



# Adult Questionnaire Showcards

Year 10 – 2020/21



*No showcard for  
this question.*



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

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

Select all that apply.

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



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 – please specify



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 – please specify



What treatments do you **now** have for asthma?  
Select all that apply.

- 1 No treatment
- 2 Inhalers
- 3 Medicines, tablets or pills
- 77 Other – please specify



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 – please specify

Which kind of arthritis affects you most?

- 1 Rheumatoid
- 2 Osteoarthritis
- 3 Gout
- 4 Psoriatic
- 5 Systemic lupus erythematosus (SLE)
- 77 Other



What treatments do you **now** have for arthritis?  
Select all that apply.

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



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



What treatments do you **now** have for depression?  
Select all that apply.

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





What treatments do you **now** have for bipolar disorder?  
Select all that apply.

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



What treatments do you **now** have for anxiety disorder?  
Select all that apply.

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



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

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

What sort of health care service is this?

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



The **last** time you couldn't be seen or talked to within 24 hours, why was that?

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

Over the past 12 months, has someone at your usual medical centre either carried out or arranged for you to have any of the following?

Select all that apply.

- 1 Weight and/or height measurement
- 2 Blood pressure test
- 3 Cholesterol test
- 4 Diabetes test
- 5 Flu vaccination
- 6 Other immunisation or vaccination
- 7 “Green prescription”
- 8 COVID-19 test
- 0 None of the above



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

Select all that apply.

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



When was the **last** time you saw or talked to a GP about your **own** health?

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





Thinking back to the last time you saw or talked to a GP about your own health, what type of medical centre was it?

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



Still thinking about your last visit or talk with a GP, how good was the doctor at explaining your health conditions and treatments in a way that you could understand?

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



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

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

Did you have confidence and trust in the GP you saw or talked to?

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

When was the **last** time you saw or talked to a nurse at a GP clinic or medical centre?

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

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

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



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

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

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

Select all that apply.

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



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

Select all that apply.

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



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

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



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

Select all that apply.

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

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

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

In the last 12 months, have you seen or talked to any of the following medical specialists about your **own** health?  
Select all that apply.

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



The **last** time you saw or talked to a medical specialist about your own health, where was this?

Remember, this does not include medical specialists you may have seen if you were in hospital overnight.

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



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

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

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

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



A2.89a

Did you have confidence and trust in the medical specialist you saw or talked to?

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



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

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

In the last 12 months, have you seen or talked to any of the following health care workers about your **own** health?  
Select all that apply.

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

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:

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

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’):

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

How often do you brush your teeth?

- 0 Never
- 1 Less than once a day
- 2 Once a day
- 3 Twice a day
- 4 More than twice a day
- 5 No natural teeth





# What type of toothpaste do you usually use?

## 1. Standard fluoride toothpaste



## 2. Low fluoride toothpaste



## 3. Non-fluoridated toothpaste



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



Over the past **7 days**, how often have you done the following?

- 1 Every time
- 2 Most times
- 3 Sometimes
- 4 A little of the time
- 5 None of the time
- 6 Not applicable



Over the past **7 days**, how often have you worn a face covering or face mask when on a public bus, train or ferry?

- 1 Every time
- 2 Most times
- 3 Sometimes
- 4 A little of the time
- 5 None of the time



How often do you now smoke?

- 1 I don't smoke now
- 2 At least once a day
- 3 At least once a week
- 4 At least once a month
- 5 Less often than once a month



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



Which of these products do you smoke the **most**?

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



How often do you now use electronic cigarettes or vaping devices?

- 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

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**' of fruit:

1 medium  
piece of fruit

OR

2 small  
pieces of fruit

OR

½ a cup of  
stewed fruit



*For example: 1 apple  
+ 2 small apricots = 2 servings.*

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

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**' of vegetables:

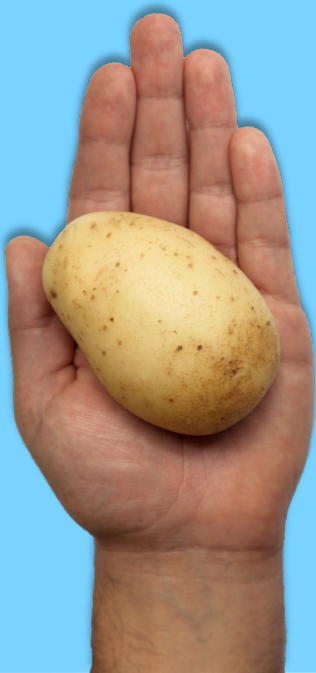
1 medium potato/kumara

OR

½ cup cooked vegetables

OR

1 cup salad vegetables



*For example: 2 medium potatoes  
+ ½ cup of peas = 3 servings.*

Remember to think about all meals and snacks.

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



How many drinks containing alcohol do you have on a typical day when you are drinking?

For this question: **one drink = one standard drink:**

- One can or stubbie of beer
- Half a large bottle of beer
- One small glass of wine
- One shot of spirits

Please see Standard Drinks Picture Showcard.

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

How often do you have six or more standard drinks on one occasion?

For this question: **one drink = one standard drink:**

- One can or stubbie of beer
- Half a large bottle of beer
- One small glass of wine
- One shot of spirits

Please see Standard Drinks Picture Showcard.

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

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



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

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



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



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

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



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



In the **past 12 months**, have you used any of the following substances?

Please just read out the number next to the words.

Select all that apply.

- 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

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

- 1 Never
- 2 Once or twice
- 3 Monthly
- 4 Weekly
- 5 Daily or almost daily

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

- 1 Never
- 2 Once or twice
- 3 Monthly
- 4 Weekly
- 5 Daily or almost daily

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

- 1 Never
- 2 Once or twice
- 3 Monthly
- 4 Weekly
- 5 Daily or almost daily

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 Never
- 2 Once or twice
- 3 Monthly
- 4 Weekly
- 5 Daily or almost daily

Has a friend or relative or anyone else **ever** expressed concern about your use of cannabis?

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

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

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



In general, would you say your health is:

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



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



Climbing several flights of stairs.

Does your health now limit you a lot, limit you a little, or not limit you at all?

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



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 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



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 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



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 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



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 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

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





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

- 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

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

- 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



How much of the time during the **past four weeks**, have you felt downhearted and 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



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...

- 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

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



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

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



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





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

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

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



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

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



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

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



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





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

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

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

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

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

Over the past **7 days**, what has been your **main** source of information on COVID-19?

- 1 TV news
- 2 Online news websites (e.g. NZ Herald, Stuff)  
NZ Government COVID-19 website  
([www.covid19.govt.nz](http://www.covid19.govt.nz) or  
[www.uniteforrecovery.govt.nz](http://www.uniteforrecovery.govt.nz))
- 3 Ministry of Health website ([www.health.govt.nz](http://www.health.govt.nz))
- 4 Social media (e.g. Facebook, Twitter)
- 5 Search engines (e.g. Google)
- 6 Radio
- 7 Printed newspapers or magazines
- 8 Family, whānau or friends
- 9 GP, nurse, pharmacist or other health care worker
- 10 Workplace
- 11 Other – please specify
- 12 Nowhere – I haven't tried to get any information on COVID-19

How worried has the information from this source made you feel?

- 1 Not at all worried
- 2 Slightly worried
- 3 Very worried

To what extent do you agree or disagree with the following statements?

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



To what extent do the following statements, relating to COVID-19, apply to you **right now**?

- 1 Strongly applies
- 2 Somewhat applies
- 3 Neither applies nor does not apply
- 4 Somewhat does not apply
- 5 Does not apply at all

Which ethnic group or groups do you belong to?  
Select all that apply.

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



Which country were you born in?

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



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

Select all that apply.

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



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 – please specify



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



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 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

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 Yes, within the past 12 months
- 2 Yes, more than 12 months ago
- 3 No
- 4 Not applicable – have never tried to visit a health professional in New Zealand



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 Yes, within the past 12 months
- 2 Yes, more than 12 months ago
- 3 No
- 4 Not applicable – have never had a job or tried to find a job in New Zealand

Have you ever been treated unfairly when renting or buying housing **because of your ethnicity** in New Zealand?  
Select all that apply.

- 1 Yes, within the past 12 months
- 2 Yes, more than 12 months ago
- 3 No
- 4 Not applicable – have never tried to rent or buy a house in New Zealand



## What is your highest secondary school qualification?

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



What is your highest completed qualification?

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



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 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



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.

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



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



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

Over the past **7 days**, my household has struggled to pay for basic living costs, such as food or accommodation.

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



Which of these statements best describes your **current** work situation:

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

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

Select all that apply.

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

What type of health or medical insurance is that?

- 1 Comprehensive, covering day-to-day costs such as GP fees and pharmacy charges, as well as private hospital care
- 2 Hospital only
- 77 Other – please specify



And who pays for this health or medical insurance?

- 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



## Who owns this house / flat?

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

Counting those bedrooms, how many rooms are there in this dwelling?

**Count:**

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

**DON'T count:**

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

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



Which of the following options best describes how you think of yourself?

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



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

