

New Zealand Health Survey

Adult Questionnaire (Year 13)

1 July 2023 – 30 June 2024

In field July 2023

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# Overview and programming information

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| --- |
| **Design** |
| Each year for the New Zealand Health Survey, approximately 14,000 adults are interviewed face-to-face (in person) and remotely using computer software (a virtual interface platform). Interviews are administered using a combination of computer-assisted personal interviewing (CAPI) and computer-assisted self-interviewing (CASI). Key topics include long-term health conditions, health status and behaviours and health service utilisation. Anthropometric measurements (height, weight and waist circumference) and blood pressure are also taken. NZHS collects information that cannot be obtained more effectively or efficiently through other means, such as by analyses of hospital administrative records, disease registries or epidemiological research. |

|  |  |  |
| --- | --- | --- |
| **Text Format** | | **Examples** |
| Black | Text read by interviewer or respondent: introductions, questions / question options | The next set of questions is about nurses who work at general practices and medical centres |
| Blue | Showcard note positioned above a question | [Showcard] |
|  | Multiple response allowed for a question | [Select all that apply] |
|  | Instructional text specifically for interviewers | i Record to nearest hour  Other [Specify] |
|  | Text read verbatim to respondents | i Say “We can skip this section then” |
|  | Interviewer observations: section completed unobtrusively (solely) by interviewer | Complete following observations without asking the respondent |
|  | Tool tips or Showcards with a ⚐ symbol, contain information that only appears if the mouse pointer hovers over the underlined words, or if underlined words are touched with a finger | i Here is a list of examples of specialist doctors ⚐ |
| Purple | Text specifically for questionnaire readers, not displayed on screen | Toothpaste picture showcard needs updating if there are any major changes in the market |
| Red | Programmer information, instructions, alerts and headings, not displayed on screen | i Calculated age must be ≥15 years |
|  | | |
| **Abbreviations used in programming text** | |  |
| F2F | Face-to-face | Respondent interviewed in person by interviewer |
| VIP | Virtual Interface Platform | Survey tool enabling remote interviewing via computer software |

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

|  |  |
| --- | --- |
| **Year 13 Modules** |  |
| Perceived body size | The three perceived body size questions provide alternatives to the physical measurement of height and weight. |
| Washington Group Enhanced Short Set | The six extra items in the Washington Group Enhanced Short Set supplement the existing six items of the Washington Group Short Set in the core questionnaire. |
| Migraine clip-on | Five questions on migraines to determine the prevalence of migraines and compare to rates of being diagnosed with migraine. |
| Tobacco and vaping | The core and module questions have been mixed to make the questions flow. Core questions start with ‘A’ and module questions start with ‘TOB’. |
| Racial discrimination | These six questions focus on how respondents may be viewed by others in terms of their ethnicity, how often respondents may think about their ethnicity, and whether they have experienced discrimination because of their ethnicity. |

# Informed consent

Before we begin, I need to check that:

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

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

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

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

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

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

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

1 Yes

2 No

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

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

1 Yes

2 No

# Initial demographics and overall wellbeing self-complete section

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

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

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

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

i New screen.

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

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

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

i START OF SELF-COMPLETE.

Age group

[Showcard]

AD.02 Which of these age groups do you belong to?

1 15–19 years

2 20–24 years

3 25–34 years

4 35–44 years

5 45–54 years

6 55–64 years

7 65–74 years

8 75+ years

## Sex and gender

[Showcard]

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

1 Male

2 Female

3 Another term

[Showcard]

AD.01b What is your gender?

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

1 Male

2 Female

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

## Overall life satisfaction and family wellbeing

[Showcard]

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

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

\_\_\_\_\_ (range 0–10)

.K I don’t know

.R Prefer not to say

[Showcard]

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

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

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

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

\_\_\_\_\_ (range 0–10)

11 I don’t have any family

12 I can’t define my family

.K I don’t know

.R Prefer not to say

i New screen.

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

i END OF SELF-COMPLETE SECTION.

# Long-term health conditions

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

Heart disease

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

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

1 Yes

2 No [go to angina A1.04]

.K Don’t know [go to A1.04]

.R Refused [go to A1.04]

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

1 Yes

2 No [go to angina A1.04]

.K Don’t know [go to A1.04]

.R Refused [go to A1.04]

A1.03 Was this in the last 12 months?

1 Yes

2 No

.K Don’t know

.R Refused

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

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

1 Yes

2 No

.K Don’t know

.R Refused

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

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

1 Yes

2 No

.K Don’t know

.R Refused

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

1 Yes

2 No

.K Don’t know

.R Refused

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

[Showcard]

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

[Select all that apply]

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

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

1 No treatment [cannot be selected with other options]

2 Aspirin

3 Other medicines, tablets or pills (including spray under the tongue, patches on the skin and blood thinners)

4 Diet

5 Exercise

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

.K Don’t know

.R Refused

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

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

1 Yes

2 No

.K Don’t know

.R Refused

Stroke

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

1 Yes

2 No [go to Diabetes A1.12]

.K Don’t know [go to A1.12]

.R Refused [go to A1.12]

[Showcard]

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

[Select all that apply]

1 No treatment [cannot be selected with other options]

2 Aspirin

3 Other medicines, tablets or pills

4 Diet

5 Exercise or rehabilitation (include speech therapy, occupational therapy, physiotherapy)

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

.K Don’t know

.R Refused

Diabetes

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

i If respondent’s sex is female (AD.01a=2) insert: Please do **not**include diabetes during pregnancy.

1 Yes

2 No [go to Asthma A1.15]

.K Don’t know [go to A1.15]

.R Refused [go to A1.15]

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

i If from birth record 0.

\_\_\_\_\_ years (range 0–120)

.K Don’t know

.R Refused

[Showcard]

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

[Select all that apply]

1 No treatment [cannot be selected with other options]

2 Insulin injections

3 Medicines, tablets or pills

4 Diet

5 Exercise

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

.K Don’t know

.R Refused

Asthma

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

1 Yes

2 No [go to Arthritis A1.18]

.K Don’t know [go to A1.18]

.R Refused [go to A1.18]

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

1 Yes

2 No

.K Don’t know

.R Refused

[Showcard]

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

[Select all that apply]

1 No treatment [cannot be selected with other options]

2 Inhalers

3 Medicines, tablets or pills

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

.K Don’t know

.R Refused

Arthritis

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

1 Yes

2 No [go to Chronic pain A1.29]

.K Don’t know [go to A1.29]

.R Refused [go to A1.29]

[Showcard]

A1.19 What kind of arthritis was that?

[Select all that apply]

1 Rheumatoid

2 Osteoarthritis

3 Gout

4 Psoriatic

5 Systemic lupus erythematosus (SLE)

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

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

.R Refused [go to A1.21]

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

[Showcard]

A1.20 Which kind of arthritis affects you most?

1 Rheumatoid

2 Osteoarthritis

3 Gout

4 Psoriatic

5 Systemic lupus erythematosus (SLE)

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

.K Don’t know

.R Refused

[Showcard]

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

[Select all that apply]

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

1 No treatment [cannot be selected with other options]

2 Medicines, tablets or pills (including painkillers)

3 Exercise or physiotherapy

4 Injections

5 Diet

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

.K Don’t know

.R Refused

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

1 Yes

2 No

.K Don’t know

.R Refused

[Showcard]

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

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

.K Don’t know

.R Refused

Chronic pain

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

i This includes chronic pain that is reduced by treatment.

1 Yes

2 No

.K Don’t know

.R Refused

## Migraine

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

1 Yes [go to M1.51]

2 No [go to L1.29g]

.K Don’t know [go to L1.29g]

.R Refused [go to L1.29g]

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

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

1 Yes

2 No

.K Don’t know

.R Refused

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

i If respondent answers ‘sometimes’, code this as ‘yes’.

1 Yes

2 No

.K Don’t know

.R Refused

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

i If respondent answers ‘sometimes’, code this as ‘yes’.

1 Yes

2 No

.K Don’t know

.R Refused

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

1 Yes

2 No

.K Don’t know

.R Refused

Hysterectomy self-complete section

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

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

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

i START OF SELF-COMPLETE.

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

1 Yes

2 No

.K I don’t know

.R Prefer not to say

i New screen.

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

i END OF SELF-COMPLETE SECTION.

## Oral health

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

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

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

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

i Most adults grow 32 teeth in total.

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

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

.K Don’t know [go to A1.31a]

.R Refused [go to A1.31a]

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

1 Yes

2 No

.K Don’t know

.R Refused

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

[Showcard]

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

1 Excellent

2 Very good

3 Good

4 Fair

5 Poor

.K Don’t know

.R Refused

# Interviewer observations – language / cognitive assistance

Complete following observations without asking the respondent:

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

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

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

1 Yes

2 No

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

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

1 Yes

2 No

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

1 Yes

2 No

# Health service utilisation

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

Usual primary health care provider

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

i Do not include emergency department (ED).

1 Yes

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

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

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

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

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

1 Yes

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

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

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

[Showcard]

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

[Select all that apply]

1 GP (general practitioner or family doctor)

2 Nurse

3 Physiotherapist

4 Mental health professional (eg psychologist or counsellor)

5 Dietitian

77 Another health care worker [Specify]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

0 None of the above [cannot be selected with other options]

.K Don’t know

.R Refused

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

General practitioners

These next questions are about seeing general practitioners (GPs) or family doctors.This can be at your **usual medical centre** or **somewhere else**.

***GP – utilisation***

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

\_\_\_\_\_ times (range 1–99)

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

.K Don’t know [go to A2.33a]

.R Refused [go to A2.33a]

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

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

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

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

i If free enter 0.00.

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

i Can give an estimate if exact amount unknown.

$\_\_\_.\_\_\_ (range 0.00–199.00)

.K Don’t know

.R Refused

***GP – barriers to access***

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

1 Yes

2 No

.K Don’t know

.R Refused

[Showcard]

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

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

[Select all that apply]

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

i Please exclude not visiting a GP because of cost.

1 Time taken to get an appointment too long

2 Owed money to the medical centre

3 Dislike or fear of the GP

4 Difficult to take time off work

5 No transport or too far to travel

6 Could not arrange childcare or care for a dependent adult 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 [cannot be selected with other options]

.K Don’t know

.R Refused

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

1 Yes

2 No

.K Don’t know

.R Refused

Nurses at general practices and medical centres

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

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

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

1 Yes

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

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

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

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

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

i If none enter 0.

­­ \_\_\_\_\_ times (range 0–99)

.K Don’t know

.R Refused

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

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

i If none enter 0.

­­

\_\_\_\_\_ times (range 0–99)

.K Don’t know

.R Refused

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

Emergency department

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

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

­­ \_\_\_\_\_ times (range 0–99) [if 0 go to Dental healthcare workers introduction before A2.91]

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

.R Refused [go to Dental healthcare workers introduction before A2.91]

[Showcard]

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

[Select all that apply]

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

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

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

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

.K Don’t know [go to Dental health care workers introduction before A2.91]

.R Refused [go to Dental health care workers introduction before A2.91]

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

[Showcard]

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

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

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

.K Don’t know

.R Refused

Dental health care workers

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

***Dental health care workers – utilisation***

[Showcard]

A2.91 How long has it been since you last visited a dental health care worker about your **own** dental health, for any reason?

1 Within the past year (less than 12 months ago)

2 Within the past two years (more than 1 year but less than 2 years ago)

3 Within the past five years (more than 2 years but less than 5 years ago)

4 Five or more years ago

5 Have never seen a dental health care worker

.K Don’t know

.R Refused

[Showcard]

A2.95 Which of the following statements best describes the regularity of your consultations with a dental health care worker?

1 I visit a dental health care worker at least every two years for a check up

2 I visit a dental health care worker for check-ups regularly, but with intervals of more than two years

3 I only visit a dental health care worker when I have a toothache or other similar trouble

4 I never visit a dental health care worker

.K Don’t know

.R Refused

***Dental health care workers – barriers to access***

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

1 Yes

2 No

.K Don’t know

.R Refused

Getting help for mental health and substance use concerns

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

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

[Showcard]

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

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

[Select all that apply]

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

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

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

1. GP
2. Nurse
3. Psychiatrist or other medical specialist
4. Social worker
5. Psychologist, counsellor or psychotherapist
6. Teacher
7. Religious or spiritual advisor, like a minister, priest or tohunga
8. Kaumātua or tohunga
9. Family, whānau, partner and/or friends
10. Peer support worker
11. Other person
12. No, none of the above [cannot be selected with other options]

.K Don’t know

.R Refused

[Showcard]

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

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

[Select all that apply]

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

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

1. Hospital emergency department or an after-hours medical centre
2. Hospital ward
3. Crisis mental health team
4. Māori health service (including Māori mental health or addictions services)
5. Community mental health or addictions service (including hospital outpatient appointments)
6. Other community support services, such as a youth ‘one-stop-shop’
7. Programme in prison or a youth justice centre
8. Other [Specify]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. No, none of the above [cannot be selected with other options]

.K Don’t know

.R Refused

AMH1.10 In the **past 12 months**, did you ever feel that you needed professional help for your **emotions, stress, mental health, or substance use**, butyou **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).

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

1. Yes
2. No [go to Health behaviours and risk factors introduction before A3.01]

.K Don’t know [go to introduction before A3.01]

.R Refused [go to introduction before A3.01]

[Showcard]

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

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

[Select all that apply]

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

.K Don’t know

.R Refused

# Health behaviours and risk factors

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

High blood pressure

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

i If respondent is female [AD.01a=2], insert: Please do not include high blood pressure you may have had during pregnancy.

1 Yes

2 No [go to High cholesterol A3.03]

.K Don’t know [go to A3.03]

.R Refused [go to A3.03]

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

1 Yes

2 No

.K Don’t know

.R Refused

High cholesterol

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

1 Yes

2 No [go to Body size introduction before DH1.19]

.K Don’t know [go to introduction before DH1.19]

.R Refused [go to introduction before DH1.19]

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

1 Yes

2 No

.K Don’t know

.R Refused

Body size self-complete section

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

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

i START OF SELF-COMPLETE.

[Showcard]

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

1 Very underweight

2 Underweight

3 Neither underweight nor overweight

4 Overweight

5 Very overweight

6 Currently pregnant [Only show this option for cis-female respondents (sex is female, AD.01a=2 AND gender is female, AD.01b=2) aged 15–54 years]. [Pregnant respondents skip to Physical Activity introduction before A3.06]

.K I don’t know

.R Prefer not to say

[Showcard]

BS3.01 How tall are you without shoes?

i Please enter answer using just one type of unit.

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

1 \_\_\_\_ centimetres (range 60–250)

2 \_\_\_\_ metres (range 0.6–2.5)

3 \_\_\_\_ feet (range 2–8) and \_\_\_\_ inches (range 0–11)

.K I don’t know

.R Prefer not to say

[Showcard]

BS3.02 How much do you weigh?

i Please enter answer using just one type of unit.

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

1. \_\_\_\_ kilograms (range 6–250)
2. \_\_\_\_ stones (range 1–40) and \_\_\_\_ pounds (range 0–13)
3. \_\_\_\_ pounds (range 14–550)

.K I don’t know

.R Prefer not to say

i New screen.

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

i END OF SELF-COMPLETE SECTION.

Physical activity

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

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

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

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

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

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

.K Don’t know [go to A3.08]

.R Refused [go to A3.08]

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

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

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

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

.K Don’t know

.R Refused

i If A3.07>=8 hours, display message: A person is unlikely to walk at a brisk pace (breathe harder than normal) for 8 or more hours per day. Go back to question A3.07 and verify answer with respondent.

[Picture Showcard]

A3.08 During the last 7 days, on how many days did you do **moderate** physical activities? ‘Moderate’ activities make you breathe harder than normal, but only a little – like carrying light loads, bicycling at a regular pace, or other activities like those shown on the [For F2F insert: Showcard.] [For VIP insert: screen image (you may need to scroll down).] Do not include walking of any kind.

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

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

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

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

.K Don’t know [go to A3.10]

.R Refused [go to A3.10]

Picture Showcard for A3.08

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

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

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

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

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

.K Don’t know

.R Refused

i If A3.09>=8 hours, display message: A person is unlikely to do moderate physical activity (breathe harder than normal) for 8 or more hours per day. Go back to question A3.09 and verify answer with respondent.

i If A3.09=A3.07, display message: A person is unlikely to spend exactly the same amount of time brisk walking as they do moderate activity each day. Go back to question A3.07 or A3.09 and verify answer with respondent.

[Picture Showcard]

A3.10 During the last 7 days, on how many days did you do **vigorous** physical activities? ‘Vigorous’ activities make you breathe a lot harder than normal (‘huff and puff’) – like heavy lifting, digging, aerobics, fast bicycling, or other activities like those shown on the [For F2F insert: Showcard.] [For VIP insert: screen image. You may need to scroll down.]

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

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

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

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

.K Don’t know [go to A3.12]

.R Refused [go to A3.12]

Picture Showcard for A3.10

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

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

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

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

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

.K Don’t know

.R Refused

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

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

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

\_\_\_\_\_ days per week (range 0–7)

.K Don’t know

.R Refused

Sleep

Now, a question about sleep.

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

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

\_\_\_\_\_ hours (range 1–24)

.K Don’t know

.R Refused

i If A3.12a<4 hours, display message: A person is unlikely to usually sleep less than 4 hours in a 24 hour period. Verify answer with respondent.

i If A3.12a>12 hours, display message: A person is unlikely to usually sleep more than 12 hours in a 24 hour period. Verify answer with respondent.

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

Tooth brushing

Now, a couple of questions about tooth brushing.

[Showcard]

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

0 Never [go to Tobacco introduction before A3.13]

1 Less than once a day

2 Once a day

3 Twice a day

4 More than twice a day

5 No natural teeth [go to introduction before A3.13]

.K Don’t know

.R Refused

[Picture Showcard]

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

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

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

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

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

1 Standard fluoride toothpaste

3 Non-fluoridated toothpaste

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

.K Don’t know

.R Refused

Picture Showcard for A3.12c

|  |
| --- |
| 1. Standard fluoride toothpaste |
| Image result for macleans multi actionImage result for colgate total  A close up of a logo  Description automatically generated  MouthFresh Toothpaste Cool Mint 120g  Graphical user interface  Description automatically generated with low confidence  2661082  Graphical user interface  Description automatically generatedFreshChoice Leamington - Colgate Toothpaste Kids Minions 6+ Years Mild Mint  Gel 90gA picture containing food  Description automatically generatedIGA Thirroul - Colgate Kids Peppa Pig Toothpaste 2-5 Years Mild Mint Gel  Sugar Free Fluoride Children's Tooth Paste 90gA picture containing food  Description automatically generatedColgate Kids Natural Fruit Baby Toothpaste 0-2 Years 50ml | Superdrug |
| 3. Non-fluoridated toothpaste |
| Image result for red seal naturalDescription: http://www.comvita.co.nz/userfiles/image/Product/Healthcare/OralCare/225(1).jpg |
| 4. Don’t use toothpaste / no toothpaste available in house |

Tobacco

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

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

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

1 Yes

2 No [go to SHS TOB4.02a]

.K Don’t know

.R Refused

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

1 Yes

2 No

.K Don’t know

.R Refused

[Showcard]

A3.15 How often do you now smoke?

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

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

2 At least once a day

3 At least once a week

4 At least once a month

5 Less often than once a month

.K Don’t know

.R Refused

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

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

i Response option numbers are not displayed on CAPI screen.

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

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

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

1 Less than 1 per day

2 1–5 per day

3 6–10 per day

4 11–15 per day

5 16–20 per day

6 21–25 per day

7 26–30 per day

8 31 or more a day

.K Don’t know

.R Refused

### Initiation and uptake

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

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

TOB1.01 At what age did you try your first cigarette?

i If asked, this includes any type of tobacco product eg cigar, rollies

\_\_\_\_\_ years (range 0-110)

.K Don’t know

.R Refused

i Ask TOB1.03a for respondents who have smoked a total of more than 100 cigarettes in their lifetime (A3.14 = 1).

i Others (A3.14 =2, .K, .R) go to ‘Exposure to second-hand smoke in adults’, question TOB4.02a

[Showcard]

TOB1.03aAt what age did you **start** smoking **daily**?

i Daily means at least once a day.

i Enter answer in years. If respondent doesn’t know exactly, get their best estimate.

i If respondents smoke daily (A3.15=2), then the response option ‘I have never smoked daily’ will not appear on the screen.

.N I have never smoked daily [Do not display for daily smokers (A3.15=2)]

\_\_\_\_\_ years (range 0-110) [Must be ≥ TOB1.01]

.K Don’t know

.R Refused

i consistency check, if responses 'I have never smoked daily', 'Don't know' or 'Refused' is selected, AND year entered, error message to be displayed ‘I have never smoked daily, Don't Know and Refused can't be selected if entering an answer’.

### Quitting smoking

i Ask A3.16 if respondents no longer smoke (A3.13=1 and A3.14=1 and A3.15=1).

[Showcard]

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

1 Within the last month

2 1 month to 3 months ago

3 4 months to 6 months ago

4 7 to 12 months ago

5 1 to 2 years ago

6 2 to 5 years ago

7 Longer than 5 years ago

.K Don’t know

.R Refused

i Ask A3.20b if respondents are current smokers (A3.15=2, 3, 4, 5) or didn’t answer the current smoker question (A3.15 = K or R); or if they stopped smoking in the last 12 months (A3.16=1, 2, 3, 4).

A3.20b In the **last 12 months**, how many times did you try to quit smoking?

i If respondent stopped smoking in the last 12 months, they should include that.

i If respondent doesn’t know exactly, get their best estimate.

\_\_\_\_\_ times (range 0–365) [If A3.16 = 1,2,3,4, then response can’t be ‘0’]

.K Don’t know

.R Refused

i Ask A3.20a if respondents tried to quit smoking once or more in the last 12 months (A3.20b ≥ 1)

A3.20a How many of those times were for a week or more?

i If respondent stopped smoking in the last 12 months, they should include that.

i If respondent doesn’t know exactly, get their best estimate.

­­\_\_\_\_\_ times (range 0–51) [If A3.20a > A3.20b, display note that the interviewer needs to check with the respondent and modify response accordingly]

.K Don’t know

.R Refused

i Ask TOB3.02a if respondents tried to quit smoking once or more in the last 12 months (A3.20b ≥ 1)

[Showcard]

TOB3.02a What, if anything, did you use to help you quit smoking during your **last** quit attempt? Please say all that apply.

i Medicines given as examples in response option 3 are also known as Varenicline, Bupropion and Nortriptyline.

i Rongoā Māori is traditional Māori healing, which encompasses herbal remedies, physical therapies and spiritual healing.

i Face-to-face stop smoking services include online face-to-face conversations. They may also see clients in schools and the workplace.

[Multiple response]

1 Vaping or e-cigarettes

2 Nicotine replacement therapies (eg patches, gum)

3 Medicines (eg Champix, Zyban and Norpress)

4 Rongoā Māori (eg plant remedies, mirimiri)

5 Quitline

6 Face-to-face stop smoking service (eg in the community, hospital)

7 Support from friends and whānau

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

0 I did it on my own [cannot be selected with other options]

.K Don’t know

.R Refused

### Exposure to second-hand smoke

i Ask everyone, regardless of their smoking status

TOB4.02a Does **anyone** smoke while **inside** your home?

i This is not limited to people who live in the home.

1 Yes

2 No

.K Don't know

.R Refused

TOB4.03a Does **anyone** smoke while travelling in a car or van with you?

i This is not limited to people that you usually travel with.

1 Yes

2 No

.K Don't know

.R Refused

Vaping

i Ask everyone A3.21a regardless of their smoking status.

Now I’ll ask you about vaping devices and electronic cigarettes. I’ll be using the term ‘vaping devices’ to cover both. If you vape cannabis on its own, please don’t include this, because we will ask about cannabis later.

i Cannabis is also known as marijuana, THC, hash, and weed.

A3.21a Have you ever tried using a vaping device, even just once?

i Vaping devices or electronic cigarettes, also known as vapes or e-cigarettes, are battery-powered devices that heat a liquid to release vapour as people inhale from them. The liquid/juice may contain nicotine and may be flavoured.

1 Yes

2 No [go to Dietary habits introduction before A3.22a]

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

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

TOB 8.01Have you ever used vaping devices at least **once a week** for a **month** or longer?

1 Yes

2 No

.K Don’t know

.R Refused

i Ask A3.21b for those who have ever tried vaping/e-cigarettes (A3.21a = 1)

[Showcard]

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

1. I don’t use them now (go to stop vaping question TOB8.02)

2 At least once a day

3 At least once a week

4 At least once a month

5 Less often than once a month

.K Don’t know

.R Refused

i Ask TOB4.10a if respondent currently vapes (A3.21b= 2,3,4, 5), or doesn’t respond to the frequency of vaping question (A3.21b = .K, .R)

[Showcard]

TOB4.10a Why do you use vaping devices? Please say all that apply.

[Multiple response]

1. Less harmful than smoking
2. To reduce or quit smoking
3. A stop smoking service or healthcare worker suggested it
4. Cheaper than tobacco
5. Easier to get than tobacco
6. People around me do it
7. More acceptable to others than smoking
8. More satisfying than smoking
9. I enjoy them
10. I like the flavours
11. I can’t go without it
12. To cope with stress, anxiety, or depression

77. Other – please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

.K Don't know

.R Refused

i Ask TOB 8.02 if respondent has been a regular vaper (TOB8.01 = 1) but doesn’t vape now (A3.21b = 1).

i All other respondents [go to Dietary habits introduction before A3.22a]

[Showcard]

TOB 8.02 How long ago did you stop vaping?

1 Within the last month

2 1 month to 12 months ago

3 More than 1 year ago

.K Don’t know

.R Refused

Dietary habits

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

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

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

[Picture Showcard]

A3.22a On **average**, how many **servings** of fruit do you eat per day? Please include all fresh, frozen, canned and stewed fruit. Do **not** include fruit juice or dried fruit. A ‘**serving**’ = 1 medium piece **or** 2 small pieces of fruit **or** 1 cup of canned, frozen or stewed fruit. For example, 1 apple + 2 small apricots = 2 servings.

i If asked, include fruit smoothies.

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

1 I don’t eat fruit

2 Less than 1 serving per day

3 1 serving per day

4 2 servings per day

5 3 servings per day

6 4 servings per day

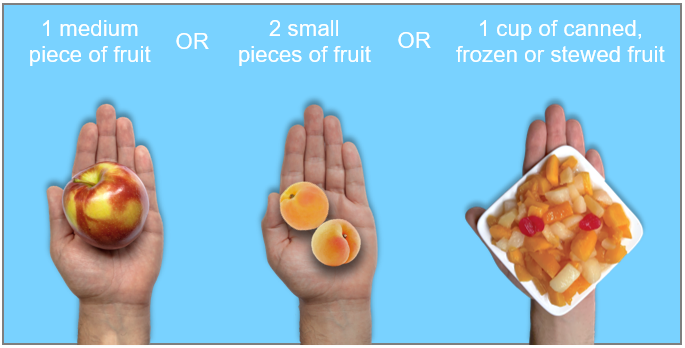
7 5 servings per day

8 6 or more servings per day

.K Don’t know

.R Refused

Picture Showcard for 3.22a



[Picture Showcard]

A3.23a On **average**, how many **servings** of vegetables do you eat per day? Please include all fresh, frozen and canned vegetables. Do **not** include vegetable juices. A ‘**serving**’ = ½ medium potato / similar sized kumara **or** ½ cup cooked vegetables **or** 1 cup of raw salad vegetables. For example, 5 servings could comprise of 1 medium potato + 1 cup of cooked vegetables + 1 cup of raw salad throughout the day.

Remember to think about all meals and snacks.

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

1 I don’t eat vegetables

2 Less than 1 serving per day

3 1 serving per day

4 2 servings per day

5 3 servings per day

6 4 servings per day

7 5 servings per day

8 6 or more servings per day

.K Don’t know

.R Refused

Picture Showcard for 13.23a

A picture containing text, fruit

Description automatically generated

Alcohol

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

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

1 Yes

2 No [go to alcohol harm A3.33]

.K Don’t know [go to A3.33]

.R Refused [go to A3.33]

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

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

1 Monthly or less

2 Up to 4 times a month

3 Up to 3 times a week

4 4 or more times a week

.K Don’t know

.R Refused

[Showcard]

[Picture Showcard]

A3.26a Looking at the [For F2F insert: Showcard] [For VIP insert: options on the screen], how many drinks containing alcohol do you have on a typical day when you are drinking? [For VIP insert: You may need to scroll down to see the answer options.]

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

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

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

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

1 1 or 2

2 3 or 4

3 5 or 6

4 7 to 9

5 10 or 11

6 12 or more

.K Don’t know

.R Refused

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

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



[Showcard]

[Picture Showcard]

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

1 Never

2 Less than monthly

3 Monthly

4 Weekly

5 Daily or almost daily

.K Don’t know

.R Refused

[Showcard]

A3.28 How often during the last year have you found that you were not able to stop drinking once you had started?

1 Never

2 Less than monthly

3 Monthly

4 Weekly

5 Daily or almost daily

.K Don’t know

.R Refused

[Showcard]

A3.29 How often during the last year have you failed to do what was normally expected from you because of drinking?

1 Never

2 Less than monthly

3 Monthly

4 Weekly

5 Daily or almost daily

.K Don’t know

.R Refused

[Showcard]

A3.30 How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

1 Never

2 Less than monthly

3 Monthly

4 Weekly

5 Daily or almost daily

.K Don’t know

.R Refused

[Showcard]

A3.31 How often during the last year have you had a feeling of guilt or remorse after drinking?

1 Never

2 Less than monthly

3 Monthly

4 Weekly

5 Daily or almost daily

.K Don’t know

.R Refused

[Showcard]

A3.32 How often during the last year have you been unable to remember what happened the night before because you had been drinking?

1 Never

2 Less than monthly

3 Monthly

4 Weekly

5 Daily or almost daily

.K Don’t know

.R Refused

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

[Showcard]

A3.33 Have you or someone else been injured as a result of your drinking?

1 Yes, but not in the last year

2 Yes, during the last year

3 No

.K Don’t know

.R Refused

[Showcard]

A3.34 Has a relative or friend, or a doctor or other health worker, been concerned about your drinking or suggested you cut down?

1 Yes, but not in the last year

2 Yes, during the last year

3 No

.K Don’t know

.R Refused

## Drugs

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

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

Remember that everything you tell us will remain confidential.

[Showcard]

A3.37 Looking at the [For F2F survey insert: Showcard] [For VIP survey insert: options on the screen], in the **past 12 months**, have you used any of the following substances? Please just read out the number next to the words. [For VIP survey insert: You may need to scroll down to see all the answer options.]

[Select all that apply]

i Prompt: “any others?”

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

i Please do not include cannabis used by those who have an advanced progressive life-limiting condition and are nearing the end of their life. People with a life-limiting condition do not need to get a prescription to use cannabis.

1 Cannabis, for example, marijuana, hash, weed [go to A3.39]

2 Cocaine

3 Ecstasy / MDMA

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

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

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

7 Hallucinogens, for example, LSD, mushrooms, ketamine

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

77 Other substances [Specify](for example, synthetic cannabinoids, ‘synnies’, GHB, GBL, kava etc)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

.K Don’t know

.R Refused

A3.38 In your **life**, have you **ever used cannabis**?

i Do not include synthetic cannabinoids.

i Do not include cannabis that has been prescribed by your doctor or nurse and is taken as prescribed.

i Please do not include cannabis used by those who have an advanced progressive life-limiting condition and are nearing the end of their life. People with a life-limiting condition do not need to get a prescription to use cannabis.

1 Yes [go to A3.43]

2 No [go to Health status introduction before A4.01]

.K Don’t know [go to introduction before A4.01]

.R Refused [go to introduction before A4.01]

[Showcard]

A3.39 In the **past three months**, how often have you used cannabis?

i Do not include synthetic cannabinoids.

i Do not include cannabis that has been prescribed by your doctor or nurse and is taken as prescribed.

1 Never [go to A3.43]

2 Once or twice

3 Monthly

4 Weekly

5 Daily or almost daily

.K Don’t know

.R Refused

[Showcard]

A3.40 During the **past three months**, how often have you had a strong desire or urge to use cannabis?

i Do not include mild or fleeting desire to use cannabis, or a desire to use because an opportunity arose (for example, **do not include** if a respondent was offered cannabis and experienced a desire to use cannabis as a result, but did not have a desire to use beforehand).

1 Never

2 Once or twice

3 Monthly

4 Weekly

5 Daily or almost daily

.K Don’t know

.R Refused

[Showcard]

A3.41 During the **past three months**, how often has your use of cannabis led to health, social, legal or financial problems?

i This may include problems such as forgetting to do things, difficulty paying attention or getting motivated, problems getting organised, feeling depressed or anxious.

1 Never

2 Once or twice

3 Monthly

4 Weekly

5 Daily or almost daily

.K Don’t know

.R Refused

[Showcard]

A3.42 During the **past three months**, how often have you failed to do what was

normally expected of you because of your use of cannabis?

i This may include situations such as problems keeping up at work, missing or falling behind at school or university or failing to maintain usual family or relationship commitments (eg house cleaning or paying bills).

1 Never

2 Once or twice

3 Monthly

4 Weekly

5 Daily or almost daily

.K Don’t know

.R Refused

[Showcard]

A3.43 Has a friend or relative or anyone else **ever** expressed concern about your use of cannabis?

i Concern can include things such as discussion, questioning, pestering, advice, worry or anger expressed by someone towards the respondent.

i This question is asked of everyone who has ever used cannabis, even if only used occasionally.

1 No, never

2 Yes, in the past 3 months

3 Yes, but not in the past 3 months

.K Don’t know

.R Refused

[Showcard]

A3.44 Have you ever **tried** and **failed** to control, cut down or stop using cannabis?

i This question is about serious unsuccessful attempts to control, cut down or stop, rather than just passing thoughts of cutting down or half-hearted efforts. Successful attempts to cut down should **not** be recorded.

i If a respondent has made several attempts to cut down and was successful eventually, record the last unsuccessful attempt (eg someone that successfully stopped using cannabis 3 months ago, but had several failed attempts prior to that would be recorded as ‘Yes, but not in the past 3 months’).

i This question is asked of everyone who has ever used cannabis, even if only used occasionally.

1 No, never

2 Yes, in the past 3 months

3 Yes, but not in the past 3 months

.K Don’t know

.R Refused

# Health status

 Ask all respondents A4.01.

## General health question

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

Please try to answer as accurately as you can.

[Showcard]

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

i Read response options.

1 Excellent

2 Very good

3 Good

4 Fair

5 Poor

.K Don’t know

.R Refused

Functional difficulties – Washington Group Enhanced Short Set

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

[Showcard]

FD1.01 Do you have difficulty seeing, even if wearing glasses?

1 No – no difficulty

2 Yes – some difficulty

3 Yes – a lot of difficulty

4 Cannot do at all

.K Don’t know

.R Refused

[Showcard]

FD1.02 Do you have difficulty hearing, even if using a hearing aid?

1 No – no difficulty

2 Yes – some difficulty

3 Yes – a lot of difficulty

4 Cannot do at all

.K Don’t know

.R Refused

[Showcard]

FD1.03 Do you have difficulty walking or climbing steps?

1 No – no difficulty

2 Yes – some difficulty

3 Yes – a lot of difficulty

4 Cannot do at all

.K Don’t know

.R Refused

[Showcard]

FD1.04 Do you have difficulty remembering or concentrating?

1 No – no difficulty

2 Yes – some difficulty

3 Yes – a lot of difficulty

4 Cannot do at all

.K Don’t know

.R Refused

[Showcard]

FD1.05 Do you have difficulty washing all over or dressing?

1 No – no difficulty

2 Yes – some difficulty

3 Yes – a lot of difficulty

4 Cannot do at all

.K Don’t know

.R Refused

[Showcard]

FD1.06 Using your usual language, do you have difficulty communicating, for example, understanding or being understood?

1 No – no difficulty

2 Yes – some difficulty

3 Yes – a lot of difficulty

4 Cannot do at all

.K Don’t know

.R Refused

[Showcard]

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

1 No – no difficulty

2 Yes – some difficulty

3 Yes – a lot of difficulty

4 Cannot do at all

.K Don’t know

.R Refused

[Showcard]

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

1 No – no difficulty

2 Yes – some difficulty

3 Yes – a lot of difficulty

4 Cannot do at all

.K Don’t know

.R Refused

[Showcard]

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

1 Daily

2 Weekly

3 Monthly

4 A few times a year

5 Never [go to FD1.11]

.K Don’t know [go to FD1.11]

.R Refused [go to FD1.11]

[Showcard]

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

1 A little

2 A lot

3 Somewhere in between a little and a lot

.K Don’t know

.R Refused

[Showcard]

FD1.11 How often do you feel depressed?

1 Daily

2 Weekly

3 Monthly

4 A few times a year

5 Never [go to Mental health – K10 introduction before A4.13]

.K Don’t know [go to intro before A4.13]

.R Refused [go to intro before A4.13]

[Showcard]

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

1 A little

2 A lot

3 Somewhere in between a little and a lot

.K Don’t know

.R Refused

## Mental health – K10

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

[Showcard]

A4.13 During the past four weeks, how often did you feel tired out for no good reason – would you say all of the time, most of the time, some of the time, a little of the time, or none of the time?

1 All of the time

2 Most of the time

3 Some of the time

4 A little of the time

5 None of the time

.K Don’t know

.R Refused

[Showcard]

A4.14 During the past four weeks, how often did you feel nervous – all of the time, most of the time, some of the time, a little of the time, or none of the time?

1 All of the time

2 Most of the time

3 Some of the time

4 A little of the time

5 None of the time [go to feeling hopeless A4.16]

.K Don’t know [go to A4.16]

.R Refused [go to A4.16]

[Showcard]

A4.15 During the past four weeks, how often did you feel so nervous that nothing could calm you down?

1 All of the time

2 Most of the time

3 Some of the time

4 A little of the time

5 None of the time

.K Don’t know

.R Refused

[Showcard]

A4.16 During the past four weeks, how often did you feel hopeless?

1 All of the time

2 Most of the time

3 Some of the time

4 A little of the time

5 None of the time

.K Don’t know

.R Refused

[Showcard]

A4.17 During the past four weeks, how often did you feel restless or fidgety?

1 All of the time

2 Most of the time

3 Some of the time

4 A little of the time

5 None of the time [go to feeling depressed A4.19]

.K Don’t know [go to A4.19]

.R Refused [go to A4.19]

[Showcard]

A4.18 During the past four weeks, how often did you feel so restless you could not sit still?

1 All of the time

2 Most of the time

3 Some of the time

4 A little of the time

5 None of the time

.K Don’t know

.R Refused

[Showcard]

A4.19 During the past four weeks, how often did you feel depressed?

1 All of the time

2 Most of the time

3 Some of the time

4 A little of the time

5 None of the time [go to effort A4.21]

.K Don’t know [go to A4.21]

.R Refused [go to A4.21]

[Showcard]

A4.20 How often did you feel so depressed that nothing could cheer you up?

1 All of the time

2 Most of the time

3 Some of the time

4 A little of the time

5 None of the time

.K Don’t know

.R Refused

[Showcard]

A4.21 During the past four weeks, how often did you feel that everything was an effort?

1 All of the time

2 Most of the time

3 Some of the time

4 A little of the time

5 None of the time

.K Don’t know

.R Refused

[Showcard]

A4.22 During the past four weeks, how often did you feel worthless?

1 All of the time

2 Most of the time

3 Some of the time

4 A little of the time

5 None of the time

.K Don’t know

.R Refused

[Showcard]

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

1 All of the time

2 Most of the time

3 Some of the time

4 A little of the time

5 None of the time

.K Don’t know

.R Refused

# Socio-demographics

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

## Date of birth

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

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

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

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

\_\_\_\_\_ Day (range 1–31)

\_\_\_\_\_ Month (range Jan–Dec)

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

.R Refused

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

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

A5.02 Would you mind telling me your age?

\_\_\_\_\_ years (range 15–120)

.R Refused

## Ethnic group(s)

[Showcard]

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

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

[Select all that apply]

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

1 New Zealand European

2 Māori

3 Samoan

4 Cook Island Māori

5 Tongan

6 Niuean

7 Chinese

8 Indian

77 Other [Specify] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Three “Other” ethnic groups to be asked about on a new screen and programmed from the codefile from StatsNZ, Ethnicity New Zealand Standard Classification 2005 V2.1.0]

.K Don’t know

.R Refused

## Country of birth and languages

[Showcard]

A5.05 Which country were you born in?

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

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

1 New Zealand [go to language A5.07]

2 Australia

3 England

4 China (People’s Republic of)

5 India

6 South Africa

7 Samoa

8 Cook Islands

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

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

.K Don’t know

.R Refused

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

i Record 4 digit date, eg 1967.

i If year is earlier than year of birth, display message: Consistency check i Answer must be ≥ year of birth given at A5.01. Year of arrival cannot be before date of birth. Please correct year of arrival or use the Back [F2F] or Previous [VIP] button to go back to A5.01 and correct date of birth.

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

.K Don’t know

.R Refused

[Showcard]

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

[Select all that apply]

i If ‘Other language – Specify’ is selected, the respondent will be asked to specify the other languages on the next screen.

1 English

2 Māori

3 Samoan

4 NZ sign language

77 Other language, eg Gujarati, Cantonese, Greek – please specify

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

[Programme from the codefile from StatsNZ]

.K Don’t know

.R Refused

## Racial discrimination

[Showcard]

R5.08 Now I will ask you some questions about **reactions** to your ethnicity. How do **other people** usually classify you in New Zealand?

[Select all that apply]

1 New Zealand European

2 Māori

3 Samoan

4 Cook Island Māori

5 Tongan

6 Niuean

7 Chinese

8 Indian

77 Other [Specify] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Three “Other” ethnic groups possible]

[Programme from the codefile from StatsNZ]

.K Don’t know

.R Refused

[Showcard]

R5.09 How often do you think about your ethnicity? Would you say never, once a year, once a month, once a week, once a day, once an hour, or constantly?

1 Never

2 At least once a year

3 At least once a month

4 At least once a week

5 At least once a day

6 At least once an hour

7 Constantly

.K Don’t know

.R Refused

[Showcard]

R5.10 Have you ever been a victim of an ethnically motivated attack (verbal or physical abuse to you or your property) **in New Zealand**?

[Select all that apply]

i If respondent selects option 1 only, probe to see if option 2 also applies (and vice versa if only option 2 is selected).

i If respondent selects option 3 only, probe to see if option 4 also applies (and vice versa if only option 4 is selected).

1 Yes, verbal – within the past 12 months

2 Yes, verbal – more than 12 months ago

3 Yes, physical – within the past 12 months

4 Yes, physical – more than 12 months ago

5 No [cannot be selected with other options]

.K Don’t know

.R Refused

[Showcard]

R5.11 Have you ever been treated unfairly (for example, kept waiting or treated differently) by a health professional (that is, a doctor, nurse, dentist etc) **because of your ethnicity** in New Zealand?

[Select all that apply]

i If respondent selects option 1 only, probe to see if option 2 also applies (and vice versa if only option 2 is selected).

1 Yes, within the past 12 months

2 Yes, more than 12 months ago

3 No [cannot be selected with other options]

4 Not applicable – have never tried to visit a health professional in New Zealand [cannot be selected with other options]

.K Don’t know

.R Refused

[Showcard]

R5.12 Have you ever been treated unfairly at work or been refused a job **because of your ethnicity** in New Zealand?

[Select all that apply]

i If respondent selects option 1 only, probe to see if option 2 also applies (and vice versa if only option 2 is selected).

1 Yes, within the past 12 months

2 Yes, more than 12 months ago

3 No [cannot be selected with other options]

4 Not applicable – have never had a job or tried to find a job in New Zealand [cannot be selected with other options]

.K Don’t know

.R Refused

[Showcard]

R5.13 Have you ever been treated unfairly when renting or buying housing **because of your ethnicity** in New Zealand?

[Select all that apply]

i If respondent selects option 1 only, probe to see if option 2 also applies (and vice versa if only option 2 is selected).

1 Yes, within the past 12 months

2 Yes, more than 12 months ago

3 No [cannot be selected with other options]

4 Not applicable – have never tried to rent or buy a house in New Zealand [cannot be selected with other options]

.K Don’t know

.R Refused

## Education

Now, some questions about your education.

[Showcard]

A5.14 What is your highest secondary school qualification?

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

1 None

2 NZ School Certificate in one or more subjects

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

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

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

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

6 Other secondary school qualification **gained overseas**

.K Don’t know

.R Refused

[Showcard]

A5.15 What is your highest completed qualification?

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

0 None

1 National Certificate level 1

2 National Certificate level 2

3 National Certificate level 3

4 National Certificate level 4

5 Trade Certificate

6 Diploma or Certificate level 5

7 Advanced Trade Certificate

8 Diploma or Certificate level 6

9 Teachers Certificate / Diploma

10 Nursing Diploma

11 Bachelor

12 Bachelor Hons

13 Postgraduate Certificate / Diploma

14 Masters Degree

15 PhD or other doctoral degree

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

.K Don’t know

.R Refused

i If A5.14=2, 3, 4, 5, 6 (secondary school qualification completed) AND A5.15=0 (no highest completed qualification), display message: Consistency check i In question A5.14 you recorded that the respondent had completed a secondary school qualification, but in A5.15 you recorded that they haven’t completed a qualification. Verify answers with respondent.

## Income sources

The next few questions ask about your sources of income.

[Showcard]

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

[Select all that apply]

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

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

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

1 Wages, salaries, commissions, bonuses etc, paid by an employer

2 Self-employment, or business you own and work in

3 Interest, dividends, rent, other investments

4 Regular payments from ACC or a private work accident insurer

5 NZ Superannuation or Veteran’s Pension

6 Other superannuation, pensions, annuities (other than NZ Superannuation, Veteran’s Pension or war pensions)

7 Jobseeker Support

8 Sole Parent Support

9 Supported Living Payment

10 Student Allowance

11 Other government benefits, government income support payments, war pensions, paid parental leave or Disability Allowance

12 Other sources of income, including support payments from people who do not live in the household

17 No source of income during that time [cannot be selected with other options]

.K Don’t know

.R Refused

Income self-complete section

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

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

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

i START OF SELF-COMPLETE.

[Showcard]

A5.23a Looking at the [For F2F survey insert: Showcard] [For VIP survey insert: options on the screen (you may need to scroll down)], what is the total income that **you yourself** got from **all sources**, before tax or anything was taken out of it, in the last 12 months? Please read out the number next to the income group.

If you know your weekly or fortnightly income **after tax**, [For F2F insert: I have a Showcard ⚐ that] [For VIP insert: the screen image] can help you work out your annual income **before tax**.

1 Loss

2 Zero income

3 $1 – $10,000

4 $10,001 – $15,000

5 $15,001 – $20,000

6 $20,001 – $25,000

7 $25,001 – $30,000

8 $30,001 – $35,000

9 $35,001 – $40,000

10 $40,001 – $50,000

11 $50,001 – $60,000

12 $60,001 – $70,000

13 $70,001 – $100,000

14 $100,001 – $200,000

15 $200,001 or more [programme A5.24a=6 and go to A5.25]

.K I don’t know

.R Prefer not to say

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

Tool tip for weekly and fortnightly income.

|  |  |  |
| --- | --- | --- |
| After tax | | Before tax |
| Weekly income $ | Fortnightly income $ | Annual income $ |
| 0–86 | 0–172 | 0–5,000 |
| 87–172 | 173–344 | 5,001–10,000 |
| 173–256 | 345–512 | 10,001–15,000 |
| 257–335 | 513–670 | 15,001–20,000 |
| 336–414 | 671–828 | 20,001–25,000 |
| 415–493 | 829–986 | 25,001–30,000 |
| 494–573 | 987–1,146 | 30,001–35,000 |
| 574–652 | 1,147–1,304 | 35,001–40,000 |
| 653–805 | 1,305–1,610 | 40,001–50,000 |
| 806–939 | 1,611–1,878 | 50,001–60,000 |
| 940–1,074 | 1,879–2,148 | 60,001–70,000 |
| 1,075–1,459 | 2,149–2,918 | 70,001–100,000 |
| 1,460–2,102 | 2,919–4,204 | 100,001–150,000 |
| 2,103–2,721 | 4,205–5,442 | 150,001–200,000 |
| 2,722+ | 5,443+ | 200,001+ |

[Showcard]

A5.24a Looking at the [For F2F survey insert: Showcard] [For VIP survey insert: options on the screen], what is the total income that **your household** got from all sources, before tax or anything was taken out of it, in the last 12 months? Please read out the number next to the income group.

1 $30,000 or less

2 $30,001 – $70,000

3 $70,001 – $100,000

4 $100,001 – $150,000

5 $150,001 – $200,000

6 $200,001 or more

.K I don’t know

.R Prefer not to say

[Showcard]

A5.25 How well does your household’s total income meet the cost of basic needs such as food, clothing and housing. Would you say it’s not enough, only just enough, enough, or more than enough?  
 If people operate separately (eg flatting), please ask them to answer about their individual situation.

1 Not enough

2 Only just enough

3 Enough

4 More than enough

.K I don’t know

.R Prefer not to say

i New screen.

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

i END OF SELF-COMPLETE SECTION.

Work and study

[Showcard]

A5.17 Which of these statements best describes your **current** work situation:

1 Working in paid employment (includes self-employment)

2 Not in paid work, and looking for a job [go to work without pay A5.19a]

3 Not in paid work, and not looking for a job (for any reason, such as

being retired, a homemaker, caregiver, or full-time student) [go to A5.19a]

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

.K Don’t know [go to A5.19a]

.R Refused [go to A5.19a]

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

i Record to nearest hour.

\_\_\_\_\_ hours (range 1–120)

.K Don’t know

.R Refused

[Showcard]

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

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

[Select all that apply]

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

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

3 Looked after a member of **my household** who is ill or disabled

4 Looked after a child (who does **not** live in my household)

5 Helped someone who is ill or disabled (who does **not** live in my household)

6 Other help or voluntary work for or through any organisation, group or marae

0 None of these [cannot be selected with other options]

.K Don’t know

.R Refused

[Showcard]

A5.19b Are you attending, studying or enrolled at school or any other place of education?

1. Yes – full-time (20 hours or more a week)

2 Yes – part-time (less than 20 hours a week

3 No – neither

.K Don’t know

.R Refused

## Medical insurance

Now, I’ll ask you about medical insurance.

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

1 Yes

2 No [go to Housing introduction before A5.28b]

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

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

[Showcard]

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

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

1 Comprehensive, covering day-to-day costs such as GP fees and pharmacy charges, as well as private hospital care

2 Hospital only

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

.K Don’t know

.R Refused

[Showcard]

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

i Please ensure respondent reads all response options before choosing.

1 Self or family members

2 Partly self or family and partly employer

3 Paid for by employer or employer of family member

4 Paid for by some other person or agency

.K Don’t know

.R Refused

Housing

Now, some questions about housing.

[Showcard]

A5.28b Looking at the [For F2F survey insert: Showcard] [For VIP insert: options on the screen], do you, or anyone else who lives here:

⚐ Tool tip for ‘family trust’: A family trust is a special way of owning assets such as a home. The home is owned by a legal entity, not an individual or group of people. The family trust arrangement will be set out in a legal document, usually called a trust deed. If your home is partly in a family trust and partly owned, select ‘Hold this dwelling in a family trust’.

⚐Tool tip for ‘own or partly own’: What counts as owning or partly owning this dwelling? The following situations count as owning:

* + You or someone else here owns the dwelling, even if you don’t own the land.
  + You purchased the dwelling under unit title, stratum title or composite leasehold (ie, there are multiple owners).
  + You purchased the dwelling under license to occupy. This may include self-care villas, townhouses, apartments, or units in a retirement complex.
  + The dwelling you own is a moveable dwelling such as a caravan, boat, tent or motorhome even if you bought it under hire purchase or some other financial loan agreement.

 If you have a ‘license to occupy’ select ‘Own or partly own this dwelling’.

 Select ‘Neither of these’ if you are occupying this dwelling under a rent-to-buy or similar agreement.

 Read response options.

1 Hold this dwelling in a family trust [go to rooms A5.29c]

2 Own or partly own this dwelling, with or without a mortgage [go to rooms A5.29c]

3 Neither of these, for example renting

.K Don’t know

.R Refused

[Showcard]

A5.29b Who owns this house / flat?

1 Private person, trust or business

2 Local Authority or City Council

3 Kāinga Ora (formerly Housing New Zealand)

4 Other state-owned corporation or state-owned enterprise, or government department or ministry

5 Iwi, hapū or Māori land trust

6 Other community housing provider

.K Don’t know

.R Refused

[Showcard]

A5.29c How many of each of the following rooms are there in this house or flat?

i If this dwelling has no rooms of that type, enter ‘0’ (all fields must be filled).

i Count any open-plan rooms as separate rooms. For example, a kitchen-dining room is two separate rooms.

\_\_\_\_\_ Bedrooms, including any sleepouts furnished as bedrooms [range 0–99]

\_\_\_\_\_ Lounges, living rooms or family rooms [range 0–99]

\_\_\_\_\_ Dining rooms [range 0–99]

\_\_\_\_\_ Kitchens [range 0–99]

\_\_\_\_\_ Conservatories you can sit in [range 0–99]

\_\_\_\_\_ Studies, studios, hobby rooms [range 0–99]

.K Don’t know

.R Refused

Sexual identity self-complete section

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

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

i START OF SELF-COMPLETE.

[Showcard]

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

1 Heterosexual or straight

2 Gay or lesbian

3 Bisexual

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

.K I don’t know

.R Prefer not to say

i New screen.

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

i END OF SELF-COMPLETE SECTION.

# Exit

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

## Recontact information for quality control

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

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

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

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

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

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

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

## Recontact information for follow-up research

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

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

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

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

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

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

A6.06 What phone number(s) and email address can we use to recontact you?

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

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

1 Yes, record my name and address

a. First name: [mandatory field]

b. Middle name:

c. Surname:

d. Street number and name: [mandatory field]

e. Suburb: [mandatory field]

f. City: [mandatory field]

g. Postcode:

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

## Consent for data linkage

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

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

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

1 Yes

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

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

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

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

1 Yes

a. First name: [mandatory field]

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

c. Surname: [mandatory field]

d. Street number and name: [mandatory field]

e. Suburb: [mandatory field]

f. City: [mandatory field]

g. Postcode:

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

i. Gender: [mandatory field]

2 No, don’t record any of these details

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

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

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

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

## Interviewer observations – setting and assistance

Complete following observations without asking the respondent:

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

[Select all that apply]

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

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

1 Yes, to a small extent

2 Yes, to a moderate extent

3 Yes, to a large extent

4 Yes, totally (interviewer completed all self-complete questions)

5 No, not at all

## Respondent burden assessment self-complete section

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

i START OF SELF-COMPLETE.

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

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

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

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

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

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

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

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

2 No

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

1 Yes [go to AR1.04]

2 No [go to AR1.03]

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

[Select all that apply]

1 Took too long

2 Too many questions

3 Questions were too personal

4 Questions were not relevant

5 Survey was too repetitive

6 Lost interest

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

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

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

2 No

i New screen.

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

i END OF SELF-COMPLETE SECTION.

For VIP, go to Thank you.

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

# Household composition

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

Gender and age

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

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

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

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

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

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

## Relationships

The next questions are about relationships in your household.

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

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

[Showcard]

A5.35

i If dealing with respondent’s relationships, insert:

What is [Name’s] relationship to you?

i Include natural, step, adopted and foster relationships.

i Otherwise insert:

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

i Include natural, step, adopted and foster relationships.

1 Spouse or partner

2 Child (eg daughter)

3 Parent (eg mother)

4 Sibling (eg brother)

5 Grandchild

6 Grandparent

7 Great-grandchild

8 Great-grandparent

9 Nephew or niece

10 Uncle or aunt

11 Other relative

12 Unrelated

.K Don’t know

.R Refused

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. |

# Health measurements

## Blood pressure

Now I would like to take your blood pressure.

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

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

1 Yes, respondent is pregnant [skip to Thank you section]

i Say “We can skip this section then”.

2 No, respondent not pregnant [go to first blood pressure measurement]

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

.R Refused [go to first blood pressure measurement]

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

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

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

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

Do you have any questions before we begin?

Now I will start the machine.

**First reading**

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

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

i Hard edit: Systolic1 must be >Diastolic1

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

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

**Second reading**

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

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

i Hard edit: Systolic2 must be >Diastolic2

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

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

**Third reading**

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

i Soft edit: Systolic1=Systolic2=Systolic3

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

i Hard edit: Systolic3 must be >Diastolic3

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

i Soft edit: Diastolic3=Diastolic2=Diastolic1

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

778 Right arm used

779 Not obtained – cuff too small or toolarge

780 Not obtained – error reading

781 Not obtained – other problem with equipment

782 Not obtained – respondent anxious / nervous

783 Not obtained – medical exclusion eg paralysis

.R Respondent refused to have blood pressure recorded

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

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

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

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

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

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

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

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

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

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

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

## Height

Now, I would like to measure your height.

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

i If head is not in Frankfort Plane say…

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

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

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

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

.R Respondent refused to have height recorded

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

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

## Weight

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

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

.R Respondent refused to have weight recorded

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

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

## Waist

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

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

.R Respondent refused to have waist circumference recorded

997 Respondent unable to have waist circumference recorded

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

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

# Thank you

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

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

i Give Thank You card and koha.

Inside the card is a list of phone numbers you can call if you would like more information or advice. If you’d prefer, I can arrange for this to be emailed to you along with the consent form(s).]

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

If you’d rather not receive these items, that’s completely fine.

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

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

## Child health component

i For households with child aged 0 to 14 years.

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

1 Yes [go to child health questionnaire]

2 No i ask to speak to legal guardian.

Record following details:

1 Child health questionnaire completed

2 Child health questionnaire still to be completed