

Appendix 4: Survey Forms



HE/96/02

Reference number

Person number

New Zealand Health Survey 1996-97 Adult Questionnaire

The information recorded on this questionnaire is subject to the confidentiality provisions of the Statistics Act, 1975.

Adult questionnaire

Participation code

Assisted - health 1

Assisted - translation 1

Child questionnaire

Participation code

General health questionnaire

Assisted - health 1

Assisted - reading 1

1 Is R:
 Male? 1
 Female? 2

2 (Can you remind me) how old were you at your last birthday?
 age

3 (and) which ethnic group or groups do you belong to?
 Tick all that apply

Showcard 3

- NZ European/Pakeha .. 1
- other European 2
- NZ Maori 3
- Samoan 4
- Cook Island Maori ... 5
- Tongan 6
- Niuean 7
- Tokelauan 8
- Fijian 9
- other Pacific Island groups 10
- Southeast Asian 11
- Chinese 12
- Indian 13
- other Asian 14
- other ethnic groups 15

4 Have you ever been told by a doctor that you have diabetes (other than during pregnancy)?
 yes 1
 no 2 → Q7
 don't know → Q7

5 How old were you when diabetes was first diagnosed?
 age
 don't know

6 What treatments do you now have for your diabetes?

Tick all that apply

Showcard 6

- no treatment 1
 - insulin injections .. 2
 - tablets or capsules . 3
 - diet 4
 - exercise 5
 - other - specify 6
- _____
- don't know

7 Have you ever taken pills regularly for high blood pressure (other than during pregnancy)?

- yes 1
- no 2 → Q9
- don' t know → Q9

9 In the last 12 months, have you been woken by an attack of shortness of breath at any time?

- yes 1
- no 2
- don' t know

8 Are you currently taking pills regularly for high blood pressure?

- yes 1
- no 2
- don' t know

10 In the last 12 months, have you had an attack of asthma?

- yes 1
- no 2
- don' t know

11 Are you currently taking any medicine for asthma, including inhalers, aerosols or tablets?

- yes 1
- no 2
- don' t know

12 In the last 12 months, have you seen a doctor or been visited by a doctor **about your own health?** By 'doctor' I mean any GP or family doctor, but not a specialist.

- yes 1
- no 2 → Q19
- don't know → Q19

13 How many times?

Showcard 13

- 1 time 1
- 2 times 2
- 3 to 5 times 3
- 6 to 11 times 4
- 12 times or more 5
- don't know

14 The last time you saw a GP or family doctor about your own health, was it:

- within the last 4 weeks? 1
- within the last 3 months? 2
- within the last 6 months? 3
- within the last 12 months?.. 4
- don't know

15 The last time you saw a GP or family doctor about your own health, was it for:

Tick all that apply

- a disability, long-term illness or chronic condition? 1
- an injury or poisoning? 2
- immunisation or vaccination? 3
- contraception or family planning? 4
- (female R only) maternity care? 5
- (female R only) a cervical smear? 6
- a short-term illness or temporary condition? 7
- any other routine check-up or health advice? 8
- something else? - specify 9

_____ don't know

16 Was that visit covered by ACC?

Tick yes if awaiting confirmation from ACC

- yes 1
- no 2
- don't know

17 What did the doctor charge for that visit? Was it:

- free? 1
- 10 dollars or less? 2
- 20 dollars or less? 3
- 30 dollars or less? 4
- 40 dollars or less? 5
- more than 40 dollars? 6
- other arrangement - specify 7

_____ don't know

18 Did the doctor write you a prescription at that visit?

- yes 1
- no 2
- don't know

19 In general, the last time you saw a GP or family doctor about your own health, how satisfied or dissatisfied were you?

Showcard 19

- very satisfied 1 → Q21
- satisfied 2 → Q21
- neither satisfied nor dissatisfied ... 3 → Q21
- dissatisfied 4
- very dissatisfied ... 5
- don't know → Q21

20 What was the reason you weren't satisfied?

- Probe: Any other reason?
- Repeat probe until no other reason.
- Tick all that apply
- cost too much 1
- doctor didn't spend enough time /wasn't thorough enough 2
- didn't like doctor's manner/ couldn't talk to doctor/ doctor wouldn't listen .. 3
- doctor made wrong diagnosis 4
- doctor gave wrong treatment/ didn't give any treatment/ only prescribed drugs ... 5
- couldn't see usual doctor/ had to see a locum 6
- other - specify 7
- _____ don't know

21 In the last 12 months, has there been any time when you needed to see a GP or family doctor about your own health, but didn't get to see any doctor at all?

- yes 1
- no 2 → Q23
- don't know → Q23

22 The last time that happened, what was the reason?

- Probe: Any other reason?
- Repeat probe until no other reason.
- Tick all that apply

costs too much 1

couldn't get an appointment soon enough/
at a suitable time/
it was after hours 2

couldn't spare the time .. 3

didn't want to make a fuss/
couldn't be bothered .. 4

had no transport to
get there 5

couldn't get in touch with
the doctor 6

other - specify 7

don't know

23 In the last 12 months, have you seen a medical specialist **about your own health**? By medical specialist I mean the kind of doctor people go to for a particular condition, problem or service, not a GP.

- yes 1
- no 2 → Q26
- don't know → Q26

24 The last time you saw a specialist about your own health, was it:

within the last 4 weeks? 1

within the last 3 months? 2

within the last 6 months? 3

within the last 12 months? .. 4

don't know

25 The last time you saw a specialist about your own health, was it at a:

public hospital? 1

specialist's private rooms
or clinic? 2

private hospital? 3

don't know

26 In the last 12 months, have you seen any of the following people for health care or advice for yourself:

Tick all that apply

- a) GP's practice nurse, without also seeing the doctor? 1 1 time----- 1 1
 2 times----- 2
 3 to 5 times -- 3
 6 to 11 times - 4
 12 times or more 5
 don' t know----
- b) plunket, district, public health or other nurse? . 1 1
- c) chemist or pharmacist, for health advice or medication only? 1 1
- d) physiotherapist? 1 1
- e) dentist or dental nurse? 1 1
- f) optician or optometrist? 1 1
- g) chiropractor or osteopath? 1 1
- h) podiatrist or chiropodist? 1 1
- i) alternative therapist such as a naturopath, homeopath, iridologist or acupuncturist? .. 1 1
- j) social worker, psychologist or counsellor? .. 1 1
- k) occupational or speech therapist? 1 1
- l) (female R only) midwife? 1 1
- m) traditional healer such as tohunga, rongoa Maori specialist or fofu? 1 1
- n) Maori health worker, Pacific Island health worker? 1 1
- any other therapist, healer or health worker?
 - specify
- o) _____ 1 1
- p) _____ 1 1
- q) none of the above 1

27 How many times?

Showcard 27

28 Was that within the last 4 weeks?

29 In the last 12 months, has there been any time when you needed to see any of these health professionals for health care or advice for yourself, but you weren't able to?

Showcard 29

- yes 1
 no 2 → Q32
 don't know → Q32

30 The last time that happened, who did you need to see? (tick one only)

Showcard 29

- medical specialist 1
 GP's practice nurse 2
 plunket, district, public health or other nurse .. 3
 chemist/pharmacist 4
 physiotherapist 5
 dentist/dental nurse... 6
 optician/optometrist... 7
 chiropractor/osteopath. 8
 podiatrist/chiropodist. 9
 alternative therapist such as naturopath, homeopath, iridologist, acupuncturist . 10
 social worker, psychologist or counsellor 11
 occupational/speech therapist 12
 midwife 13
 traditional healer - tohunga, rongoa Maori specialist or fofo 14
 Maori health worker, Pacific Island health worker .. 15
 other therapist, healer or health worker - specify 16

31 What was the reason you didn't get to see a ... on this occasion?

- Probe: Any other reason?
- Repeat probe until no other reason.
- Tick all that apply

- costs too much 1
 couldn't get an appointment soon enough/
 at a suitable time/
 it was after hours 2
 couldn't spare the time .. 3
 didn't want to make a fuss/
 couldn't be bothered 4
 had no transport to get there .. 5
 couldn't get in touch with the health professional.... 6
 other - specify 7

 don't know

32 In the last 12 months, have you yourself used a service at, or been admitted to, a **public** hospital?

- yes 1
- no 2 → Q34
- don' t know → Q34

34 In the last 12 months, have you yourself used a service at, or been admitted to, a **private** hospital?

- yes 1
- no 2 → Q36
- don' t know → Q36

33 In the last 12 months, at a **public** hospital:

Tick all that apply

did you yourself use the accident and emergency department? 1

did you yourself use an outpatients department, that is, a ward or clinic or specialist where you went as an outpatient? 2

were you admitted as an inpatient, that is, stayed as a patient overnight? 3

were you admitted for day treatment, that is, day surgery or medical care for which you had to stay in hospital for more than 3 hours but not overnight? 4

none of the above 5

35 In the last 12 months, at a **private** hospital:

Tick all that apply

were you admitted as an inpatient, that is, stayed as a patient overnight? 1

were you admitted for day treatment, that is, day surgery or medical care for which you had to stay in hospital for more than 3 hours but not overnight? 2

none of the above 3

36 In the last 12 months, have you yourself used a **private** accident and emergency clinic, or doctor's after hours clinic?

- yes 1
- no 2
- don' t know

- 37** Has R used any health services?
(Questions 23, 26, 32, 34, 36)
- yes 1 → Q38
- no 2 → Q39

- 38** Overall, how do you feel about how you have been looked after by the people you have seen for health care or advice, in the last 12 months?

Showcard 38

- very satisfied 1
- satisfied 2
- neither satisfied nor
dissatisfied 3
- dissatisfied 4
- very dissatisfied ... 5
- don' t know

- 39** In the last 12 months, have you ever found it hard to find out who to go to, or what help you could get, for a health problem or disability?
- yes 1
- no 2
- don' t know

- 40** In the last 12 months, have you had any prescription items **for yourself** from the chemist, including any prescription that you might have already told me about?

- yes 1
- no 2 → Q42
- don' t know → Q42

- 41** How many items? If a doctor writes one prescription for several items count each item separately, also count each repeated prescription separately.

Showcard 41

- 1 or 2 items 1
- 3 or 4 items 2
- 5 to 9 items 3
- 10 to 14 items 4
- 15 or more items ... 5
- don' t know

42 In the last 12 months, has there been any time that you got a prescription for yourself but didn't collect one or more of the items from the chemist?

- yes 1
- no 2 → Q44
- don't know → Q44

44 In the last 12 months, have you had an injury for which you received medical treatment, including any treatment you might already have told me about?

- yes 1
- no 2 → Q46
- don't know → Q46

43 The last time this happened, what was the reason you didn't collect the items?

- Probe: Any other reason?
- Repeat probe until no other reason.
- Tick all that apply

cost too much 1

will pick up medication if really need to/
doctor wrote prescription just in case 2

don't like taking drugs . 3

condition got better by itself 4

thought medicine wouldn't work/
medicine makes it worse .. 5

forgot/
couldn't be bothered .. 6

other - specify 7

don't know

45 Did any of the injuries that you received medical treatment for:

Tick all that apply

involve a car, bus, motorbike, pushbike, boat or other form of transport? 1

involve you getting burnt or scalded? 2

happen because you fell? 3

happen because someone meant to hurt you at the time? 4

happen while you were taking part in a sport or game?
- specify 5

none of the above 6

46 In the last 12 months, have you consumed or been exposed to poison for which you received medical treatment, including treatment you might already have told me about?

- yes 1
- no 2
- don't know

47 Has R answered yes to Q44 or Q46?

- yes to either Q44 or Q46 1 → **Q48**
- no/DK to both Q44 & Q46 2 → **Q51**

48 Did any of the (injuries (or) poisonings) happen:

Tick all that apply

- at work? 1
- at your home or someone else's home? 2
- none of the above ... 3

49 Who did you get medical treatment from for the (injuries (or) poisonings)?

Tick all that apply

Showcard 49

- accident and emergency staff 1
- GP or family doctor (not at a hospital) .. 2
- nurse(not at a hospital) 3
- physiotherapist 4
- pharmacist/chemist ... 5
- St John's Ambulance/ first aid 6
- someone else - specify 7
-
- don't know

50 Were you admitted to hospital for any of the (injuries (or) poisonings)?

- yes 1
- no 2
- don't know

51 Do you smoke one or more tobacco cigarettes a day?

- yes 1
- no 2 → Q54
- don't know → Q54

52 About how many cigarettes do you smoke in an average day?

- 1 to 10 a day? 1
- 11 to 20 a day? 2
- 21 to 30 a day? 3
- 31 or more a day? 4
- don't know

53 Which of these statements best describes you **now**? (tick only one)

Showcard 53

- I have no thoughts of quitting smoking .. 1 → Q57
- I think I need to consider quitting smoking someday 2 → Q57
- I think I should quit smoking but I'm not quite ready 3 → Q57
- I think about doing things that will help me quit smoking 4 → Q57
- I'm doing things that will help me quit smoking 5 → Q57
- don't know → Q57

54 Generally, if someone has been smoking cigarettes near you, how would you say you find the smoke?

Showcard 54

- enjoyable on the whole .. 1
- does not bother me ... 2
- bothers me slightly .. 3
- bothers me a lot 4
- don't know

55 Have you ever been a regular smoker of one or more cigarettes per day?

- yes 1
- no 2 → Q58
- don't know → Q58

56 At what age did you last regularly smoke one or more cigarettes per day?

- age
- don't know

57 At what age did you start regularly smoking one or more cigarettes per day?

- age
- don't know

58 Does anyone (including yourself) smoke cigarettes inside your home every day or most days?

- yes 1
- no 2
- don't know

59 In the last 7 days, which of these have you done for enjoyment or exercise?

Tick all that apply

Showcard 59

60 How many times in the last 7 days did you ...?

61 In total, for the last 7 days, how much time did you spend ...?

62 In the last 7 days, did ... make you breathe hard or sweat?

			minutes	
a) walking	1 <input type="radio"/>	...	<input type="text"/> <input type="text"/>	.. 1 <input type="radio"/>
b) swimming	1 <input type="radio"/>	...	<input type="text"/> <input type="text"/>	.. 1 <input type="radio"/>
c) gardening	1 <input type="radio"/>	...	<input type="text"/> <input type="text"/>	.. 1 <input type="radio"/>
d) cycling or mountain biking.	1 <input type="radio"/>	...	<input type="text"/> <input type="text"/>	.. 1 <input type="radio"/>
e) running or jogging	1 <input type="radio"/>	...	<input type="text"/> <input type="text"/>	.. 1 <input type="radio"/>
f) aerobics	1 <input type="radio"/>	...	<input type="text"/> <input type="text"/>	.. 1 <input type="radio"/>
g) gym exercises or weight training	1 <input type="radio"/>	...	<input type="text"/> <input type="text"/>	.. 1 <input type="radio"/>
h) exercising at home	1 <input type="radio"/>	...	<input type="text"/> <input type="text"/>	.. 1 <input type="radio"/>
i) tennis	1 <input type="radio"/>	...	<input type="text"/> <input type="text"/>	.. 1 <input type="radio"/>
j) bowls	1 <input type="radio"/>	...	<input type="text"/> <input type="text"/>	.. 1 <input type="radio"/>
k) golf	1 <input type="radio"/>	...	<input type="text"/> <input type="text"/>	.. 1 <input type="radio"/>
l) netball	1 <input type="radio"/>	...	<input type="text"/> <input type="text"/>	.. 1 <input type="radio"/>
m) rugby	1 <input type="radio"/>	...	<input type="text"/> <input type="text"/>	.. 1 <input type="radio"/>
n) cricket	1 <input type="radio"/>	...	<input type="text"/> <input type="text"/>	.. 1 <input type="radio"/>
o) yachting or sailing	1 <input type="radio"/>	...	<input type="text"/> <input type="text"/>	.. 1 <input type="radio"/>
another sport or physical activity				
- specify				
p) _____	1 <input type="radio"/>	...	<input type="text"/> <input type="text"/>	.. 1 <input type="radio"/>
q) _____	1 <input type="radio"/>	...	<input type="text"/> <input type="text"/>	.. 1 <input type="radio"/>
r) none of the above	1 <input type="radio"/>			

63 In the last 12 months, have any of these things affected your health?

Tick all that apply

Showcard 63

- air pollution 1
- contaminated drinking water 2
- pollution of rivers and ocean 3
- waste disposal 4
- chemical use 5
- noise 6
- radiation 7
- poor quality housing . 8
- global warming 9
- other - specify 10

_____ none of the above .. 11

don' t know

64 Are you covered by any health or medical insurance scheme?

- yes 1
- no 2 → Q66
- don' t know → Q66

65 And who pays for this health or medical insurance?

- self or family members .. 1
- partly self or family and partly employer .. 2
- paid for by employer or employer of family member 3
- paid for by some other person or agency 4
- don' t know.....

66 In the last 12 months, have you or your family held a:

Tick all that apply

Community Services Card? 1

Hospital Services Card, so that you didn't have to pay any more charges on public hospital outpatient visits? 2

Count only endorsed cards where a family has reached the exemption limit of 5 visits

Prescription Subsidy Card, so that you didn't have to pay any more charges on prescription items? 3

Count only endorsed cards where a family has reached the exemption limit of 20 prescription items

none of the above 4

don't know

67 In the last 12 months, have you held a High Use Health Card?

yes 1

no 2

don't know

68 This last section of questions are some general questions about you and your household.

Do you have a secondary school qualification?

yes 1

no 2 → Q70

don't know → Q70

69 What is your highest secondary school qualification?

Showcard 69

NZ school certificate ... 1

NZ sixth form certificate .. 2

NZ higher school certificate ... 3

NZ university bursary or entrance or scholarship 4

other NZ secondary school qualification 5

overseas secondary

school qualification 6

don't know

70 Do you have any other qualification, such as a trade certificate, a diploma or a degree, that you had to pass a course lasting at least 3 months full-time or the equivalent to get?

Don't count part of an unfinished qualification

- yes 1
 no 2 → Q72
 don't know → Q72

71 Which of these qualifications do you have?

Tick all that apply

Showcard 71

- trade certificate/
 advanced trade certificate .. 1
 nursing certificate
 or diploma 2
 NZ certificate or diploma ... 3
 technicians certificate 4
 local polytech
 certificate or diploma 5
 teacher's certificate
 or diploma 6
 university certificate or
 diploma below bachelor level. 7
 bachelor's degree 8
 postgraduate degree,
 certificate or diploma 9
 other qualification - specify ... 10

72 Are you currently enrolled as a full-time student?

- yes 1
 no 2
 don't know

73 In the last 12 months, have you received any of these types of income support?

Tick all that apply

Showcard 73

- NZ superannuation
 (National Super) 1
 family support 2
 unemployment benefit . 3
 domestic purposes
 benefit 4
 sickness or invalids
 benefit 5
 student allowance ... 6
 other government benefits
 (disability allowance,
 war pension, etc.) .. 7
 none of the above ... 8
 don't know

74 In the last 7 days:

Tick all that apply

did you work for pay, profit or income for an hour or more? 1 → Q77

did you work in a family business or family farm without pay? 2 → Q77

do you work in a job, business or farm, but you were absent for some reason last week 3 → Q77

none of the above ... 4

75 Did you look for paid work in the last 4 weeks?

yes 1

no 2 → Q82

don't know → Q82

76 Which of these ways did you look for paid work in the last 4 weeks?

Tick all that apply

Showcard 76

looked at job advertisements in the newspapers 1 → Q82

wrote, phoned or applied in person to an employer 2 → Q82

contacted Dept of Labour's NZ EmploymentService to look for a job 3 → Q82

contacted friends or relatives for help in finding a job 4 → Q82

contacted career advisers or vocational guidance officers 5 → Q82

other methods - specify . 6 → Q82

77 In the last 7 days, did you have one job or more than one job?

Count any job for pay profit or income, and any job in a family business or family farm, without pay.

one job 1 → Q78

more than one job ... 2 → Q79

80 What is your current occupation (in the job you work the most hours in)?

78 How many hours do you usually work each week?

hours → Q80

81 What tasks or duties do you spend the most time on (in the job you work the most hours in)?

79 How many hours do you usually work each week:

a) in the job you work most hours in?

hours

b) in any other jobs?

hours

82 What would be the total income that you yourself got from all sources, before tax or anything was taken out of it, in the last 12 months?

Showcard 82

- Loss/Zero 1
- \$1 - \$5,000 2
- \$5,001 - \$10,000 ... 3
- \$10,001 - \$15,000 ... 4
- \$15,001 - \$20,000 ... 5
- \$20,001 - \$25,000 ... 6
- \$25,001 - \$30,000 ... 7
- \$30,001 - \$40,000 ... 8
- \$40,001 - \$50,000 ... 9
- \$50,001 - \$70,000 .. 10
- \$70,001 - \$100,000 . 11
- \$100,001 or more ... 12
- don't know

83 What would be the total income, that (list names of people in the same family from the household form) got from all sources, before tax or anything was taken out of it, in the last 12 months?

Showcard 82

- Loss/Zero 1
- \$1 - \$5,000 2
- \$5,001 - \$10,000 ... 3
- \$10,001 - \$15,000 ... 4
- \$15,001 - \$20,000 ... 5
- \$20,001 - \$25,000 ... 6
- \$25,001 - \$30,000 ... 7
- \$30,001 - \$40,000 ... 8
- \$40,001 - \$50,000 ... 9
- \$50,001 - \$70,000 .. 10
- \$70,001 - \$100,000 . 11
- \$100,001 or more ... 12
- don't know

84 How many of each of the following rooms are available in this dwelling for your household's use?

Count open-plan rooms such as kitchen-lounge as 2 rooms. Don't count bathrooms, showers, toilets, laundries, spa rooms, pantries, halls, garages.

bedrooms - counting any rooms furnished as bedrooms and any sleepout or caravan used as a bedroom?

kitchens?

lounges or living rooms? .

dining rooms?

other rooms such as rumpus rooms, family rooms, studies, hobby rooms etc?

Reference number R

Person number

New Zealand Health Survey 1996-97 General Health Questionnaire

The information recorded on this questionnaire is subject to the confidentiality provisions of the Statistics Act, 1975.

What this questionnaire is about

This questionnaire asks for your views about your health, how you feel and how well you are able to do your usual activities.

How to fill in this questionnaire

- If you are unsure about how to answer a question, give the best answer you can.
- Do not discuss your answers while completing this form.
- Answer the questions by ticking the circle next to the answer that applies to you.
- Please check that you have answered all the questions, as the interviewer will not look at this questionnaire at all.
- If you would like an envelope to put this in, before you give it back to the interviewer, just ask.

General Health

1 In general, would you say your health is:

- 1 excellent
- 2 very good
- 3 good
- 4 fair
- 5 poor

2 Tick as many circles as you need to answer this question.

Does a health problem, or a condition, you have (lasting 6 months or more) cause you difficulty with, or stop you doing:

- 1 everyday activities that people your age can usually do?
- 2 communicating, mixing with others or socialising?
- 3 any other activity that people your age can usually do?

OR

- 4 no difficulty with any of these

3 Do you have any disability or handicap that is long-term (lasting 6 months or more)?

- 1 yes
- 2 no

Health & Daily Activities

4 Compared to one year ago, how would you rate your health in general **now**?

- 1 much better now than one year ago
- 2 somewhat better now than one year ago
- 3 about the same as one year ago
- 4 somewhat worse now than one year ago
- 5 much worse now than one year ago

5 The following questions are about activities you might do during a typical day.

Does **your health now limit you** in these activities? If so, how much?

a) vigorous activities, such as running, lifting heavy objects, participating in strenuous sports

- 1 yes, limited a lot
- 2 yes, limited a little
- 3 no, not limited at all

b) moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf

- 1 yes, limited a lot
- 2 yes, limited a little
- 3 no, not limited at all

c) lifting or carrying groceries

- 1 yes, limited a lot
- 2 yes, limited a little
- 3 no, not limited at all

d) climbing **several flights of stairs**

- 1 yes, limited a lot
- 2 yes, limited a little
- 3 no, not limited at all

e) climbing **one flight of stairs**

- 1 yes, limited a lot
- 2 yes, limited a little
- 3 no, not limited at all

f) bending, kneeling or stooping

- 1 yes, limited a lot
- 2 yes, limited a little
- 3 no, not limited at all

g) walking **more than one kilometre**

- 1 yes, limited a lot
- 2 yes, limited a little
- 3 no, not limited at all

h) walking **half a kilometre**

- 1 yes, limited a lot
- 2 yes, limited a little
- 3 no, not limited at all

i) walking **100 metres**

- 1 yes, limited a lot
- 2 yes, limited a little
- 3 no, not limited at all

j) bathing or dressing yourself

- 1 yes, limited a lot
- 2 yes, limited a little
- 3 no, not limited at all

6

During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities, **as a result of your physical health?**

a) cut down on the **amount of time you spent on work or other activities**

- 1 yes
- 2 no

b) **accomplished less than you would like**

- 1 yes
- 2 no

c) were limited in the **kind of work or other activities**

- 1 yes
- 2 no

d) had **difficulty performing the work or other activities (for example, it took extra effort)**

- 1 yes
- 2 no

7 During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?

a) cut down the **amount of time** you spent on work or other activities

- 1 yes
2 no

b) **accomplished less than** you would like

- 1 yes
2 no

c) didn't do work or other activities as **carefully** as usual

- 1 yes
2 no

8 During the **past 4 weeks**, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours, or groups?

- 1 not at all
2 slightly
3 moderately
4 quite a bit
5 extremely

9 How much **bodily** pain have you had during the **past 4 weeks**?

- 1 no bodily pain
2 very mild
3 mild
4 moderate
5 severe
6 very severe

10 During the **past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)?

- 1 not at all
2 a little bit
3 moderately
4 quite a bit
5 extremely

Your Feelings

11 These questions are about how you feel and how things have been with you **during the past 4 weeks**.

For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the **past 4 weeks**:

a) did you feel full of life?

- 1 all of the time
2 most of the time
3 a good bit of the time
4 some of the time
5 a little of the time
6 none of the time

b) have you been a very nervous person?

- 1 all of the time
- 2 most of the time
- 3 a good bit of the time
- 4 some of the time
- 5 a little of the time
- 6 none of the time

c) have you felt so down in the dumps that nothing could cheer you up?

- 1 all of the time
- 2 most of the time
- 3 a good bit of the time
- 4 some of the time
- 5 a little of the time
- 6 none of the time

d) have you felt calm and peaceful?

- 1 all of the time
- 2 most of the time
- 3 a good bit of the time
- 4 some of the time
- 5 a little of the time
- 6 none of the time

e) did you have a lot of energy?

- 1 all of the time
- 2 most of the time
- 3 a good bit of the time
- 4 some of the time
- 5 a little of the time
- 6 none of the time

f) have you felt down?

- 1 all of the time
- 2 most of the time
- 3 a good bit of the time
- 4 some of the time
- 5 a little of the time
- 6 none of the time

g) did you feel worn out?

- 1 all of the time
- 2 most of the time
- 3 a good bit of the time
- 4 some of the time
- 5 a little of the time
- 6 none of the time

h) have you been a happy person?

- 1 all of the time
- 2 most of the time
- 3 a good bit of the time
- 4 some of the time
- 5 a little of the time
- 6 none of the time

i) did you feel tired?

- 1 all of the time
- 2 most of the time
- 3 a good bit of the time
- 4 some of the time
- 5 a little of the time
- 6 none of the time

12 During the **past 4 weeks**, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting with friends, relatives, etc)?

- 1 all of the time
- 2 most of the time
- 3 some of the time
- 4 a little of the time
- 5 none of the time

Your Health in General

13 How TRUE or FALSE is **each** of the following statements for you?

a) I seem to get sick a little easier than other people

- 1 definitely true
- 2 mostly true
- 3 don't know
- 4 mostly false
- 5 definitely false

b) I am as healthy as anybody I know

- 1 definitely true
- 2 mostly true
- 3 don't know
- 4 mostly false
- 5 definitely false

c) I expect my health to get worse

- 1 definitely true
- 2 mostly true
- 3 don't know
- 4 mostly false
- 5 definitely false

d) my health is excellent

- 1 definitely true
- 2 mostly true
- 3 don't know
- 4 mostly false
- 5 definitely false

Alcohol

The following questions are about alcohol consumption.

As a guide, a drink is:

- a can or small bottle of beer (a third of a pub jug)
- a small glass of wine
- a nip of spirits (a 'single' in a pub)

14 Have you had a drink containing alcohol in the last year?

- 1 yes → **Go to 15**
- 2 no → **Go to 25**
- 3 don't know → **Go to 25**

15 How often do you have a drink containing alcohol?

- 1 monthly or less
- 2 2 to 4 times a month
- 3 2 to 3 times a week
- 4 4 or more times a week

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

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

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

- 1 never
- 2 less than monthly
- 3 monthly
- 4 weekly
- 5 daily or almost daily

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

- 1 never
- 2 less than monthly
- 3 monthly
- 4 weekly
- 5 daily or almost daily

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

- 1 never
- 2 less than monthly
- 3 monthly
- 4 weekly
- 5 daily or almost daily

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

- 1 never
- 2 less than monthly
- 3 monthly
- 4 weekly
- 5 daily or almost daily

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

- 1 never
- 2 less than monthly
- 3 monthly
- 4 weekly
- 5 daily or almost daily

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

- 1 never
- 2 less than monthly
- 3 monthly
- 4 weekly
- 5 daily or almost daily

23 Have you or someone else been injured as a result of your drinking?

- 1 no
- 2 yes, but not in the last year
- 3 yes, during the last year

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

- 1 no
- 2 yes, but not in the last year
- 3 yes, during the last year

25 Thank you for your cooperation.
Please return the questionnaire to the interviewer.
Remember you can ask for an envelope to put it into if you wish.

Reference number R

Person number

New Zealand Health Survey 1996-97 Child Questionnaire

The information recorded on this questionnaire is subject to the confidentiality provisions of the Statistics Act, 1975.

Assisted - health 1
Assisted - language 1
Assisted - caregiver 1

1 Now some questions about ...

Is ...:

a male? 1

a female? 2

2 (Can you remind me) how old was ... at his/her last birthday?

age

3 (and) which ethnic group or groups does ... belong to?

Tick all that apply

Showcard 3

NZ European/Pakeha .. 1

other European 2

NZ Maori 3

Samoan 4

Cook Island Maori ... 5

Tongan 6

Niuean 7

Tokelauan 8

Fijian 9

other Pacific Island groups 10

Southeast Asian 11

Chinese 12

Indian 13

other Asian 14

other ethnic groups 15

4 Does a health problem or a condition, lasting 6 months or more, cause ... difficulty with or stop him/her doing:

Tick all that apply

everyday activities that people his/her age can usually do? ... 1

communicating, mixing with others or socialising? .. 2

any other activity that people his/her age can usually do? ... 3

none of the above ... 4

5 Does ... have any disability or handicap that is long-term, lasting 6 months or more?

yes 1

no 2

don' t know

6 In the last 12 months, has ... seen a doctor or been visited by a doctor? By 'doctor' I mean any GP or family doctor, but not a specialist.

yes 1

no 2 → Q13

don' t know → Q13

7 How many times?

Showcard 7

- 1 time 1
- 2 times 2
- 3 to 5 times 3
- 6 to 11 times 4
- 12 times or more 5
- don't know

8 The last time ... saw a GP or family doctor, was it:

- within the last 4 weeks? 1
- within the last 3 months? 2
- within the last 6 months? 3
- within the last 12 months? .. 4
- don't know

9 The last time ... saw a GP or family doctor, was it for:

Tick all that apply

- a disability, long-term illness or chronic condition? 1
- an injury or poisoning? 2
- immunisation or vaccination? .. 3
- a short-term illness or temporary condition? 4
- any other routine check-up or health advice? 5
- something else? - specify 6

_____ don't know

10 Was that visit covered by ACC?

Tick yes if awaiting confirmation from ACC

- yes 1
- no 2
- don't know

11 What did the doctor charge for that visit? Was it:

- free? 1
- less than 10 dollars? 2
- less than 20 dollars? 3
- less than 30 dollars? 4
- less than 40 dollars? 5
- 40 dollars or more? 6
- other arrangement - specify 7

_____ don't know

12 Did the doctor write ... a prescription at that visit?

- yes 1
- no 2
- don't know

13 In the last 12 months, has there been any time when ... needed to see a GP or family doctor but didn't get to see any doctor at all?

- yes 1
- no 2 → Q15
- don't know → Q15

14 The last time that happened, what was the reason?

- Probe: Any other reason?
- Repeat probe until no other reason.
- Tick all that apply

- costs too much 1
- couldn't get an appointment soon enough/
at a suitable time/
it was after hours 2
- couldn't spare the time 3
- didn't want to make a fuss/
couldn't be bothered ... 4
- had no transport to get there 5
- couldn't get in touch with the doctor 6
- other - specify 7

don't know

15 In the last 12 months, has ... seen a medical specialist? By medical specialist I mean the kind of doctor people go to for a particular condition, problem or service, not a GP.

- yes 1
- no 2 → Q18
- don't know → Q18

16 The last time ... saw a specialist, was it:

- within the last 4 weeks? 1
- within the last 3 months? 2
- within the last 6 months? 3
- within the last 12 months? 4
- don't know

17 The last time ... saw a specialist, was it at a:

- public hospital? 1
- specialist's private rooms or clinic? 2
- private hospital? 3

18 In the last 12 months, has ... seen any of the following people for health care or advice:

Tick all that apply

- a) GP's practice nurse, without also seeing the doctor 1 1 time----- 1 1
 2 times----- 2
 3 to 5 times -- 3
 6 to 11 times - 4
 12 times or more 5
 don' t know----
- b) plunket, district, public health or other nurse? . 1 1
- c) chemist or pharmacist, for health advice or getting medication only? 1 1
- d) physiotherapist? 1 1
- e) dentist or dental nurse? 1 1
- f) optician or optometrist? 1 1
- g) chiropractor or osteopath? 1 1
- h) podiatrist or chiropodist? 1 1
- i) alternative therapist such as a naturopath, homeopath, iridologist or acupuncturist? .. 1 1
- j) social worker, psychologist or counsellor? .. 1 1
- k) occupational or speech therapist? 1 1
- l) traditional healer such as tohunga, rongoa Maori specialist or fofo? 1 1
- m) Maori health worker, Pacific Island health worker? 1 1
- any other therapist, healer or health worker?
 - specify
- n) _____ 1 1
- o) _____ 1 1
- p) none of the above 1

19 How many times?

Showcard 7

20 Was that within the last 4 weeks?

21 In the last 12 months, has there been any time when ... needed to see any of these health professionals for health care or advice but wasn't able to?

Showcard 21

- yes 1
- no 2 → Q24
- don't know → Q24

22 The last time that happened, who did ... need to see? (tick only one)

Showcard 21

- medical specialist 1
- GP's practice nurse 2
- plunket, district, public health or other nurse .. 3
- chemist/pharmacist 4
- physiotherapist 5
- dentist/dental nurse... 6
- optician/optometrist... 7
- chiropractor/osteopath. 8
- podiatrist/chiroprapist. 9
- alternative therapist such as naturopath, homeopath, iridologist, acupuncturist 10
- social worker, psychologist or counsellor 11
- occupational/speech therapist 12
- traditional healer - tohunga, rongoa Maori specialist or fofo 13
- Maori health worker, Pacific Island health worker 14
- other therapist, healer or health worker - specify 15

23 What was the reason ... didn't get to see a ... on this occasion?

- Probe: Any other reason?
- Repeat probe until no other reason.
- Tick all that apply

costs too much 1

couldn't get an appointment soon enough/
at a suitable time/
it was after hours 2

couldn't spare the time . 3

didn't want to make a fuss/
couldn't be bothered 4

had no transport to get there 5

couldn't get in touch with health professional 6

other - specify 7

don't know

24 In the last 12 months, has ... used a service at, or been admitted to, a **public** hospital?

- yes 1
- no 2 → Q26
- don't know → Q26

26 In the last 12 months, has ... used a service at, or been admitted to, a **private** hospital?

- yes 1
- no 2 → Q28
- don't know → Q28

25 In the last 12 months, at a **public** hospital:

Tick all that apply

- did ... use the accident and emergency department? 1
- did ... use an outpatients department, that is, a ward or clinic or specialist where he/she went as an outpatient? 2
- was ... admitted as an inpatient, that is, stayed as a patient overnight? 3
- was ... admitted for day treatment, that is, day surgery or medical care for which he/she had to stay in hospital for more than 3 hours but not overnight? 4
- none of the above 5

27 In the last 12 months, at a **private** hospital:

Tick all that apply

- was ... admitted as an inpatient, that is, stayed as a patient overnight? 1
- was ... admitted for day treatment, that is, day surgery or medical care for which he/she had to stay in hospital for more than 3 hours but not overnight? 2
- none of the above 3

28 In the last 12 months, has ... used a private accident and emergency clinic, or doctor's after hours clinic?

- yes 1
- no 2
- don't know

29 In the last 12 months, has ... had any prescription items from the chemist, including any prescriptions that you might have already told me about?

- yes 1
- no 2 → Q31
- don't know → Q31

30 How many items? If a doctor writes one prescription for several items count each item separately, also count each repeated prescription separately.

Showcard 30

- 1 or 2 items 1
- 3 or 4 items 2
- 5 to 9 items 3
- 10 to 14 items 4
- 15 or more items 5
- don't know

31 In the last 12 months, has there been any time that ... got a prescription but one or more items weren't collected from the chemist?

- yes 1
- no 2 → Q33
- don't know → Q33

32 The last time this happened, what was the reason the items weren't collected?

- Probe: Any other reason?
- Repeat probe until no other reason.
- Tick all that apply

cost too much 1

will pick up medication if really need to/ doctor wrote prescription just in case 2

doesn't like taking drugs . 3

condition got better by itself 4

thought medicine wouldn't work/ medicine makes it worse 5

forgot/ couldn't be bothered 6

other - specify 7

_____ don't know

33 In the last 12 months, has ... had an injury for which he/she received medical treatment, including any treatment you might already have told me about?

- yes 1
- no 2 → Q35
- don't know → Q35

34 Did any of the injuries that ... received medical treatment for:

Tick all that apply

- involve a car, bus, motorbike, pushbike, boat or other form of transport? 1
- involve ... getting burnt or scalded? 2
- happen because ... fell? 3
- happen because someone meant to hurt ... at the time? .. 4
- happen while ... was taking part in a sport or game? - specify 5
- _____
- none of the above 6

35 In the last 12 months, has ... consumed or been exposed to poison for which he/she received medical treatment, including any treatment you might already have told me about?

- yes 1
- no 2
- don't know

36 Has R answered yes to Q33 or Q35?

- yes to either Q33 or Q35 1 → Q37
- no/DK to both Q33 & Q35 2 → Q40

37 Did any of the (injuries (or) poisonings) happen:

Tick all that apply

- at school? 1
- at his/her home or someone else's home? 2
- none of the above ... 3

38 Who did ... get medical treatment from for the (injuries (or) poisonings)?

Tick all that apply

Showcard 38

- accident and emergency staff 1
- GP or family doctor (not at a hospital) .. 2
- nurse(not at a hospital) 3
- physiotherapist 4
- pharmacist/chemist ... 5
- St John's Ambulance/ first aid 6
- someone else - specify 7

don't know

39 Was ... admitted to hospital for any of the (injuries (or) poisonings)?

- yes 1
- no 2
- don't know

40 Is ... covered by any health or medical insurance scheme?

- yes 1
- no 2 → Q42
- don't know → Q42

41 And who pays for this health or medical insurance?

- family members 1
- partly family/
partly employer of
family member 2
- employer of family
member 3
- paid for by some
other person
or agency 4
- don't know

42 In the last 12 months, has ... held a High Use Health Card?

- yes 1
- no 2
- don't know