



MANATŪ HAUORA

PUBLIC HEALTH INTELLIGENCE

## **2006/07 New Zealand Health Survey**

### **CONTENT GUIDE**

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**FINAL VERSION**  
**September 2006**

# 2006/07 NZ HEALTH SURVEY FINAL CONTENT GUIDE

## *Introduction*

This content guide details the content of the 2006/07 New Zealand Health Survey (NZHS) final questionnaires – adult and child. The guide begins with the objectives of the NZHS, a summary of the sample design methodology, and then outlines the constraints and criteria used by the NZHS team when assessing the content of the questionnaires. The guide then details the framework and background to each NZHS module and gives the history of each question. A glossary at the end of the guide explains some of the technical terms used in the NZHS.

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## ***Introduction to the New Zealand Health Survey***

The New Zealand Health Survey (NZHS) is a key component of the New Zealand Health Monitor, an integrated programme of household surveys and cohort studies managed by Public Health Intelligence, and is a key element of the cross sector programme of Official Social Statistics. The 2006/07 New Zealand Health Survey (NZHS) will be the fourth national population-based health survey (early NZHS were conducted in 1992/93, 1996/97 and 2002/03).

Public Health Intelligence develops the objectives and content of the NZHS, in consultation with stakeholders and an Independent Monitoring Group. The fielding of the NZHS is outsourced to a specialist survey provider, National Research Bureau (NRB) for 2006/07, and then Public Health Intelligence analyses and disseminates the data.

As a signatory to the Protocols of Official Statistics (Statistics NZ 1998), the Ministry of Health employs best-practice survey techniques to produce high quality data through the NZHS. Standard frameworks and classifications with validated questions are utilised where possible, to allow for the integration of NZHS data with data from other sources.

The five objectives of the NZHS are to:

1. measure the health status of New Zealanders, and the prevalence of selected health conditions
2. measure the prevalence of risk and protective factors associated with these health conditions
3. measure the use of health services, including barriers to accessing health services
4. examine differences between population groups (as defined by age, gender, ethnicity, and socio-economic position)
5. examine changes in key NZHS data over time.

## ***Design and methodology***

The sample design and methodology for the 2006/07 New Zealand Health Survey was developed by Dr. Robert Clark of the Centre for Statistical & Survey Methodology, University of Wollongong, New South Wales, Australia.

The mode of data collection is a face-to-face computer-assisted (CAPI) survey, which includes an interview and a short health measurements section for each respondent. The NZHS collects information about the New Zealand civilian population of all ages living in permanent private dwellings. Every second NZHS also collects data on persons living in health-related residential institutions. In the 2002/03 NZHS, institutions were included in the survey, and it is intended that this will be repeated every second NZHS, next in 2009/10.

### **Objectives of the 2006/07 NZHS sample design**

The methodology and sample design were developed with six main objectives:

- The design should support analysis of the survey data by multiple users, and therefore, should avoid great variation in estimation weights
- Estimates for all ages are required, preferably by the following age groups, 0-4, 5-9, 10-14, 15-24, 25-44, 45-64, 65+ years

- Estimates by ethnic group are required (Māori, Pacific, Asian, Other), with Māori estimates having approximately the same relative standard error/accuracy as the population estimates (Equal Explanatory Power)
- Sufficient data to allow for small area estimation at DHB level is required
- A range of population-level prevalences are to be estimated (eg, asthma, diabetes, stroke, obesity, tobacco use, GP visits in past 12 months, problem gambling) with sufficient accuracy – see Table 6 in Final Design Report for more information.
- The 2006/07 NZHS design should not vary too much from the design in 2002/03 NZHS, so that comparisons can be made between NZHS.

### **Frame**

An area-based frame of Statistics New Zealand's meshblocks was used, based on NZ 2001 Census meshblocks.

### **Sample selection**

There is a 3-step selection process to achieve the NZHS sample:

#### *1. Selection of meshblocks*

Meshblocks vary considerably in size and are therefore selected by probability proportional to size, ie, larger meshblocks have an increased chance of selection in the design. Those DHBs with higher concentrations of Māori will have a slightly increased chance of meshblock selection. Approximately 1400 meshblocks will be selected throughout the country for inclusion in the 2006/07 New Zealand Health Survey.

#### *2. Selection of households within meshblocks*

Within each meshblock, some households are selected to form the *core* sample, and some households are selected to form the *screened* or "booster" sample. A minimum of 100 households from each DHB will be included in the sample. Households in the core sample are selected by a systematic procedure of beginning at a random point in the meshblock and knocking on the door of every 'x'th house. Households in the screened sample are selected by knocking on every 'x'th house in the same meshblock, and only included if the householder reports that the household contains a person who identifies as Māori, Pacific or Asian ethnicity. Approximately 12,000 households will be approached for the core sample and approximately 23,000 households will be approached for the screened sample.

#### *3. Selection of respondents within households*

One adult (aged 15 years or over), and one child if there are any in the household, of each selected household will be randomly chosen to participate in the New Zealand Health Survey. Approximately 17,000 adults and 7000 children will be selected to participate in the survey, resulting in 12,000 completed adult interviews and 5,000 completed child interviews (given a 70% response rate).

Table 1: Approximate age distribution of sample

| Age Group                | Sample Size  |
|--------------------------|--------------|
| 0-4                      | 1568         |
| 5-9                      | 1618         |
| 10-14                    | 1733         |
| <b>All Children 0-14</b> | <b>4920</b>  |
| 15-24                    | 2271         |
| 25-44                    | 4520         |
| 45-64                    | 3624         |
| 65+                      | 1880         |
| <b>All Adults 15+</b>    | <b>12295</b> |
| <i>All People</i>        | <i>17215</i> |

Table 2: Approximate sample sizes by ethnicity (based on 40% of households with children)

| Population group | Sample Size |              |
|------------------|-------------|--------------|
|                  | Children    | Adults       |
| Māori            | 1204        | 3010         |
| Asian            | 544         | 1360         |
| Pacific          | 452         | 1130         |
| European/Other   | 2720        | 6795         |
| <b>Total</b>     | <b>4920</b> | <b>12295</b> |

Table 3: Sample design information by DHB

| DHB Name        | Population (15 years+) | % Māori | Total no. of MBs | MBs in Sample | Sample (Adults) | Sample (Children) | Adult Sample Fraction |
|-----------------|------------------------|---------|------------------|---------------|-----------------|-------------------|-----------------------|
| Northland       | 111511                 | 22.2    | 1425             | 76            | 745             | 298               | 0.67%                 |
| Waitemata       | 349273                 | 7.1     | 2953             | 134           | 1204            | 482               | 0.35%                 |
| Auckland        | 308902                 | 6.4     | 2826             | 112           | 1146            | 458               | 0.37%                 |
| Count. Manukau  | 292302                 | 12.7    | 2421             | 150           | 1488            | 595               | 0.51%                 |
| Waikato         | 251644                 | 15.6    | 3200             | 144           | 1328            | 531               | 0.53%                 |
| Lakes           | 76907                  | 24.6    | 844              | 55            | 554             | 222               | 0.72%                 |
| Bay of Plenty   | 142933                 | 18.3    | 1387             | 88            | 835             | 334               | 0.58%                 |
| Tairāwhiti      | 34093                  | 35.5    | 425              | 30            | 328             | 131               | 0.96%                 |
| Taranaki        | 80520                  | 10.9    | 1244             | 39            | 325             | 130               | 0.40%                 |
| Hawke's Bay     | 113671                 | 17.5    | 1389             | 69            | 620             | 248               | 0.55%                 |
| Whanganui       | 50130                  | 16.9    | 806              | 30            | 270             | 108               | 0.54%                 |
| Midcentral      | 125042                 | 11.4    | 1551             | 61            | 519             | 208               | 0.42%                 |
| Hutt            | 105248                 | 11.5    | 1212             | 51            | 494             | 198               | 0.47%                 |
| Cap. & Coast    | 203633                 | 7.6     | 2228             | 81            | 749             | 300               | 0.37%                 |
| Wairarapa       | 30494                  | 10.5    | 454              | 14            | 122             | 49                | 0.40%                 |
| Nelson Marl.    | 98141                  | 6.2     | 1075             | 35            | 283             | 113               | 0.29%                 |
| West Coast      | 23639                  | 6.2     | 407              | 9             | 100             | 40                | 0.42%                 |
| Canterbury      | 348219                 | 5.1     | 3690             | 114           | 929             | 372               | 0.27%                 |
| Sth. Canterbury | 41733                  | 4.2     | 631              | 12            | 100             | 40                | 0.24%                 |
| Otago           | 139572                 | 4.5     | 2005             | 43            | 340             | 136               | 0.24%                 |
| Southland       | 81458                  | 8       | 1459             | 34            | 276             | 110               | 0.34%                 |
| Outside DHB     | -                      | 2       | 8                | 0             | 0               | 0                 | 0%                    |
| <b>Total</b>    | <b>3009065</b>         |         |                  | <b>1381</b>   | <b>12755</b>    | <b>5102</b>       | <b>0.42%</b>          |

MB = Meshblocks

### **Rationale for the 2006/07 NZ Health Survey design**

This sample design was selected from multiple options as the best possible way to meet the objectives of the NZ Health Survey, while producing limited variation in the *weights* and the lowest possible *design effects*.

A **weight** is the number of people that each respondent represents in the target population. A **design effect** (or DEFF) is a summary number which represents the loss of effectiveness of the sample design, compared with simple random sampling. The closer the DEFF is to '1', the closer the design is to a simple random sample. Design effects of over '2' are expected in population health surveys, as the cost of conducting a simple random sample would be exorbitant.

The design effect for the 2006/07 NZ Health Survey national estimates is calculated at approximately '3', and approximately '2' for Māori estimates. This includes the effect of *clustering* (using meshblocks as the frame), *targeting* (unequal probabilities caused by the design), and selection of one adult per household.

### **Dress rehearsal sample design**

A dress rehearsal to test the above design, and refine the NZHS instruments, operations and processes was undertaken from 15 May to 9 June 2006 by National Research Bureau in 16 meshblocks randomly selected throughout New Zealand. Subsequent changes were made to the NZHS questionnaire, interviewer training and operations; however the original sample design was retained.

## ***Constraints on topics included in the NZHS***

The following constraints have been taken into account when assessing topics and questions for inclusion in the NZHS.

### **1. Questionnaire limitations**

Questionnaires are not able to gather complex, detailed information. They are best designed with closed questions and predetermined tick-box responses.

### **2. Respondent burden and resistance**

The questionnaire has to be designed so that New Zealanders are willing to participate in the survey. In order to achieve compliance, the questionnaire must be able to be completed in a reasonable amount of time (approximately one hour). Topics that offend or annoy, that people cannot answer easily, or questions that are complex and difficult to comprehend are avoided.

### **3. Continuity and relevance**

The NZHS needs to continue to monitor population health over time (by comparing data from one NZHS to the next) and, at the same time, be able to remain relevant to the information needs of the Ministry of Health. New topics are assessed by the criteria listed below.

### **4. Integration**

The NZHS uses standard frameworks and classifications with validated questions where possible, to allow for the integration of NZHS data with data from other sources.

## **Criteria for new topic inclusion in the NZHS**

All new topics and questions for the 2006/07 NZHS were assessed against the following criteria before inclusion in the questionnaire:

### **1. The NZHS is the most appropriate source for the information**

The data cannot be collected more effectively and efficiently by other means (eg, an epidemiological study). The information is required for monitoring over time (as opposed to a one-off research project).

### **2. The information collected is needed to inform decisions made by the Ministry of Health or DHBs**

The data should be relevant to the New Zealand Health Strategy and current priority areas for the Ministry of Health.

### **3. Quality information can be collected**

The data collected by the questions will provide information of an acceptable quality.

## **Key monitoring variables in the NZHS**

The NZHS monitors population health over time, and it is therefore important that it retains the ability to compare data from one NZHS to the next. The following NZHS data variables are key to monitoring population health, and will be included in every subsequent NZHS and only modified in consultation with stakeholders.

*Prevalence* = ever diagnosed by a GP/doctor

*Utilisation* = number of visits in past 12 months

| <b>Key variables (ages 15+)</b>          | <b>NZHS Time series</b>   | <b>2006/07 NZHS Questions</b> |
|--|---------------------------|-------------------------------|
| Prevalence heart disease                 | 2002/03, 2006/07          | 1.01 + 1.05 + 1.07 + 1.09     |
| Median age of diagnosis of heart disease | 2002/03, 2006/07          | 1.03 + 1.06 + 1.08            |
| Current treatment for heart disease      | 2002/03, 2006/07          | 1.10                          |
| Current use of statins for heart disease | 2006/07                   | 1.10b                         |
| Ever had bypass surgery or angioplasty   | 2002/03, 2006/07          | 1.11                          |
| Prevalence heart attack                  | 2006/07                   | 1.02                          |
| Median age of first heart attack         | 2006/07                   | 1.03                          |
| Prevalence angina                        | 2006/07                   | 1.05                          |
| Median age of diagnosis of angina        | 2006/07                   | 1.06                          |
| Prevalence heart failure                 | 2002/03, 2006/07          | 1.07                          |
| Median age of diagnosis of heart failure | 2006/07                   | 1.08                          |
| Prevalence other heart disease           | 2006/07                   | 1.09                          |
| Prevalence stroke                        | 2002/03, 2006/07          | 1.12                          |
| Median age of first stroke               | 2002/03, 2006/07          | 1.13                          |
| Stroke in past 12 months                 | 2002/03, 2006/07          | 1.14                          |
| Current treatment for stroke             | 2002/03, 2006/07          | 1.15                          |
| Prevalence diabetes                      | 1996/97, 2002/03, 2006/07 | 1.16                          |
| Median age of diagnosis diabetes         | 1996/97, 2002/03, 2006/07 | 1.17                          |
| Current treatment for diabetes           | 1996/97, 2002/03, 2006/07 | 1.18                          |

| Key variables (ages 15+)   | NZHS Time series          | 2006/07 NZHS Questions          |
|--|---------------------------|---------------------------------|
| Had free diabetes check in past 12 months  | 2006/07                   | 1.19                            |
| Prevalence asthma  | 1996/97, 2002/03, 2006/07 | 1.20 (1.22 + 1.23 for severity) |
| Median age of diagnosis of asthma  | 1996/97, 2002/03, 2006/07 | 1.21                            |
| Current treatment for asthma   | 1996/97, 2002/03, 2006/07 | 1.24                            |
| Prevalence COPD (45 years+)  | 2002/03, 2006/07          | 1.25                            |
| Median age of diagnosis of COPD  | 2002/03, 2006/07          | 1.26                            |
| Current treatment for COPD   | 2002/03, 2006/07          | 1.27                            |
| Prevalence arthritis by type (rheumatoid, osteoarthritis, other)   | 2002/03, 2006/07          | 1.28 (1.29 + 1.30 for type)     |
| Median age of diagnosis of arthritis by type (rheumatoid, osteoarthritis, other)   | 2002/03, 2006/07          | 1.31                            |
| Current treatment for arthritis  | 2002/03, 2006/07          | 1.32                            |
| Ever had surgery for arthritis   | 2002/03, 2006/07          | 1.33                            |
| Prevalence spinal disorders  | 2002/03, 2006/07          | 1.34                            |
| Median age of diagnosis of spinal disorders  | 2002/03, 2006/07          | 1.35                            |
| Current treatment for spinal disorders   | 2006/07                   | 1.36                            |
| Ever had surgery for spinal disorders  | 2002/03, 2006/07          | 1.37                            |
| Prevalence osteoporosis  | 2002/03, 2006/07          | 1.38                            |
| Median age of diagnosis of osteoporosis  | 2002/03, 2006/07          | 1.40                            |
| Current treatment for osteoporosis   | 2002/03, 2006/07          | 1.41                            |
| Prevalence of mood disorders (major depressive disorder, dysthymia, bipolar disorder)  | 2006/07                   | 1.45                            |
| Current treatment for mood disorders   | 2006/07                   | 1.46                            |
| Prevalence of anxiety disorders (panic disorder, agoraphobia without panic, specific phobia, social phobia, GAD, PTSD and OCD)           | 2006/07                   | 1.45                            |
| Current treatment for anxiety disorders  | 2006/07                   | 1.46                            |
| Prevalence of substance use disorders (alcohol abuse and/or dependence, drug abuse and/or dependence, marijuana abuse and/or dependence) | 2006/07                   | 1.45                            |
| Current treatment for substance use disorders  | 2006/07                   | 1.46                            |
| Prevalence of any chronic mental health conditions (incl. mood, anxiety, substance, other)   | 2006/07                   | 1.45                            |
| Prevalence of any other chronic physical health condition (eg. epilepsy, irritable bowel syndrome)                                       | 2006/07                   | 1.47                            |
| Prevalence of chronic pain by site (head, neck, face or jaw, teeth or gums, back, chest, stomach, pelvic region, joints, other)          | 2006/07                   | 1.49 + 1.50                     |
| Current treatment for chronic pain   | 2006/07                   | 1.52                            |
| Reason for chronic pain (injury, health condition, operation, ageing, other)   | 2006/07                   | 1.53                            |
| Prevalence high blood pressure   | 1996/97, 2002/03, 2006/07 | 3.01                            |
| Current medication for high blood pressure   | 1996/97, 2002/03, 2006/07 | 3.02                            |
| Prevalence high blood cholesterol  | 2002/03, 2006/07          | 3.03                            |
| Current medication for high blood cholesterol  | 2002/03, 2006/07          | 3.04                            |
| Current use of statins for high cholesterol  | 2006/07                   | 3.05                            |
| Total current use of statins (incl high cholesterol  | 2006/07                   | 3.05 + 1.10b                    |

| Key variables (ages 15+)   | NZHS Time series                     | 2006/07 NZHS Questions                        |
|--|--------------------------------------|---|
| and heart disease use)   |                                      |   |
| Body Mass Index  | 2002/03, 2006/07                     | M.02 and M.03                                 |
| Height   | 2002/03, 2006/07                     | M.02  |
| Weight   | 2002/03, 2006/07                     | M.03  |
| Waist circumference  | 2002/03, 2006/07                     | M.04  |
| Mammogram utilisation (past 2 years)   | 2006/07 (2002/03 past 3 years)       | 3.06 for females 45 years+                    |
| Utilisation of cervical screening service (past 3 and 5 years)   | 2002/03 (only past 3 years), 2006/07 | 3.07 and 3.08 (minus 3.09 had a hysterectomy) |
| Ever had hysterectomy (females)  | 2006/07                              | 3.09  |
| Prostate cancer PSA test in past 12 months   | 2006/07                              | 3.10  |
| Reason for PSA test in past 12 months  | 2006/07                              | 3.11  |
| Total minutes a week of physical activity = brisk walking + moderate activity + (2x) vigorous activity | 2002/03, 2006/07                     | 3.12 to 3.18                                  |
| Meeting SPARC guidelines for physical activity (duration only)   | 2002/03, 2006/07                     | 3.12 to 3.18                                  |
| Meeting SPARC guidelines for physical activity (duration and frequency)                                | 2002/03, 2006/07                     | 3.12 to 3.18                                  |
| Ever smoker  | 1996/97, 2002/03, 2006/07            | 3.19 and 3.20                                 |
| Ex-smoker  | 1996/97, 2002/03, 2006/07            | 3.20 and 3.21                                 |
| Duration as ex-smoker  | 2006/07                              | 3.22  |
| Current smoker (daily/non-daily and light/heavy/moderate)  | 1996/97, 2002/03, 2006/07            | 3.21 and 3.24                                 |
| Type of tobacco product for current smokers  | 2002/03, 2006/07                     | 3.23  |
| Consumption for current smokers  | 2002/03, 2006/07                     | 3.24  |
| State of change for current smokers (intention to quit etc)  | 1996/97, 2002/03, 2006/07            | 3.25  |
| Exposure to passive smoke in home (by smoking status)  | 1996/97, 2002/03, 2006/07            | 3.26  |
| Exposure to passive smoke in car (by smoking status)   | 2006/07                              | 3.27  |
| Consumption of fruit per day (recommended 2+ servings/day)   | 2002/03, 2006/07                     | 3.28  |
| Consumption of vegetables per day (recommended 3+ servings/day)  | 2002/03, 2006/07                     | 3.29  |
| Meeting recommended intake of fruit and vegetables per day   | 2002/03, 2006/07                     | 3.28 and 3.29                                 |
| Prevalence of drinking alcohol in past year  | 1996/97, 2002/03, 2006/07            | 3.30  |
| Alcohol consumption (frequency)  | 1996/97, 2002/03, 2006/07            | 3.31  |
| Alcohol consumption (no. of drinks on typical day when drinking)                                       | 1996/97, 2002/03, 2006/07            | 3.32  |
| Alcohol consumption (freq of binge episodes)   | 1996/97, 2002/03, 2006/07            | 3.33  |
| Hazardous drinking AUDIT Alcohol Disorder Test score of 8+   | 1996/97, 2002/03, 2006/07            | 3.31 to 3.40                                  |
| Gambling prevalence (gambling in past year)  | 2002/03, 2006/07                     | 3.41  |
| Prevalence of gambling activity (by type)  | 2002/03, 2006/07                     | 3.41  |
| CPGI Problem Gambling Index  | 2006/07                              | 3.42 to 3.50                                  |
| Problems due to someone's gambling (by type of gambling)   | 2006/07                              | 3.51 and 3.52                                 |

| Key variables (ages 15+)  | NZHS Time series                                  | 2006/07 NZHS Questions                       |
|---|---|--|
| Self-rated general health (Good, Very Good, Excellent)  | 1996/97, 2002/03, 2006/07                         | 4.01   |
| Self-rated health transition  | 1996/97, 2002/03, 2006/07                         | 4.02   |
| SF36 summary measures (physical component score and mental component score)   | 1996/97, 2002/03, 2006/07                         | See content guide pages 26-29                |
| SF36 eight scales (physical functioning, role limitations due to physical health, bodily pain, general health perceptions, vitality, social functioning, role limitations due to emotional health, general mental health) | 1996/97, 2002/03, 2006/07                         | See content guide pages 26-29                |
| WHO LF-NZ domains<br>SF-36 domains + vision, hearing, sleep, understanding & remembering, communicating, and self-care  | 2002/03   | [next in 2009/10]                            |
| K10 Mental Health score   | 2006/07   | 4.37 to 4.46                                 |
| Racism – ever victim of ethnically motivated attack (verbal, physical)  | 2002/03, 2006/07                                  | 5.09   |
| Racism – ethnically motivated attacks (verbal, physical) in past 12 months  | 2002/03, 2006/07                                  | 5.09   |
| Racism – treated unfairly by health professional because of ethnicity   | 2002/03, 2006/07                                  | 5.10   |
| Racism – treated unfairly at work or refused job because of ethnicity   | 2002/03, 2006/07                                  | 5.11   |
| Racism – treated unfairly when renting or buying a house because of ethnicity   | 2002/03, 2006/07                                  | 5.12   |
| Have usual primary health care provider by type (GP clinic, after-hours or 24 hour clinic, nurse clinic, pharmacy, other)   | 2002/03, 2006/07                                  | 2.01 and 2.02                                |
| Utilisation of primary health care workers at usual provider  | 2006/07   | 2.04 and 2.05                                |
| Type of PHO and provider  | 2006/07   | 2.03 (data linkage with PHO datamart)        |
| Māori and Pacific providers as usual primary health care providers  | 2006/07   | 2.03 (data linkage with PHO datamart)        |
| Accessibility of primary health care providers  | 2006/07   | 2.15   |
| Comprehensiveness of service at primary health care providers   | 2006/07   | 2.08 and 2.09                                |
| Continuity and coordination of care at primary health care providers  | 2006/07   | 2.06, 2.07, 2.16, 2.17 and 2.43              |
| Cultural competence of primary health care providers  | 2006/07   | 2.12 and 2.13                                |
| Quality of care at primary health care providers  | 2006/07   | 2.10 and 2.11                                |
| General reason for visiting that primary health care provider   | 2006/07 (2002/03 for Māori and Pacific providers) | 2.14   |
| Utilisation of GPs  | 1996/97, 2002/03, 2006/07                         | 2.19 and 2.05                                |
| Reason for visiting GP outside PHCP   | 2006/07   | 2.20   |
| Reason for last visit to GP   | 1996/97, 2002/03, 2006/07                         | 2.23   |
| Cost of last visit to GP (by time period)   | 1996/97, 2002/03, 2006/07                         | 2.24 (by 2.22), adjusted using 2.25 and 2.26 |
| Unmet need for GP services in past 12 months for any reason   | 1996/97, 2002/03, 2006/07                         | 2.27   |

| <b>Key variables (ages 15+)</b>  | <b>NZHS Time series</b>  | <b>2006/07 NZHS Questions</b> |
|--|--|-------------------------------|
| Unmet need for GP services in past 12 months by reason   | 1996/97, 2002/03, 2006/07  | 2.29                          |
| Frequency of unmet need in past 12 months  | 2006/07  | 2.28                          |
| Utilisation of primary health care nurses (by appointment type)                                  | 1996/97, 2002/03, 2006/07  | 2.31 and 2.05                 |
| Reason for visiting nurse outside PHCP   | 2006/07  | 2.32                          |
| Reason for last visit to primary health care nurses (by appointment type)                        | 2002/03, 2006/07   | 2.34 and 2.37                 |
| Cost of last visit to primary health care nurse (by time period)                                 | 2006/07  | 2.38 (by 2.36)                |
| Utilisation of medical specialists (by type: public or private)                                  | 1996/97, 2002/03, 2006/07  | 2.40, 2.41 and 2.42           |
| Number of teeth removed due to decay   | 2006/07  | 2.44                          |
| Utilisation of oral health care workers  | 2006/07  | 2.45                          |
| Unmet need for oral health care in past 12 months by reason and if urgent need                   | 1996/97, 2002/03, 2006/07  | 2.46, 2.47 and 2.48           |
| Oral health regularity of care   | 2006/07  | 2.49                          |
| Health professionals who prescribed medication in past 12 months                                 | 2002/03, 2006/07   | 2.50                          |
| Unmet need for prescriptions (written but not collected) in past 12 months by reason             | 1996/97, 2002/03, 2006/07  | 2.51 and 2.52                 |
| Utilisation of complementary and alternative health care workers by type                         | 2002/03, 2006/07   | 2.53 and 2.54                 |
| Reason for last visit to complementary and alternative health care workers by type               | 2002/03, 2006/07   | 2.55                          |
| Use of complementary and alternative health care worker in addition to GP for same condition     | 2002/03, 2006/07   | 2.56                          |
| Utilisation of other nurses  | 2002/03, 2006/07   | 2.57 and 2.58                 |
| Utilisation of Pharmacists   | 2002/03, 2006/07   | 2.57 and 2.58                 |
| Utilisation of Physiotherapists  | 1996/97, 2002/03, 2006/07  | 2.57 and 2.58                 |
| Utilisation of Chiropractors   | 2002/03, 2006/07   | 2.57 and 2.58                 |
| Utilisation of Osteopaths  | 2002/03, 2006/07   | 2.57 and 2.58                 |
| Utilisation of Dietitians  | 1996/97, 2002/03, 2006/07  | 2.57 and 2.58                 |
| Utilisation of Opticians and Optometrists  | 2002/03, 2006/07   | 2.57 and 2.58                 |
| Utilisation of Occupation therapists   | 1996/97, 2002/03, 2006/07  | 2.57 and 2.58                 |
| Utilisation of Speech-Language therapists  | 1996/97, 2002/03, 2006/07  | 2.57 and 2.58                 |
| Utilisation of Midwives  | 1996/97, 2002/03, 2006/07  | 2.57 and 2.58                 |
| Utilisation of Community Mental Health Care workers, eg, psychologist, counsellor, social worker | 2002/03, 2006/07   | 2.57 and 2.58                 |
| Utilisation of other health professionals  | 1996/97, 2002/03, 2006/07  | 2.57 and 2.58                 |
| Utilisation of health care workers over the phone  | 2002/03, 2006/07   | 2.59 and 2.60                 |
| Utilisation of public hospitals by admission type  | 1996/97, 2002/03, 2006/07  | 2.62 and 2.63                 |
| Utilisation of private hospitals by admission type   | 1996/97, 2002/03, 2006/07  | 2.64 and 2.65                 |
| Medical/health insurance cover by type   | 1996/97, 2002/03, 2006/07<br>(type only available in 2006/07 data) | 5.20, 5.21 and 5.22           |

| Key variables (ages 0-14)   | NZHS Time series               | 2006/07 NZHS Questions  |
|---|--------------------------------|-------------------------|
| Prevalence of chronic conditions (unspecified condition)  | 1996/97, 2006/07               | C1.01                   |
| Utilisation of medicines for chronic conditions   | 2006/07                        | C1.02                   |
| Prevalence asthma in 5-14 year olds   | 2006/07                        | C1.03 to 1.07           |
| Prevalence eczema in 5-14 year olds   | 2006/07                        | C1.08 to 1.10           |
| Prevalence rhinitis in 5-14 year olds   | 2006/07                        | C1.11 to 1.13           |
| Caregiver-rated child general health (Excellent, Very Good, Good, Fair, Poor) all ages  | 1996/97, 2006/07               | C1.14                   |
| Caregiver-rated family cohesion all ages  | 2006/07                        | C1.28                   |
| Child Health Questionnaire (CHQ) summary scores [5-14 year olds]<br>Physical and psychosocial summaries   | 2006/07                        | C1.14 to 1.28           |
| Child Health Questionnaire (CHQ) domain scores [5-14 year olds]<br>Physical functioning, role/social limitations (emotional/behavioural and physical), bodily pain/discomfort, behaviour, mental health, self esteem, general health perceptions, change in health, parental impact (emotional and time), family activities | 2006/07                        | C1.14 to 1.28           |
| Prevalence of use of discipline (by type)   | 2006/07                        | C1.29                   |
| Caregiver attitude toward discipline by type  | 2006/07                        | C1.30                   |
| Height [2-14 year olds]   | CNS 2002 for 5+ years, 2006/07 | CM.01                   |
| Weight [2-14 year olds]   | CNS 2002 for 5+ years, 2006/07 | CM.02                   |
| Waist girth [5-14 year olds]  | 2006/07                        | CM.03                   |
| Body Mass Index [2-14 year olds]  | CNS 2002 for 5+ years, 2006/07 | CM.01 and CM.02         |
| Exposure to passive smoke in home   | 2006/07                        | C4.10                   |
| Exposure to passive smoke in car  | 2006/07                        | C4.11                   |
| Caregiver's perception of child's weight  | 2006/07                        | C3.01                   |
| Prevalence of ever breastfed [all ages]   | 2006/07                        | C3.02                   |
| Prevalence of breastfeeding (exclusive, full, partial using WHO definitions) [<5 years old]   | 2006/07                        | C3.02, 3.04, 3.07, 3.09 |
| Age stopped breastfeeding [all ages]  | 2006/07                        | C3.03                   |
| Prevalence of regular infant formula use [0-4 years]  | 2006/07                        | C3.06                   |
| Age first given infant formula regularly [0-4 years]  | 2006/07                        | C3.07                   |
| Age first given solids [0-4 years]  | 2006/07                        | C3.09                   |
| Type of food weaned onto [0-4 years]  | 2006/07                        | C3.05                   |
| Eating breakfast at home past 7 days [2-14 years]   | 2006/07                        | C3.10                   |
| Lunch from home in past 5 schooldays [5-14 years]   | 2006/07                        | C3.11                   |
| Typical consumption of fizzy drinks in a week [2-14 years]  | 2006/07                        | C3.12                   |
| Consumption of fizzy drinks in past week [2-14 years]   | 2006/07                        | C3.13                   |
| Typical consumption of takeaway / fast foods in a week [2-14 years]   | 2006/07                        | C3.14                   |
| Consumption of takeaway / fast foods in past  | 2006/07                        | C3.15                   |

| Key variables (ages 0-14)  | NZHS Time series   | 2006/07 NZHS Questions |
|--|--------------------|------------------------|
| week [2-14 years]  |                    |                        |
| Typical behaviour walk/bike to school [5-14 years]   | 2006/07            | C3.16                  |
| Barriers to walking/cycling to school [5-14 years]   | 2006/07            | C3.17                  |
| Transportation to school walk/bike in past week [5-14 years]   | 2006/07            | C3.18                  |
| TV watching in past 5 weekdays [all ages]  | 2006/07            | C3.19                  |
| TV watching last weekend [all ages]  | 2006/07            | C3.20                  |
| Has usual primary health care provider by type (GP clinic, after-hours or 24 hour clinic, nurse clinic, pharmacy, other) | 2006/07            | C2.01, 2.02            |
| Primary health care provider same as primary caregiver [family continuity]   | 2006/07            | C2.03                  |
| Utilisation of GPs   | 1996/97, 2006/07   | C2.04                  |
| Reason for last visit to GP  | 1996/97, 2006/07   | C2.05                  |
| Cost of last visit to GP   | 1996/97, 2006/07   | C2.06                  |
| Unmet need for GP services in past 12 months by reason for unmet need  | 1996/97, 2006/07   | C2.07 and 2.09         |
| Unmet need for GP severity (no. of times in past 12 months)  | 2006/07            | C2.08                  |
| Health issue related to unmet need   | 2006/07            | C2.10                  |
| What did instead of seeing GP  | 2006/07            | C2.11                  |
| Utilisation of primary health care nurses (by type of consultation with nurse)   | 2006/07            | C2.13 and 2.16         |
| Reason for visit to primary health care nurse (by type of consultation)  | 2006/07            | C2.14 and 2.17         |
| Cost of visit to primary health care nurse   | 2006/07            | C2.18                  |
| Utilisation of medical specialists (by type)   | 1996/97, 2006/07   | C2.19 and 2.20         |
| Prevalence of fillings in teeth  | CNS* 2002, 2006/07 | C2.21                  |
| Prevalence of pain in teeth  | CNS 2002, 2006/07  | C2.22                  |
| Prevalence of teeth removed due to decay   | CNS 2002, 2006/07  | C2.23                  |
| Number of times brushes teeth per day  | CNS 2002, 2006/07  | C2.24                  |
| Regularity of use of oral health care workers  | 2006/07            | C2.25                  |
| Unmet need for oral health care in past 12 months by reason  | 1996/97, 2006/07   | C2.26 + 2.27           |
| Utilisation of Wellchild nurses (Plunket, Karitane etc)  | 2006/07            | C2.28 + 2.29           |
| Utilisation of other nurses (diabetes nurses, district health nurses etc)  | 1996/97, 2002/03   | C2.28 + 2.29           |
| Utilisation of other health care workers by type (eg physiotherapists, dietitians etc)                                   | 1996/97, 2002/03   | C2.28 + 2.29           |
| Utilisation of health care workers over the phone  | 2006/07            | C2.33 + 2.34           |
| Utilisation of public hospitals by admission type  | 1996/97, 2006/07   | C2.35 + 2.36           |
| Utilisation of private hospitals by admission type   | 1996/97, 2006/07   | C2.37 + 2.38           |
| Reason for admission to private hospital   | 2006/07            | C2.39                  |
| Unmet need for prescriptions (written but not collected) in past 12 months by reason                                     | 1996/97, 2006/07   | C2.31 + 2.32           |
| Medical/health insurance cover   | 1996/97, 2006/07   | C4.09                  |

\* CNS = New Zealand Child Nutrition Survey

## ADULT COMPONENT OF THE NZHS

Where possible the adult component for the 2006/07 NZHS has not been altered from earlier NZ Health Surveys (1992/93, 1996/97 and 2002/03) as the Ministry of Health is interested to monitor changes in the data over time. Some sections have been added or altered for the 2006/07 NZ Health Survey to account for changes in policy or to monitor emerging issues, most significantly:

- *Oral Health* section added (to monitor use of services and level of unmet need for oral health services, and regularity of care)
- *Mental Health* section improved (to monitor diagnosed mental health conditions and levels of non-specific psychological distress in the population).
- *Primary Health Care* section improved (to monitor accessibility, comprehensiveness of care, continuity and coordination of care, cultural competence, and quality of care of primary health care providers).

The 2006/07 NZHS questionnaire takes a median time of 1 hour to complete.

The adult component contains the same modules as 2002/03 NZHS, presented in this content guide in the following order:

- Sociodemographics (A5)
- Risk and protective factors (A3)
- Chronic conditions (A1)
- Health status (A4)
- Health service utilisation (A2)
- Health measurements (AM)
- Recontact section (AR)

Modules are ordered in the questionnaire as in brackets above, ie, A1 first.

### ***Sociodemographics (A5)***

Socio-demographic information about respondents is vital in order to assist with analysis of the various determinants of health outcomes, and to monitor inequality and changes in health disparities.

A short household module is included in the adult questionnaire for 2006/07 NZHS to capture basic demographic information on each member of the household participating in the NZHS. Information on household composition, family type, housing tenure/ownership, household income, number of bedrooms and household crowding (when analysed with number of bedrooms data) is collected.

In addition to these self-reported variables, the NZHS also records area deprivation (NZDep) and rurality, which is derived from the census area unit/meshblock of the household.

2006/07 NZHS is the first to collect detailed information on personal living standards and deprivation.

The 1996/97 NZHS asked questions on gender, age, ethnicity (self-identified, Māori ancestry), employment, income, and medical insurance.

In 2002/03, questions on ethnicity (country of birth, year moved to NZ, languages, perceived ethnicity, racism), household living arrangements, education, income support, and phone access were added to the 1996/97 questions.

In 2006/07 employment questions have been reduced to only those variables of primary interest to health: labour market status, current or previous main occupation and unpaid work activities. Additional questions have been added to capture economic living standards (ELSI-SF and NZiDep). Some existing socio-demographic questions have been reworded for 2006/07 to match Statistics NZ standards.

### **Why include a direct measure of living standards in the NZHS?**

The socio-demographic module of the NZHS has in the past included a number of items relating to socio-economic position (income, education, occupation), deprivation of neighbourhood of residence (NZDep, via meshblock), and pathways linking socio-economic position to health outcomes (labour market status, housing tenure).

All of these measures have limitations. In particular, household equivalised disposable income is missing for a significant proportion of respondents and even when available is often inaccurately recalled. Numerous studies have shown fairly low correlations (generally around 0.5) between income as recorded in surveys and consumption – not only because of the data quality problems alluded to above but also because income is highly volatile whereas patterns of consumption are more stable over time.

In fact, consumption is both easier to measure and more directly related to health outcomes than is (current) income. Including a brief living standards / individual deprivation instrument in the NZHS would improve our ability to measure both socio-economic position and the material pathway linking socio-economic position to health. Given the policy importance of monitoring and reducing social inequalities in health, inclusion of such a scale is warranted.

### **Which measure should be included: WHO permanent income scale, ELSI-SF or NZiDep?**

The World Health Organisation's permanent income scale has never been used in New Zealand, is much longer than the others listed above, and many of the items lack face validity for the New Zealand population (being more suitable for low income developing countries).

The Ministry of Social Development's ELSI-SF (Economic Living Standards Index Short Form) is well validated, New Zealand norms are available, and covers all three subscales conventionally included within the construct of living standards (economising behaviours, ownership of durable assets, social participation restrictions). However it is relatively long, comprising 25 items and taking approximately 4 to 6 minutes to complete.

The Wellington School of Medicine's NZiDep (New Zealand Index of Socioeconomic Deprivation for Individuals) is an individual level deprivation measure rather than a measure of living standards. That is, it is equivalent to only one of the three ELSI subscales (economising behaviours) and covers only the deprived end of the scale (although there is little health interest in the privileged end). It has been less thoroughly validated than ELSI-SF and NZ norms are not available. However, it comprises only 8 items, of which 2 are already included in the NZHS, and takes less

than 2 minutes to complete. Furthermore, it resonates with the neighbourhood level deprivation measure routinely used in NZ (ie the NZDep), permitting multi level analysis.

Given these contrasting strengths and weaknesses, the Ministry of Health has concluded that a head to head comparison of the two candidate instruments is necessary – and the 2006/07 NZHS provides just such an opportunity. Depending on the results, one or the other instrument may be chosen for inclusion in the NZHS thereafter.

### How to score ELSI-SF

See Jensen J, Spittal M, and Krishnan V (2005) *ELSI Short Form: User Manual for a Direct Measure of Living Standards*. Centre for Social Research and Evaluation, Ministry of Social Development, Wellington. <http://www.msd.govt.nz/work-areas/social-research/living-standards/elsi-short-form.html>

### How to score NZiDep

See Salmond C, King P, Crampton P, Waldegrave C (2005) *NZiDep: A New Zealand Index of Socioeconomic Deprivation for Individuals*. Department of Public Health, Wellington School of Medicine, Otago University. <http://www.wnmeds.ac.nz/academic/dph/staff/pcrampton.html>

### Question details

| 2006/07 NZHS | Topic                          | Source of question  | Previous NZHS      | Notes  |
|--------------|--------------------------------|---|--------------------|--|
| AD.01        | Gender                         |   | 1996/97<br>2002/03 | These two questions are asked at the start of the NZHS to assist with routing in the questionnaire.                              |
| AD.02        | Age group                      |   | 1996/97<br>2002/03 |  |
| A5.01        | Date of birth                  | Based on Census indiv 2001 Q. 4   | 1996/97            | Allows for anonymous data record linkage.  |
| A5.01b       | Age                            |   | 2002/03            | Asked if refused date of birth   |
| A5.02        | Ethnicity – general            | Census indiv 2001 Q.11  | 1996/97<br>2002/03 |  |
| A5.03        | Ethnicity – Māori descent      | Census indiv 2001 Q.16  | 1996/97<br>2002/03 |  |
| A5.04        | Ethnicity – Country of birth   | Census indiv 2001 Q.9   | 2002/03            |  |
| A5.05        | Ethnicity – Year arrived in NZ | Census indiv 2001 Q.10  | 2002/03            | Only asked to those not born in New Zealand  |
| A5.06        | Ethnicity – Languages          | Census indiv 2001 Q.13  | 2002/03            |  |
| A5.07        | Ethnicity - discrimination     | Qs based on the UK Fourth National Survey of Minorities and the US Behavioral Risk Factor Surveillance System research. | 2002/03            | Last question in this set used in the 2002/03 NZHS has been removed for 2006/07. Found to be difficult to interpret in analysis. |
| A5.08        | Ethnicity - discrimination     |   | 2002/03            |  |
| A5.09        | Ethnicity - discrimination     |   | 2002/03            |  |
| A5.10        | Ethnicity - discrimination     |   | 2002/03            |  |
| A5.11        | Ethnicity - discrimination     |   | 2002/03            |  |
| A5.12        | Ethnicity - discrimination     |   | 2002/03            |  |
| A5.13        | Education – secondary          | Census indiv 2001 Q. 23   | 2002/03            |  |

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| 2006/07 NZHS | Topic                                       | Source of question   | Previous NZHS      | Notes   |
|--------------|---|--|--------------------|---|
| A5.14        | Education – tertiary                        | Census indiv 2001 Q. 24  | 2002/03            |   |
| A5.15        | Income support – past 12 months             | Based on Stats NZ question but modified for NZHS   | 2002/03            | Categories expanded for 2006/07 to separate Sickness Beneficiaries and Invalid Beneficiaries and to include ACC as a source of income. Used for NZiDep score. |
| A5.16        | Income support – current                    | Based on Stats NZ question but modified for NZHS   | new                | Only asked to those who answered A5.15 in affirmative   |
| A5.17        | Employment – Unemployment in past 12 months | NZiDep Cognitively tested by PHI in 2006   | new                | Used for NZiDep score.  |
| A5.18        | Employment – Current labour force status    | Based on Stats NZ question but modified for NZHS Cognitively tested by PHI in 2006                 | new                |   |
| A5.18b       | Employment – usual hours/week in paid work  |  | new                |   |
| A5.19        | Unpaid activities in past 4 weeks           | Census indiv. 2001 Q. 41   | 1996/97<br>2002/03 |   |
| A5.20        | Medical insurance                           |  | 1996/97<br>2002/03 |   |
| A5.21        | Medical insurance – type                    |  | new                | Only asked to respondents with medical insurance  |
| A5.22        | Medical insurance – who pays                |  | 1996/97<br>2002/03 | Only asked to respondents with medical insurance  |
| A5.23        | Income – personal                           | Census indiv 2001 Q. 26 Cognitively tested by PHI in 2006  | 1996/97<br>2002/03 |   |
| A5.24        | Income – household                          | Based on Census indiv. 2001 Q. 26 Cognitively tested by PHI in 2006                                | 1996/97<br>2002/03 |   |
| A5.25        | Total number of people living in dwelling   | All questions in this section based on Statistics NZ standard classifications and question wording | 2002/03            |   |
| A5.26a       | Person 1 - Gender                           |  | new                | Computer prompts until answer to Q 5.25 minus 1 is reached  |
| A5.27a       | Person 1 – Age on last birthday             |  | new                |   |
| A5.28a       | Person 1– Relationship to adult respondent  |  | new                |   |
| A5.26b       | Person 2 - Gender                           |  | new                |   |
| A5.27b       | Person 2 – Age on last birthday             |  | new                |   |
| A5.28b       | Person 2 – Relationship to adult respondent |  | new                |   |
| A5.26c       | Person 3 - Gender                           |  | new                |   |
| A5.27c       | Person 3 – Age on last birthday             |  | new                |   |
| A5.28c       | Person 3 – Relationship to adult respondent |  | new                |   |
| ...          | ...   |  |                    |   |

| 2006/07 NZHS | Topic                          | Source of question   | Previous NZHS                 | Notes                             |
|--------------|--------------------------------|--|-------------------------------|-----------------------------------|
| A5.29        | Tenure/ownership of dwelling   |  | new                           |                                   |
| A5.30        | Number of bedrooms in dwelling |  | 2002/03                       |                                   |
| A5.31        | ELSI-SF                        | Economic Living Standards Index developed by the Ministry of Social Development, see Jensen et al (2005) | new                           | Ownership of durable assets       |
| A5.32        | ELSI-SF                        |  | new                           |                                   |
| A5.33        | ELSI-SF                        |  | new                           |                                   |
| A5.34        | ELSI-SF                        |  | new                           |                                   |
| A5.35        | ELSI-SF                        |  | new                           |                                   |
| A5.36        | ELSI-SF                        |  | new                           |                                   |
| A5.37        | ELSI-SF                        |  | new                           | Social participation restrictions |
| A5.38        | ELSI-SF                        |  | new                           |                                   |
| A5.39        | ELSI-SF                        |  | new                           |                                   |
| A5.40        | ELSI-SF                        |  | new                           |                                   |
| A5.41        | ELSI-SF                        |  | new                           |                                   |
| A5.42        | ELSI-SF                        |  | new                           |                                   |
| A5.43        | ELSI-SF                        |  | new                           |                                   |
| A5.44        | ELSI-SF                        |  | new                           | Economising behaviours            |
| A5.45        | ELSI-SF                        |  | new                           |                                   |
| A5.46        | ELSI-SF                        |  | new                           |                                   |
| A5.47        | ELSI-SF                        |  | new                           |                                   |
| A5.48        | ELSI-SF                        |  | new                           |                                   |
| A5.49        | ELSI-SF                        |  | new                           |                                   |
| A5.50        | ELSI-SF                        |  | new                           |                                   |
| A5.51        | ELSI-SF                        | new  | Self-rated standard of living |                                   |
| A5.52        | ELSI-SF                        | new  |                               |                                   |
| A5.53        | ELSI-SF                        | new  |                               |                                   |
| A5.54        | ELSI-SF                        | new  |                               |                                   |
| A5.55        | ELSI-SF                        |  | new                           |                                   |
| A5.56        | NZiDep                         | New Zealand Index of Socio-economic Deprivation for Individuals, see Salmond et al (2005)                | new                           |                                   |
| A5.57        | NZiDep                         |  | new                           |                                   |
| A5.58        | NZiDep                         |  | new                           |                                   |
| A5.59        | NZiDep                         |  | new                           |                                   |
| A5.60        | NZiDep                         |  | new                           |                                   |
| A5.61        | NZiDep                         |  | new                           |                                   |

**Number of questions in module A5:**

|                                     |    |
|-------------------------------------|----|
| All respondents answer              | 58 |
| Respondents not born in NZ          | 1  |
| Respondents with medical insurance  | 2  |
| Total number of questions in module | 61 |

**Median time to complete module A5 in testing: 13 minutes**

## ***Risk and protective factors (A3)***

Most of this module is based on the World Health Organization's STEPwise Approach to Surveillance of risk factors for non-communicable diseases (STEPS). This is a three-step approach to the monitoring of risk factors for population health by collecting the following core items. Step 1 (*behavioural*) is a self-report questionnaire of tobacco use, alcohol consumption, physical inactivity and fruit and vegetable consumption. Step 2 is the collection of the *physical measurements* of weight, height, waist circumference and blood pressure. Step 3 is the collection of *biochemical measures* of fasting blood sugar and fasting total cholesterol. The NZHS includes STEP 1 and 2 of this approach at present – Step 1 in this module and Step 2 in the health examination section of the NZHS.

In addition to STEPS, questions on problem gambling and cancer testing (breast, cervical and prostate) are included in this module. The Ministry of Health is responsible for the integrated problem gambling strategy focused on public health, referred to in the Gambling Act 2003. Among other things, the Ministry's strategy calls for population surveys to monitor the prevalence and incidence of problem gambling, that is, patterns of gambling behaviour that comprise, disrupt or damage health, personal, family or vocational pursuits. The Ministry of Health runs two cancer screening programmes: the National Cervical Screening programme and BreastScreen Aotearoa. There are currently no screening programmes for males; however the Ministry is interested in monitoring the utilisation of prostate cancer testing among New Zealand men.

### **How to score AUDIT (Alcohol Use Disorders Identification Test)**

See Babor TF, Higgins-Biddle JC, Saunders JB, and Monteiro MG. 2001. *AUDIT: The Alcohol Use Disorders Identification Test: Guidelines for Use in Primary Care*. 2<sup>nd</sup> edition. Department of Mental Health and Substance Dependence, World Health Organisation, Geneva. p.19.

### **How to score CPGI (Canadian Problem Gambling Index)**

See Wynne HJ. 2003. *Introducing the Canadian Problem Gambling Index*. Wynne Resources, Alberta.

1996/97 NZHS asked questions on physical activity, tobacco, high blood pressure, and alcohol use.

In 2002/03, questions on cholesterol, weight cycling, adult weight gain, marijuana and gambling were added to the above sections.

For 2006/07 the problem gambling questions have been modified following consultation with problem gambling experts. The 2002/03 questions have been replaced with the internationally comparable and validated Canadian Problem Gambling Index. The marijuana questions have been moved to the NZ Alcohol and Drug Use Survey (occurs every two years from 2007). The tobacco questions have been changed to maintain consistency with the NZ Tobacco Use Survey questions.

**Question details**

| 2006/07 NZHS | Topic                                     | Source of question   | Previous NZHS              | Notes  |
|--------------|---|--|----------------------------|--|
| A3.01        | High blood pressure – prevalence          |  | 2002/03                    | Screen for ever high blood pressure  |
| A3.02        | High blood pressure – medication current  |  | 1996/97<br>2002/03         | Only answered by those with ever diagnosed high blood pressure (Ever taken medication for high blood pressure question from 2002/03 NZHS removed – not important)  |
| A3.03        | Cholesterol – prevalence                  |  | 2002/03                    | Screen for ever high blood cholesterol.  |
| A3.04        | Cholesterol – medication current          |  | 2002/03                    | Only answered by those with ever high blood cholesterol. Showcard for 3.05 has names of currently subsidised meds. Statins are response answers: 02, 08, 11, 12.   |
| A3.05        | Cholesterol – medication name             | Constructed in consultation with Pharmac   | 2002/03                    |  |
| A3.06        | Screening programme utilisation           | Questions based on wording from 2002/03 NZHS – constructed in consultation with Ministry of Health National Screening Unit.  | 2002/03 revised            | Females only. Mammogram last 2 years – was last 3 years in 2002/03 questionnaire   |
| A3.07        | Screening programme utilisation           |  | 2002/03                    | Females only. Cervical smear last 3 years (policy).  |
| A3.08        | Screening programme utilisation           |  | 2002/03 revised            | Females only. Cervical smear last 5 years (enrolment in programme)   |
| A3.09        | Screening programme utilisation           |  | 2002/03 revised            | Females only. Ever had hysterectomy.   |
| A3.10        | Prostate cancer testing in past 12 months | Constructed in consultation with Ministry of Health Clinical Services and Public Health Directorate.   | new                        | Males only. Screen question  |
| A3.11        | Prostate cancer test - reason             |  | new                        | Males only, if had test in past year.  |
| A3.12        | Physical activity                         | NZPAQ – Short form   | 2002/03 revised            | NZPAQ short form was developed by Sport and Recreation NZ and the Ministry of Health, based on IPAQ (International Physical Activity Questionnaire). Question wording and showcards have been slightly reworded for 2006/07 from 2002/03 following the NZPAQ-SF validation study (SPARC 2004). Last question from NZPAQ-SF was dropped for 2006/07 NZHS as optional and not of policy importance at this time. |
| A3.13        | Physical activity                         |  | 2002/03 revised            |  |
| A3.14        | Physical activity                         |  | 2002/03 revised            |  |
| A3.15        | Physical activity                         |  | 2002/03 revised            |  |
| A3.16        | Physical activity                         |  | 2002/03 revised            |  |
| A3.17        | Physical activity                         |  | 2002/03 revised            |  |
| A3.18        | Physical activity                         |  | 2002/03 revised            |  |
| A3.19        | Tobacco smoking – prevalence              | NZHS Tobacco Qs are a shortened instrument taken from NZTUS (2005) to assist with tobacco monitoring in the years when NZTUS is not in the field – see NZTUS Content | 1996/97<br>2002/03 revised | Ever-used tobacco screening questions  |
| A3.20a       | Tobacco smoking – prevalence              |  | new                        | For under 20 year olds: smoked more than 10 cigarettes in lifetime (this is WHO definition of 'youth smoker')  |
| A3.20b       | Tobacco smoking – prevalence              |  | new                        | For under 20 year olds: smoked more than 100 cigarettes in lifetime  |
| A3.20c       | Tobacco smoking – prevalence              |  | new                        | Smoked more than 100 cigarettes in lifetime (this is WHO definition of 'smoker')   |

| 2006/07 NZHS | Topic   | Source of question  | Previous NZHS                 | Notes   |
|--------------|---|---|-------------------------------|---|
| A3.21        | Tobacco smoking – prevalence                        | Guide for more information on question origin.  | 1996/97<br>2002/03<br>revised | Daily, non-daily, ex current smoker categorisation  |
| A3.22        | Tobacco smoking – time elapsed for ex-smoker        |   | new                           | Time since last quit for ex-smokers   |
| A3.23        | Tobacco smoking – Type of smoking                   |   | 1996/97<br>2002/03<br>revised | Current smokers answer  |
| A3.24        | Tobacco smoking – intensity of smoking              |   | 1996/97<br>2002/03<br>revised | Current smokers answer  |
| A3.25        | Tobacco smoking – state of change                   |   | 1996/97<br>2002/03<br>revised | Current smokers answer  |
| A3.26        | Tobacco smoking – exposure to passive smoke in home |   | 1996/97<br>2002/03<br>revised | All respondents answer  |
| A3.27        | Tobacco smoking – exposure to passive smoke in car  |   | new                           | All respondents answer  |
| A3.28        | Nutrition – fruit intake                            |   | 2002/03                       | Also in NNS 1997.   |
| A3.29        | Nutrition – vege intake                             |   | 2002/03                       |   |
| A3.30        | Alcohol   |   | 1996/97<br>2002/03            | Screen for had a drink containing alcohol in last year.   |
| A3.31        | Alcohol   | WHO AUDIT Alcohol Use Disorders Identification Test. (Saunders et al 1993)  | 1996/97<br>2002/03            | Only respondents who have had a drink containing alcohol in last year answer these 10 Qs.                     |
| A3.32        | Alcohol   |   | 1996/97<br>2002/03            |   |
| A3.33        | Alcohol   |   | 1996/97<br>2002/03            | Definition of a 'drink' = standard drink size 10g of alcohol (pamphlets with definition are supplied by ALAC) |
| A3.34        | Alcohol   |   | 1996/97<br>2002/03            |   |
| A3.35        | Alcohol   |   | 1996/97<br>2002/03            |   |
| A3.36        | Alcohol   |   | 1996/97<br>2002/03            |   |
| A3.37        | Alcohol   |   | 1996/97<br>2002/03            |   |
| A3.38        | Alcohol   |   | 1996/97<br>2002/03            |   |
| A3.39        | Alcohol   |   | 1996/97<br>2002/03            |   |
| A3.40        | Alcohol   |   | 1996/97<br>2002/03            |   |
| A3.41        | Gambling  |   | 2002/03                       | Screen for participation in gambling in past 12 months  |
| A3.42        | Gambling  | Canadian Problem Gambling Index (Ferris, Wynne and Single 1999) 9 items to identify 'at risk' gamblers in population. | 2002/03<br>revised            | Answered by respondents that have taken part in any gambling activity in past 12 months.                      |
| A3.43        | Gambling  |   | 2002/03<br>revised            |   |
| A3.44        | Gambling  |   | 2002/03<br>revised            |   |
| A3.45        | Gambling  |   | 2002/03<br>revised            |   |
| A3.46        | Gambling  |   | 2002/03<br>revised            |   |
| A3.47        | Gambling  |   | 2002/03<br>revised            |   |

| 2006/07 NZHS | Topic                   | Source of question | Previous NZHS   | Notes   |
|--------------|-------------------------|--------------------|-----------------|---|
| A3.48        | Gambling                |                    | 2002/03 revised |   |
| A3.49        | Gambling                |                    | 2002/03 revised |   |
| A3.50        | Gambling                |                    | 2002/03 revised |   |
| A3.51        | Gambling – other people |                    | 2002/03         | All respondents answer – slight change in wording from 2002/03  |
| A3.52        | Gambling – other people |                    | 2002/03         | Answered if experienced problems due to someone else's gambling |

**Number of questions in module A3:**

|   |    |
|---|----|
| All respondents answer  | 17 |
| Women answer extra questions re cancer screening                    | 4  |
| Men answer extra questions re cancer testing                        | 2  |
| Extra questions for those with specific risk and protective factors | 29 |
| Total number of questions in module                                 | 52 |

**Median time to complete module A3 in testing: 10 minutes**

## Chronic conditions (A1)

This module collects information on the prevalence, age of diagnosis and treatments utilised for major chronic health conditions. A chronic condition is defined as a physical or mental illness that has lasted, or is expected to last, for more than six months. The symptoms may come and go or be present all the time.

Chronic health conditions included in this module have been chosen based on Ministry of Health priority areas, with emphasis on conditions with a high prevalence in the population.

1996/97 NZHS asked questions on diabetes and asthma. A module on injuries and poisonings in the 1996/97 NZHS was discarded in the 2002/03 NZHS because more reliable administrative data exists.

In 2002/03 questions on heart disease, heart failure, stroke, COPD, arthritis, osteoporosis, spinal disorders, and cancer were added to the above sections.

The 2006/07 NZHS will include two new sections: mental health conditions and chronic pain (with questions on pain moved from the 2002/03 health status module). The disability question has been removed, as this data is more accurately collected in the health status module of the NZHS. Heart disease questions have been separated so that prevalence of heart attack, angina, heart failure and other heart disease can be distinguished in analysis.

### Question details

| 2006/07 NZHS | Topic   | Source of question                                       | Previous NZHS   | Notes  |
|--------------|---|--|-----------------|--|
| A1.01        | Heart disease – prevalence of heart attack              | Questions based on others in this module for consistency | 2002/03 revised | Reworded for 2006/07 separating heart attack, angina, heart failure and other heart disease to help with analysis (ischemic heart disease monitoring) and make this section easier for respondents to answer – has resulted in 6 extra questions than 2002/03. 4 screening Qs answered by all respondents. |
| A1.02        | Heart disease – ever admitted to hospital               |  | new             |  |
| A1.03        | Heart disease – age of admission to hospital            |  | new             |  |
| A1.04        | Heart disease - admission to hospital in past 12 months |  | new             |  |
| A1.05        | Heart disease – prevalence of angina                    |  | 2002/03 revised |  |
| A1.06        | Heart disease – age of diagnosis of angina              |  | 2002/03 revised |  |
| A1.07        | Heart disease – prevalence of heart failure             |  | 2002/03         |  |
| A1.08        | Heart disease – age of diagnosis of heart failure       |  | new             |  |
| A1.09        | Heart disease – prevalence of other heart disease       |  | 2002/03 revised |  |
| A1.10a       | Heart disease – current treatment for heart disease     | 2002/03 NZHS   | 2002/03 revised | Asked to respondents that answered yes to 1.01, 1.05, 1.07 or 1.09 (any heart disease)   |

| 2006/07 NZHS | Topic   | Source of question                                       | Previous NZHS      | Notes   |
|--------------|---|--|--------------------|---|
| A1.10b       | Heart disease – current treatment for heart disease | Constructed in consultation with Pharmac                 | new                | Checking for statin use (if answers : 02, 08, 11, 12)   |
| A1.11        | Heart disease – surgery for heart disease           | 2002/03 NZHS   | 2002/03            | Asked to respondents that answered yes to 1.01, 1.05, 1.07 or 1.09 (any heart disease)  |
| A1.12        | Stroke - prevalence                                 | Questions based on others in this module for consistency | 2002/03            | Screen answered by all respondents  |
| A1.13        | Stroke – age of diagnosis                           |  | 2002/03            | Only answered by ever diagnosed with stroke   |
| A1.14        | Stroke – stroke in past year                        |  | 2002/03            |   |
| A1.15        | Stroke – current treatment                          |  | 2002/03            |   |
| A1.16        | Diabetes - prevalence                               | Workforce Diabetes Survey (Scragg et al 1991)            | 1996/97<br>2002/03 | Screen answered by all respondents – excludes diabetes during pregnancy   |
| A1.17        | Diabetes – age of diagnosis                         |  | 1996/97<br>2002/03 | Only answered by ever diagnosed with diabetes   |
| A1.18        | Diabetes – current treatment                        |  | 2002/03            |   |
| A1.19        | Diabetes – ‘Get Checked’ check                      |  | new                |   |
| A1.20        | Asthma - prevalence                                 | Standard international questionnaire (Burney et al 1994) | 2002/03            | Screen answered by all respondents (doctor diagnosed)   |
| A1.21        | Asthma – age of diagnosis                           |  | 2002/03            | Asthma Qs only asked to under 45 years in 2002/03. Will be asked to all in 2006/07 (taking asthma out of the COPD section below which was confusing for respondents). |
| A1.22        | Asthma – attack in last 12 months                   |  | 1996/97<br>2002/03 |   |
| A1.23        | Asthma - severity                                   |  | 1996/97<br>2002/03 |   |
| A1.24        | Asthma – current treatment                          |  | 1996/97<br>2002/03 |   |
| A1.25        | COPD - prevalence                                   | Questions based on others in this module for consistency | 2002/03 revised    | Screen for COPD only asked to 45 years and over   |
| A1.26        | COPD – age of diagnosis                             |  | 2002/03 revised    | Only answered by those ever diagnosed with COPD   |
| A1.27        | COPD – current treatment                            |  | 2002/03 revised    |   |
| A1.28        | Arthritis - prevalence                              | Questions based on others in this module for consistency | 2002/03            | Screen answered by all respondents  |
| A1.29        | Arthritis – type                                    |  | 2002/03            | Only answered by respondents ever diagnosed with arthritis  |
| A1.30        | Arthritis – type                                    |  | 2002/03            |   |
| A1.31        | Arthritis – age of diagnosis                        |  | 2002/03            |   |
| A1.32        | Arthritis – current treatment                       |  | 2002/03            |   |
| A1.33        | Arthritis - surgery                                 | 2002/03  |                    |   |
| A1.34        | Spinal disorders – prevalence                       | Questions based on others in this module for consistency | 2002/03            | Screen answered by all respondents  |
| A1.35        | Spinal disorders – age of diagnosis                 |  | 2002/03            | Only answered by respondents ever diagnosed with spinal disorder. Treatments question split in two for 2006/07 – not comparable with 2002/03 data.                    |
| A1.36        | Spinal disorders – current treatment                |  | 2002/03 revised    |   |
| A1.37        | Spinal disorders – ever operation                   |  | new                |   |
| A1.38        | Osteoporosis – prevalence                           | Questions based on others in this module for consistency | 2002/03            | Screen answered by all respondents  |
| A1.39        | Osteoporosis – fracture                             |  | 2002/03            | Only answered by respondents ever diagnosed with osteoporosis   |
| A1.40        | Osteoporosis – age of diagnosis                     |  | 2002/03            |   |

| 2006/07 NZHS | Topic  | Source of question                                       | Previous NZHS   | Notes   |
|--------------|--|--|-----------------|---|
| A1.41        | Osteoporosis – current treatment                       |  | 2002/03         |   |
| A1.42        | Cancer – prevalence                                    | Questions based on others in this module for consistency | 2002/03         | Screen answered by all respondents  |
| A1.43        | Cancer – type  |  | 2002/03         | Only answered by those ever diagnosed with cancer.  |
| A1.44        | Cancer – age of diagnosis                              |  | 2002/03         | Reworded for 2006/07 as can have more than one type of cancer in lifetime. Table records this information better. Added colon and rectal to bowel cancer listing. |
| A1.45        | Mental health conditions – prevalence by type          | Questions based on others in this module for consistency | 2002/03 revised | New section in 2006/07. Screen for all respondents. Answers can be compared with coded answers to Q.42 in 2002/03 (Other long-term illness)                       |
| A1.46        | Mental illness – treatments                            |  | new             | Only answered by those ever diagnosed with mental illness. Multiple treatments coded for multiple conditions.   |
| A1.47        | Other chronic conditions – prevalence by type          | Questions based on others in this module for consistency | 2002/03         | Screen for other chronic conditions not already covered – answered by all respondents.  |
| A1.48        | Other physical long-term conditions – age of diagnosis |  | new             |   |
| A1.49        | Chronic pain – prevalence                              | Questions based on others in this module for consistency | new             | Screen for chronic pain   |
| A1.50        | Chronic pain – site of pain                            |  | 2002/03 revised | Only answered by respondents with chronic pain. Qs moved from Health Status section (2002/03) as respondents were confusing chronic pain with acute pain.         |
| A1.51        | Chronic pain – age pain started (by site if necc.)     |  | 2002/03 revised |   |
| A1.52        | Chronic pain – current treatment                       |  | 2002/03 revised |   |
| A1.53        | Chronic pain – reason if known                         |  | new             |   |

**Number of questions in module A1:**

|  |          |
|--|----------|
| All respondents answer                                     | 14       |
| Respondents aged 45yrs and over                            | 1        |
| Extra questions for those with specific chronic conditions | up to 38 |
| Total number of questions in module                        | 53       |

**Median time to complete module A1 in testing:****4.5 minutes**

## **Health status (A4)**

This module measures health status based on the individual respondent's perception of their wellbeing and functioning over the past 4 weeks. These questions provide valuable information on population health and are often used in the analysis of other modules in the NZHS, such as chronic disease. Questions in this module are mostly derived from the Medical Outcomes Study Short Form (SF-36). In addition, an internationally validated instrument for measuring non-specific psychological distress in the population, the Kessler 10 (K10) has been included at the end of this module. Responses to the K10 questions are scored to produce a three-point summary measure: low or no risk, medium risk or high risk of anxiety or depressive disorder.

The SF-36 consists of eight physical and mental health domains: physical functioning, role limitation (physical), bodily pain, general health perceptions, vitality (energy/fatigue), social functioning, role limitation (emotional), and general mental health. Responses to each of the SF-36 items are scored, and expressed on a 0-100 scale for each of the eight health domains. As well as the eight domains, two summary measures may be calculated: a physical component summary score and a mental component summary score.

A NZ-adapted version of the World Health Organisation's Long form (WHO LF-NZ) was included in the 2002/03 NZHS and is planned for inclusion every 2<sup>nd</sup> NZHS, next in 2009/10 (to align with the institutions module of the NZHS and a focus on the older persons population group). The WHO LF-NZ includes the SF-36 and an additional six health domains: vision, hearing, self-care, understanding and remembering, communication, and sleep. The WHO long-form was originally based on the *International Classification of Functioning, Disability and Health* (ICF), allowing for international comparisons to be drawn from the data collected. Two ICF domains are not included in the NZHS (that is, fertility, skin and disfigurement); fertility data is collected in the NZ Sexual and Reproductive Health Survey, and skin and disfigurement data is not considered to be significant from a policy perspective. The ICF domains of digestion and bodily excretions, and breathing, were included in the 2002/03 NZHS, but the scales did not perform satisfactorily in psychometric testing, and were therefore removed.

In some cases, similar questions have had to be asked twice (once with the SF-36 wording and once with the K-10 wording) in order to maintain the instruments. Where this occurs, an explanation is provided to the participants. Subsequent analyses of the SF-36 and K-10 responses will determine if one question can be asked instead of two for some of the variables, thereby possibly shortening this module for 2009/10.

### **How to score SF-36 (version 2)**

See Ware JE, Kosinski M, and Dewey JE. 2000. *How To Score Version 2 of the SF-36 Health Survey*. Lincoln, RI: QualityMetric Incorporated.

### **For WHO LF-NZ norms and more information**

See forthcoming Public Health Intelligence Occasional Bulletin and article.

### **How to score K10**

See Andrews G. and Slade T. 2001. Interpreting scores on the Kessler Psychological Distress Scale (K10). *Australian and New Zealand Journal of Public Health*, 25, p494-497.

SF-36 has been included in all past NZHS, with the extra WHO LF-NZ domains added in 2002/03.

In 2006/07, Version 2 of the SF-36 will be used, which changes the response categories from six to five responses in most questions. This assists with analysis and makes it easier for respondents to answer these questions. The Kessler (K10) mental health instrument has been added to capture anxiety and depression.

### Question details

| 2006/07 NZHS | Topic                | Source of question | Previous NZHS      | Notes                    |
|--------------|----------------------|--------------------|--------------------|--------------------------|
| A4.1         | General health       | SF-36 Q.1          | 1996/07<br>2002/03 |                          |
| A4.2         | General health       | SF-36 Q.2          | 1996/07<br>2002/03 |                          |
| A4.3         | General health       | SF-36 Q.11a        | 1996/07<br>2002/03 |                          |
| A4.4         | General health       | SF-36 Q.11b        | 1996/07<br>2002/03 |                          |
| A4.5         | General health       | SF-36 Q.11c        | 1996/07<br>2002/03 |                          |
| A4.6         | General health       | SF-36 Q.11d        | 1996/07<br>2002/03 |                          |
| A4.7         | Mental health        | SF-36 Q.9h         | 1996/07<br>2002/03 | Similar to WHO LF Q.2100 |
| A4.8         | Mental health        | SF-36 Q.9d         | 1996/07<br>2002/03 |                          |
| A4.9         | Mental health        | SF-36 Q.9c         | 1996/07<br>2002/03 |                          |
| A4.10        | Mental health        | SF-36 Q.9f         | 1996/07<br>2002/03 |                          |
| A4.11        | Mental health        | SF-36 Q.9b         | 1996/07<br>2002/03 |                          |
| A4.12        | Pain and discomfort  | SF-36 Q.7          | 1996/07<br>2002/03 | Similar to WHO LF Q.2090 |
| A4.13        | Pain and discomfort  | SF-36 Q.8          | 1996/07<br>2002/03 |                          |
| A4.14        | Energy and vitality  | SF-36 Q.9a,        | 1996/07<br>2002/03 | Similar to WHO LF Q.2120 |
| A4.15        | Energy and vitality  | SF-36 Q.9e         | 1996/07<br>2002/03 |                          |
| A4.16        | Energy and vitality  | SF-36 Q.9g         | 1996/07<br>2002/03 |                          |
| A4.17        | Energy and vitality  | SF-36 Q.9i         | 1996/07<br>2002/03 | Similar to WHO LF Q.2121 |
| A4.18        | Physical functioning | SF-36 Q.3a         | 1996/97<br>2002/03 | Similar to WHO LF Q.2153 |
| A4.19        | Physical functioning | SF-36 Q.3b         | 1996/97<br>2002/03 |                          |
| A4.20        | Physical functioning | SF-36 Q.3c         | 1996/97<br>2002/03 |                          |
| A4.21        | Physical functioning | SF-36 Q.3d         | 1996/97<br>2002/03 | Similar to WHO LF Q.2152 |
| A4.22        | Physical functioning | SF-36 Q.3e         | 1996/97<br>2002/03 |                          |
| A4.23        | Physical functioning | SF-36 Q.3g         | 1996/97<br>2002/03 |                          |
| A4.24        | Physical functioning | SF-36 Q.3h         | 1996/97<br>2002/03 |                          |
| A4.25        | Physical functioning | SF-36 Q.3i         | 1996/97<br>2002/03 |                          |
| A4.26        | Physical functioning | SF-36 Q.3f         | 1996/97<br>2002/03 |                          |

| 2006/07 NZHS | Topic              | Source of question                                  | Previous NZHS      | Notes   |
|--------------|--------------------|---|--------------------|---|
| A4.27        | Self-care          | SF-36 Q.3j  | 1996/97<br>2002/03 |   |
| A4.28        | Usual activities   | SF-36 Q.4a  | 1996/97<br>2002/03 |   |
| A4.29        | Usual activities   | SF-36 Q.4b  | 1996/97<br>2002/03 |   |
| A4.30        | Usual activities   | SF-36 Q.4c  | 1996/97<br>2002/03 |   |
| A4.31        | Usual activities   | SF-36 Q.4d  | 1996/97<br>2002/03 |   |
| A4.32        | Usual activities   | SF-36 Q.5a  | 1996/97<br>2002/03 |   |
| A4.33        | Usual activities   | SF-36 Q.5b  | 1996/97<br>2002/03 |   |
| A4.34        | Usual activities   | SF-36 Q.5c  | 1996/97<br>2002/03 |   |
| A4.35        | Social functioning | SF-36 Q.6   | 1996/97<br>2002/03 | Similar to WHO LF Q.2201  |
| A4.36        | Social functioning | SF-36 Q.10  | 1996/97<br>2002/03 |   |
| A4.37        | Mental health      | Kessler<br>Psychological<br>Distress Scale<br>(K10) | New                |   |
| A4.38        | Mental health      |   | New                |   |
| A4.39        | Mental health      |   | New                | Only answered by those who 'felt nervous' in past 30 days             |
| A4.40        | Mental health      |   | New                |   |
| A4.41        | Mental health      |   | New                |   |
| A4.42        | Mental health      |   | New                | Only answered by those who 'felt restless or fidgety' in past 30 days |
| A4.43        | Mental health      |   | New                |   |
| A4.44        | Mental health      |   | New                | Only answered by those who 'felt depressed' in past 30 days           |
| A4.45        | Mental health      |   | New                |   |
| A4.46        | Mental health      |   | New                |   |

**Number of questions in module A4:**

|   |    |
|---|----|
| All respondents answer                        | 43 |
| Respondents with specific K10 symptoms answer | 3  |
| Total number of questions in module           | 46 |

**Median time to complete module A4 in testing:****8 minutes**

## **Health service utilisation (A2)**

This module has been informed by the Primary Care approach to population health (Starfield 1998), and the Ministry of Health's overarching strategies for the health and disability sector, specifically the *New Zealand Health Strategy* (2000) and the *Primary Health Care Strategy* (2001). This framework places emphasis on primary health care providers holding responsibility for the care of a given population over time, as the usual point of first contact with the health system except in serious emergencies. Questions in the Primary Health Care Provider section of the Health Services Utilisation module provide data to monitor the success of changes to Primary Health Care in New Zealand.

The following components of Primary Health Care are measured in the NZHS:

- **Accessibility:** Primary health care providers are accessible to the populations they serve; appointments are available when they are open and other arrangements exist for when they are closed. Patients are able to go to their primary health care provider when they have a health need.
- **Comprehensiveness of service:** Arrangements are made for patients to receive the full range of health care services, whether at their primary health care provider or through referrals. This includes preventative services, specialist diagnostic services, and wider social services.
- **Continuity and coordination of care:** Primary health care providers give regular care over time (regardless of the presence or absence of disease or injury). Patients are able to see the same practitioner for all/most visits to their primary care provider and a relationship is built over time. There is follow-up if a patient is referred to another health care worker or specialist.
- **Cultural competence:** Health care workers at primary health care providers respect the beliefs, attitudes and behaviours of their patients. Primary health care providers have a diverse range of people with skills that help to translate beliefs, attitudes and orientation into action and behaviour.

Many of the questions in the Primary Health Care Provider section of the questionnaire also measure general **quality of care** and consumer experience in Primary Health Care. However, the quality of clinical service in Primary Health Care Providers is monitored through a variety of quality assurance processes (outlined in the *Primary Health Care Strategy*, p24), not in the NZHS.

In addition to the above components of Primary Health Care, this module of the NZHS collects data on the types of health professionals used (GP/nurse/pharmacists etc), the reasons for visiting these health professionals, the unmet need for GPs and oral health care workers, and the use of secondary health care providers (public and private hospitals).

The 1996/97 NZHS asked questions on GPs, medical specialists, prescriptions and pharmacists, hospital use and general health service utilisation.

In 2002/03, questions on the respondent's usual health provider, Māori, Pacific and complementary and alternative health providers, nurses and helplines were added to the above sections.

For 2006/07 NZHS, oral health care workers have been added, and the Primary Health Care Provider section (previously called 'usual provider') has expanded. Some questions from 2002/03 have not been included. Please refer to the discontinued questions document for more information.

### Question details

| 2006/07 NZHS | Topic  | Source of question  | Previous NZHS   | Notes  |
|--------------|--|---|-----------------|--|
| A2.01        | Primary Health Care Provider – 'usual' provider              | 2002/03 NZHS Cognitively tested by PHI 2006                     | 2002/03         | Screening question asked to all respondents  |
| A2.02        | Primary Health Care Provider – type of provider              | Cognitively tested by PHI 2006                                  | 2002/03 revised | Reworded for 2006/07 to capture GP clinics, Nurse clinics and other types of provider. |
| A2.03        | Primary Health Care Provider – name (or location)            | Constructed to reflect NZ health system                         | 2002/03 revised | Used to check linkage to PHO Datamart  |
| A2.04        | Primary Health Care Provider – utilisation of PHC workers    | Cognitively tested by PHI 2006                                  | new             | PHC workers seen at Primary Health Care Provider (PHCP) in past 12 months              |
| A2.05        | Primary Health Care Provider– utilisation of PHC workers     | Based on similar 2002/03 NZHS Question. Cognitively tested 2006 | new             | Number of times seen each worker in past 12 months                                     |
| A2.06        | Primary Health Care Provider – continuity of care for GPs    | Starfield's (1998) Primary Care Assessment Tool (PCAT)          | new             | Usually same doctor every time   |
| A2.07        | Primary Health Care Provider – continuity of care for nurses | Based on Starfield's (1998) PCAT                                | new             | Usually same nurse every time  |
| A2.08        | Primary Health Care Provider – comprehensiveness of service  | 2002/03 NZHS with additions                                     | 2002/03 revised | Tests/immunisations/weight measurement in past 12 months at PHCP                       |
| A2.09        | Primary Health Care Provider – comprehensiveness of service  | Based on 2002/03 NZHS Q above                                   | 2002/03 revised | Discussed health topics in past 12 months with PHCP                                    |
| A2.10        | Primary Health Care Provider – quality of care               | UK NHS Local Health Services PCT Core (2004) Q.C2               | new             | PHCP workers listen carefully  |
| A2.11        | Primary Health Care Provider – quality of care               | Based on UK NHS Local Health Services PCT Core (2004)           | new             | PHCP workers discuss (as much as want) health care and treatment                       |
| A2.12        | Primary Health Care Provider – cultural competence           | UK NHS Local Health Services PCT Core (2004) Q.C7               | new             | Treated with respect and dignity   |
| A2.13        | Primary Health Care Provider – cultural competence           | Statistics NZ SoFIE Health Q.P10                                | new             | Advice was sensitive to respondent's culture   |
| A2.14        | Primary Health Care Provider – accessibility                 | Based on Starfield's (1998) PCAT Cognitively tested 2006        | new             | Could get appointment within 24 hours when needed                                      |

| 2006/07 NZHS | Topic  | Source of question   | Previous NZHS                               | Notes   |
|--------------|--|--|---|---|
| A2.15        | Primary Health Care Provider – reason for choosing                 | Based on Māori/Pacific provider question from 2002/03 NZHS | 2002/03 but only for Māori/Pacific provider | Reason  |
| A2.16        | Primary Health Care Provider – continuity of care                  | Starfield's (1998) PCAT. Cognitively tested 2006           | new   | Changed PHCP in past 12 months  |
| A2.17        | Primary Health Care Provider – continuity of care                  | Based on 2002/03 Q re GPs wording. Cognitively tested 2006 | 2002/03 revised                             | If respondent changed PHCP, reason for changing   |
| A2.18        | Primary Health Care Provider – time since changed provider         |  | new   | If respondent changed PHCP, months elapsed since changed (needed for utilisation of workers data) |
| A2.19a       | GPs - utilisation  | Based on 2002/03 NZHS Cognitively tested 2006              | 2002/03 revised                             | If respondent does not have own PHCP  |
| A2.19b       | GPs – utilisation of GPs outside of PHCP                           | Based on 2002/03 NZHS Cognitively tested 2006              | 2002/03 revised                             | If respondent has PHCP and saw GP at PHCP in past 12 months                                       |
| A2.19c       | GPs – utilisation (number of times seen)                           | Based on 2002/03 NZHS Cognitively tested 2006              | 2002/03 revised                             | If answered yes to 19a or b then asked c.   |
| A2.20        | GPs - Reason why saw GP outside PHCP                               | Similar to 1996/67 2002/03 Qs Cognitively tested 2006      | 2002/03 revised                             | Only asked to respondents who have seen GP outside of PHCP  |
| A2.21        | GPs – last visit to GP   |  | new   |   |
| A2.22        | GPs – last visit to GP   |  | 1996/97<br>2002/03                          | How long ago was last visit (used to calculate cost of visit)                                     |
| A2.23        | GPs – last visit to GP (reason)                                    |  | 1996/67<br>2002/03                          |   |
| A2.24        | GPs – last visit to GP (cost)                                      |  | 1996/67<br>2002/03                          |   |
| A2.25        | GPs – last visit to GP (cost)                                      |  | new   | Determines if cost of last visit was 'usual'  |
| A2.26        | GPs – last visit to GP (cost)                                      | Based on 2002/03 NZHS Q                                    | 2002/03                                     | Changed from 2002/03 Q to include more than just ACC as reason for different cost                 |
| A2.27        | GPs – unmet need   | Same as 2002/03 NZHS                                       | 2002/03                                     | Screening question for unmet need   |
| A2.28        | GPs – unmet need   |  | new   | No. of times in past 12 months  |
| A2.29        | GPs – unmet need   | Based on 2002/03 NZHS                                      | 2002/03                                     | Reason for unmet need   |
| A2.30        | GPs – unmet need   |  | new   | What did instead of seeing GP   |
| A2.31a       | Primary Health Care Nurses - utilisation                           | Based on 2002/03 NZHS                                      | 2002/03                                     | If respondent does not have Primary Health Care Provider (PHCP)                                   |
| A2.31b       | Primary Health Care Nurses – utilisation of nurses outside of PHCP | Based on 2002/03 NZHS                                      | new   | If respondent has PHCP and saw nurse at PHCP in past 12 months                                    |
| A2.32        | Primary Health Care Nurses – utilisation of nurses outside of      | Based on similar GP question                               | new   | Reason why saw nurse outside of PCHP  |

| 2006/07 NZHS | Topic   | Source of question  | Previous NZHS              | Notes   |
|--------------|---|---|----------------------------|---|
|              | PHCP  |   |                            |   |
| A2.33        | Primary Health Care Nurses – utilisation as part of GP consultation             | Based on 2002/03 NZHS   | 2002/03                    | Number of times seen nurse as part of GP consultation in past 12 months                                 |
| A2.34        | Primary Health Care Nurses – last time saw nurse as part of GP consult          | Based on 2002/03 NZHS   | 2002/03                    | Health problem discussed  |
| A2.35        | Primary Health Care Nurses – utilisation of nurse alone consults                | Based on 2002/03 NZHS   | 2002/03                    | Number of times seen nurse alone in past 12 months  |
| A2.36        | Primary Health Care Nurses – last time saw nurse alone                          | Based on similar GP Q   | new                        | How long ago was last visit (used to calculate cost of visit)   |
| A2.37        | Primary Health Care Nurses – reason saw nurse alone                             |   | 2002/03                    | Health problem discussed  |
| A2.38        | Primary Health Care Nurses – cost   | Based on wording for GP Question                                      | new                        | Cost to see nurse alone   |
| A2.40        | Medical specialists – utilisation by type                                       | 1996/97 NZHS  | 1996/97<br>2002/03         | Questions same as 2002/03 except showcard with types are given to respondent which may increase recall. |
| A2.41        | Medical specialists – utilisation number of times                               | 1996/97 NZHS  | 1996/97<br>2002/03         |   |
| A2.42        | Medical specialists – public/private spec.                                      | 1996/97 NZHS  | 1996/97<br>2002/03         |   |
| A2.43        | Medical specialists – PHCP coordination of care                                 | Starfield's (1998) Primary Care Assessment Tool (PCAT)                | new                        | Someone from PHCP spoke to respondent about specialist visit  |
| A2.44        | Oral health care – need for oral health care                                    | From USA's Behavioural Risk Factor                                    | 1996/67<br>2002/03 revised | Screening for teeth removed because of tooth decay or gum disease                                       |
| A2.45        | Oral health care – time since last visit  | Surveillance System State Questionnaire                               | new                        | These questions asked to respondents who have some/all teeth remaining.                                 |
| A2.46        | Oral health care – unmet need   | Wording based on unmet need Qs for GPs                                | 1996/67<br>2002/03 revised |   |
| A2.47        | Oral health care – why unmet need   |   | new                        |   |
| A2.48        | Oral health care – considered urgent  |   | new                        |   |
| A2.49        | Oral health care – regularity of care (attitude toward check-up vs when needed) | From EUROHIS project to develop common instruments for health surveys | new                        |   |
| A2.50        | Prescriptions – health care workers prescribing                                 |   | 2002/03                    | Questions same as 2002/03   |
| A2.51        | Prescriptions – unmet need  |   | 1996/97<br>2002/03 revised |   |
| A2.52        | Prescriptions – why unmet need  |   | 1996/67<br>2002/03         |   |
| A2.53        | Comp. or alternative Providers – utilisation by type                            |   | 1996/97<br>2002/03         | Questions same as 2002/03 except showcard with types are given to respondent which may                  |

| 2006/07 NZHS | Topic   | Source of question                         | Previous NZHS      | Notes  |
|--------------|---|--|--------------------|--|
| A2.54        | Comp. or alternative Providers – no. of visits per type         |  | 1996/97<br>2002/03 | increase recall.   |
| A2.55        | Comp. or alternative Providers – reason for last visit          |  | 2002/03            |  |
| A2.56        | Comp. or alternative Providers – seeing GP about same condition |  | 2002/03            |  |
| A2.57        | Other health care workers – utilisation by type                 |  | 1996/97<br>2002/03 | Screen – more response categories with 'other nurses' captured eg, asthma nurse    |
| A2.58        | Other health care workers – no. of visits by type               |  | 1996/97<br>2002/03 |  |
| A2.59        | Health advice over phone  |  | 2002/03            | Changed from 2002/03 wording to concentrate on Primary Health Care and Healthline. |
| A2.60        | Health advice over phone  |  | 2002/03            |  |
| A2.61        | Health advice over phone – use of nurses on phone               | Q moved from nurse section in 2002/03 NZHS | 2002/03            | Health condition discussed with nurse on phone last time.                          |
| A2.62        | Secondary Health Care – public hospital utilisation             |  | 1996/97<br>2002/03 |  |
| A2.63        | Secondary Health Care – inpatient/ outpatient etc               |  | 1996/97<br>2002/03 | Only asked to those who have used public hospital in past 12 months                |
| A2.64        | Secondary Health Care – private hospital utilisation            |  | 1996/97<br>2002/03 |  |
| A2.65        | Secondary Health Care - inpatient/ outpatient etc               |  | 1996/97<br>2002/03 | Only asked to those who have used private hospital in past 12 months               |

**Number of questions in module A2:**

|   |    |
|---|----|
| All respondents answer  | 17 |
| Extra questions for those who have Primary Health Care Provider | 15 |
| Extra questions for specific sections                           | 33 |
| Total number of questions in module                             | 65 |

**Median time to complete module A2 in testing: 16.5 minutes**

## **Health measurements (AM)**

This module attempts to collect information required in Step 2 of the WHO STEPwise Approach to Surveillance of risk factors for non-communicable diseases (STEPS) – anthropometric measurement and blood pressure – as well as other objective measures of health that are needed to monitor population health by the Ministry of Health.

Interviewers undergo detailed training in anthropometry techniques, and a training demonstration video is available on each interviewer's laptop to review throughout the data collection period.

1996/97 NZHS did not have a health examination module.

In 2002/03, height, weight and waist circumference measurements were collected for all respondents.

For the 2006/07 NZHS, height, weight and waist circumference measurements will again be collected for all respondents.

Planning is also underway to include the physical measurement of blood pressure in 2009/10 NZHS, following testing of the instrument in the 2007/08 NZ Adult Nutrition Survey, which would complete Step 2 in WHO STEPS. Step 3, biochemical measures through the collection of blood and urine samples, are unsuitable for inclusion in the NZHS in the near future due to the use of non-medical interviewers, however biochemical samples are collected in the NZ Nutrition Surveys.

### **Question details**

| <b>2006/07 NZHS</b> | <b>Topic</b>                       | <b>Source of question</b> | <b>Previous NZHS</b> | <b>Notes</b>  |
|---------------------|------------------------------------|---------------------------|----------------------|---|
| AM.01               | Currently pregnant                 |                           | 2002/03              | Screen for pregnancy – improved 2002/03 wording. Pregnant women are not asked for measurements. |
| AM.02a              | 1 <sup>st</sup> height measurement |                           | 2002/03              |   |
| AM.03a              | 1 <sup>st</sup> weight measurement |                           | 2002/03              |   |
| AM.04a              | 1 <sup>st</sup> waist measurement  |                           | 2002/03              |   |
| AM.02b              | 2 <sup>nd</sup> height measurement |                           | 2002/03              |   |
| AM.03b              | 2 <sup>nd</sup> weight measurement |                           | 2002/03              |   |
| AM.04b              | 2 <sup>nd</sup> waist measurement  |                           | 2002/03              |   |
| AM.02c              | 3 <sup>rd</sup> height measurement |                           | 2002/03              | 3 <sup>rd</sup> measurement prompted by computer if first two measurements >1% different        |
| AM.03c              | 3 <sup>rd</sup> weight measurement |                           | 2002/03              |   |
| AM.04c              | 3 <sup>rd</sup> waist measurement  |                           | 2002/03              |   |

**Median time to complete module AM in testing:**

**5.5 minutes**

## ***Recontact information (AR)***

### **Question details**

| <b>2006/07<br/>NZHS</b> | <b>Topic</b>                                       | <b>Source of<br/>question</b> | <b>Previous<br/>NZHS</b> | <b>Notes</b> |
|-------------------------|--|-------------------------------|--------------------------|--------------|
| AR.1                    | Phones – landline contact number                   |                               | 2002/03                  |              |
| AR.2                    | Phones – mobile phone number                       |                               | 2002/03                  |              |
| AR.3                    | Email – email address                              |                               | new                      |              |
| AR.4                    | Consent for follow-up in 1-2 years time            |                               | 2002/03                  |              |
| AR.5                    | Address for follow-up letter                       |                               | new                      |              |
| AR.6                    | Name of friend or family member in case move house |                               | new                      |              |
| AR.7                    | Best contact phone number of AR.8                  |                               | new                      |              |

**Median time to complete module AR in testing:**

**4 minutes**

## CHILD COMPONENT OF THE NZHS

The 2006/07 NZHS collects detailed data about child health status and the risk and protective factors for adult health outcomes. A child health component was included in the 1996/97 NZHS, however this was not repeated in the 2002/03 NZHS. From 2006/07 onwards, it is intended that child health data will be collected in every NZHS. Children are defined for the NZHS as people aged 0-14 years old, and information is collected via the primary caregiver acting as a proxy-respondent for the child. As in previous NZHS, young people aged 15-19 years are included in the adult component of the NZHS, answering the adult questionnaire themselves.

Several population-level indicators for child health currently exist (see Ministry of Social Development, 2004a) and NZHS data will complement these to provide a broader picture of New Zealand children's health and wellbeing. The topic areas for the child component of the NZ Health Survey have been selected for their relevance to key Ministry of Health's policies on child health, for example: *The Wellchild Framework* (2002), *Child Health Strategy* (1998), *Child Health Information Strategy* (2003), *Child and Youth Health Toolkit* (2004). The Child Health Strategy (1998) has four priority populations: tamariki Māori; Pacific children; children with high health and disability support needs; and children from families with multiple social and economic disadvantages. See [www.moh.govt.nz/childhealth](http://www.moh.govt.nz/childhealth) for more information.

Two important child health frameworks used by the Ministry of Health are the life-cycle changes model and a settings-based approach. The life-cycle changes model recognises that all children and young people make life-cycle transitions, the largest being birth and the rapid growth of infancy, followed by toddlerhood and preschool years (home and early childhood education), middle childhood (primary school), adolescence (secondary education), followed by transition to adulthood (ongoing education or employment). Different assessments and interventions for child health become appropriate at different stages of the life cycle. A settings based approach acknowledges that there are key settings in which children live, play and work, that is, homes, schools, communities and society, and that these have a profound impact on health (Ministry of Health 2004, Earls and Carlson 2001). When compiling the NZHS Child Questionnaire, these two frameworks have guided question inclusion.

The NZHS child component has also been informed by *New Zealand's Agenda for Children* (Ministry of Social Development, 2002), in particular the whole child approach to policy and service development for children. Taking a whole child approach means:

- Focusing on the big picture, on the child's whole life and circumstances and the links between individual issues and other aspects of their lives
- Focusing at the outset on what children need for healthy development and wellbeing
- Looking across the whole public service at what can be done to support children's healthy development
- Considering multi-level interventions in the settings of family/whānau, friends and peers, school and wider community
- Viewing children as having valuable knowledge to contribute to developing and evaluating policies and services that affect them
- Considering ways in which children can be involved in decision-making on issues that affect them (Ministry of Social Development 2004b:6).

The Ministry of Health recognises the importance of collecting information directly from children, thereby acknowledging that children are competent participants in society and a source of valuable information on their health and wellbeing (Smith 2000). However, the quantitative methodology employed in the NZHS does not lend itself easily to the inclusion of children in data collection. Child participation in the NZHS will be reviewed following the 2006/07 NZHS, to explore design options for their inclusion in 2009/10 and subsequent NZ Health Surveys.

Some questions within the child component of the NZHS are restricted to specific ages and this is noted below in the content tables on the following pages. The 2006/07 NZHS child component is presented in this content guide in the following order:

- Sociodemographics (C4)
- Risk and protective factors (C3)
- Health and development (C1)
- Health service utilisation (C2)
- Health examination (CE)
- Recontact section (CR)

The child questionnaire takes a median time of 30 minutes to complete and will be interviewer-administered (CAPI). The order of the child questionnaire is represented above in brackets, ie, C1 first.

### ***Sociodemographics (C4)***

Sociodemographic information about each child in the NZHS assists with the analysis of various determinants of health outcomes, and aids the monitoring of inequality and changes in health disparities.

The 1996/97 NZHS asked questions on gender, age, ethnicity, health service utilisation, High Use Health Card and medical insurance for the child.

The 2006/07 child socio-demographics section has been extended to include a wide variety of variables that may impact on child health.

In addition to the data collected in this module, information about the child's household will be available from the adult component of the NZHS (household composition, family type, NZDep, rurality, Economic Living Standards ELSI) and can be linked to the child NZHS data. Birth record data (eg, gestation, birth weight, parental information) may be anonymously linked to the data collected in the NZHS.

#### **Question details**

| <b>2006/07 NZHS</b> | <b>Topic</b>                              | <b>Source of question</b> | <b>Age-specific</b> | <b>Notes</b>   |
|---------------------|---|---------------------------|---------------------|--|
| CD.01               | Gender                                    |                           | All                 | These three questions are asked at the start of the Child Questionnaire to assist routing. |
| CD.02               | Age group                                 |                           | All                 |  |
| CD.03               | Primary Caregiver's relationship to child |                           | All                 |  |
| C4.01               | Date of birth                             | Stats NZ                  | All                 | Needed for anonymous probabilistic data linkage  |
| C4.02               | Ethnicity                                 | Stats NZ                  | All                 |  |
| C4.03               | Māori descent                             | Stats NZ                  | All                 |  |

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|        |  |                                   |         |  |
|--------|--|-----------------------------------|---------|--|
| C4.04  | Country of birth   | Stats NZ                          | All     |  |
| C4.05  | Year of arrival in NZ if migrant                                   | Stats NZ                          | All     | Only asked if child not born in NZ   |
| C4.06  | Languages child can speak  | Based on Stats NZ question        | All     | Not applicable response option available for babies/toddlers   |
| C4.07  | Languages spoken to child  | Based on Stats NZ question        | All     |  |
| C4.08  | Receipt of disability or child disability allowance                | Stats NZ                          | All     |  |
| C4.09  | Medical insurance  | Based on NZHS Adult question      | All     |  |
| C4.10  | Exposure to passive smoke in house                                 | NZHS Adult                        | All     |  |
| C4.11  | Exposure to passive smoke in car                                   | NZHS Adult                        | All     |  |
| C4.12  | Child household mobility   | Youth '07                         | All     | Number of times child moved house in past 5 years  |
| C4.13  | Shared-care and/or custody arrangements                            | Cognitively tested by PHI in 2006 | All     |  |
| C4.14  | Prevalence of regular childcare outside home                       | Cognitively tested by PHI in 2006 | 0-4 yrs |  |
| C4.15  | Age first in regular care outside home                             | Cognitively tested by PHI in 2006 | 0-4 yrs | Only asked if child regularly in care outside home   |
| C4.16  | Early Childhood Care – arranged care in past 2 weeks               | Cognitively tested by PHI in 2006 | 0-4 yrs |  |
| C4.17  | Early Childhood Care – hours in arranged care over past 2 weeks    | Cognitively tested by PHI in 2006 | 0-4 yrs |  |
| C4.18  | Primary caregiver's age on last birthday                           |                                   | All     | Answers from C4.18 to C4.27 are taken from adult questionnaire if primary caregiver is the adult respondent (ie, they're not asked twice in the NZHS). |
| C4.19  | Primary caregiver's highest secondary education                    | NZHS Adult                        | All     |  |
| C4.20  | Primary caregiver's highest tertiary education                     | NZHS Adult                        | All     |  |
| C4.21  | Primary caregiver's employment status (incl hours worked per week) | NZHS Adult                        | All     |  |
| C4.22  | Household income   | NZHS Adult                        | All     |  |
| C4.23  | Total number of people living in dwelling                          | NZHS Adult                        | All     |  |
| C4.24a | Person 1 - Gender  | NZHS Adult                        | All     |  |
| C4.25a | Person 1 – Age on last birthday                                    | NZHS Adult                        | All     |  |
| C4.26a | Person 1– Relationship to adult respondent                         | NZHS Adult                        | All     |  |
| C4.24b | Person 2 - Gender  | NZHS Adult                        | All     |  |
| C4.25b | Person 2 – Age on last birthday                                    | NZHS Adult                        | All     |  |
| C4.25b | Person 2 – Relationship to adult respondent                        | NZHS Adult                        | All     |  |
| ...    | Etc...   |                                   |         |  |
| C4.27  | Tenure/ownership of dwelling                                       | NZHS Adult                        | All     | C4.23a   |

|       |                                |            |     |        |
|-------|--------------------------------|------------|-----|--------|
| C4.28 | Number of bedrooms in dwelling | NZHS Adult | All | C4.24a |
|-------|--------------------------------|------------|-----|--------|

**Number of questions in module C4:**

|  |    |
|--|----|
| All respondents answer                             | 12 |
| Child not born in NZ                               | 1  |
| Child aged 0-4 years                               | 3  |
| Child aged 0-4 and regularly in care outside home  | 1  |
| Primary caregiver is not the NZHS adult respondent | 11 |
| <br>   |    |
| Total number of questions in module                | 28 |

**Median time to complete module C4 in testing: 2.5 minutes**

***Risk and protective factors (C3)***

This module of the NZHS collects information used to monitor the key risk and protective factors associated with chronic conditions and health outcomes. There are few potentially modifiable risk factors for childhood chronic conditions, however research has identified many risk factors associated with poor adult health outcomes, for example childhood obesity.

The questions in this module have been guided by the Health Eating – Health Action (HEHA) key messages. HEHA is the Ministry of Health's strategic approach to improving nutrition, aimed at increasing physical activity and achieving a healthy weight for all New Zealanders. The key messages are:

- eat a variety of nutritious foods
- eat less fatty, salty, sugary foods
- eat more vegetables and fruits
- fully breastfeed infants for at least six months
- be active every day for at least 30 minutes in as many ways as possible
- add some vigorous exercise for extra benefit and fitness
- aim to maintain a healthy weight throughout life
- promote and foster the development of environments that support healthy lifestyles.

Breastfeeding prevalence rates in New Zealand are currently monitored through the Royal New Zealand Plunket Society (Inc). Plunket data provide information on the proportion of babies fully breastfed at five to six weeks, at three months, and at four to six months, and fully or partially breastfed at four to six months. Breastfeeding rates are available by ethnic group and District Health Board. The Clinical Services Directorate of the Ministry of Health currently purchases these data from Plunket. The NZHS will allow for detailed analysis of the correlation between breastfeeding and current child health status, and data beyond that which Plunket provides.

No validated instrument currently exists for the measurement of physical activity levels in children. The NZ Sport and Recreation Council (SPARC) are developing an instrument in collaboration with the Ministry of Health and Australian counterparts, however this instrument will not be ready for inclusion in the 2006/07 NZHS. The instrument used in the 2002 Children's Nutrition Survey is too long for inclusion in the NZHS (32 items) and is not suitable for all age groups 0-14 years. For 2006/07, data on the child's inactivity (TV watching, computer use etc) will be collected, as this is a

risk factor in itself, and the new physical activity instrument will be included in the NZHS from 2009/10.

The recommended serving guidelines for fruit and vegetable intake for children are currently being reviewed by the Ministry of Health. Questions on this topic will be included in 2009/10 NZ Health Survey to assist with monitoring fruit and vegetable intake among New Zealand children.

The 1996/97 NZHS did not include specific questions on risk and protective factors that may influence health. For 2006/07 NZHS, the caregiver will be asked about their perception of the child's weight, the child's nutrition and physical activity, and breastfeeding for under 5 year olds.

### Question details

| 2006/07 NZHS | Topic   | Source of question   | Age-specific | Notes                                       |
|--------------|---|--|--------------|---|
| C3.01        | Caregiver's perception of child's weight                  | Adapted from Australian National Health Survey (2001)<br>Cognitively tested by PHI in 2006 | All          |   |
| C3.02        | Breastfeeding – prevalence                                | Australian National Health Survey (2001)<br>Cognitively tested by PHI in 2006              | All          |   |
| C3.03        | Breastfeeding – age stopped                               | Australian National Health Survey (2001)   | All          |   |
| C3.04        | Nutrition – age weaned                                    | Cognitively tested by PHI in 2006  | 0-4 years    |   |
| C3.05        | Nutrition – type of food weaned onto                      | Cognitively tested by PHI in 2006  | 0-4 years    |   |
| C3.06        | Nutrition – prevalence of regular formula use             | Australian National Health Survey (2001)   | 0-4 years    | Screen for ever given formula regularly     |
| C3.07        | Use of formula – age started                              | Australian National Health Survey (2001)   | 0-4 years    | Only asked to those currently using formula |
| C3.08        | Use of formula – type                                     | Based on Australian National Health Survey (2001)  | 0-4 years    |   |
| C3.09        | Solid food – age first given                              | Australian National Health Survey (2001)<br>Cognitively tested by PHI in 2006              | 0-4 years    |   |
| C3.10        | Nutrition – weekly breakfast at home consumption          | Based on Youth '07 question  | 3-14 years   |   |
| C3.11        | Nutrition – weekly lunch from home                        | Based on Youth '07 question  | 5-14 years   |   |
| C3.12        | Nutrition – typical weekly fizzy/soft drink consumption   | Adapted from Youth '07. Cognitively tested by PHI in 2006                                  | 2-14 years   |   |
| C3.13        | Nutrition – past 7 days fizzy/soft drinks consumption     | Adapted from Youth '07. Cognitively tested by PHI in 2006                                  | 2-14 years   |   |
| C3.14        | Nutrition – typical weekly fast food/takeaway consumption | Adapted from Youth '07. Cognitively tested by PHI in 2006                                  | 2-14 years   |   |
| C3.15        | Nutrition – past 7 days fast food/takeaway consumption    | Adapted from Youth '07. Cognitively tested by PHI in 2006                                  | 2-14 years   |   |
| C3.16        | Activity – usual transport to and from school             | Cognitively tested by PHI in 2006  | 5-14 years   |   |

|       |  |   |            |  |
|-------|--|---|------------|--|
| C3.17 | Activity – barriers to walking/biking/skating to school daily                  | Cognitively tested by PHI in 2006                     | 5-14 years |  |
| C3.18 | Activity – past 5 school days how often used each transport to and from school | Cognitively tested by PHI in 2006                     | 5-14 years |  |
| C3.19 | Activity – average no. hours spent watching TV on week days                    | Youth '07/2002 CNS. Cognitively tested by PHI in 2006 | All ages   |  |
| C3.20 | Activity – average no. hours spent watching TV on weekend                      | Youth '07/2002 CNS. Cognitively tested by PHI in 2006 | All ages   |  |

**Number of questions in module C3:**

|  |    |
|--|----|
| All ages                               | 9  |
| Child aged 0-4 years                   | 2  |
| Child aged 2-14 years                  | 6  |
| Child ever breastfed but not currently | 1  |
| Child currently given formula          | 2  |
| Total number of questions in module    | 20 |

**Median time to complete module C3 in testing: 4.5 minutes**

***Health and development (C1)***

This module collects data on current health status and development trajectories of New Zealand children.

The aim of this module is not to replicate data already collected (eg, through administrative databases), but to monitor the level of health and prevalence of conditions that may not be captured elsewhere.

The main instrument included in this module is the Child Health Questionnaire Parent Form (CHQ-PF28). The CHQ-PF28 is a 28 item questionnaire, collecting data on 12 aspects of children's quality of life and wellbeing: general health perceptions, physical functioning, role physical, bodily pain, change in health, general behaviour, mental health, role social, self-esteem, family activities, family cohesion, and impact of the child's health on parent emotions and time. This produces 2 summary scales: physical wellbeing and psychosocial wellbeing. The longer 50 item CHQ was developed in 1995 and has since been used extensively throughout the world in child health surveys, including in Australia, Ireland, England, United States of America and in many European countries. The shorter 28 item CHQ has been used in the NZHS in order to keep the interview to 20 minutes in total.

For 2006/07 NZHS, the CHQ-PF28 will be used with caregivers of children aged 5-14 years, however, a CHQ version for under 5 year olds is currently being developed, and is planned for inclusion in 2009/10.

Also included in this module is the short-form of the International Study of Asthma and Allergies in Children (ISAAC) questionnaire, as a monitoring tool for the

prevalence of asthma, rhinitis and eczema in New Zealand children (both diagnosed and undiagnosed), and two questions on discipline methods for children.

### How to score CHQ-PF28

See Landgraf JM, Abetz L, and Ware JE. 1999. *Child Health Questionnaire (CHQ): A Users Manual*. 2<sup>nd</sup> edition. Boston, HealthAct.

### Question details

| 2006/07 NZHS | Topic   | Source of question  | Age-specific | Notes  |
|--------------|---|---|--------------|--|
| C1.01        | Diagnosed chronic conditions                        | New – based on NZHS Adult Q. Cognitively tested by PHI in 2006  | All          |  |
| C1.02        | Treatment for chronic conditions                    | Based on NZHS Adult question                                    | All          | Asks for type/name if on prescribed meds.  |
| C1.03        | Asthma – prevalence of whistling or wheezing        | International Study of Asthma and Allergies in Children (ISAAC) | 5-14 years   |  |
| C1.04        | Asthma – incidence whistling or wheezing            | ISAAC Q1.2<br>Parent 6-7 years                                  | 5-14 years   | Only asked to caregiver of child who ever had wheezing   |
| C1.05        | Asthma – no. attacks of wheezing in past 12 mnths   | ISAAC Q1.3<br>Parent 6-7 years                                  | 5-14 years   |  |
| C1.06        | Asthma – no. times sleep disturbed in past 12 mnths | ISAAC Q1.4<br>Parent 6-7 years                                  | 5-14 years   |  |
| C1.07        | Asthma – breathing difficulties in past 12 mnth     | ISAAC Q.15<br>Parent 6-7 years                                  | 5-14 years   |  |
| C1.08        | Rhinitis – prevalence                               | ISAAC Q2.1<br>Parent 6-7 years                                  | 5-14 years   |  |
| C1.09        | Rhinitis – incidence                                | ISAAC Q2.2<br>Parent 6-7 years                                  | 5-14 years   | Only asked to caregiver of child who ever had runny nose when did not have cold or flu                           |
| C1.10        | Rhinitis – accompanied by watery eyes               | ISAAC Q2.3<br>Parent 6-7 years                                  | 5-14 years   |  |
| C1.11        | Eczema – prevalence                                 | ISAAC Q3.1<br>Parent 6-7 years                                  | 5-14 years   |  |
| C1.12        | Eczema – incidence                                  | ISAAC Q3.2<br>Parent 6-7 years                                  | 5-14 years   | Only asked to caregiver of child who ever had itchy rash lasting more than 6 months                              |
| C1.13        | Eczema – location                                   | ISAAC Q3.3<br>Parent 6-7 years                                  | 5-14 years   |  |
| C1.14        | General health perception                           | CHQ-PF28  | All          | Produces two summary CHQ scores for physical wellbeing and psychosocial wellbeing for ages 5-14 years.           |
| C1.15a       | Physical limitation                                 | CHQ-PF28  | 5-14 years   |  |
| C1.15b       | Physical limitation                                 | CHQ-PF28  | 5-14 years   |  |
| C1.15c       | Physical limitation                                 | CHQ-PF28  | 5-14 years   |  |
| C1.16        | Limitations caused by emotional difficulties        | CHQ-PF28  | 5-14 years   | Two questions are asked to 0-4 year olds (general health question and family cohesion) for independent analyses. |
| C1.17        | Limitations caused by physical health               | CHQ-PF28  | 5-14 years   |  |
| C1.18        | Bodily pain   | CHQ-PF28  | 5-14 years   |  |
| C1.19a       | Behaviour   | CHQ-PF28  | 5-14 years   |  |
| C1.19b       | Behaviour   | CHQ-PF28  | 5-14 years   |  |
| C1.20a       | Behaviour   | CHQ-PF28  | 5-14 years   |  |
| C1.20b       | Behaviour   | CHQ-PF28  | 5-14 years   |  |
| C1.21a       | Mental health                                       | CHQ-PF28  | 5-14 years   |  |
| C1.21b       | Mental health                                       | CHQ-PF28  | 5-14 years   |  |
| C1.21c       | Mental health                                       | CHQ-PF28  | 5-14 years   |  |
| C1.22a       | Self-esteem   | CHQ-PF28  | 5-14 years   |  |
| C1.22b       | Self-esteem   | CHQ-PF28  | 5-14 years   |  |
| C1.22c       | Self-esteem   | CHQ-PF28  | 5-14 years   |  |
| C1.23a       | General health perception                           | CHQ-PF28  | 5-14 years   |  |
| C1.23b       | General health perception                           | CHQ-PF28  | 5-14 years   |  |

| 2006/07 NZHS | Topic   | Source of question  | Age-specific | Notes                              |
|--------------|---|---|--------------|------------------------------------|
| C1.23c       | General health perception                                   | CHQ-PF28  | 5-14 years   |                                    |
| C1.24        | Change in health  | CHQ-PF28  | 5-14 years   |                                    |
| C1.25a       | Impact of child's physical health on caregiver              | CHQ-PF28  | 5-14 years   |                                    |
| C1.25b       | Impact of child's emotional health on caregiver             | CHQ-PF28  | 5-14 years   |                                    |
| C1.26a       | Impact of child's physical health on caregiver's time       | CHQ-PF28  | 5-14 years   |                                    |
| C1.26b       | Impact of child's emotional health on caregiver's time      | CHQ-PF28  | 5-14 years   |                                    |
| C1.27a       | Impact of child's health on family activities               | CHQ-PF28  | 5-14 years   |                                    |
| C1.27b       | Impact of child's health on family activities               | CHQ-PF28  | 5-14 years   |                                    |
| C1.28        | Family cohesion   | CHQ-PF28  | All          |                                    |
| C1.29        | Discipline – utilisation of different methods in past month | Based on OCC's research (1994)<br>Cognitively tested by PHI in 2006 | All          | Respondent reads number for answer |
| C1.30        | Discipline – perceived effectiveness of different methods   | Based on 1.29<br>Cognitively tested by PHI in 2006                  | All          | Respondent reads number for answer |

**Number of questions in module C1:**

|   |    |
|---|----|
| All respondents answer                            | 5  |
| Child aged 5-14 years                             | 16 |
| Extra question if child has any chronic condition | 1  |
| Extra questions if has asthma 5-14 year olds      | 4  |
| Extra questions if has rhinitis 5-14 year olds    | 2  |
| Extra questions if has eczema 5-14 year olds      | 2  |
| Total number of questions in module               | 30 |

**Median time to complete module C1 in testing: 9 minutes**

***Health service utilisation (C2)***

As in the adult component of the NZHS, the focus for this module is the utilisation of and access to primary health care services in order to complement data already collected by administrative databases on primary and secondary health service utilisation. Access to appropriate primary health care services for children is vital for their health and wellbeing, and the NZHS is an important tool to monitor this access.

It is hoped that NZHS data can be anonymously linked to Wellchild service use data in the future.

The 1996/97 NZHS included questions on utilisation of GPs and medical specialists, cost of last visit to GP, unmet need for GPs, utilisation of other health care workers, unmet need for other health care workers, secondary health care services use, prescriptions and unmet need for prescriptions.

For 2006/07, the focus is on Wellchild Providers for children aged 0-4 and GPs, nurses and oral health care workers for children aged 5-14 years, with questions on need, utilisation, access and unmet need. Questions on the use of hospitals and medical specialists in past 12 months have also been included.

**Question details**

| 2006/07 NZHS | Topic  | Source of question  | Age-specific | Notes  |
|--------------|--|---|--------------|--|
| C2.01        | Primary Health Care Provider – ‘usual’ provider                | Based on NZHS Adult Q2.1                                  | All          |  |
| C2.02        | Primary Health Care Provider – type of provider                | Based on NZHS Adult Q2.2                                  | All          |  |
| C2.03        | Primary Health Care Provider – same as primary caregiver’s     | New   | All          |  |
| C2.04        | GPs – no. of visits in past 12 months                          | 1996/97 NZHS Child Q6 and 7                               | All          |  |
| C2.05        | GPs - reason for last visit to GP                              | 1996/97 NZHS Child Q9                                     | All          | Only asked when have seen GP in past 12 months                 |
| C2.06        | GPs - cost of last visit                                       | 1996/97 NZHS Child Q11                                    | All          |  |
| C2.07        | GPs – unmet need prevalence                                    | 1996/97 NZHS Child Q13                                    | All          |  |
| C2.08        | GPs – unmet need no. of times in year                          | Based on NZHS Adult Q                                     | All          | Only asked when could not see GP when needed in past 12 months |
| C2.09        | GPs – unmet need reason why                                    | Based on NZHS Adult Q                                     | All          |  |
| C2.10        | GPs – unmet need health issue                                  | Based on NZHS Adult Q                                     | All          |  |
| C2.11        | GPs – unmet need what did instead                              | Based on NZHS Adult Q                                     | All          |  |
| C2.12a       | Primary Health Care Nurses – utilisation as part of GP consult | Based on NZHS Adult Q                                     | All          |  |
| C2.12b       | Primary Health Care Nurses – utilisation alone without GP      | Based on NZHS Adult Q                                     | All          |  |
| C2.13        | Primary Health Care Nurses – reason for last visit (a)         | Based on NZHS Adult Q                                     | All          | Only asked when saw nurse as part of GP consultation           |
| C2.14        | Primary Health Care Nurses – reason for last visit (b)         | Based on NZHS Adult Q                                     | All          | Only asked when saw nurse alone without GP                     |
| C2.15        | Primary Health Care Nurses – cost                              | Based on NZHS Adult Q                                     | All          |  |
| C2.16        | Medical specialists – use in past 12 months                    | 1996/97 NZHS Child Q15                                    | All          |  |
| C2.17        | Medical specialists – public/private                           | Based on NZHS Adult Q                                     | All          |  |
| C2.18        | Oral health care – filling or dressing prevalence              | Based on 2002 Children’s Nutrition Survey (CNS) Health Q3 | 5-14 yrs     |  |
| C2.19        | Oral health care – pain  | Based on 2002 CNS Health Q4                               | 5-14 yrs     |  |
| C2.20        | Oral health care – decayed tooth removed prevalence            | Based on 2002 CNS Health Q5                               | 5-14 yrs     |  |
| C2.21        | Oral health care – no. of times brushed teeth                  | Based on 2002 CNS Health Q2                               | 5-14 yrs     |  |
| C2.22        | Oral health care – regularity of care                          | EUROHIS   | All ages     |  |
| C2.23        | Oral health care – unmet need prevalence                       | Based on NZHS Adult Q                                     | All ages     |  |

| 2006/07 NZHS | Topic   | Source of question  | Age-specific | Notes  |
|--------------|---|---|--------------|--|
| C2.24        | Oral health care – unmet need reason  | Based on NZHS Adult Q   | All ages     | Only asked when could not see oral health care worker when needed in past 12 months                            |
| C2.25        | Other health care workers – utilisation                                     | Based on NZHS Adult Q   | All ages     |  |
| C2.26        | Other health care workers – no. of times in past 12 mnth                    | Based on NZHS Adult Q   | All ages     |  |
| C2.27        | Prescription medicines – who prescribed in past 12 months                   | Based on NZHS Adult Q   | All          |  |
| C2.28        | Prescription medicines – unmet need   | Based on NZHS Adult Q   | All          |  |
| C2.29        | Prescription medicines – reason why unmet need                              | Based on NZHS Adult Q   | All          | Only asked when uncollected prescriptions for child in past 12 months  |
| C2.30        | Health advice over the phone – utilisation of different health care workers | Based on NZHS Adult Q   | All          |  |
| C2.31        | Health advice over the phone – no. of times in past 12 mnth                 | Based on NZHS Adult Q   | All          | Only asked when spoke to health care worker over phone   |
| C2.32        | Secondary Health Care – public hospital utilisation                         | Based on NZHS Adult Q   | All          |  |
| C2.33        | Secondary Health Care – inpatient/ outpatient etc                           | Based on NZHS Adult Q   | All          | Only asked when used public hospital in past 12 months   |
| C2.34        | Secondary Health Care – private hospital utilisation                        | Based on NZHS Adult Q   | All          |  |
| C2.35        | Secondary Health Care - inpatient/ outpatient etc                           | Based on NZHS Adult Q   | All          | Only asked when used private hospital in past 12 months  |
| C2.36        | Secondary Health Care – reason for admission to private hospital            | Responses based on most frequent procedures for children in private hospitals | All          | Only asked when used private hospital in past 12 months (as accurate data already exists for public hospitals) |

**Number of questions in module C2:**

|  |    |
|--|----|
| All respondents answer   | 17 |
| Child aged 5-14 years  | 4  |
| Extra questions when seen certain health care workers          | 6  |
| Extra questions when have unmet need (GP, oral, prescriptions) | 6  |
| Extra questions when been in hospital                          | 3  |

Total number of questions in module 36

**Median time to complete module C2 in testing: 6.5 minutes**

## Health measurements (CM)

This module collects information required in Step 2 of the WHO STEPwise Approach to Surveillance of risk factors for non-communicable diseases (STEPS) – anthropometric measurements – and may include other objective measures of health that are needed at a population level by the Ministry of Health to monitor child health status in future NZHS.

The 1996/97 NZHS did not have a health examination module and the 2002/03 NZHS did not include children, however the data may be comparable to the 2002 Children's Nutrition Survey data which collected height and weight measurements for 5-14 year olds.

For the 2006/07 NZHS, height and weight measurements will be collected for all children participants aged over 2 years old, and waist circumference from children aged 5-14 years.

### Question details

| 2006/07 NZHS | Topic                              | Source of question | Age specific | Notes |  |
|--------------|------------------------------------|--------------------|--------------|-------|--|
| CM.01a       | 1 <sup>st</sup> height measurement | Adult NZHS         | 2-14 yrs     |       |  |
| CM.02a       | 1 <sup>st</sup> weight measurement |                    | 2-14 yrs     |       |  |
| CM.03a       | 1 <sup>st</sup> waist measurement  |                    | 5-14 yrs     |       |  |
| CM.01b       | 2 <sup>nd</sup> height measurement |                    | 2-14 yrs     |       |  |
| CM.02b       | 2 <sup>nd</sup> weight measurement |                    | 2-14 yrs     |       |  |
| CM.03b       | 2 <sup>nd</sup> waist measurement  |                    | 5-14 yrs     |       |  |
| CM.01c       | 3 <sup>rd</sup> height measurement |                    | 2-14 yrs     |       | 3 <sup>rd</sup> measurement prompted by computer if first two measurements >1% different |
| CM.02c       | 3 <sup>rd</sup> weight measurement |                    | 2-14 yrs     |       |  |
| CM.03c       | 3 <sup>rd</sup> waist measurement  |                    | 5-14 yrs     |       |  |

**Median time to complete module CM in testing:**

**5 minutes**

## ***Glossary of terms in the 2006/07 NZ Health Survey***

| <b>Term</b>                                   | <b>Definition</b>  |
|---|--|
| ACC   | Accident Compensation Corporation - administers New Zealand's accident compensation scheme, which provides personal injury cover for all New Zealand citizens, residents and temporary visitors to New Zealand.  |
| Angina  | Chest pain that occurs secondary to the inadequate delivery of oxygen to the heart muscle. Often described as a heavy or squeezing pain in the midsternal area of the chest lasting less than 30 minutes.  |
| Anthropometry                                 | Measurements of the size, weight and proportions of the body.  |
| Arthritis                                     | An inflammatory condition that affects joints.   |
| Asthma  | A chronic inflammatory disease of the air passages causing widespread narrowing, obstruction of airflow, and episodes of wheezing, chest tightness and shortness of breath.  |
| Auahi kore                                    | A national programme promoting smoke-free lifestyle to Māori, brand managed by the Health Sponsorship Council ( <a href="http://www.healthsponsorship.co.nz">www.healthsponsorship.co.nz</a> ).  |
| Body Mass Index (BMI)                         | A measure of body mass calculated by dividing weight (kilograms) by height (metres) squared.   |
| Cancer  | A range of diseases where some of the body's cells begin to multiply out of control, can invade and damage the area around them, and can also spread to other parts of the body to cause further damage.   |
| Cervical smear                                | Procedure for detecting and diagnosing various conditions, especially malignant and pre-malignant conditions of the cervix.  |
| Chronic condition                             | A physical or mental illness that has lasted, or is expected to last, for more than 6 months.  |
| Chronic pain                                  | Pain that has lasted or is expected to last more than 6 months.  |
| Complementary and alternative providers (CAM) | <p>A broad domain of healing resources that encompasses all health systems, modalities, and practices and their accompanying theories and beliefs, other than those in the dominant western health system. CAM includes all such practices and ideas self-defined by their users as preventing or treating illness or promoting health and well-being.</p> <p>Examples of CAM include acupuncture, herbal medicine, and homeopathy.</p>  |
| COPD  | Chronic Obstructive Pulmonary Disease - a progressive disease process that most commonly results from smoking. COPD is characterised by difficulty breathing, wheezing and a chronic cough.  |
| Diabetes                                      | <p>A chronic condition in which the body makes too little of the hormone insulin or cannot use it properly. This raises the blood level of the body's major energy source, the sugar glucose, and causes other widespread disturbance of the body's energy processes.</p> <p>Type 1 diabetes usually arises in childhood or youth, marked by a complete lack of insulin and needing insulin replacement for survival.</p> <p>Type 2 diabetes is the most common form, occurring mostly in people aged 40 years and over and marked by reduced or less effective insulin.</p> |

| Term                                      | Definition   |
|---|--|
| Dietitian                                 | A non-medically qualified person who specialises in dietetics - the study of food and its nutritional properties. Dietitians give advice on the design of special diets for well and ill patients.   |
| Early Childhood Care and Education (ECCE) | ECCE in New Zealand covers the ages from birth to school entry age. Participation is voluntary but increasing at all ages. There are many different types of ECCE organisations.   |
| Epilepsy                                  | A disturbance of brain function marked by recurrent fits and loss of consciousness.  |
| Ethnicity                                 | <p>A social construct of group affiliation and identity. Members of an ethnic group have one or more of the following for characteristics (Statistics NZ):</p> <ul style="list-style-type: none"> <li>• they share a sense of common origins</li> <li>• they claim a common and distinctive history and destiny</li> <li>• they possess one or more dimensions of collective cultural individuality</li> <li>• they feel a sense of unique collective solidarity.</li> </ul> |
|   | Ethnicity is self-perceived and people can belong to more than one ethnic group. People can and do change their ethnic affiliation, both over time and in different contexts.  |
| General Practitioner (GP)                 | a medically qualified doctor who practices general medicine as a family practitioner. Some GPs are also qualified in specialised medicine.   |
| Heart disease                             | Any disorder that affects the heart. There are many types of heart disease, for example: angina; arrhythmia; congenital heart disease; coronary artery disease (CAD); dilated cardiomyopathy; heart attack (myocardial infarction); heart failure; hypertrophic cardiomyopathy; mitral regurgitation; mitral valve prolapse; and pulmonary stenosis.   |
| Hysterectomy                              | An operation in which the uterus is partially or completely removed.   |
| Healthline                                | Healthline is a free, 24 hour a day telephone health advice service, staffed by registered nurses.   |
| Immunisation/vaccination                  | The introduction of vaccine into the body for the purpose of inducing immunity for protection against infectious diseases.   |
| Inpatient                                 | Persons admitted to health facilities which provide board and room, for the purpose of observation, care, diagnosis or treatment.  |
| Mammogram                                 | A breast x-ray that helps to check for early signs of breast cancer.   |
| Medical specialist                        | A medical doctor with specialist training, usually based in the hospital, eg, cardiologist, neurologist, psychiatrist, obstetrician,   |
| Midwife                                   | Trained specialist to assist women during pregnancy and birth.   |
| Occupational therapist                    | Trained specialist to help people manage the daily activities of living, such as dressing, grooming or cooking, and regaining vocational skills.   |
| Optician or optometrist                   | Professional trained to provide primary eye and vision care and improve vision with glasses, contact lenses, etc.  |
| Osteoarthritis                            | Non-inflammatory degenerative joint disease occurring chiefly in older persons, characterised by degeneration of the cartilage and bone. It is accompanied by pain and stiffness, particularly after prolonged activity.   |
| Osteoporosis                              | A reduction in the amount of bone mass, leading to fractures after minimal   |

| Term                                | Definition   |
|-------------------------------------|--|
|                                     | trauma.  |
| Outpatient                          | A patient who is not an admitted to a hospital. Outpatient care is sometimes called ambulatory care.   |
| Pharmacist                          | An individual trained in preparing and dispensing medicines.   |
| Physiotherapist                     | a specialist trained using exercise and physical activities to condition muscles and improve level of activity.  |
| Prescription                        | A written direction for the preparation and administration of a remedy.  |
| Primary caregiver of a child        | An adult who has day-to-day responsibility for the care of a person aged less than 15 years old.   |
| Primary health care provider (PHCP) | Health providers that have responsibility for the care of a given population over time, as the usual point of first contact with the health system, except in serious emergencies.   |
| Rheumatoid arthritis                | Chronic inflammatory disease in which there is destruction of joints.  |
| Spinal disorders                    | A range of conditions affecting the back or neck (eg, lumbago, sciatica, chronic back or neck pain, vertebrae or disc problems)  |
| Spirometry                          | Measurement of volume of air inhaled or exhaled by the lung.   |
| STEPS                               | The World Health Organization's three-step approach to population surveillance of risk factors for non-communicable diseases.  |
| Stroke                              | Damage to a group of nerve cells in the brain is often due to interrupted blood flow, caused by a blood clot or blood vessel bursting. Depending on the area of the brain that is damaged, a stroke can cause coma, paralysis, speech problems and dementia. |
| Transient ischaemic attack          | a temporary paralysis, numbness, speech difficulty or other neurologic symptoms that start suddenly and recovers within 24 hours (typically resolved over several hours).  |

## References

- Andrews G. and Slade T. 2001. Interpreting scores on the Kessler Psychological Distress Scale (K10). *Australian and New Zealand Journal of Public Health*, 25, p494-497.
- Babor TF, Higgins-Biddle JC, Saunders JB, and Monteiro MG. 2001. *AUDIT: The Alcohol Use Disorders Identification Test: Guidelines for Use in Primary Care*. 2<sup>nd</sup> edition. Department of Mental Health and Substance Dependence, World Health Organisation, Geneva. p.19.
- Cassady C, 1998. *Manual for the Primary Care Assessment Tool*. John Hopkins University.
- Earls R and M Carlson, 2001. The Social Ecology of Child Health and Wellbeing, *Annual Review of Public Health*. 22:143-66.
- Jensen J, M Spittal, S Crichton, S Sathiyandra and V Krishnan, 2002. *Direct Measurement of Living Standards: The New Zealand ELSI Scale*. Wellington, Ministry of Social Development.
- Landgraf JM, Abetz L & Ware J, 1999. *Child Health Questionnaire (CHQ) A User's Manual*. Boston, Health Act Inc.
- Ministry of Health, 1998. *Child Health Strategy*. Wellington, Ministry of Health.
- Ministry of Health, 1999. *Taking the Pulse: the 1996/97 New Zealand Health Survey*. Wellington, Ministry of Health.
- Ministry of Health, 2000. *The New Zealand Health Strategy*. Wellington, Ministry of Health.
- Ministry of Health, 2001. *The Primary Health Care Strategy*. Wellington, Ministry of Health.
- Ministry of Health, 2002a. *The Wellchild Framework*. Wellington, Ministry of Health.
- Ministry of Health, 2002b. *The Wellchild-Tamariki Ora National Schedule Handbook*. Wellington, Ministry of Health.
- Ministry of Health, 2003. *Child Health Information Strategy*. Wellington, Ministry of Health.
- Ministry of Health, 2004. *Child and Youth Health Toolkit*. Wellington, Ministry of Health.
- Ministry of Health, 2005. *A Portrait of Health: Key results of the 2002/03 New Zealand Health Survey*. Wellington, Ministry of Health.
- Ministry of Social Development, 2002. *New Zealand's Agenda for Children*. Wellington, Ministry of Social Development.
- Ministry of Social Development, 2004a. *Children and Young People: Indicators of Wellbeing in New Zealand*. Wellington, Ministry of Social Development.
- Ministry of Social Development, 2004b. *Whole Child Approach: A guide to applying the whole child approach*. Wellington, Ministry of Social Development.
- Salmond C, King P, Crampton P, Waldegrave C (2005) *NZiDep: A New Zealand Index of Socioeconomic Deprivation for Individuals*. Department of Public Health, Wellington School of Medicine, Otago University.
- Smith AB, NJ Taylor and MM Gallop (eds) 2000. *Children's Voices: Research, Policy and Practice*. Auckland, Pearson Education NZ.

Starfield B, 1998. *Primary Care: Balancing Health Needs, Services, and Technology*. Oxford, Oxford University Press.

Starfield B, 1998. *Adult Primary Care Assessment Tool – Short Version*. Primary Care Policy Center, John Hopkins University.

Ware JE, Kosinski M & Dewey JE, 2000. *How to Score Version 2 of the SF-36 Health Survey*. Lincoln RI, Quality Metric Incorporated.

World Health Organization, 2005. *STEPwise Approach to Surveillance (STEPS)*. [http://www.who.int/ncd\\_surveillance/steps/en/](http://www.who.int/ncd_surveillance/steps/en/)

Wynne HJ. 2003. *Introducing the Canadian Problem Gambling Index*. Wynne Resources, Alberta.