

Summary information about CURF datasets available for research

This document provides summary metadata about the New Zealand Health Monitor (NZHM) surveys currently available as CURFs for researchers.

The information included in this document about each survey includes:

- Survey objectives
- Survey design
- Survey content
- Formats and sizes of the datasets available
- Potential limitations of the CURF
- Titles of publications to refer to for further information.

Summary information is included on the following surveys:

1. 1996/97 New Zealand Health Survey
2. 1997 National Nutrition Survey
3. 2002 National Children's Nutrition Survey
4. 2002/03 New Zealand Health Survey
5. 2006 New Zealand Tobacco Use Survey
6. 2006/07 New Zealand Health Survey – Adult Dataset
7. 2006/07 New Zealand Health Survey – Child Dataset

All Ministry of Health publications about these surveys listed in the tables below are available on the HDI website: www.moh.govt.nz/moh.nsf/indexmh/hdi-publications

Version 1.3

Last updated: 26 March 2009

1996/97 New Zealand Health Survey

Survey title	1996/97 New Zealand Health Survey (NZHS)
Survey objectives	<p>The aims of the 1996/97 New Zealand Health Survey were:</p> <ul style="list-style-type: none"> • to measure the health status of New Zealanders, including their self-reported physical and mental health status, and prevalence of selected conditions • to measure the utilisation of health services and prescriptions • to measure individuals' experience and knowledge of health services, including their satisfaction with health services and barriers to accessing health services • to provide information on selected health-risk behaviours • to provide this information at both a national and regional level and for population groups, especially Māori and Pacific people • to compare results by key demographic and socioeconomic variables.
Target population	Usually resident, non-institutionalised, civilian population of New Zealand of all ages, living in permanent private dwellings.
Survey design	<p>Complex area-based cluster sample design, with booster samples for Māori and Pacific people.</p> <p>For a detailed description of the survey design and methodology, please refer to the publication Taking the Pulse: The 1996/97 New Zealand Health Survey.</p>
Data collection period	October 1996 – October 1997
Mode	Computer-assisted personal interview (CAPI) in respondents' homes.
Sample size	7862 adults aged 15 years and over, and 1019 children aged 0–14 years
Response rate	73.8%
Survey content	<ul style="list-style-type: none"> • Health status (diabetes; asthma; high blood pressure; self-reported physical and mental health; disability; and injuries and poisonings) • Health risk behaviours (smoking; physical activity; alcohol use) • Health service use (frequency of contact with health care services eg GPs, specialists, other health professionals, and hospital-based services; reason for, and cost of, last GP visit; satisfaction with health care services; unmet need for health care services; number of prescriptions, and non-collection of prescriptions) • Demographic and socioeconomic factors (age; sex;

	<p>ethnicity; education; income; health insurance and health cards; labour force status; occupation; household type; number of rooms; urban/rural area classification; NZDep1996)</p> <ul style="list-style-type: none"> • Survey design and analysis variables (PSU, strata, final survey weights, replicate weights for variance estimation). <p>For more detailed information on the survey content, please refer to the 1996/97 NZHS Questionnaire.</p>
Dataset formats and size	Microsoft Excel Comma Separated Values File (csv): 16MB SAS Data Set (sas7dbat): 42MB
Approvals	HDI Microdata Access Policy
Dataset (CURF) production steps	<ul style="list-style-type: none"> • All respondent contact details have been removed. • All geographic identifiers except urban/rural have been removed. • For some questions, selected responses were recoded to another category due to small sample sizes. • Selected continuous variables have been ranged or top-coded.
Potential limitations / issues for consideration	1996/97 NZHS was designed to produce national estimates. Although the survey included more respondents than ever before and there were booster samples for Māori and Pacific people, the sample size for most Regional Health Authorities was too small to enable computation of reliable estimates stratified by key socio-demographic variables.
Publications	Taking the Pulse: The 1996/97 New Zealand Health Survey

1997 National Nutrition Survey

Survey title	1997 National Nutrition Survey (NNS)
Survey objectives	To provide reliable national estimates of nutrient intake, dietary sources of nutrients, dietary supplement use, eating patterns, frequently eaten foods, and nutrition and health status stratified by key socio-demographic characteristics (gender, age, ethnicity, deprivation, urban/rural).
Target population	Usually resident, non-institutionalised, civilian adult population (aged 15 years and over) living in permanent private dwellings.
Survey design	<p>Linked to the 1996/97 New Zealand Health Survey (NZHS), with respondents of the 1996/97 NZHS asked to participate in the 1997 NNS.</p> <p>Complex area-based sample design for 1996/97 NZHS, consisting of random selection of PSU, random selection of households within PSU, random selection of single adult within household. Included a small booster sample of Maori and Pacific adults.</p> <p>For a detailed description of the survey design and methodology, please refer to Food Comes First: Methodologies for the National Nutrition Survey of New Zealand or NZ Food NZ People: Key Results of the 1997 National Nutrition Survey.</p>
Data collection period	December 1996 to November 1997
Mode	Household interview using computer-assisted personal interview (CAPI); examination component (anthropometric measurements, blood pressure); collection of blood; self-completed food frequency questionnaire.
Sample size	4636 adults aged 15 years and over, for 24 hour diet recall module.
Response rate	50.1% (response rate for the 1996/97 NZHS 73.8%, and of those 67.9% participated in the 1997 NNS).
Survey content	<ul style="list-style-type: none"> • Nutrient intake (energy, macronutrients, micronutrients). • Dietary sources of key nutrients (energy, fat, carbohydrate, protein, fibre, calcium, iron, folate, alcohol). • Dietary supplement use. • Eating patterns (type of diet, dietary changes, food preparation, household food security). • Frequency eaten foods. • Nutrition and health status (body size, blood pressure, blood indices). • Socio-demographic characteristics (age, sex, ethnicity,

	<p>education, employment, household and personal income, NZDep1996).</p> <ul style="list-style-type: none"> • Survey design and analysis variables (PSU, strata, final survey weights, replicate weights for variance estimation). <p>For more detailed information on the survey content, please refer to Food Comes First: Methodologies for the National Nutrition Survey of New Zealand or NZ Food NZ People: Key Results of the 1997 National Nutrition Survey.</p>
Dataset formats and size	<p>15 x Microsoft Excel Files (xls): 29MB 15 x SAS Data Sets (sas7dbat): 31MB</p>
Approvals	HDI Microdata Access Policy
Dataset (CURF) production steps	<ul style="list-style-type: none"> • All respondent contact details have been removed. • All geographic identifiers except metropolitan/provincial have been removed.
Potential limitations / issues for consideration	<p>Selection bias introduced through linking 1997 NNS to 1996/97 is not fully accounted for by survey weights. Sample size for some survey modules (especially blood) much lower than main sample (24 hour recall), potentially introducing more bias.</p> <p>A single 24 hour recall provides reliable estimates of average (mean) usual nutrient intake in population groups, but does not provide reliable estimates of the usual nutrient intake distribution in population groups. When appropriate adjustments are made for repeat 24 hour recalls, the usual intake distribution can be estimated for population groups, but not individuals.</p> <p>A single 24 hour recall does not provide reliable estimates of usual nutrient intake for individuals. Therefore it is not appropriate to link 24 hour recall data for individuals to other survey variables reflecting usual or long-term nutrition or health status.</p>
Publications	<p>NZ Food NZ People: Key Results of the 1997 National Nutrition Survey</p> <p>Food Comes First: Methodologies for the National Nutrition Survey of New Zealand</p> <p>Nutrition and the Burden of Disease: New Zealand 1997-2011</p> <p>Tracking the Obesity Epidemic</p>

2002 National Children's Nutrition Survey

Survey title	2002 National Children's Nutrition Survey (CNS02)
Survey objectives	To provide reliable national estimates of nutrient intake, dietary sources of nutrients, dietary supplement use, eating patterns, frequently eaten foods, and nutrition and health status, stratified by key socio-demographic characteristics (gender, age, ethnicity, deprivation, urban/rural).
Target population	New Zealand children aged 5–14 years
Survey design	<p>A nationally representative sample of children was recruited by selecting a random sample of schools, and then randomly selecting children for participation within these schools. The survey included increased sampling of Māori and Pacific children.</p> <p>For a detailed description of the survey design and methodology, please refer to the publication NZ Food NZ Children: Key Results of the 2002 National Children's Nutrition Survey.</p>
Data collection period	February 2002 – December 2002
Mode	Household interview in the presence of a parent/caregiver. Included a 24-hour diet recall, including dietary supplements. Anthropometric measurements and collection of blood and urine samples occurred at school.
Sample size	3275 children aged 5–14 years
Response rate	69.3%
Survey content	<ul style="list-style-type: none"> • Nutrient intake (energy, macronutrients, micronutrients). • Dietary sources of key nutrients (energy, fat, carbohydrate, protein, fibre, calcium, iron, folate, alcohol). • Dietary supplement use. • Eating patterns (type of diet, dietary changes, food preparation, household food security). • Frequency eaten foods. • Nutrition and health status (body size, blood pressure, blood indices). • Socio-demographic characteristics (age, sex, ethnicity, education, employment, household and personal income, NZDep1996). • Survey design and analysis variables (PSU, strata, final survey weights, replicate weights for variance estimation). <p>For more detailed information on the survey, please refer to the publication NZ Food NZ Children: Key Results of the 2002 National Children's Nutrition Survey.</p>
Dataset formats and	17 x Microsoft Excel Files (xls): 32MB

size	17 x SAS Data Sets (sas7dbat): 41MB
Approvals	HDI Microdata Access Policy
Dataset (CURF) production steps	<ul style="list-style-type: none"> • All respondent contact details have been removed. • All geographic identifiers except region (Central, Northern, Southern) have been removed.
Potential limitations / issues for consideration	<p>Sample size for some survey modules (especially blood) much lower than main sample (24 hour recall), potentially introducing more bias.</p> <p>A single 24 hour recall provides reliable estimates of average (mean) usual nutrient intake in population groups, but does not provide reliable estimates of the usual nutrient intake distribution in population groups. When appropriate adjustments are made for repeat 24 hour recalls, the usual intake distribution can be estimated for population groups, but not individuals.</p> <p>A single 24 hour recall does not provide reliable estimates of usual nutrient intake for individuals. Therefore it is not appropriate to link 24 hour recall data for individuals to other survey variables reflecting usual or long-term nutrition or health status.</p>
Publications	NZ Food NZ Children: Key Results of the 2002 National Children's Nutrition Survey

2002/03 New Zealand Health Survey

Survey title	2002/03 New Zealand Health Survey (NZHS)
Survey objectives	<p>To provide reliable national estimates of health status, health risk and protective factors, and health service use stratified by key socio-demographic characteristics (gender, age, ethnicity, deprivation).</p> <p>To measure, at a national level, the following in NZ adults:</p> <ul style="list-style-type: none"> • health status, including the prevalence of selected health conditions and self-reported physical and mental health status. • prevalence of risk and protective factors associated with these health conditions. • use of health services and factors associated with health service use.
Target population	Usually resident, non-institutionalised, civilian adult population (aged 15 years and over) living in permanent private dwellings.
Survey design	Complex area-based cluster sample design, with booster samples for Maori, Pacific and Asian adults. For a detailed description of the survey design and methodology, please refer to the publication A Portrait of Health: Key results of the 2002/03 New Zealand Health Survey .
Data collection period	August 2002 to January 2004
Mode	Computer-assisted personal interview (CAPI) in respondents' homes. Measurement of height, weight and waist circumference.
Sample size	12,529 adults aged 15 years and over
Response rate	72%
Survey content	<ul style="list-style-type: none"> • Chronic disease (eg, heart disease, stroke, diabetes, asthma, COPD, arthritis, spinal disorders, osteoporosis, cancer, other long-term conditions). • Risk and protective factors (eg, high blood pressure, high cholesterol, overweight and obesity, physical activity, tobacco smoking, marijuana smoking, vegetable and fruit intake, alcohol use, gambling). • Self-reported physical and mental health status (SF-36, WHO Long Form). • Health service utilisation (eg, GP, Maori and Pacific health providers, medical specialists, nurses, pharmacists, complementary and alternative medicine providers, hospitals). • Socio-demographic characteristics (age, sex, ethnicity, household characteristics, education, income support,

	<p>employment, household and personal income, medical insurance, NZDep2001).</p> <ul style="list-style-type: none"> • Survey design and analysis variables (PSU, strata, final survey weights, replicate weights for variance estimation). <p>For more detailed information on the survey content, please refer to the 2002/03 NZHS questionnaire, and the publication A Portrait of Health: Key results of the 2002/03 New Zealand Health Survey</p>
Dataset formats and size	Microsoft Excel Comma Separated Values File (csv): 64MB SAS Data Set (sas7dbat): 49MB
Approvals	HDI Microdata Access Policy
Dataset (CURF) production steps	<ul style="list-style-type: none"> • All respondent contact details have been removed. • All geographic identifiers except urban/rural classification have been removed. • For some questions, selected responses were recoded to another category due to small sample sizes. • Selected continuous variables have been ranged or top-coded.
Potential limitations / issues for consideration	The 2002/03 NZHS was designed to produce national estimates. Although the survey included more respondents than ever before and there were booster samples for Maori, Pacific and Asian adults, the sample size for most DHBs was too small to enable computation of reliable estimates stratified by key socio-demographic variables.
Publications	<p>A Portrait of Health: Key results of the 2002/03 New Zealand Health Survey</p> <p>Chatham Islands Focus: Results from the 2002/03 New Zealand Health Survey</p> <p>Problem Gambling in New Zealand: Analysis of the 2002/03 New Zealand Health Survey</p> <p>Urban-Rural Health Comparisons: Key results of the 2002/03 New Zealand Health Survey</p> <p>A comparison of selected findings from the 1996/97 and 2002/03 New Zealand Health Surveys</p> <p>Embodying Social Rank: How body fat varies with social status, gender and ethnicity in New Zealand</p> <p>Measuring Health States: The World Health Organization Long Form (New Zealand Version) Health Survey: Acceptability, reliability, validity and norms for New Zealand</p>

2006 New Zealand Tobacco Use Survey

Survey title	2006 New Zealand Tobacco Use Survey (2006 NZTUS)
Survey objectives	<p>The objectives of the 2006 New Zealand Tobacco Use Survey were:</p> <ul style="list-style-type: none"> • to provide a measure for the prevalence of smoking • to collect valid and reliable measures of tobacco use, including consumption, initiation, addiction, quitting, relapse and exposure to second-hand smoke • to collect comprehensive measures of knowledge, attitudes and beliefs about tobacco smoking and control • to provide reliable measures for populations of interest: New Zealand Māori, Pacific and Asian peoples, and 15- to 19-year-olds • to monitor changes in tobacco use, quitting behaviour and attitudes and beliefs about tobacco over time.
Target population	Usually resident, non-institutionalised, civilian adult population (aged 15–64 years) living in permanent private dwellings.
Survey design	<p>A complex systematic, stratified sampling approach was taken. The total sample consisted of a main sample and a screened sample. The purpose of the screened sample was to boost the sample sizes for key age and ethnic sub-groups (15–24 years, Māori, Pacific peoples and Asian people).</p> <p>For further methodological information please refer to the publication New Zealand Tobacco Use Survey 2006.</p>
Data collection period	January – March 2006
Mode	Computer-assisted personal interview (CAPI) in respondents' homes.
Sample size	5703 adults aged 15–64 years
Response rate	75.4%
Survey content	<ul style="list-style-type: none"> • Prevalence (eg, never smoker, current, daily and non-daily smoker and ex-smoker, smoking history, second-hand smoke (SHS) exposure in the home, in vehicles, at work and in the environment) • Smoking history (eg, smoking behaviours, age of smoking initiation and cessation) • Consumption (eg, consumption and frequency of tobacco use, individual product consumption (roll-your-own cigarettes and manufactured cigarettes), brand, source of purchase for tobacco products) • Intensity (eg, self-reported information about smoking topography that otherwise would be measured physically)

	<ul style="list-style-type: none"> • Dependence (eg, level of addiction and dependence on nicotine) • Quitting (eg, quitting behaviour, motivation to quit, relapse, and use of quitting aids and services during recent attempts, stage of change) • Attitudes (eg, attitudes to weight loss, SHS exposure, SHS harm, peer and parental smoking and tobacco use in general) • Pregnancy (eg, pregnancy status, smoking behaviour during and post-pregnancy, and post-partum exposure to SHS) • Youth specific (eg, parental awareness of smoking behaviour, access to cigarettes, experience of first cigarette, parental smoking and knowledge, and exposure to and perception of the media) • Demographics (eg, age, gender and ethnicity, age, gender and relationships of all household members, year arrived in New Zealand education at secondary and tertiary level, occupation, unpaid activities, income support, household income and personal income) <p>Note that all of the measures are self-reported. For more detailed information on the survey content, please refer to the 2006 New Zealand Tobacco Use Survey Questionnaire, and the publication New Zealand Tobacco Use Survey 2006.</p>
Dataset formats and size	Microsoft Excel Comma Separated Values File (csv): 17.8 MB SAS Data Set (sas7dbat): 34MB
Approvals	HDI Microdata Access Policy
Dataset (CURF) production steps	<ul style="list-style-type: none"> • All respondent contact details have been removed (in other words name, address and phone number). • All geographic identifiers except urban/rural have been removed. • All 'other please specify' free text has been removed or grouped into similar responses. • All identifying demographic variables have been removed or grouped so that they are no longer identifying. • Where less than 3 people selected a response the response has been aggregated or suppressed where appropriate. • For continuous variables there has been top- and bottom-coding where appropriate.
Potential limitations / issues for consideration	Only 143 respondents had been pregnant in the past 12 months when the 2006 NZTUS was in the field. Because of this, a number of questions had too few respondents to include in the CURF. The Pregnancy module has been removed from future versions of the NZTUS.

Publications	<p><u>New Zealand Tobacco Use Survey 2006</u></p> <p><u>Monitoring Tobacco Use in New Zealand: A technical report on defining smoking status and estimates of smoking prevalence</u></p> <p><u>Tobacco Trends 2006: Monitoring tobacco use in New Zealand</u></p> <p><u>Tobacco Trends 2007: A brief update on monitoring indicators</u></p>
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2006/07 New Zealand Health Survey – Adult Dataset

Survey title	2006/07 New Zealand Health Survey (NZ Health Survey)
Survey objectives	<p>The objectives of the 2006/07 NZ Health Survey were to:</p> <ol style="list-style-type: none"> 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 socioeconomic position) 5. examine changes in key NZ Health Survey data over time.
Target population	The usually resident civilian population aged 15 years and over living in permanent private dwellings in New Zealand.
Survey design	<p>A multi-stage, stratified, probability-proportional-to-size (PPS) sampling design.</p> <p>For further methodological information please see Methodology Report for the 2006/07 New Zealand Health Survey.</p>
Data collection period	October 2006 – November 2007
Mode	Computer-assisted personal interview (CAPI) in respondents' homes.
Sample size	12,488 adults aged 15 years and over
Response rate	67.9%
Survey content	<ul style="list-style-type: none"> • Chronic health conditions (eg, prevalence of ever-diagnosed condition, age at diagnosis, treatment) • Health service utilisation (eg, Use in previous 12 months, frequency of contact, reasons for visit, unmet need and barriers to access, measures of service for primary health care) • Health risk and protective factors (eg, Prevalence of risk and protective factors) • Health status (eg, SF-36 Health Status Questionnaire and K10 Psychological Distress Scale) • Sociodemographics • Anthropometry (eg, Height, weight and waist circumference measurements using standardised equipment and procedures)
Dataset formats and	Microsoft Excel Comma Separated Values File (csv): 106 MB

size	SAS Data Set (sas7dbat): 146MB
Approvals	HDI Microdata Access Policy
Dataset (CURF) production steps	<ul style="list-style-type: none"> • All respondent contact details have been removed (in other words name, address and phone number). • All geographic identifiers except urban/rural have been removed. • All 'other please specify' free text has been removed or grouped into similar responses. • All identifying demographic variables have been removed or grouped so that they are no longer identifying. • Where less than 3 people selected a response the response has been aggregated or suppressed where appropriate. • For continuous variables there has been top- and bottom-coding where appropriate.
Potential limitations / issues for consideration	<p>The 2006/07 NZHS was designed to produce national estimates. Although the survey included a large number of respondents and there were booster samples for Maori, Pacific and Asian adults, the sample size for most DHBs was too small to enable computation of reliable estimates stratified by key socio-demographic variables.</p> <p>This dataset can be linked to the child dataset from the 2006/07 New Zealand Health Survey.</p> <p>The racism section of the 2006/07 NZHS adult survey has not been included this dataset, as it is currently being validated.</p>
Publications	<p>A Portrait of Health: Key results of the 2006/07 New Zealand Health Survey (PDF, 4 MB - Warning Large File)</p> <p>Appendix 5 - Online data tables of 2006/07 New Zealand Health Survey results</p> <p>Appendix 6 - Online data tables of trends</p> <p>New Zealand Health Survey Content Guide (PDF, 628 KB)</p> <p>2006/07 New Zealand Health Survey Adult Questionnaire</p> <p>Methodology Report for the 2006/07 New Zealand Health Survey</p> <p>Sampling the Maori population in the 2006/07 New Zealand Health Survey (www.statcan.ca)</p> <p>Protocols for collecting height, weight and waist measurements in New Zealand Health Monitor (NZHM) Surveys</p>

[Body Size Technical Report: Measurements and classifications in the 2006/07 New Zealand Health Survey](#)

[Presenting Ethnicity: Comparing prioritised and total response ethnicity in descriptive analyses of New Zealand Health Monitor surveys](#)

[Monitoring Tobacco Use in New Zealand: A Technical Report on Defining Smoking Status and Estimates of Smoking Prevalence](#)

2006/07 New Zealand Health Survey – Child Dataset

Survey title	2006/07 New Zealand Health Survey (NZ Health Survey)
Survey objectives	<p>The objectives of the 2006/07 NZ Health Survey were to:</p> <ol style="list-style-type: none"> 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 socioeconomic position) 5. examine changes in key NZ Health Survey data over time.
Target population	The usually resident civilian population aged 0–14 years living in permanent private dwellings in New Zealand.
Survey design	<p>A multi-stage, stratified, probability-proportional-to-size (PPS) sampling design.</p> <p>For further methodological information please see Methodology Report for the 2006/07 New Zealand Health Survey.</p>
Data collection period	October 2006 – November 2007
Mode	Computer-assisted personal interview (CAPI) in respondents' homes.
Sample size	4921 primary caregivers of children aged 0–14 years
Response rate	71.2%
Survey content	<ul style="list-style-type: none"> • Health status and development (eg, chronic conditions, general health in past 4 weeks, family cohesion, discipline) • Health service utilisation (eg, primary health care provider use, general practitioners, nurses, oral health care professionals, medical specialists, prescriptions, other health care professionals, telephone health advice, hospital use) • Health risk and protective factors (eg, breastfeeding, eating breakfast at home, fizzy drink and fast food intake, active transport to school, television watching, exposure to second-hand smoke) • Sociodemographics • Anthropometry (eg, height and weight measurements (if 2 years and over) and waist circumference measurements)

	(if 5 years and over)
Dataset formats and size	Microsoft Excel Comma Separated Values File (csv): 41 MB SAS Data Set (sas7dbat): 59 MB
Approvals	HDI Microdata Access Policy
Dataset (CURF) production steps	<ul style="list-style-type: none"> • All respondent contact details have been removed (in other words name, address and phone number). • All geographic identifiers except urban/rural have been removed. • All 'other please specify' free text has been removed or grouped into similar responses. • All identifying demographic variables have been removed or grouped so that they are no longer identifying. • Where less than 3 people selected a response the response has been aggregated or suppressed where appropriate. • For continuous variables there has been top- and bottom-coding where appropriate.
Potential limitations / issues for consideration	<p>The 2006/07 NZHS was designed to produce national estimates. Although the survey included a large number of respondents and there were booster samples for Maori, Pacific and Asian adults, the sample size for most DHBs was too small to enable computation of reliable estimates stratified by key socio-demographic variables.</p> <p>This dataset can be linked to the adult dataset from the 2006/07 New Zealand Health Survey. It should be noted that the primary caregiver of the child answered the child questionnaire on behalf of the child, and this person was not always the same person as the sampled adult.</p>
Publications	<p>A Portrait of Health: Key results of the 2006/07 New Zealand Health Survey (PDF, 4 MB - Warning Large File)</p> <p>Appendix 5 - Online data tables of 2006/07 New Zealand Health Survey results</p> <p>Appendix 6 - Online data tables of trends</p> <p>New Zealand Health Survey Content Guide (PDF, 628 KB)</p> <p>2006/07 New Zealand Health Survey Child Questionnaire</p> <p>Methodology Report for the 2006/07 New Zealand Health Survey</p> <p>Sampling the Maori population in the 2006/07 New Zealand Health Survey (www.statcan.ca)</p> <p>Protocols for collecting height, weight and waist</p>

[measurements in New Zealand Health Monitor \(NZHM\) Surveys](#)

[Body Size Technical Report: Measurements and classifications in the 2006/07 New Zealand Health Survey](#)

[Presenting Ethnicity: Comparing prioritised and total response ethnicity in descriptive analyses of New Zealand Health Monitor surveys](#)

[Development and testing of a caregiver-proxy child health questionnaire for the New Zealand Health Survey](#)