

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.