

New Zealand Health Survey

Child Questionnaire (Year 11)

1 July 2021 – 30 June 2022

In field July 2021

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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, heath status and behaviours, health service utilisation and patient experience. Anthropometric measurements (height, weight and waist circumference) **were not taken due to COVID-19 restrictions**. NZHS collects information that cannot be obtained more effectively or efficiently through other means, such as by analyses of hospital administrative records, disease registries or epidemiological research.  |
| **Text Format**  | **Examples** |
| Black  | Text read by interviewer: 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 hourOther [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 | i Here is a list 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 |

|  |  |  |
| --- | --- | --- |
| **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, 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 surveyor 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 11 Modules**  |  |

|  |  |
| --- | --- |
| Behaviour and mental health self-complete section  | * 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.  |

# 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

i If CC.01=2, display message: i 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

Before we begin the questionnaire, 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?

  If respondent will not provide the child’s name, initials are acceptable.

 Record name. [Child’s name recorded]

 .R Refused

CD.02 And are they male or female…?

  Check aloud with respondent.

1 Male

2 Female

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

 Record age under 2 years in months; and age >=2 years in years.

 Only one field should be completed.

 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

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

CD.03c Age group

 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

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

# Long-term health conditions

The first 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.

 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 diabetes C1.05]

.K Don’t know [go to C1.05]

.R Refused [go to C1.05]

[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

C1.05 Have you ever been told by a doctor that [Name] has diabetes?

1 Yes

2 No [go to rheumatic heart disease C1.07]

.K Don’t know [go to C1.07]

.R Refused [go to C1.07]

[Showcard]

C1.06 What treatments does [Name] **now** have for diabetes?
 [Select all that apply]

1 No treatment

2 Medicines, tablets or pills

3 Insulin injections

4 Diet

5 Exercise

77 Something else

.K Don’t know

.R Refused

C1.07 Have you ever been told by a doctor that [Name] has rheumatic heart

 disease?

1 Yes

2 No [go to autism C1.09]

.K Don’t know [go to C1.09]

.R Refused [go to C1.09]

[Showcard]

C1.08 What treatments does [Name] **now** have for rheumatic heart disease?

 [Select all that apply]

1 No treatment

2 Medicines, tablets or pills

3 Penicillin injections or other antibiotic

77 Something else

.K Don’t know

.R Refused

 Go to Mental health conditions 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.

Mental health conditions

C1.09 Have you ever been told by a doctor that [Name] has autism spectrum disorder, including Asperger’s syndrome?

1 Yes

2 No [go to depression C1.11]

.K Don’t know [go to C1.11]

.R Refused [go to C1.11]

[Showcard]

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

[Select all that apply]

1 No treatment

2 Medicines, tablets or pills

3 Counselling

77 Something else

.K Don’t know

.R Refused

C1.11 Have you ever been told by a doctor that [Name] has depression?

1 Yes

2 No [go to anxiety C1.13]

.K Don’t know [go to C1.13]

.R Refused [go to C1.13]

[Showcard]

C1.12 What treatments does [Name] **now** have for depression?
 [Select all that apply]

1 No treatment

2 Medicines, tablets or pills

3 Counselling

4 Exercise

77 Something else

.K Don’t know

.R Refused

C1.13 Have you ever been told by a doctor that [Name] has an anxiety disorder?

 This includes panic attack, phobia, post-traumatic stress disorder, and

 obsessive compulsive disorder.

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]

C1.14 What treatments does [Name] **now** have for anxiety disorder?
 [Select all that apply]

1 No treatment

2 Medicines, tablets or pills

3 Counselling

4 Exercise

77 Something else

.K Don’t know

.R Refused

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

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 ADD or ADHD?
 [Select all that apply]

1 No treatment

2 Medicines, tablets or pills

3 Counselling

77 Something else

.K Don’t know

.R Refused

Oral health

 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.

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

 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

Complete following observations without asking the respondent:

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

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

1 Yes

2 No

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

1. Yes
2. No

Health status

 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:

  Read response options.

1 Excellent

2 Very good

3 Good

4 Fair

5 Poor

.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?

i 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 (Year 11 only)]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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)

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

i If C2.011=1 and C2.12a=0, display message: Consistency check i 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.

i 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

[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?

[Select all that apply]

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

1 Time taken to get an appointment too long

2 Owed money to the medical centre

3 Dislike or fear of the GP

4 Difficult to take time off work

5 No transport or too far to travel

6 Could not arrange childcare (for other children) or care for a dependent adult

 i An adult who is ill or disabled.

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

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

0 None of the above

.K Don’t know

.R Refused

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]

i If C2.011=2 and C2.36a=2, display message: Consistency check i 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]

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.

  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?

  If none enter 0.

­­

\_\_\_\_\_ times (range 0–99)

.K Don’t know

.R Refused

i If C2.36a=1 and C2.37a=0 and C2.38a=0, display message: Consistency check i 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]

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

[Select all that apply]

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

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

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

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

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

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

i 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]

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

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

77 Another reason ([pipe through response from 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.

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

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

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

|  |  |
| --- | --- |
| 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]

[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?

[Select all that apply]

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

1. Cost
2. Dislike or fear of the treatment
3. Difficult to take time off work
4. No transport or too far to travel
5. Could not arrange childcare (for other children) or care for a dependent adult

i An adult who is ill or disabled

1. Didn’t have a carer, support person or interpreter to go with you
2. Hospital or specialist doctor didn't accept the referral
3. No longer needed or issue was resolved
4. Another reason [Specify]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

0 None of the above

.K Don’t know

.R Refused

Dental health care workers

 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

 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

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

Breastfeeding

C3.02 Has [Name] ever been breastfed?

 ‘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?

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

 If still being breastfed, code as “Not applicable”.

 ‘Expressed’ milk is to be counted as being breastfed.

 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

 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.

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

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

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

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

 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

 If C3.04>=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.

 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?

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

 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

 If C3.05>=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

 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.

 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.

i 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.

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

[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.

 Includes both weekends and weekdays.

 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.

 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.

 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]

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.

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

 Excludes diet or reduced sugar varieties, sparkling water, flavoured waters (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

 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?

 [Select all that apply]

  Code walking bus as “Walk” and carpool as “Car or taxi”.

  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

 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.

 Round to nearest hour.

 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

 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.

 Round to nearest hour.

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

 Include texting, emailing and using social media.

 Don’t count time reported in the previous question.

 \_\_\_\_\_hours (range 0–24)

.K Don’t know

 .R Refused

 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.

 Round to nearest hour.

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

 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

 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.

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.

 Round to nearest hour.

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

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

 Include texting, emailing and using social media.

 Don’t count time reported in the previous question.

 \_\_\_\_\_hours (range 0–48)

.K Don’t know

.R Refused

 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.

 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?

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

 \_\_\_\_\_ hours (range 1–24)

 .K Don’t know

 .R Refused

 If 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:

 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

[Picture Showcard]

C3.13d Looking at the Showcard, what type of toothpaste does [Name] usually use?

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

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

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

1 Standard fluoride toothpaste

2 Low 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.

 [Select all that apply]

 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  Limit to children <2 years.

.K Don’t know

.R Refused

[Showcard]

C3.16a Using the scale on the Showcard, 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

Behaviour and mental health self-complete section

 If the interview is being conducted with language assistance from a family member / friend of the respondent (C6.13=1), skip to Household food security (CFS1.01). Everyone else (C6.13=2) go to CDWIntro.

 START OF SELF-COMPLETE SECTION.

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

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

1. **Continue with this section** [go to CDW2.01 ages 2–4; go to CDW3.01 ages 5–10; go to CDW4.01 ages 11–14]
2. Skip this section because privacy isn’t ensured[go to introduction before CFS1.01]

 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.

 New screen.

 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.

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

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

 Children aged ≥2 and <5 years go to this version of SDQ (CDW2.01 to CDW2.25).

Questions CDW2.01 to CDW2.25 to fit over three screens for self-complete.

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**.

|  |  |  |  |
| --- | --- | --- | --- |
|  | 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 |  |  |  |

 Go to introduction before CMH1.01a.

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

 Children aged ≥5 and <11 years go to this version of SDQ (CDW3.01 toCDW3.25).

 Questions CDW3.01 to CDW3.25 fit over three screens for self-complete.

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**.

|  |  |  |  |
| --- | --- | --- | --- |
|  | 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 |  |  |  |

 Go to introduction before CMH1.01a.

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

 Children aged ≥11 and <15 years go to this version of SDQ (CDW4.01 to CDW4.25).

 Questions CDW4.01 to CDW4.25 to fit over three screens for self-complete.

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**.

|  |  |  |  |
| --- | --- | --- | --- |
|  | 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

i Children aged <2 years go to Parental stress introduction before CPS1.01.

i 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.

i 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 I don’t want to answer

i 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 I don’t want to answer

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 I don’t want to answer

[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 ⚐?

 [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 I don’t want to answer

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 I don’t want to answer

[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 ⚐?

[Select all that apply]

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

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

.K I don’t know

.R I don’t want to answer

[Showcard]

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 ⚐?

[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 I don’t want to answer

[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?

[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 I don’t want to answer [go to CMH1.11]

i 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 I don’t want to answer

[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 I don’t want to answer

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 ⚐, butthey **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 I don’t want to answer [go to introduction before CPS1.01]

i 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?

[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 I don’t want to answer

 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 I don’t want to answer

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 I don’t want to answer

[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 I don’t want to answer

[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 I don’t want to answer

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 I don’t want to answer

 END OF SELF-COMPLETE SECTION.

 New screen.

Thank you for completing those questions.

Please return the computer to the surveyor and they will ask you some more questions.

 Ask all respondents the household food security questions.

# 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.

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

 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.

 If required, respondent can read out the number next to the answer on the showcard.

[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

[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

[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

 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’.

 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?

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

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

 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?

[Select all that apply]

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

1 New Zealand European

2 Māori

3 Samoan

4 Cook Island Māori

5 Tongan

6 Niuean

7 Chinese

8 Indian

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

.K Don’t know

 .R Refused

[Showcard]

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

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

1 New Zealand [go to 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?

  Record 4 digit date, eg 2017.

 If year is earlier than year of birth, display message: Consistency check  Answer must be >= 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

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

1 Loss

2 Zero income

3 $1 – $20,000

4 $20,001 – $30,000

5 $30,001 – $50,000

6 $50,001 – $70,000

7 $70,001 – $100,000

8 $100,001 or more

.K Don’t know

 .R Refused

***Housing***

Now some questions about housing.

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

 Help Text: What is a family trust?

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

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

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

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

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

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

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

document, usually called a trust deed.

Either the nominated beneficiary or nominated trustee of the family trust

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

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

of private trusts.

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

question.

1 Yes [go to bedrooms 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

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.

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

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

 Don't count: Any other room (eg living room) used as a bedroom UNLESS the only bedroom facilities are in that room.

 \_\_\_\_\_bedrooms (range 1–20)

.K Don’t know

.R Refused

[Showcard]

C4.19a Counting those bedrooms, how many rooms are there in this dwelling? Please include all the rooms listed under ‘Count’ on the Showcard. Do not include the rooms listed under ‘DON’T count’.

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

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

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

 If number of rooms is fewer than number given in C4.19, display message: Consistency check  Answer must be >= 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

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?

1 None

2 NZ School Certificate in one or more subjects

 **or** National Certificate level 1
**or** NCEA level 1

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

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

 **or** NZ Scholarship level 4

5 Other secondary school qualification **gained in New Zealand**

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

6 Other secondary school qualification **gained overseas**

.K Don’t know

.R Refused

[Showcard]

C4.21 What is your highest completed qualification?

0 None

1 National Certificate level 1

2 National Certificate level 2

3 National Certificate level 3

4 National Certificate level 4

5 Trade Certificate

6 Diploma or Certificate level 5

7 Advanced Trade Certificate

8 Diploma or Certificate level 6

9 Teachers Certificate / Diploma

10 Nursing Diploma

11 Bachelor

12 Bachelor Hons

13 Postgraduate Certificate / Diploma

14 Masters Degree

15 PhD

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

.K Don’t know

.R Refused

 If 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

 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.

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

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

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

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

Relationships

The next questions are about relationships in your household.

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

 Ask the relationships between every household member one-way. 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

 If dealing with respondent’s relationships, insert:

What is [Name’s] relationship to you?

 Include natural, step, adopted and foster relationships.

 Otherwise insert:

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

 Include natural, step, adopted and foster relationships.

1 Spouse or partner

2 Son or daughter

3 Father or mother

4 Brother or sister

5 Grandchild

6 Grandparent

7 Great-grandchild

8 Great-grandparent

9 Nephew or niece

10 Uncle or aunt

11 Other relative

12 Unrelated

.K Don’t know

.R Refused

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

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

Exit

Thank you for 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]

i 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

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?

  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]

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).

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

1 Yes

 a. First name: [mandatory field]

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

 c. Surname: [mandatory field]

 d. Street number and name: [mandatory field]

 e. Suburb: [mandatory field]

 f. City: [mandatory field]

 g. Postcode:

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

 i. Gender: [mandatory field]

2 No, don’t record any of these details

 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?

 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?

 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.

 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

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

 START OF SELF-COMPLETE SECTION.

## Respondent burden assessment

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 |
| Survey length |  |  |  |  |  |
| The number of questions |  |  |  |  |  |
| Complexity of questions |  |  |  |  |  |
| Intrusiveness of questions |  |  |  |  |  |

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

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, please hand the computer back.

 END OF SELF-COMPLETE SECTION.

Thank you

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

 Give Thank You card and koha.

Inside the card is a list of phone numbers you can call if you would like more information or advice. If you’d prefer, I can arrange for this to be emailed to you along with the consent form(s) you signed today. If you’d rather not receive these items, that’s completely fine.

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

 End survey.