television programmes, videos and movies watched on any device. Include those accessed online (eg via YouTube) and on-demand (eg via Netflix).

_____ hours (range 0–24)

.K Don't know

.R Refused

① If C3.12 ≥ 10 hours, display message: A person is unlikely to watch TV for an average of 10 or more hours per day. Go back to previous question and verify answer with respondent.

C3.12a What is the average amount of time [Name] spends **each weekday** looking at a screen doing things **other** than watching TV or videos? For example, playing video games or browsing the Internet. This does **not** include time spent at school or on homework.

① Round to nearest hour.

① Include activities on a tablet, computer, electronic gaming device or other hand-held electronic device such as a smart phone.

① Include texting, emailing and using social media.

① Don't count time reported in the previous question.

_____ hours (range 0–24)

.K Don't know

.R Refused

① If C3.12a ≥ 10 hours, display message: A person is unlikely to look at a screen for an average of 10 or more hours per day. Go back to previous question and verify answer with respondent.

C3.13 What is the average amount of time [Name] spends watching TV **in the weekend**? Again, this could be anywhere, not just in your home and includes DVDs / videos but does not include games.

① Round to nearest hour.

① Record total hours over **both** Saturday and Sunday.

① Include television programmes, videos and movies watched on any device.

Include those accessed online (eg via YouTube) and on-demand (eg via Netflix).

_____ hours (range 0–48)

.K Don't know

.R Refused

① If C3.13 ≥ 20 hours, display message: A person is unlikely to watch TV for an average of 20 or more hours over a weekend. Go back to previous question and verify answer with respondent.

Document 4

C3.13a What is the average amount of time [Name] spends **in the weekend** looking at a screen doing things **other** than watching TV or videos? For example, playing video games or browsing the Internet. This does **not** include time spent at school or on homework.

① Round to nearest hour.

① Record total hours over **both** Saturday and Sunday.

① Include activities on a tablet, computer, electronic gaming device or other hand-held electronic device such as a smart phone.

① Include texting, emailing and using social media.

① Don't count time reported in the previous question.

_____ hours (range 0–48)

.K Don't know

.R Refused

① If C3.13a ≥ 20 hours, display message: A person is unlikely to look at a screen for an average of 20 or more hours over a weekend. Go back to previous question and verify answer with respondent.

① Ask all respondents the next questions.

Sleep

C3.13b How many hours of sleep does [Name] usually get in a 24 hour period, including **all naps** and sleeps?

① 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

① If C3.13b < 6 hours, display message: A child is unlikely to usually sleep less than 6 hours in a 24 hour period. Go back to previous question and verify answer with respondent.

For children aged 2–14 years only:

① If C3.13b > 14 hours, display message: A child is unlikely to usually sleep more than 14 hours in a 24 hour period. Go back to previous question and verify answer with respondent.

Tooth brushing

[Showcard]

C3.13c How often are [Name's] teeth brushed?

0 Never [go to Exposure to second-hand smoke introduction before CSHS1.01a]

1 Less than once a day

2 Once a day

3 Twice a day

4 More than twice a day

5 No natural teeth Exposure to second-hand smoke introduction before CSHS1.01a]

.K Don't know

.R Refused

[Picture Showcard]

C3.13d Looking at the [For F2F insert: Showcard] [For VIP insert: options on the screen], what type of toothpaste does [Name] usually use?

[For VIP survey insert: You may need to scroll down to see the answer options.]

① 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”.

① Homemade toothpaste or baking soda should be coded as ‘Doesn’t use toothpaste / no toothpaste available in the house’.

- 1 Standard fluoride toothpaste
 - 3 Non-fluoridated toothpaste
 - 4 Doesn't use toothpaste / no toothpaste available in house
- .K Don't know
.R Refused

Picture Showcard for C3.13d

1. Standard fluoride toothpaste	
3. Non-fluoridated toothpaste	
4. Doesn't use toothpaste / no toothpaste available in house	

Exposure to second-hand smoke

Now we'll move onto a couple of questions about smoking.

CSHS1.01a Does **anyone** smoke while **inside** your home?

① This is not limited to people who live in the home.

- 1 Yes
- 2 No
- .K Don't know
- .R Refused

CSHS1.02a Does **anyone** smoke while travelling in a car or van with [Name] ?

① This is not limited to people that you usually travel with.

- 1 Yes
- 2 No
- .K Don't know
- .R Refused

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Response to child's misbehaviour

[Showcard]

C3.15 Thinking back over the **past four weeks**, when [Name] misbehaved, which of the following, if any, have you done? Just read out the number next to the words.

[For VIP survey insert: You may need to scroll down to see all the answer options.]

[Select all that apply]

① Prompt: "any others?"

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

[Showcard]

C3.16a Using the scale on the [For F2F survey insert: Showcard] [For VIP survey insert: screen], to what extent do you disagree or agree with the following statement:

There are certain circumstances when it's alright for parents to use physical punishment, such as smacking, with children. Just read out the number next to the words.

- 1 Strongly disagree
- 2 Disagree
- 3 Neither disagree nor agree
- 4 Agree
- 5 Strongly agree
- .K Don't know
- .R Refused

Child behaviour and parenting self-complete section

① If the interview is being conducted:

- with language assistance from a family member / friend of the respondent (C6.13=1),
- or language assistance from a professional translator (C6.14=1)
- or for a child aged under two years

then **only** show Option 2.

CDWIntro

[For F2F survey insert: Now, I'm going to hand the computer to you, so that you can answer the next questions privately.]

[For VIP survey insert: The next questions are for you to answer privately. Your answers are totally confidential and will not be seen by me, unless you ask me to help you.]

① The interviewer can administer this section [For F2F survey insert: using showcards] but only if privacy can be ensured.

[For VIP survey insert: ① If the respondent is happy for you to administer the questions select the 'Unblock and hold' checkbox.]

- 1 **Continue with this section** [go to CDW2.01–2.25 for ages 2–4; go to CDW3.01–3.25 for ages 5–10; go to CDW4.01–4.25 for ages 11–14]
- 2 Skip the child behaviour section because privacy isn't ensured, the child is aged under two years or the interview is being conducted with language assistance (C6.13=1 OR C6.14=1) [go to introduction before CPS1.01]

① If CDWIntro=2, display the following message: You have chosen to skip this section. Click 'Back' [F2F] or 'Previous' [VIP] to go back, or continue with this section. [Do not show if child aged <2 or if C6.13=1 OR C6.14=1]

① For each SDQ screen, if one or more items are left blank, display the following pop-up message: You have not answered every row. Click 'Back' [F2F] or 'Previous' [VIP] to go back and select an answer for each row, or continue with this section.

① Licensing rules for the SDQ require the copyright notice on each SDQ screen: © Robert Goodman, 2005

① START OF SELF-COMPLETE.

Strengths and Difficulties Questionnaire (SDQ) for 2–4 year olds

- ① Children aged ≥ 2 and < 5 years go to this version of SDQ (CDW2.01 to CDW2.25).
- ① Questions CDW2.01 to CDW2.25 to fit over three screens for self-complete.
- ① The three introductory sentences should be included on each screen.

[Showcard]

CDW2.01–2.25 For each item, please mark the box for Not true, Somewhat true or Certainly true.

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

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

[For VIP survey insert: You may need to scroll down to see all the grid statements.]

	1. Not true	2. Somewhat true	3. Certainly true
Considerate of other people's feelings			
Restless, overactive, cannot stay still for long			
Often complains of headaches, stomach-aches or sickness			
Shares readily with other children, for example toys, treats, pencils			
Often loses temper			
Rather solitary, prefers to play alone			
Generally well behaved, usually does what adults request			
Many worries or often seems worried			
Helpful if someone is hurt, upset or feeling ill			
Constantly fidgeting or squirming			
Has at least one good friend			
Often fights with other children or bullies them			
Often unhappy, depressed or tearful			
Generally liked by other children			
Easily distracted, concentration wanders			
Nervous or clingy in new situations, easily loses confidence			
Kind to younger children			
Often argumentative with adults			
Picked on or bullied by other children			
Often offers to help others (parents, teachers, other children)			
Can stop and think things out before acting			
Can be spiteful to others			
Gets along better with adults than with other children			
Many fears, easily scared			
Good attention span, sees tasks through to the end			

- ① Go to introduction before CPS1.01.

Strengths and Difficulties Questionnaire (SDQ) for 5–10 year olds

- ① Children aged ≥5 and <11 years go to this version of SDQ (CDW3.01 to CDW3.25).
- ① Questions CDW3.01 to CDW3.25 fit over three screens for self-complete.
- ① The three introductory sentences should display on each screen.

[Showcard]

CDW3.01–3.25 For each item, please mark the box for Not true, Somewhat true or Certainly true.

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

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

[For VIP survey insert: You may need to scroll down to see all the grid statements.]

	1. Not true	2. Somewhat true	3. Certainly true
Considerate of other people's feelings			
Restless, overactive, cannot stay still for long			
Often complains of headaches, stomach-aches or sickness			
Shares readily with other children, for example toys, treats, pencils			
Often loses temper			
Rather solitary, prefers to play alone			
Generally well behaved, usually does what adults request			
Many worries or often seems worried			
Helpful if someone is hurt, upset or feeling ill			
Constantly fidgeting or squirming			
Has at least one good friend			
Often fights with other children or bullies them			
Often unhappy, depressed or tearful			
Generally liked by other children			
Easily distracted, concentration wanders			
Nervous or clingy in new situations, easily loses confidence			
Kind to younger children			
Often lies or cheats			
Picked on or bullied by other children			
Often volunteers to help others (parents, teachers, other children)			
Thinks things out before acting			
Steals from home, school or elsewhere			
Gets along better with adults than with other children			
Many fears, easily scared			
Good attention span, sees work through to the end			

- ① Go to introduction before CPS1.01.

Strengths and Difficulties Questionnaire (SDQ) for 11–14 year olds

- ① Children aged ≥11 and <15 years go to this version of SDQ (CDW4.01 to CDW4.25).
- ① Questions CDW4.01 to CDW4.25 to fit over three screens for self-complete.
- ① The three introductory sentences should be included on each screen.

[Showcard]

CDW4.01–4.25 For each item, please mark the box for Not true, Somewhat true or Certainly true.

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

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

[For VIP survey insert: You may need to scroll down to see all the grid statements.]

	1. Not true	2. Somewhat true	3. Certainly true
Considerate of other people's feelings			
Restless, overactive, cannot stay still for long			
Often complains of headaches, stomach-aches or sickness			
Shares readily with other youth, for example books, games, food			
Often loses temper			
Would rather be alone than with other youth			
Generally well behaved, usually does what adults request			
Many worries or often seems worried			
Helpful if someone is hurt, upset or feeling ill			
Constantly fidgeting or squirming			
Has at least one good friend			
Often fights with other youth or bullies them			
Often unhappy, depressed or tearful			
Generally liked by other young people			
Easily distracted, concentration wanders			
Nervous in new situations, easily loses confidence			
Kind to younger children			
Often lies or cheats			
Picked on or bullied by other young people			
Often volunteers to help others (parents, teachers, children)			
Thinks things out before acting			
Steals from home, school or elsewhere			
Gets along better with adults than with other young people			
Many fears, easily scared			
Good attention span, sees tasks through to the end			

Document 4

① All children aged 0–14 years go to Parental stress introduction.

Parental stress

The next five questions are about how **you** may have felt while looking after [Name].

[Showcard]

CPS1.01 In general, how well do you feel you are coping with the day-to-day demands of raising children?

- 1 Very well
- 2 Well
- 3 Somewhat well
- 4 Not very well
- 5 Not very well at all
- .K I don't know
- .R Prefer not to say

Now can you please think about the **past month**.

[Showcard]

CPS1.02 During the **past month**, how often have you felt [Name] is much harder to care for than most children the same age?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Usually
- 5 Always
- .K I don't know
- .R Prefer not to say

[Showcard]

CPS1.03 During the **past month**, how often have you felt [Name] does things that really bother you a lot?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Usually
- 5 Always
- .K I don't know
- .R Prefer not to say

[Showcard]

CPS1.04 During the **past month**, how often have you felt angry with [Name]?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Usually
- 5 Always
- .K I don't know
- .R Prefer not to say

Document 4

CPS1.05 Is there someone that you can turn to for day-to-day emotional support with raising children? This can be any person, including your husband or wife or partner.

- 1 Yes
- 2 No
- .K I don't know
- .R Prefer not to say

① New screen.

Thank you for completing those questions; please click 'Next'. [For F2F survey insert: Please return the computer to the interviewer and they will continue the questionnaire.]

① END OF SELF-COMPLETE SECTION.

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① All children aged 0–14 years go to Household food security introduction.

Household food security

I now want to ask you some questions about particular foods you choose, and the buying of food or gifting of food. We are interested in whether you feel you always have sufficient resources to have the food you need for yourself and the people you live with. We are not concerned with your budget, or how you spend money, but we are more interested in finding out about how people get the food that they need for their household to eat and share.

① There are eight statements about food security. Ask the respondent to consider each statement and respond. In each case "we" refers to the household.

① A household can be one person who lives alone, or two or more people who live together and share facilities (such as for cooking) in a private dwelling.

① If required, respondent can read out the number next to the answer on the showcard / screen.

[Showcard]

CFS1.01 First of all, we know that some people can't afford to eat properly and we are interested in whether you think your household has enough money to eat properly. It's what you think eating properly is – not what I think or anyone else thinks.

We can afford to eat properly.

- 1 Always
- 2 Sometimes
- 3 Never
- .K Don't know
- .R Refused

[Showcard]

CFS1.02 We are interested in whether you run out of basics, like bread, potatoes, etc because you do not have enough money. We are NOT referring to treats or special foods.

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

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

- 1 Often
- 2 Sometimes
- 3 Never
- .K Don't know
- .R Refused

Document 4

[Showcard]

CFS1.03 Now we are interested in whether a lack of money leads you to sometimes have smaller meals than you would like or whether a lack of money means there isn't enough food for seconds or you sometimes skip meals?

We eat less because of lack of money.

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

- 1 Often
- 2 Sometimes
- 3 Never
- .K Don't know
- .R Refused

[Showcard]

CFS1.04 Now we are going to talk about the variety of foods you eat. By variety, we mean the number of different kinds of food you have.

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

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

- 1 Often
- 2 Sometimes
- 3 Never
- .K Don't know
- .R Refused

[Showcard]

CFS1.05 Some people rely on support and assistance from others for supplying their regular food and we are interested in finding out how many people fall into this group.

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

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

- 1 Often
- 2 Sometimes
- 3 Never
- .K Don't know
- .R Refused

Document 4

[Showcard]

CFS1.06 Also, some people have to rely on other sources of help such as food grants or food banks.

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

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

- 1 Often
- 2 Sometimes
- 3 Never
- .K Don't know
- .R Refused

[Showcard]

CFS1.07 We know that some people get quite stressed and worried about providing enough food even though they don't actually go without food.

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

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

- 1 Often
- 2 Sometimes
- 3 Never
- .K Don't know
- .R Refused

[Showcard]

CFS1.08 We recognise that for some people food and sharing with others is important, to the point that they don't have enough food for themselves. In this question we are only interested in social situations that are gatherings within, or outside, the household. As a result people may find themselves stressed/whakamā (embarrassed) about their koha (gift) when providing food for others.

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

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

- 1 Often
- 2 Sometimes
- 3 Never
- .K Don't know
- .R Refused

① If all CFS1.01–CFS1.08=3, display message: Can I just check: earlier I recorded that you can 'never' afford to eat properly. Is this correct? If incorrect, go back to CFS1.01 and change answer (and then cycle through CFS1.02–CFS1.08).

① If all CFS1.01–CFS1.08=1, display message: Can I just check: earlier I recorded that you can 'always' afford to eat properly. Is this correct? If incorrect, go back to CFS1.01 and change answer (and then cycle through CFS1.02–CFS1.08).

Socio-demographics

Now, we need to collect some general information about [Name]. The answers to these questions help us to check that we have selected a representative sample of New Zealand children to participate in this survey, and sometimes these things can affect children's health.

Date of birth

C4.01 What is [Name's] date of birth?

① Interviewer read back date of birth to check it is correct.

① 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 **Display message:** This means [Name] is X years old.

_____ Day (range 1–31)

_____ Month (range Jan–Dec)

_____ Year (range [current in-field year minus 15]–[current in-field year])

.R Refused

Ethnic group(s)

[Showcard]

C4.03 Which ethnic group or groups does [Name] belong to?

[For VIP survey insert: You may need to scroll down to see all the answer options.]

[Select all that apply]

① 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, Ethnicity New Zealand Standard Classification 2005 V2.1.0]

.K Don't know

.R Refused

Country of birth

[Showcard]

C4.05 Which country was [Name] born in?

[For VIP survey insert: You may need to scroll down to see all the answer options.]

① 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 Medical insurance introduction before C4.06a]
 - 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

C4.06 In what year did [Name] arrive to live in New Zealand?

① Record 4 digit date, eg 2017.

_____ year (range [current in-field year minus 15]–[current in-field year])

- .K Don't know
.R Refused

① If year is earlier than year of birth, display message: Consistency check ① Answer must be >= year of birth given at C4.01. Change the year arrived or use the 'Back' [F2F] or 'Previous' [VIP] button to go back to C4.01 and correct the date of birth.

Medical insurance

Now, I'll ask you about medical insurance.

C4.06a Is [Name] covered by any health or medical insurance?

- 1 Yes
- 2 No
- .K Don't know
- .R Refused

Interviewer observation – if adult questionnaire completed

Complete following observation without asking the respondent:

CQ1 Has the adult questionnaire been completed?

- 1 Yes [go to CQ2 interviewer observation]
- 2 No – to be completed **another day**, or **may not be completed** (adult declined)
[continue with questions from C4.15 – Extra questions if adult questionnaire had not yet been completed]
- 3 No – to be completed **directly after this survey** [go to CQ2 interviewer observation]

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Extra questions if adult questionnaire has not yet been completed

Income self-complete section

The following income questions are for you to answer on your own. [For F2F survey insert: I will turn the computer towards you, so you can answer the questions privately.] If you need help, I can show you what to do.

① I can also read the questions out, and you can answer by calling out the option number [For F2F survey insert: from the Showcard] that best applies to you.

① All loans, including student loans, should not be counted.

① **START OF SELF-COMPLETE.**

[Showcard]

C4.15 Looking at the [For F2F survey insert: Showcard] [For VIP insert: options on the screen], 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 \$30,000 or less
- 2 \$30,001 – \$70,000
- 3 \$70,001 – \$100,000
- 4 \$100,001 – \$150,000
- 5 \$150,001 – \$200,000
- 6 \$200,001 or more
- .K I don't know
- .R Prefer not to say

[Showcard]

C4.16 How well does your household's total income meet the cost of basic needs such as food, clothing and housing. Would you say it's not enough, only just enough, enough, or more than enough?

① If people operate separately (eg flatting), ask them to answer about their individual situation.

- 1 Not enough
- 2 Only just enough
- 3 Enough
- 4 More than enough
- .K I don't know
- .R Prefer not to say

① **New screen.**

Thank you for answering those questions; please click 'Next'. [For F2F: Please hand the computer back.]

① **END OF SELF-COMPLETE SECTION.**

Housing

Now, some questions about housing.

[Showcard]

C4.17b Looking at the [For F2F survey insert: Showcard] [For VIP insert: options on the screen], do you, or anyone else who lives here:

Tool tip for 'family trust': A family trust is a special way of owning assets such as a home. The home is owned by a legal entity, not an individual or group of people. The family trust arrangement will be set out in a legal document, usually called a trust deed. If your home is partly in a family trust and partly owned, select 'Hold this dwelling in a family trust'.

Tool tip for 'own or partly own': What counts as owning or partly owning this dwelling? The following situations count as owning:

- You or someone else here owns the dwelling, even if you don't own the land.
- You purchased the dwelling under unit title, stratum title or composite leasehold (ie, there are multiple owners).
- You purchased the dwelling under license to occupy. This may include self-care villas, townhouses, apartments, or units in a retirement complex.
- The dwelling you own is a moveable dwelling such as a caravan, boat, tent or motorhome, even if you bought it under hire purchase or some other financial loan agreement.

① If you have a 'license to occupy' select 'Own or partly own this dwelling'.

① Select 'Neither of these' if you are occupying this dwelling under a rent-to-buy or similar agreement.

① Read response options.

- 1 Hold this dwelling in a family trust [go to C4.19b]
- 2 Own or partly own this dwelling, with or without a mortgage [go to C4.19b]
- 3 Neither of these, for example renting
- .K Don't know
- .R Refused

[Showcard]

C4.18a Who owns this house / flat?

- 1 Private person, trust or business
- 2 Local Authority or City Council
- 3 Kāinga Ora (formerly Housing New Zealand)
- 4 Other state-owned corporation or state-owned enterprise, or government department or ministry
- 5 Iwi, hapū or Māori land trust
- 6 Other community housing provider
- .K Don't know
- .R Refused

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[Showcard]

C4.19b How many of each of the following rooms are there in this house or flat?

- ① If this dwelling has no rooms of that type, enter '0' (all fields must be filled).
- ① Count any open-plan rooms as separate rooms. For example, a kitchen-dining room is two separate rooms.

- _____ Bedrooms, including any sleepouts furnished as bedrooms [range 0–99]
- _____ Lounges, living rooms or family rooms [range 0–99]
- _____ Dining rooms [range 0–99]
- _____ Kitchens [range 0–99]
- _____ Conservatories you can sit in [range 0–99]
- _____ Studies, studios, hobby rooms [range 0–99]
- .K Don't know
- .R Refused

Interviewer observation – if both adult / child survey respondent

Complete following observation without asking the respondent:

CQ2 Is the adult who answered this child questionnaire, also selected as the NZHS adult respondent?

- 1 Yes [go to Exit]
- 2 No [go to introduction before C4.20]

Extra questions if primary caregiver was *not* the NZHS adult respondent

Now, a few questions about you.

[Showcard]

C4.20 What is your highest secondary school qualification?

[For VIP survey insert: You may need to scroll down to see all the answer options.]

- 1 None
- 2 NZ School Certificate in one or more subjects
or National Certificate level 1
or NCEA level 1
- 3 NZ Sixth Form Certificate in one or more subjects
or National Certificate level 2
or NZ UE before 1986 in one or more subjects
or NCEA level 2
- 4 NZ Higher School Certificate
or NZ University Bursary / Scholarship
or National Certificate level 3
or NCEA level 3
or NZ Scholarship level 4
- 5 Other secondary school qualification **gained in New Zealand**
[Specify] _____
- 6 Other secondary school qualification **gained overseas**
- .K Don't know
- .R Refused

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[Showcard]

C4.21 What is your highest completed qualification?

[For VIP survey insert: You may need to scroll down to see all the answer options.]

- 0 None
- 1 National Certificate level 1
- 2 National Certificate level 2
- 3 National Certificate level 3
- 4 National Certificate level 4
- 5 Trade Certificate
- 6 Diploma or Certificate level 5
- 7 Advanced Trade Certificate
- 8 Diploma or Certificate level 6
- 9 Teachers Certificate / Diploma
- 10 Nursing Diploma
- 11 Bachelor
- 12 Bachelor Hons
- 13 Postgraduate Certificate / Diploma
- 14 Masters Degree
- 15 PhD or other doctoral degree
- 77 Other [Specify] _____
- .K Don't know
- .R Refused

ⓘ If C4.20=2, 3, 4, 5, 6 (secondary school qualification completed) AND C4.21=0 (no highest completed qualification), display message: Consistency check ⓘ In question C4.20 you recorded that the respondent had completed a secondary school qualification, but in C4.21 you recorded that they haven't completed a qualification. Verify answers with respondent.

[Showcard]

C4.22 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 Exit]
- 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 Exit]
- 77 Other [Specify] _____ [go to Exit]
- .K Don't know [go to Exit]
- .R Refused [go to Exit]

C4.23 How many hours a week do you **usually** work?

ⓘ Round to nearest hour.

_____ hours (range 1–120)

- .K Don't know
- .R Refused

Exit

Thank you for talking with me about [Name's] health. 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.

C6.01 Is there a landline phone that my Supervisor can call you on?

- 1 Yes [Specify] _____ [only accept landline number format]
- 2 No

C6.02 Do you have a cell phone number we could reach you on?

- 1 Yes [Specify] _____ [only accept cell number format]
- 2 No

C6.03 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

C6.04 I would now like to ask if you would be happy to be contacted within the next five years about the possibility of [Name] being involved in follow-up health research of importance to the Ministry of Health? Saying yes to this question won't commit you or [Name] 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 C6.09]

① If C6.01, C6.02 and C6.03 all=2 go to C6.06, otherwise go to C6.05.

C6.05 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 C6.07]
- 2 No

C6.06 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

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C6.07 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. Surname: _____
 - c. Street number and name: _____ [mandatory field]
 - d. Suburb: _____ [mandatory field]
 - e. City: _____ [mandatory field]
 - f. Postcode: _____
- 2 No, do **not** record my name and address / Refused

C6.08 Could I also record [Name's] full name and their address?

① Interviewer to update address if different to parent / guardian address.

- 1 Yes, record child's 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 child's 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 about [Name] in this survey, with other information routinely collected by government agencies. 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 [Name's] 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. [Name's] 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.

C6.09 Are you willing for [Name's] survey results to be linked with other information routinely collected by government agencies?

- 1 Yes
- 2 No [go to Interviewer observations introduction before C6.15]

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C6.11 Can I please record [Name's] name, address, date of birth and gender for data linking? Please note:

- [Name's] 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 [Name's] personal details (ie name, address and date of birth).

① 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

- First name: _____ [mandatory field]
- Middle name: _____
- Surname: _____ [mandatory field]

- Street number and name: _____ [mandatory field]
- Suburb: _____ [mandatory field]
- City: _____ [mandatory field]
- Postcode: _____

- Date of birth: _____ (range [current in-field year minus 15]–[current in-field year]) [mandatory field]
- Gender: _____ [mandatory field]

2 No, don't record any of these details

① If first name, surname, address, date of birth, or gender not provided, display the following message: In order to help us link [Name's] data, would you mind providing [Name's] full name, address, date of birth and gender?

① If only one initial provided for either first or last name, display the following message: In order to help us link [Name's] data, would you mind providing [Name's] full first and last name, rather than initials?

① 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.

① If date of birth recorded at C6.11≠C4.01, 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 – setting

Complete following observations without asking the respondent:

C6.15 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 who took part in survey
- 5 Other child(ren)
- 6 Completed alone in room

Respondent burden assessment self-complete section

The next questions will ask you about your experience of the survey process. [For VIP: These questions are for you to answer on your own.] [For F2F: I will turn the computer towards you, so you can answer the questions privately.]

① START OF SELF-COMPLETE.

CR1.01 Please rate on a scale of 1–5, where 1 is Absolutely NOT Acceptable and 5 is Highly Acceptable:

	1 Absolutely NOT Acceptable	2	3	4	5 Highly Acceptable
Survey length					
The number of questions					
Complexity of questions					
Intrusiveness of questions					

① If VIP Survey and CQ1=2 (adult survey not yet completed) or CQ2=2 (adult survey completed, but by different person to child survey), ask CR1.05 and CR1.06.

CR1.05 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 Strongly Disagree	2	3	4	5 Strongly Agree
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					

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CR1.06 Did you encounter any problems with making an appointment, or taking part online?

- 1 Yes [Specify] _____
- 2 No

CR1.02 Would you take part in the New Zealand Health Survey again?

- 1 Yes [go to CR1.04]
- 2 No [go to CR1.03]

CR1.03 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] _____

CR1.04 Are there any other comments you would like to make about taking part in the survey?

- 1 Yes [Specify] _____
- 2 No

Thank you for answering those questions; please click 'Next'. [For F2F: Please hand the computer back.]

① END OF SELF-COMPLETE SECTION.

① New screen.

For VIP, go to Thank you.

Thank you again for completing this survey.

Survey end.

① The rest of the questionnaire is collected in the Sample Manager tool.

Household composition

① Ask next questions, C4.24 and C4.28, if there is more than 1 person in household (Occupants in household screener>1).

Gender and age

C4.24 I would now like to enter some information about the **other** people who live in this household as this can affect [Name's] health. Please confirm the initials, ages and genders of all the people who usually live in this household.

① The following questions cover the initials, age, gender and relationship of **every** member of the household.

① Update fields or add / delete occupants below as required.

① Occupant grid pre-populated with information from household screener.

① Provide three response options for gender: male, female, another gender.

Occupant Name	ID	Age	Gender

Relationships

The next questions are about relationships in your household.

① The following questions cover the relationships between **every** member of the household.

① 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]

C4.28

① If dealing with respondent's relationships, insert:

What is [Name's] relationship to you?

① Include natural, step, adopted and foster relationships.

① Otherwise insert:

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

① Include natural, step, adopted and foster relationships.

- 1 Spouse or partner
- 2 Child (eg daughter)
- 3 Parent (eg mother)
- 4 Sibling (eg brother)
- 5 Grandchild
- 6 Grandparent
- 7 Great-grandchild
- 8 Great-grandparent
- 9 Nephew or niece
- 10 Uncle or aunt
- 11 Other relative
- 12 Unrelated
- .K Don't know
- .R Refused

① Perform the following soft edit checks on all coded relationship pairs.

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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.

Health measurements

① If the measurements section is completed first (eg after the adult measurements and before the child interview) ask:

Could you please tell me which of these age groups [Name] belongs to?

① Age is asked as these questions depend on the child's age.

- 1 Birth–11 months
- 2 12–23 months (1 year old)
- 3 2–4 years
- 4 5–9 years
- 5 10–14 years
- .K Don't know
- .R Refused

① If the measurements section is completed at the end of the child questionnaire:

① If child is aged 0–23 months old say: That's the end of the questionnaire. [go to Thank you section].

① If child aged 2–4 years old say: That's the end of the questionnaire. I would now like to measure [Name's] height and weight.

Is this a good time for me to get measurements from [Name]?

- 1 Yes
- 2 No [MAKE A TIME TO VISIT WHEN CHILD IS HOME]

① If child aged 5+ years old say: That's the end of the questionnaire. I would now like to measure [Name's] height, weight and waist circumference.

Is this a good time for me to get measurements from [Name]?

- 1 Yes
- 2 No [MAKE A TIME TO VISIT WHEN CHILD IS HOME]

① To child: While I'm setting up the equipment, could you please remove your shoes and any **heavy** clothing so that we get the measurements right... Thank you.

① For children aged 5–14, say: I am now going to take three measurements from you: height, weight and waist, in that order.

① For children aged 2–4, say: I am now going to take two measurements from you: height and weight, in that order.

I'm then going to take those measurements again, and if any of the second measures are not close enough to the first ones, I'll measure you for a third time.

Height

If aged 2 years and over.

Now I would like to measure your height.

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

① If head is not in Frankfort Plane say...

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

① Take measurement when breath is held and say it aloud.

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

CM1.0 1st reading 0.000 (m)

.R Respondent refused to have height recorded

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

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

Weight

If aged 2 years and over.

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

CM2.0 1st reading 000.0 (kg)

.R Respondent refused to have weight recorded

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

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

Waist

① If aged 5 years and over.

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

CM3.0 1st reading 000.0 (cm)

.R Respondent refused to have waist circumference recorded

777 Respondent unable to have waist circumference recorded

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

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

Thank you

On behalf of the Ministry of Health, thank you once again for talking with me about [Name's] health.

[For F2F: Here is a small gift from the Ministry in recognition of your time.

① 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).]

[For VIP: We would like to email you a Thank you card (with a list of phone numbers you can call if you would like more information or advice), along with the consent form(s).]

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

① End survey.

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