



MANATU HAUORA

**2006/07 New Zealand Health Survey**

**Child Questionnaire**

**Final CAPI version**

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## INITIAL DEMOGRAPHICS

Before we begin the questionnaire, I will need to enter some general information about your child into the computer so that I only ask questions which are applicable to your child's gender and age.

To begin, what is their first name? [Record]

---

D.01 And are they male or female...? [Circle one]

① Check aloud with respondent.

- 1 Male
- 2 Female

[Showcard D.02]

D.02 Looking at Card D.02, could you tell me which of these age groups [child's name] belongs to? [Circle one]

- 1 Birth-11 months
- 2 12-23 months (1 year old)
- 3 2-4 years
- 4 5-9 years
- 5 10-14 years
- .K Don't know
- .R Refused

① If Don't know or Refused say "I really need to know which of these age groups your child belongs to, in order to proceed with the questionnaire."  
If respondent still unable/or wont give age group Thank & Close.

[Showcard D.03]

D.03 Looking at Card D.03, what is your relationship to [child's name]?

① Whāngai arrangements code as '3' or '4'

*I am their:*

- 1 Biological mother
- 2 Biological father
- 3 Foster or adoptive mother
- 4 Foster or adoptive father
- 5 Mother's partner or spouse
- 6 Father's partner or spouse
- 7 Grandmother
- 8 Grandfather
- 9 Aunt
- 10 Uncle
- 77 Something else [specify] \_\_\_\_\_
- .R Refused

## HEALTH AND DEVELOPMENT

### Chronic conditions

① All ages to be asked following questions

The first set of questions is about your child, their general health, wellbeing and development.

#### [Showcard 1.01]

1.01 Have you ever been told by a doctor that [child's name] has a health condition that has or is expected to last more than six months, such as those listed on Card 1.01? [Circle all mentioned in column 1.01a below]

① For each condition mentioned in 1.01 ask 1.02.

1.02 What treatments does [child's name] now have for this condition?

1.01 Condition	1.02 Treatment
1 Asthma	1 No treatment 2 Medicines, pills or inhalers <b>[specify medication if known]</b> _____ 77 Something else <b>[specify]</b> _____ .K Don't know .R Refused
2 Eczema	1 No treatment 2 Medicines, pills or inhalers <b>[specify medication if known]</b> _____ 3 Cream or ointment 77 Something else <b>[specify]</b> _____ .K Don't know .R Refused
3 Allergy lasting 6 months or more <b>[please specify]</b>	1 No treatment 2 Medicines, pills or inhalers <b>[specify medication if known]</b> _____ 3 Cream or ointment 77 Something else <b>[specify]</b> _____ .K Don't know .R Refused
4 Birth condition, e.g. spina bifida, congenital heart defect, intellectual disability	1 No treatment 2 Medicines, pills or inhalers <b>[specify medication if known]</b> _____ 77 Something else <b>[specify]</b> _____ .K Don't know .R Refused

<p>5 Diabetes</p>	<p>1 No treatment  2 Medicines, pills or inhalers  <b>[specify medication if known]</b></p> <hr/> <p>77 Something else <b>[specify]</b></p> <hr/> <p>.K Don't know  .R Refused</p>
<p>6 Cancer <b>[please specify]</b>  _____ (Leukaemia,  Bone, Kidney, Eye, Brain, Endocrine,  Hodgkin's, Other  <b>[specify]</b>_____)</p>	<p>1 No treatment  2 Medicines, pills or inhalers  <b>[specify medication if known]</b></p> <hr/> <p>77 Something else <b>[specify]</b></p> <hr/> <p>.K Don't know  .R Refused</p>
<p>7 Rheumatic heart disease</p>	<p>1 No treatment  2 Medicines, pills or inhalers  <b>[specify medication if known]</b></p> <hr/> <p>77 Something else <b>[specify]</b></p> <hr/> <p>.K Don't know  .R Refused</p>
<p>8 Epilepsy</p>	<p>1 No treatment  2 Medicines, pills or inhalers  <b>[specify medication if known]</b></p> <hr/> <p>77 Something else <b>[specify]</b></p> <hr/> <p>.K Don't know  .R Refused</p>
<p>9 Autism</p>	<p>1 No treatment  2 Medicines, pills or inhalers  <b>[specify medication if known]</b></p> <hr/> <p>3 Counselling  77 Something else <b>[specify]</b></p> <hr/> <p>.K Don't know  .R Refused</p>
<p>10 Depression</p>	<p>1 No treatment  2 Medicines, pills or inhalers  <b>[specify medication if known]</b></p> <hr/> <p>3 Counselling  77 Something else <b>[specify]</b></p> <hr/> <p>.K Don't know  .R Refused</p>

Cont...

<p>11 Anxiety</p>	<p>1 No treatment                  2 Medicines, pills or inhalers  <b>[specify medication if known]</b>                  _____                  3 Counselling                  77 Something else <b>[specify]</b>                  _____                  .K Don't know                  .R Refused</p>
<p>12 Attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD)</p>	<p>1 No treatment                  2 Medicines, pills or inhalers  <b>[specify medication if known]</b>                  _____                  3 Counselling                  77 Something else <b>[specify]</b>                  _____                  .K Don't know                  .R Refused</p>
<p>13 Permanent hearing problems</p>	<p>1 No treatment                  2 Medicines, pills or inhalers  <b>[specify medication if known]</b>                  _____                  77 Something else <b>[specify]</b>                  _____                  .K Don't know                  .R Refused</p>
<p>14 Vision problems that <u>cannot be corrected</u> with glasses</p>	<p>1 No treatment                  2 Medicines, pills or inhalers  <b>[specify medication if known]</b>                  _____                  77 Something else <b>[specify]</b>                  _____                  .K Don't know                  .R Refused</p>
<p>77 Something else <b>[specify]</b>  <b>[Record up to two 'Other' conditions]</b>                  _____</p>	<p>1 No treatment                  2 Medicines, pills or inhalers  <b>[specify medication if known]</b>                  _____                  3 Counselling                  77 Something else <b>[specify]</b>                  _____                  .K Don't know                  .R Refused</p>
<p>78 Something else <b>[specify]</b>                  _____</p>	<p>1 No treatment                  2 Medicines, pills or inhalers  <b>[specify medication if known]</b>                  _____                  3 Counselling                  77 Something else <b>[specify]</b>                  _____</p>

	.K Don't know .R Refused
.K Don't know	} → GO TO 1.03
.R Refused	
0 None	

① If 0-4 years → GO TO 1.14

**ISAAC**

① 5-14 year olds to be asked following questions

1.03 Has [child's name] ever had wheezing or whistling in the chest at any time in the past? [Circle one]

- 1 Yes
  - 5 No
  - .K Don't know
  - .R Refused
- } → GO TO 1.08

1.04 Has your child had wheezing or whistling in the chest in the last 12 months? [Circle one]

- 1 Yes
  - 5 No
  - .K Don't know
  - .R Refused
- } → GO TO 1.08

1.05 How many attacks of wheezing has your child had in the last 12 months? [Circle one]

- 1 None
- 2 1 to 3
- 3 4 to 12
- 4 More than 12
- .K Don't know/not sure
- .R Refused

**[Showcard 1.06]**

1.06 Looking at Card 1.06, in the last 12 months, how often, on average, has your child's sleep been disturbed due to wheezing? [Circle one]

- 1 Never woken with wheezing
- 2 Less than one night per week
- 3 One or more nights per week
- .K Don't know/not sure
- .R Refused

1.07 In the last 12 months, has wheezing ever been severe enough to limit your child's speech to only one or two words at a time between breaths? [Circle one]

- 1 Yes
- 5 No

- .K Don't know
- .R Refused

1.08 **Has your child ever had a problem with sneezing, or a runny, or a blocked nose when he/she DID NOT have a cold or the flu? [Circle one]**

- 1 Yes
  - 5 No
  - .K Don't know
  - .R Refused
- GO TO 1.11

1.09 **In the past 12 months, has your child had a problem with sneezing, or a runny, or a blocked nose when he/she DID NOT have a cold or the flu? [Circle one]**

- 1 Yes
  - 5 No
  - .K Don't know
  - .R Refused
- GO TO 1.11

1.10 **In the last 12 months, has this nose problem been accompanied by itchy-watery eyes? [Circle one]**

- 1 Yes
- 5 No
- .K Don't know
- .R Refused

1.11 **Has your child ever had an itchy rash which was coming and going for at least 6 months? [Circle one]**

- 1 Yes
  - 5 No
  - .K Don't know
  - .R Refused
- GO TO 1.14

1.12 **Has your child had this itchy rash at any time in the last 12 months? [Circle one]**

- 1 Yes
  - 5 No
  - .K Don't know
  - .R Refused
- GO TO 1.14

1.13 **Has this itchy rash at any time affected any of the following places: the folds of the elbows, behind the knees, in front of the ankles, under the buttocks, or around the neck, ears or eyes? [Circle one]**

- 1 Yes
- 5 No
- .K Don't know
- .R Refused

## General health question

① All ages to be asked following question

### [Showcard 1.14]

1.14 Looking at Card 1.14, in general, would you say [child's name]'s health is:  
[Circle one]

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- .K Don't know
- .R Refused

① If 0-4 years GO TO 1.28

## CHQ-PF28

① 5-14 years olds to be asked following questions

The following questions ask about physical activities your child might do during the day.

### [Showcard 1.15]

1.15 Looking at Card 1.15, during the past 4 weeks, has your child been limited in any of the following activities, due to health problems...?

a....doing things that take a lot of energy, such as playing soccer or running?  
[Circle one]

- 1 Yes, limited a lot
- 2 Yes, limited some
- 3 Yes, limited a little
- 5 No, not limited
- .K Don't know
- .R Refused

### [Showcard 1.15]

b....doing things that take some energy, such as riding a bike or roller blading?  
[Circle one]

- 1 Yes, limited a lot
- 2 Yes, limited some
- 3 Yes, limited a little
- 5 No, not limited
- .K Don't know
- .R Refused

### [Showcard 1.15]

c....bending, lifting or stooping? [Circle one]

- 1 Yes, limited a lot
- 2 Yes, limited some
- 3 Yes, limited a little

- 5 No, not limited
- .K Don't know
- .R Refused

**[Showcard 1.15]**

1.16 During the past 4 weeks, has your child been limited in the amount of time he/she could spend on schoolwork or activities with friends due to emotional difficulties or problems with his/her behaviour? **[Circle one]**

- 1 Yes, limited a lot
- 2 Yes, limited some
- 3 Yes, limited a little
- 5 No, not limited
- .K Don't know
- .R Refused

**[Showcard 1.15]**

1.17 During the past 4 weeks, has your child been limited in the kind of schoolwork or activities he/she could do due to problems with his/her physical health? **[Circle one]**

- 1 Yes, limited a lot
- 2 Yes, limited some
- 3 Yes, limited a little
- 5 No, not limited
- .K Don't know
- .R Refused

**[Showcard 1.18]**

1.18 Now looking at Card 1.18, during the past 4 weeks, how often has your child had bodily pain or discomfort? **[Circle one]**

- 1 None of the time
- 2 Once or twice
- 3 A few times
- 4 Fairly often
- 5 Very often
- 6 Every or almost every day
- .K Don't know
- .R Refused

Next I am going to read a list of items that describe children's behaviour or problems they sometimes have.

**[Showcard 1.19]**

1.19 Looking at Card 1.19, how often during the past 4 weeks, did each of the following statements describe [child's name]...?

a....argued a lot? **[Circle one]**

- 1 Very often
- 2 Fairly often
- 3 Sometimes
- 4 Almost never
- 5 Never

- .K Don't know
- .R Refused

**[Showcard 1.19]**

b....had difficulty concentrating or paying attention? **[Circle one]**

- 1 Very often
- 2 Fairly often
- 3 Sometimes
- 4 Almost never
- 5 Never
- .K Don't know
- .R Refused

**[Showcard 1.19]**

c....lied or cheated? **[Circle one]**

- 1 Very often
- 2 Fairly often
- 3 Sometimes
- 4 Almost never
- 5 Never
- .K Don't know
- .R Refused

**[Showcard 1.20]**

1.20 **Now looking at Card 1.20, compared to other children [child's name]'s age, in general would you say his/her behaviour is...? **[Circle one]****

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- .K Don't know
- .R Refused

The following phrases I am going to read out are about children's moods.

**[Showcard 1.21]**

1.21 **Looking at Card 1.21, during the past 4 weeks, how much of the time do you think [child's name]:**

a....felt lonely? **[Circle one]**

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- .K Don't know
- .R Refused

**[Showcard 1.21]**

b....acted nervous? **[Circle one]**

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- .K Don't know
- .R Refused

**[Showcard 1.21]**

c....acted bothered or upset? **[Circle one]**

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- .K Don't know
- .R Refused

The following questions ask about your child's satisfaction with themselves, school, and others. It may be helpful if you keep in mind how other children **[child's name]**'s age might feel about these areas.

**[Showcard 1.22]**

1.22 Looking at Card 1.22, during the past 4 weeks, how satisfied do you think **[child's name]** has felt about:

a....his/her school ability? **[Circle one]**

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Somewhat dissatisfied
- 5 Very dissatisfied
- .K Don't know
- .R Refused

**[Showcard 1.22]**

b....his/her friendships? **[Circle one]**

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Somewhat dissatisfied
- 5 Very dissatisfied
- .K Don't know
- .R Refused

**[Showcard 1.22]**

c....his/her life overall? **[Circle one]**

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Neither satisfied nor dissatisfied

- 4 Somewhat dissatisfied
- 5 Very dissatisfied
- .K Don't know
- .R Refused

The following statements are about health in general.

**[Showcard 1.23]**

1.23 Looking at Card 1.23, how true or false is each statement for [child's name]?

a....my child seems to be less healthy than other children I know. [Circle one]

- 1 Definitely true
- 2 Mostly true
- 3 Don't know
- 4 Mostly false
- 5 Definitely false
- .R Refused

**[Showcard 1.23]**

b....my child has never been seriously ill. [Circle one]

- 1 Definitely true
- 2 Mostly true
- 3 Don't know
- 4 Mostly false
- 5 Definitely false
- .R Refused

**[Showcard 1.23]**

c....I worry about my child's health more than other people worry about their children's health. [Circle one]

- 1 Definitely true
- 2 Mostly true
- 3 Don't know
- 4 Mostly false
- 5 Definitely false
- .R Refused

**[Showcard 1.24]**

1.24 Looking at Card 1.24, compared to one year ago, how would you rate your child's health now? [Circle one]

- 1 Much better now than one year ago
- 2 Somewhat better now than 1 year ago
- 3 About the same now as 1 year ago
- 4 Somewhat worse now than 1 year ago
- 5 Much worse now than 1 year ago
- .K Don't know
- .R Refused

The last few questions in this section are about your child's health and your family.

**[Showcard 1.25]**

1.25 Looking at Card 1.25, during the past 4 weeks, how much emotional worry or concern did each of the following cause YOU?

a....your child's physical health? **[Circle one]**

- 1 None at all
- 2 A little bit
- 3 Some
- 4 Quite a bit
- 5 A lot
- .K Don't know
- .R Refused

**[Showcard 1.25]**

b....your child's emotional wellbeing or behaviour? **[Circle one]**

- 1 None at all
- 2 A little bit
- 3 Some
- 4 Quite a bit
- 5 A lot
- .K Don't know
- .R Refused

**[Showcard 1.26]**

1.26 Looking at Card 1.26, during the past 4 weeks, were you limited in the amount of time you had for your own needs because of...?

a....your child's physical health? **[Circle one]**

- 1 Yes, limited a lot
- 2 Yes, limited some
- 3 Yes, limited a little
- 5 No, not limited
- .K Don't know
- .R Refused

**[Showcard 1.26]**

b....your child's emotional wellbeing or behaviour? **[Circle one]**

- 1 Yes, limited a lot
- 2 Yes, limited some
- 3 Yes, limited a little
- 5 No, not limited
- .K Don't know
- .R Refused

**[Showcard 1.27]**

1.27 Looking at Card 1.27, during the past 4 weeks, how often has your child's health or behaviour:

a....limited the types of activities you could do as a family? **[Circle one]**

- 1 Very often
- 2 Fairly often
- 3 Sometimes
- 4 Almost never
- 5 Never
- .K Don't know
- .R Refused

**[Showcard 1.27]**

b....interrupted various everyday family activities, such as eating meals or watching TV? **[Circle one]**

- 1 Very often
- 2 Fairly often
- 3 Sometimes
- 4 Almost never
- 5 Never
- .K Don't know
- .R Refused

**Family cohesion**

① All ages to be asked following questions

**[Showcard 1.28]**

1.28 Sometimes families may have difficulty getting along with one another. They do not always agree and they may get angry. Looking at Card 1.28, in general, how would you rate your family's ability to get along with one another? By family we mean your immediate family members that live in this household. **[Circle one]**

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- .K Don't know
- .R Refused

**[Showcard 1.29]**

1.29 Looking at Card 1.29, thinking back over the past 4 weeks, when **[child's name]** misbehaved, which of the following, if any, have you done? Just read out the number next to the words. **[Circle all mentioned]**

- ① If respondent is having difficulty reading, ask:  
"Would you like me to read out the answers?"
- ① Prompt: any others?

- 1 Made him/her go without something or miss out on something
- 2 Yelled at him/her
- 3 Explained or discussed why he/she should not do it
- 4 Physical punishment, such as smacking
- 5 Told him/her off
- 6 Sent him/her to the bedroom or other place in the house
- 7 Ignored his/her behaviour
- 77 Something else **[specify]**\_\_\_\_\_
- 0 Child has not misbehaved during past 4 weeks
- .K Don't know
- .R Refused

**[Showcard 1.30]**

1.30 **Looking at Card 1.30, what do you think are the most effective things to do when trying to change [child's name]'s behaviour? Just read out the number next to the words. [Circle all mentioned]**

- 1 Make him/her go without something or miss out on something
- 2 Yell at him/her
- 3 Explain or discuss why he/she should not do it
- 4 Physical punishment, such as smacking
- 5 Tell him/her off
- 6 Send him/her to the bedroom or other place in the house
- 7 Ignore his/her behaviour
- 77 Something else **[specify]**\_\_\_\_\_
- .K Don't know
- .R Refused

## HEALTH SERVICE UTILISATION

The next set of questions is about the use of health care services in **New Zealand** for **[enter name of child]**. I'll begin by asking you about the **place** you usually go to first when **[enter name of child]** is feeling unwell or injured, and then I will ask about the different **people** **[enter name of child]** has seen in the past 12 months for their health.

### Primary Health Care Provider

#### ① All ages to be asked following questions

2.01 Do you have a health practitioner or service that you *usually* go to *first* when **[child's name]** is feeling unwell or are injured? **[Circle one]**

- 1 Yes
  - 5 No
  - .K Don't know
  - .R Refused
- **GO TO 2.04**

#### [Showcard 2.02]

2.02 Looking at Card 2.02, what sort of health care service is this?

**[Circle or record one only]**

① Code Emergency Department at a public hospital as '7' – not 2.

① If respondent says two places, e.g. GP for illness and Accident and Medical for injury, ask which one they "usually" go to.

- 1 A GP clinic, medical centre or family practice
- 2 An after-hours Accident and Medical Centre
- 3 A nurse clinic, without a GP
- 7 Another health care provider, for example, a Plunket clinic or a pharmacy  
**[specify]** \_\_\_\_\_
- .K Don't know
- .R Refused

2.03 Is that the same health practitioner or service that **you** usually go to first when you are feeling unwell or injured? **[Circle one]**

- 1 Yes
- 5 No
- .K Don't know
- .R Refused

### GP / Family doctor

#### ① All ages to be asked following questions

2.04 In the past 12 months, how many times has **[child's name]** seen a GP or family doctor? This could have been anywhere, not just at the place he/she usually goes to for health care. **[Record]**

① If none, enter 0.

--	--	--

- .K Don't know
- .R Refused

① If none, 0, Refused or Don't know GO TO 2.07.

**[Showcard 2.05]**

2.05 Looking at Card 2.05, the last time [child's name] saw a GP or family doctor, what was it for? [Circle all mentioned and/or record]

① If respondent answers "prescription or repeat prescription" find out the reason behind the prescription and code appropriately, e.g. a long-term illness.

- 1 A long-term illness, a chronic condition or disability
- 2 A short-term illness or temporary condition
- 3 An injury or poisoning
- 4 Immunisation or vaccination
- 5 Mental or emotional health
- 6 Routine checkup or health advice
- 7 Advice on whether they needed to see another health care worker, e.g. a physiotherapist or a dentist
- 77 Something else [specify] ① If answer is prescription or repeat prescription find out the reason behind the prescription and code reason above
- .K Don't know
- .R Refused

2.06 What were you charged for that visit to the GP? [Record]

① Record number i.e. \$30 = 30.

① If 'nothing it was free', enter 0.

① If respondent says between two amounts i.e. between \$40 and \$50, record average i.e. 45.

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777 Other arrangement [specify] \_\_\_\_\_

- .K Don't know
- .R Refused

2.07 In the last 12 months, has there been any time when [child's name] needed to see a GP or family doctor about his/her health, but didn't get to see any doctor at all? [Circle one]

- 1 Yes
- 5 No

- .K Don't know
- .R Refused

GO TO INTRODUCTION PRIOR TO 2.12

2.08 How many times has this happened in the past 12 months? [Circle one]

① Don't prompt

- 1 One time
- 2 Two times
- 3 Three to five times
- 4 More than 5 times
- .K Don't know
- .R Refused

2.09 The ***last time*** [child's name] was not able to see a GP when he/she needed to, what was the reason they weren't able to see a GP?

[Circle and/or record all mentioned]

① Probe "Any other reason?" until no other reason.

- 1 Costs too much
- 2 Had no transport to get there
- 3 Lack of childcare
- 4 Couldn't get an appointment soon enough/ at a suitable time
- 5 It was after hours
- 6 Couldn't get in touch with the doctor
- 7 Couldn't spare the time
- 77 Other [specify] \_\_\_\_\_
- .K Don't know
- .R Refused

[Showcard 2.05]

2.10 Looking at Card 2.05, the last time you were not able to see a GP for [child's name] what was the health issue you wanted to discuss? [Circle all mentioned and/or record]

- 1 A long-term illness, a chronic condition or disability
- 2 A short-term illness or temporary condition
- 3 An injury or poisoning
- 4 Immunisation or vaccination
- 5 Mental or emotional health
- 6 Routine checkup or health advice
- 7 Advice on whether they needed to see another health care worker, eg a physiotherapist or a dentist
- 77 Something else [specify] \_\_\_\_\_
- .K Don't know
- .R Refused

2.11 The last time [child's name] was not able to see a GP, what did you do instead? [Circle and/or record all mentioned]

- 1 Nothing
- 2 Went to see the GP at a later date
- 3 Phoned Plunketline, Healthline or another phone number for advice
- 4 Phoned an ambulance
- 5 Went to Emergency Department at public hospital
- 6 Went to an after-hours or 24 hour Accident and Medical centre
- 7 Went to a pharmacy or chemist shop
- 77 Something else [specify] \_\_\_\_\_

- .K Not sure / don't remember
- .R Refused

**Primary Health Care Nurses**

**① All ages to be asked following questions**

The next few questions are about nurses who work at a GP clinic. These nurses are sometimes called Practice Nurses or Primary Health Care nurses. You may see them as part of a consultation with a GP or you may have an appointment with the nurse without seeing a doctor at the same time.

These next few questions are **not** about nurses that your child may have seen elsewhere, for example an asthma nurse, or a nurse that may have visited your child at home. I will ask you about those nurses later. This section also does **not** include nurses whom your child may have seen in a hospital.

2.12 **In the past 12 months, has [child's name] seen a nurse as part of a GP consultation? [Circle one]**

- 1 Yes
  - 5 No
  - .K Don't know
  - .R Refused
- } → GO TO 2.15

2.13 **How many times in the past 12 months did [child's name] see a nurse as part of a GP consultation? [Record]**

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**[Showcard 2.14]**

2.14 **Looking at Card 2.14, the last time [child's name] saw a nurse as part of a GP consultation, what was it for? [Circle and/or record all mentioned]**

- 1 A long-term illness, a chronic condition or disability
- 2 A short-term illness or temporary condition
- 3 An injury or poisoning
- 4 Immunisation or vaccination
- 5 Blood test
- 6 Wound dressing / bandaging
- 7 Routine checkup or health advice
- 8 Advice on whether they needed to see another health care worker, e.g. a doctor
- 77 Something else **[specify]** \_\_\_\_\_
- .K Don't know / don't remember
- .R Refused

2.15 **In the past 12 months, has [child's name] seen a nurse alone without seeing a GP at the same time? [Circle one]**

- 1 Yes
  - 5 No
  - .K Don't know
  - .R Refused
- } → GO TO INTERVIEWER INTRODUCTION PRIOR TO 2.19

2.16 How many times in the past 12 months did [child's name] see a nurse alone without seeing a GP at the same time? [Record]

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- .K Don't know
- .R Refused

**[Showcard 2.14]**

2.17 Looking at Card 2.14, the last time [child's name] saw a nurse *alone* without seeing a GP at same time, what was it for? [Circle and/or record all mentioned]

- 1 A long-term illness, a chronic condition or disability
- 2 A short-term illness or temporary condition
- 3 An injury or poisoning
- 4 Immunisation or vaccination
- 5 Blood test
- 6 Wound dressing / bandaging
- 7 Routine checkup or health advice
- 8 Advice on whether they needed to see another health care worker, e.g. a doctor
- 77 Something else [specify] \_\_\_\_\_
- .K Don't know / don't remember
- .R Refused

2.18 What were you charged for that visit where you saw the nurse alone without seeing a GP at same time? [Record]

- ① Record number i.e. \$30 = 30.
- ① If 'nothing it was free', enter 0.
- ① If respondent says between two amounts i.e. between \$40 and \$50, record average i.e. 45.

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777.77 Other arrangement [specify] \_\_\_\_\_

- .K Don't know
- .R Refused

**Medical Specialists**

① All ages to be asked following questions

The next few questions are about medical specialists. By medical specialist I mean the kind of doctor that people go to for a particular health condition, problem or service, not a GP, for example, a pediatrician, a surgeon or an ear nose and throat specialist. [Child's name] may have seen the medical specialist as an outpatient in a hospital or at their private rooms or clinic. Please **do not** include medical specialists [child's name] may have seen as an **inpatient** at a hospital.

① The definition of an inpatient is "An inpatient is someone who is admitted to hospital at least overnight".

2.19 How many times has [child's name] seen a medical specialist in the past 12 months? [Record]

- ① 0 = he/she has not seen a medical specialist in past 12 months.
- ① If 0 GO TO INTRODUCTION PRIOR TO 2.21.

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**[Showcard 2.20]**

2.20 **Looking at Card 2.20, the last time [child's name] saw a medical specialist about his/her own health, where was this? [Circle one]**

- 1 Public hospital as an outpatient
- 2 Private hospital
- 3 Specialist's private rooms or clinic
- 77 Other **[specify]** \_\_\_\_\_
- .K Don't know
- .R Refused

**Oral health care workers**

① 1-14 year olds to be asked following questions

① 0 year olds GO TO 2.28

The next few questions are about health care for your child's teeth, gums and mouth. These questions include services your child may have received from dentists, dental nurses or dental therapists, as well as any oral health specialists, such as orthodontists. When I say "oral health care worker", I mean **all** these types of professionals. To help us understand your child's need for oral health care, I'll first ask a few questions about his/her teeth.

2.21 **Have any of [child's name]'s teeth ever had a filling? [Circle one]**

- 1 Yes
- 5 No
- .K Don't know
- .R Refused

2.22 **Has pain in [child's name]'s teeth or mouth ever kept him/her awake at night? [Circle one]**

- 1 Yes
- 5 No
- .K Don't know
- .R Refused

2.23 **Have any of [child's name]'s teeth been removed because of tooth decay or 'gum boil' (abscess) or infection? Do not include teeth lost for other reasons such as injury or orthodontics. [Circle one]**

- 1 Yes
- 5 No
- .K Don't know
- .R Refused

2.24 **How many times did [child's name] brush his/her teeth yesterday? [Circle one]**

- 0 None
- 1 One time
- 2 Two times
- 3 Three times or more

- .K Don't know
- .R Refused

**[Showcard 2.25]**

2.25 Looking at Card 2.25, how long has it been since [child's name] last visited an oral health care worker, for any reason? **[Circle one]**

- 1 Within the past year (less than 12 months ago)
- 2 Within the past 2 years (more than 1 year but less than 2 years ago)
- 3 Within the past 5 years (more than 2 years but less than 5 years ago)
- 4 Five or more years ago
- 5 Have never seen an oral health care worker
- .K Don't know / not sure
- .R Refused

2.26 In the last 12 months, has there been any time when [child's name] needed to see an oral health care worker, but he/she wasn't able to? **[Circle one]**

- 1 Yes
  - 5 No
  - .K Don't know
  - .R Refused
- } → GO TO INTRODUCTION PRIOR TO 2.28

2.27 The last time [child's name] was not able to see an oral health care worker when he/she needed to, what was the reason he/she wasn't able to? **[Circle and/or record all mentioned]**

**① Probe "Any other reason?" until no other reason.**

- 1 Costs too much
- 2 Couldn't get an appointment soon enough/ at a suitable time
- 3 It was after hours
- 4 Lack of childcare [for other children]
- 5 Couldn't spare the time
- 6 Didn't want to make a fuss/ couldn't be bothered
- 7 Had no transport to get there
- 8 Anxiety or fear of dental treatment
- 77 Other **[specify]** \_\_\_\_\_
- .K Don't know
- .R Refused

**Other health care workers**

**① All ages to be asked following questions**

There are a number of other types of health care workers that [child's name] may have seen over the last 12 months. This section includes health care workers that may have come to your home, but does not include healthcare workers your child may have seen as an inpatient at a hospital.

**① The definition of an inpatient is "An inpatient is someone who is admitted to hospital at least overnight".**

**[Showcard 2.28]**

2.28 In the last 12 months, has [child's name] seen any other health care workers, such as those listed on Card 2.28 about his/her own health? Please mention all other health care workers [child's name] has seen.

[Circle and/or record all mentioned in 2.28 column below]

① For each health care worker mentioned in 2.28 ask 2.29.

2.29 How many times has [child's name] seen each of those health care workers in the past 12 months? [Record number of times in 2.29 column below]

Q2.28 Other health care workers	Q2.29 Number of times seen in past 12 months
1 Wellchild nurse, e.g. Plunket nurse, Karitane worker	
2 Other nurse, e.g. asthma nurse, district health nurse	
3 Pharmacist	
4 Physiotherapist	
5 Chiropractor or Osteopath	
6 Dietitian	
7 Optician or optometrist	
8 Occupational therapist	
9 Speech-Language therapist	
10 Midwife	
11 Mental health worker, e.g. social worker, psychologist or counsellor	
77 Other [specify] [Record up to two 'Other']	
78 _____	
0 No, none of the above	} → GO TO INTRODUCTION PRIOR 2.30
.K Don't know	
.R Refused	

### Prescription medicines

The next few questions are about the medicines that [child's name] may have been prescribed by a health professional over the last 12 months. This includes any medicines we may have already talked about.

#### [Showcard 2.30]

2.30 Looking at Card 2.30, in the last 12 months which of the health professionals have prescribed [child's name] a prescription item?

[Circle and/or record all mentioned]

Health professional writing prescription	
1	GP/Family doctor
2	Nurse
3	Midwife
4	Dentist

5	Medical specialist
77	Other
0	None of the above, child has not had any prescriptions in the last 12 months
.K	Don't know
.R	Refused

GO TO 2.33

2.31 In the ***last 12 months***, how many times have you got a prescription for [child's name], but then ***didn't*** collect one or more of the items from the pharmacy or chemist? [Circle one]  
 ① Wait for response then circle one only.

- 1 One time
- 2 Two times
- 3 Three to five times
- 4 More than 5 times
- 0 None – always collected items prescribed
- .K Don't know
- .R Refused

GO TO 2.33

2.32 The ***last time*** this happened, what was the reason you didn't collect the items? [Circle and/or record all mentioned]  
 ① Probe "Any other reason?" and repeat probe until no other reason.

- 1 Cost too much
- 2 Will pick up medication if really need to / doctor wrote prescription just in case
- 3 Don't like taking drugs
- 4 Condition got better by itself
- 5 Thought medicine wouldn't work/medicine makes it worse
- 6 Forgot/couldn't be bothered
- 7 Lack of transport
- 77 Other [specify] \_\_\_\_\_
- .K Don't know
- .R Refused

**Health advice over the phone**

① All ages to be asked following questions

**[Showcard 2.33]**

2.33 Looking at Card 2.33, in the last 12 months have you talked on the telephone with any of the following health care workers or services to get health advice for [child's name]? Please mention all you have phoned.  
 [Circle and/or record in the 2.33 column below]  
 ① For each health care worker or service mentioned in 2.33 ask 2.34.

2.34 How many times have you phoned that health care worker or service in the past 12 months about [child's name]'s health? [Record number of times in column 2.34 below]

2.33 Health Care Worker or service phoned for health advice	2.34 No. of times phoned in last 12 months
1 Healthline	

2	Plunketline	
3	GP / Family doctor	
4	Nurse at GP clinic	
5	Pharmacist	
6	After-hours or 24 hour Accident and Medical centre	
7	Emergency department at a public hospital	
8	111 Emergency phone line	
77	Other [specify] [Record up to two 'Other']	
78		
0	No, I have not talked to a health care worker on the telephone about health advice for my child in the last 12 months	GO TO INTRODUCTION PRIOR 2.35
.K	Don't know	
.R	Refused	

### Secondary Health Care Services / Hospital Use

#### ① All ages to be asked following questions

The last few questions in this section are about **[child's name]** use of hospitals over the past 12 months. I'll begin by asking you about **public** hospitals, that's where you don't have to pay, and then move on to **private** hospitals, where you, your insurance, or a government agency like ACC would pay.

2.35 In the last 12 months, has **[child's name]** used a service at, or been admitted to, a **public hospital** as a patient? This could have been for a physical or a mental health condition. **[Circle one]**

- 1 Yes
  - 5 No
  - .K Don't know
  - .R Refused
- GO TO 2.37

#### [Showcard 2.36]

2.36 Looking at Card 2.36, in the last 12 months, at a public hospital, which of the following happened? **[Circle all mentioned]**

- 1 Your child was born in the *maternity* ward
- 2 Your child used the *emergency* department
- 3 Your child used an *outpatients'* department, that is, a ward or clinic or specialist where they went as an outpatient
- 4 Your child was admitted for *day treatment*, that is, day surgery or medical care for which they had to stay in hospital for more than 3 hours but not overnight
- 5 Your child was admitted as an *inpatient*, that is, stayed as a patient overnight (includes transfers from maternity to neo-natal unit)
- 6 None of the above
- .K Don't know
- .R Refused

2.37 In the last 12 months, has your child used a service at, or been admitted to, a **private** hospital? [Circle one]

- 1 Yes
- 5 No
- .K Don't know
- .R Refused

GO TO INTRODUCTION PRIOR TO 3.01

[Showcard 2.38]

2.38 Looking at Card 2.38, in the last 12 months, at a private hospital, which of the following happened? [Circle all mentioned]

- 1 Your child used an outpatients' department, that is, a ward or clinic or specialist where they went as an outpatient
- 2 Your child was admitted for day treatment, that is, day surgery or medical care for which they had to stay in hospital for more than 3 hours but not overnight
- 3 Your child was admitted as an inpatient, that is, stayed as a patient overnight
- 4 None of the above
- .K Don't know
- .R Refused

GO TO INTRODUCTION PRIOR 3.01

① If ① **only** circled in 2.38 GO TO 3.01, otherwise GO TO 2.39.

[Showcard 2.39]

2.39 Looking at Card 2.39, why were they admitted to a private hospital? [Circle one]

- 1 Tonsillectomy and/or adenoids
- 2 Grommet insertion
- 3 Dental work
- 4 Hernia procedure
- 77 Other [specify] \_\_\_\_\_
- .K Don't know
- .R Refused

## RISK AND PROTECTIVE FACTORS

The next few questions are about your child's diet and activity.

### Caregiver's perception of child's weight

① 2 years old and over to be asked following questions

① If under 2 GO TO 3.02

#### [Showcard 3.01]

3.01 Looking at Card 3.01, on a scale of one to five, where one is very underweight and five is very overweight, how do you view the weight of [child's name]?  
[Circle one]

- 1 Very underweight
- 2 Underweight
- 3 Neither underweight nor overweight
- 4 Overweight
- 5 Very overweight
- .K Don't know
- .R Refused

### Breastfeeding

① All ages to be asked following questions

3.02 Has [child's name] ever been breastfed?

- 1 Yes
  - 5 No
- ① If child aged 0-4 years GO TO 3.05.  
① If child aged 5+ years GO TO 3.10.

- .K Don't know
  - .R Refused
- ① If child aged 0-4 years GO TO 3.05.  
① If child aged 5+ years GO TO 3.10.

3.03a What age was [child's name] when he/she stopped being breastfed?

① Enter the number of years, months and/or weeks in 3.03a/b and/or c

① Less than 1 week old, Code "weeks" (3.03c) as 0.

① If not applicable i.e. if child is still being breastfed enter 777.

① 'Expressed' milk is to be counted as being breastfed.

① If Don't know or Refused enter .K or .R.

Enter number of years mentioned...

|  |  Years

3.03b Enter number of months mentioned...

|  |  Months

3.03c Enter number of weeks mentioned...

|  |  Weeks

① If child aged 5+ years GO TO 3.10

① If child aged 0-4 years GO TO 3.04

## Nutrition

3.04a What age was [child's name] when he/she was given any drink or food other than breast milk?

① This includes water, formula and other types of milk, but does not include prescribed medicines

① Enter the number of years, months and/or weeks in 3.04a/b and/or c

① Less than 1 week old, Code "weeks" (3.04c) as 0.

① If child is exclusively breastfed code as 777 and GO TO 3.06

① If Don't know or Refused enter .K or .R and GO TO 3.06

Enter number of years mentioned...

Years

3.04b Enter number of months mentioned...

Months

3.04c Enter number of weeks mentioned...

Weeks

### [Showcard 3.05]

3.05 Looking at Card 3.05, what was the first non-breast milk food or drink that your child had? [Circle one]

1 Water

2 Milk (any non-breast milk)

3 Infant formula

4 Solids (includes watered-down cereals, potato/kumara etc)

.K Don't know/don't remember

.R Refused

3.06 Has [child's name] ever been given infant formula regularly, that is, at least once a week? [Circle one]

1 Yes

5 No

.K Don't know

.R Refused

GO TO 3.09

3.07a At what age was [child's name] first given infant formula regularly?

① Enter the number of years, months and/or weeks in 3.07a/b and/or c

① Less than 1 week old, Code "weeks" (3.07c) as 0.

① If Don't know or Refused enter .K or .R

Enter number of years mentioned...

Years

3.07b Enter number of months mentioned...

Months

3.07c Enter number of weeks mentioned...

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 Weeks

**[Showcard 3.08]**

3.08 Looking at Card 3.08, what type of infant formula did [child's name] have? [Circle and/or record all mentioned].

- 1 Cow's milk
- 2 Soy-based
- 3 Goat's milk
- 77 Other **[specify]** \_\_\_\_\_
- .K Don't know/don't remember
- .R Refused

3.09a At what age was [child's name] first given solids? [Circle one]

① Enter the number of years, months and/or weeks in 3.09a/b and/or c

① If not applicable, child never given solids, code "years" as 777

① If Don't know or Refused enter .K or .R

Enter number of years mentioned...

--	--	--

 Years

3.09b Enter number of months mentioned...

--	--	--

 Months

3.09c Enter number of weeks mentioned...

--	--	--

 Weeks

**Nutrition**

① 2-14 year olds to be asked following question.

① Under 2 year olds to GO TO INTRODUCTION prior to 4.01.

3.10 Thinking back over the past week, how often did [child's name] have breakfast at home? [Record]

① If none enter 0.

① If every day enter 7.

① If child was not at home in past week, ask caregiver to recall last 7 days child was at home.

--

.K Don't know/don't remember

.R Refused

① Ask if child aged 5-14 years.

① If child under 5 years GO TO 3.12.

3.11 Over the past 5 school days, how often did [child's name] bring his/her lunch to school from home? [Record]

① If school holidays or child sick, ask respondent to recall 5 school days before absence from school.

77 Not applicable as home schooled

.K Don't know/don't remember

.R Refused

3.12 In a typical week, would [child's name] usually have a fizzy or soft drink, such as cola or lemonade? [Circle one]

① If asked, this includes energy drinks such as 'Powerade' or 'V' but does not include powdered drinks made up with water such as cordial or 'Raro', or fruit juice such as 'Just Juice'.

1 Yes

5 No

.K Don't know

.R Refused

3.13 In the past 7 days, how many times did [child's name] have this type of drink? [Record]

① If none, enter 0.

.K Don't know

.R Refused

3.14 In a typical week, would [child's name] eat any food purchased from a fast food place or takeaway shop, such as fish and chips, burgers, fried chicken or pizza? This includes snacks as well as mealtimes. [Circle one]

1 Yes

5 No

.K Don't know / unsure

.R Refused

3.15 Thinking about the past 7 days, how many times did [child's name] eat this type of food? Again, please include snacks as well as mealtimes. [Record]

① If none, enter 0.

.K Don't know / unsure

.R Refused

**Activity**

① 5-14 year olds to be asked following questions

① If aged 0-4 GO TO INTRODUCTION PRIOR TO 4.01

**[Showcard 3.16]**

3.16 Looking at Card 3.16, how does your child usually get to and from school?

**[Circle all mentioned]**

① “Walking bus” = 1, “carpool” = 4.

- 1 Walk
- 2 Bike
- 3 Skate or other physical activity
- 4 Car
- 5 School bus
- 6 Public transport
- 77 Other **[specify]** \_\_\_\_\_
- 0 Not applicable as home schooled → GO TO 3.19
- .K Don't know → GO TO 3.18
- .R Refused → GO TO 3.18

① If 1, 2 and/or 3 circled in 3.16 GO TO 3.18

**[Showcard 3.17]**

3.17 Looking at Card 3.17, in general, what stops your child from walking, biking or skating to and from school? **[Circle and/or record all mentioned]**

① If respondent says “too dangerous” please clarify if they mean response 4 or 5.

- 1 We live too far from school
- 2 It takes too long, or, there is not enough time
- 3 He/she is unable to walk/bike/skate because of a health condition
- 4 Busy traffic/main road
- 5 Too dangerous (any reason other than traffic)
- 6 He/she doesn't want to
- 7 The weather
- 77 Other **[specify]** \_\_\_\_\_
- .K Don't know/unsure
- .R Refused

**[Showcard 3.16]**

3.18 Thinking about the last 10 trips [child's name] made to and from school, how many times did the child use each of the following methods of transport, listed on Card 3.18, over the last 5 school days?

**[Record in 3.18 column below]**

**[Read out 1-77 and record number next to each]**

① If school holidays or child sick, ask respondent to recall 5 school days before holidays/sickness started.

① If nil enter 00 but note cannot be 00 for every category.

Transport to and from school	3.18 Number of times in past 5 school days
1 Walk	
2 Bike	
3 Skate or other physical activity	
4 Car	
5 School bus	
6 Public transport	
77 Other <b>[specify]</b> _____	
.K Don't know	
.R Refused	

3.19 What is the average amount of time [child's name] spends watching TV each weekday? This could be anywhere, not just in your home, and includes DVDs/videos but does not include games. **[Record]**

① Round to nearest hour.

① If none, [child's name] does not watch TV on weekdays, enter 0.

.K Don't know / unsure

.R Refused

3.20 What is the average amount of time [child's name] spends watching TV in the weekend? Again, this could be anywhere, not just in your home and includes DVDs/videos but does not include games. **[Record]**

① Round to nearest hour.

① If none, child does not watch TV on weekends, enter 0.

① Record total hours over both Saturday and Sunday.

.K Don't know / unsure

.R Refused

## 4. SOCIO-DEMOGRAPHICS

Now, we need to collect some general information about [enter name of child]. The answers to these questions help us to check that we have selected a representative sample of New Zealand children to participate in this survey, and sometimes these things can affect children's health.

### Date of birth

① All ages to be asked following questions

4.01 What is [child's name] date of birth? [Record]

① Enter eight digit date (e.g. 4 March 2001 = 04/03/2001).

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- .K Don't know
- .R Refused

### Ethnicity

① All ages to be asked following questions

[Showcard 4.02]

4.02a Looking at Card 4.02, which ethnic group or groups does [child's name] belong to? [Circle and/or record all mentioned]

- |    |   |   |             |
|----|---|---|-------------|
| 1  | New Zealand European                      | } | GO TO 4.03  |
| 2  | Māori                                     |   |             |
| 3  | Samoan                                    |   |             |
| 4  | Cook Island Māori                         |   |             |
| 5  | Tongan                                    |   |             |
| 6  | Niuean                                    | } | GO TO 4.02b |
| 7  | Chinese                                   |   |             |
| 8  | Indian                                    |   |             |
| 77 | Other, such as Dutch, Japanese, Tokelauan |   | GO TO 4.02b |
| .K | Don't know                                | } | GO TO 4.03  |
| .R | Refused                                   |   |             |

4.02b What other ethnic group or groups does [child's name] belong to? [Record]

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4.03 Is [child's name] descended from Māori? That is, did he/she have a Māori birth parent, grandparent or great-grandparent or any other Māori ancestor?

- 1 Yes
- 5 No
- .K Don't know / unsure
- .R Refused

4.04 Which country was [child's name] born in? [Circle one]

- 1 New Zealand →
- 2 Australia
- 3 England
- 4 Scotland
- 5 China (People's Republic of)
- 6 South Africa
- 7 Samoa
- 8 Cook Islands
- 77 Other [specify the present name of the country] \_\_\_\_\_
- .K Don't know
- .R Refused

4.05 In what year did [child's name] arrive to live in New Zealand? [Record]

① Enter 4 digit date i.e. 1967.

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- .K Don't remember
- .R Refused

[Showcard 4.06]

4.06 Looking at Card 4.06, in which languages could [child's name] have a conversation about a lot of everyday things? [Circle and/or record all mentioned]

- 1 English
- 2 Māori
- 3 Samoan
- 4 NZ sign language
- 77 Other language e.g. Gujarati, Cantonese, Greek [specify] \_\_\_\_\_
- 99 Not applicable, child cannot have a conversation yet
- .R Refused

[Showcard 4.06]

① If child is 0-4 years ask...

4.07 Again looking at Card 4.06, which languages are spoken to [child's name]? This could be at home or in other environments like an early education centre. [Circle and/or record all mentioned]

① If child is 5+ years ask...

Again looking at Card 4.06, which languages are spoken to [child's name]? This could be at home or at school. [Circle and/or record all mentioned]

① If asked, include language even if only used for some things, e.g. commands, numbers, greetings, if spoken regularly.

- 1 English
- 2 Māori
- 3 Samoan
- 4 NZ sign language
- 77 Other language e.g. Gujarati, Cantonese, Greek [specify] \_\_\_\_\_
- 99 Not applicable, child cannot have a conversation yet
- .R Refused

## Disability allowance and medical insurance

### ① All ages to be asked following questions

4.08 Do you receive a disability allowance or a child disability allowance for [child's name]? [Circle all mentioned]

① Prompt if required: A CDA is a fortnightly payment from Work and Income New Zealand of about \$37 for a seriously disabled child who requires constant care and attention. A DA is a means-tested benefit that helps with ongoing regular costs because of a disability.

- 1 Child disability allowance
- 3 Disability allowance
- 5 No
- .K Don't know
- .R Refused

4.09 Is [child's name] covered by any health or medical insurance scheme? [Circle one]

- 1 Yes
- 5 No
- .K Don't know / unsure
- .R Refused

## Passive smoking

4.10 Does anyone smoke inside your house? [Circle one]

- 1 Yes
- 5 No
- 3 Sometimes
- .K Don't know
- .R Refused

4.11 Thinking about the car that [child's name] usually travels in, does anyone smoke in that car? [Circle one]

① If respondent says, "Yes, but not when child is inside car" code as 3.

- 1 Yes
- 5 No
- 3 Sometimes
- .K Don't know
- .R Refused

### Child/household mobility

#### ① All ages to be asked following questions

4.12 Thinking back over the past 5 years, how many times has your family moved house? [Circle one]

- 0 Has not moved house in past 5 years
- 1 Once
- 2 Twice
- 3 Three times
- 4 Four times
- 5 Five or more times
- .K Don't know
- .R Refused

4.13a Do you currently have any regular over-night arrangements to share the care of [child's name]? This could be a shared-custody agreement or an informal arrangement.

#### ① Only include overnight arrangements.

- 1 Yes
  - 5 No
  - .K Don't know
  - .R Refused
- GO TO 4.14

4.13b What arrangement is that? [Probe and record]

#### ① For example every second weekend they live with father.

- 
- 
- .K Don't know
  - .R Refused

### Early childhood care

#### ① 0-4 year olds to be asked following questions

#### ① For those aged 5-14 GO TO INSTRUCTION PRIOR TO 4.18

4.14 In a typical week, is [child's name] regularly in care, outside of your home during the day? 'Regularly' means one or more times every week.

- 1 Yes
  - 5 No
  - .K Don't know
  - .R Refused
- GO TO 4.16a

4.15a How old was [child's name] when he/she was first regularly in care outside of your home during the day? [Enter]

#### ① Enter the number of years and/or months in 4.15a and/or b

#### ① Less than 1 month old code "months" (4.15b) as 0.

#### ① Not applicable i.e. if child is not regularly in care outside home, enter 777

#### ① If Don't know or Refused enter .K or .R

Enter number of years mentioned...

Years

- .K Don't know / don't remember
- .R Refused

4.15b Enter number of months mentioned...

Months

**[Showcard 4.16a]**

4.16a Thinking about the past 7 days, was your child in any arranged childcare, such as that listed on Card 4.16a? **[Circle one]**

1 Yes

5 No

.K Don't know

.R Refused

GO TO INTRODUCTION PRIOR TO 4.18

**[Showcard 4.16a]**

4.16b Looking at Card 4.16a, which childcare, person or service was that?

**[Circle and/or record all mentioned in 4.16b column below]**

**① For each childhood service mentioned in 4.16b ask 4.17.**

4.17 About how many hours in the past week, did this person or service look after [child's name]? **[Record in 4.17 column below]**

4.16b	Early childhood care services used	4.17	Hours in past week
1	A babysitter, family member or friend in <b>my</b> home		
2	A babysitter, family member or friend in <b>their</b> home		
3	A nanny or early childcare worker in <b>my</b> home		
4	A nanny or early childcare worker in <b>their</b> home		
5	A childcare education centre or crèche		
6	A kindergarten		
7	Te Kohanga Reo or Pacific Language Group		
77	Other childcare arrangement <b>[specify]</b> _____		
.K	Don't know → GO TO INTRODUCTION PRIOR TO 4.18		
.R	Refused → GO TO INTRODUCTION PRIOR TO 4.18		



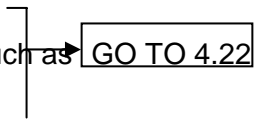
- 6 Diploma (not post-graduate)
- 7 Diploma – Postgraduate
- 8 Trade or technical certificate which took more than 3 months full-time study
- 9 Professional qualification, for example, ACA, teachers, nurses
- 77 Other [**specify**] \_\_\_\_\_
- .K Don't know
- .R Refused

**Primary caregiver's employment status**

**[Showcard 4.21a]**

4.21a **Looking at Card 4.21a, in general, which of these statements best describes your employment status now: [Circle one]**

- 1 Working in paid employment
- 2 Not in paid work, and looking for a job
- 3 Not in paid work, and not looking for a job (for any reason, such as being retired, a homemaker, caregiver, or full-time student)
- .K Don't know
- .R Refused



4.21b **How many hours a week do you usually work? [Record]**

**① Round to nearest hour**

\_\_\_\_\_

**Household income and composition**

**[Showcard 4.22]**

4.22 **Looking at Card 4.22, what is the total income that your household got from all sources, before tax or anything was taken out of it, in the last 12 months? [Circle one]**

- 1 Less than \$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 - \$60,000
- 10 \$60,001 - \$70,000
- 11 \$70,001 - \$80,000
- 12 \$80,001 - \$100,000
- 13 \$100,001 - \$120,000
- 14 \$120,001 - \$150,000
- 12 \$150,001 or more
- .K Don't know
- .R Refused

**① For the next set of questions please refer to the household screening sheet**

4.23 **I'll just confirm that there are XX people in this household. This includes yourself and any babies and children. [Record]**

① As per Column A of the Adult & Child Pre-Kish

① Enter number upon confirmation/correction from respondent

.K Don't know

.R Refused

① If 4.23 =2, .K or .R, GO TO 4.27

I would now like to ask you some information about the other people who live in this household as this can affect your child's health. We'll start with the eldest person and go through every one, one by one, not including yourself or [child's name].

① Refer to household screener

4.24a Is the oldest person in your household, that's person number 1, male or female? [Circle one upon confirmation from respondent in 4.24 column below, for person no.1]

1 Male

2 Female

.R Refused

4.25a And how old was person number 1 on their last birthday? [Record in 4.25 column below, for person no.1]

① Enter 0 if under 1 year old.

.K Don't know

.R Refused

[Showcard 4.26a]

4.26a Looking at Card 4.26a, person number 1 is your...? [Circle one in 4.26 column below, for person no.1]

- 1 Legal husband or wife
- 2 Civil union partner
- 3 Partner or de facto, boyfriend or girlfriend
- 4 Mother or father
- 5 Son or daughter
- 6 Sister or brother
- 7 Grandparent
- 8 Grandchild
- 9 Mother or father-in-law
- 10 Aunt or uncle
- 11 Niece or nephew
- 12 Other relative
- 13 Flatmate
- 14 Boarder
- 15 Other non-relative
- .K Don't know
- .R Refused

We'll now move onto the next person.

4.24b **Is person number 2, male or female? [Circle one upon confirmation from respondent in 4.24 column below, for person no.2]**

- 1 Male
- 2 Female
- .R Refused

4.25b **How old was person number 2 on their last birthday? [Record in 4.25 column below, for person no.2]**

① Enter 0 if under 1 year old.

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- .K Don't know
- .R Refused

**[Showcard 4.26a]**

4.26b **Looking at Card 4.26a, person number 2 is your...? [Circle one in 4.26 column below, for person no.2]**

- 1 Legal husband or wife
- 2 Civil union partner
- 3 Partner or de facto, boyfriend or girlfriend
- 4 Mother or father
- 5 Son or daughter
- 6 Sister or brother
- 7 Grandparent
- 8 Grandchild
- 9 Mother or father-in-law
- 10 Aunt or uncle
- 11 Niece or nephew
- 12 Other relative
- 13 Flatmate
- 14 Boarder
- 15 Other non-relative
- .K Don't know
- .R Refused

Now, person number 3.

4.24c **Is person number 3, male or female? [Circle one upon confirmation from respondent in 4.24 column below, for person no.3]**

- 1 Male
- 2 Female
- .R Refused

4.25c **How old was person number 3 on their last birthday? [Record in 4.25 column below, for person no.3]**

① Enter 0 if under 1 year old.

--	--	--

- .K Don't know
- .R Refused

**[Showcard 4.26a]**

4.26c **Looking at Card 4.26a, person number 3 is your...? [Circle one in 4.26 column below, for person no.3]**

- 1 Legal husband or wife
- 2 Civil union partner
- 3 Partner or de facto, boyfriend or girlfriend
- 4 Mother or father
- 5 Son or daughter
- 6 Sister or brother
- 7 Grandparent
- 8 Grandchild
- 9 Mother or father-in-law
- 10 Aunt or uncle
- 11 Niece or nephew
- 12 Other relative
- 13 Flatmate
- 14 Boarder
- 15 Other non-relative
- .K Don't know
- .R Refused

**Ⓢ Continue as necessary until all household members (excluding main caregiver and child respondent) are entered – computer to stop prompting when answers are two less than number entered in 4.23 reached.**

4.27 **Do you or anyone else who lives here, own or partly own this dwelling? [Circle one]**

**Ⓢ With or without a mortgage.**

- 1 Yes
- 5 No
- .K Don't know / unsure
- .R Refused

4.28 **How many bedrooms are there in this dwelling? Please include rooms or sleepouts that are furnished as bedrooms and any caravans that this household uses as a bedroom. [Record]**

- .K Don't know
- .R Refused

**Note:** A bedroom is defined as a room in a dwelling which is used, or intended for sleeping in. The following rules apply: A room is considered to be a bedroom if it is furnished as a bedroom even if it is not being used at the time of the data collection. A room furnished as a bedroom should include a sleeping facility such as a bed or mattress, and could include items such as a dresser and chest of drawers. Room equivalents should not be counted for one roomed dwellings (ie bed-sitting room). A one-roomed dwelling should be counted as having one bedroom and therefore one total room. A sleepout adjacent to a private dwelling should be counted as a bedroom if it is used and/or furnished as a bedroom and is occupied by members of the same household as occupy the dwelling. A caravan adjacent to a private dwelling should be counted as a bedroom only if it is used as a bedroom and is occupied by members of the same household as occupy the dwelling. A room (such as a living room) that is used as a bedroom at night, either short-term or long-term, should not be counted as a bedroom unless the only bedroom facilities in the dwelling are in that room. If the only bedroom facilities in a dwelling are in a room that is also used for another purpose, (ie in a living room), this room should be counted as a bedroom.

## HEALTH MEASUREMENTS

① If measurements section done first ask:

Looking at Card D.02, could you tell me which of these age groups [child's name] belongs to? [Circle one]

- 1 Birth-11 months
- 2 12-23 months (1 year old)
- 3 2-4 years
- 4 5-9 years
- 5 10-14 years
- .K Don't know
- .R Refused

① 2-14 year olds only to be asked following questions

① 0-23 months old GO TO THANK YOU

① If child aged 2-4 years old say ... That's the end of the questionnaire. I would like to measure your child's height and weight.

Is this a good time for me to get measurements from [child's name]?

- 1 Yes → CONTINUE
- 5 No → MAKE TIME TO VISIT WHEN CHILD IS HOME

① If child aged 5+ years old say ... That's the end of the questionnaire. I would like to measure your child's height, weight and waist circumference.

Is this a good time for me to get measurements from [child's name]?

- 1 Yes → CONTINUE
- 5 No → MAKE TIME TO VISIT WHEN CHILD IS HOME

① Talking to the child... While I'm setting up the equipment, could you please remove your shoes and any heavy clothing so we can obtain accurate measurements... Thank you.

### Height

Please stand on the centre of the base with your back to the stadiometer. Put your feet together and move them back until your heels touch the back of the stadiometer. Stand up straight and look straight ahead.

① If head is not in Frankfort Plane say...

Please raise/lower your chin.

Please take a deep breath and hold it. ① Take measurement when breath is held and say it aloud.

That's fine, you can breathe normally now and step away from the stadiometer.

M.2 1st reading 000.0 (cm)

.R Respondent refused to have height recorded  
777 Respondent unable to have height recorded (e.g. chairbound, too unsteady on feet, in pain etc)

### **Weight**

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

#### **M.3 1st reading 000.0 (kg)**

.R Respondent refused to have weight recorded  
777 Respondent unable to have weight recorded (e.g. chairbound, too unsteady on feet, in pain etc)

### **Waist girth**

① **If aged 5+ years.**

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

#### **M.4 1st reading 000.00 (cm)**

.R Respondent refused to have waist circumference recorded  
777 Respondent unable to have waist circumference recorded (e.g. XXXX)

### **Second and third readings**

I'm now going to repeat all three measures starting with height again.

① **Computer repeats prompts as above and automatically does calculation if 3<sup>rd</sup> reading is required – if more than 1% difference between first and second reading, a third reading is required.**

I'm now going to take a third measure of your height / weight / waist girth.

### **Thank you**

① **All ages.**

On behalf of the Ministry of Health, thank you once again for talking with me about your child's health. Here is a small gift from the Ministry in recognition of your time.

① **Give Thank You card and koha.**

Inside the card is a list of phone numbers you can call if you would like more information or advice, and printed on the pen is the New Zealand Health Survey website where you can find the results.

I would like to reassure you that your answers remain confidential to the Ministry of Health. As I said, my name is XXXX and I'm from National Research Bureau.

### Interviewer observations

*Complete following questions without asking respondent:*

*Was this interview conducted...?*

- 1 With no help from an interpreter or family member/friend of respondent?
- 2 With a small amount of language assistance from an interpreter?
- 3 With a small amount of language assistance from a family member/friend of respondent?
- 4 With a small amount of cognitive assistance from a caregiver, i.e. caregiver and respondent answered questions?
- 5 With substantial language assistance from an interpreter?
- 6 With substantial language assistance from a family member or friend of respondent?
- 7 With substantial cognitive assistance from a caregiver, i.e. caregiver was the proxy-respondent?

*Was childcare requested for this interview?*

- 1 Yes, provided by another NRB interviewer
- 2 Yes, provided by respondent's family/friend
- 3 Yes, provided by someone else **[specify]** \_\_\_\_\_
- 4 No