



MASSEY UNIVERSITY
COLLEGE OF HUMANITIES
AND SOCIAL SCIENCES
TE KURA PŪKENGĀ TANGATA

<Todays_Date>

<Mailing_Name>

<Mailing_address_1>

<Mailing_address_2>

<Mailing_address_3>

Dear <Mailing_Name>

I would like to invite you, as a highly valued participant in the New Zealand Health, Work and Retirement longitudinal study, to take part in our 2020 survey. This biennial survey of older New Zealand residents contributes to national and international discussions on how to support individuals to age well in our communities. Following on from 2018, the 2020 survey has a focus on the experiences of work, retirement and caregiving.

In addition to this invitation, your package contains an information sheet on the project, the 2020 survey, a freepost envelope, and a complimentary pen. If you do wish to participate, please complete and return the survey in the envelope provided.

This year we also ask whether you are interested in participating in a new project investigating risk and wellbeing following accident and injury. More information on this project is provided in the information sheet for your consideration.

As always, all information that you provide as part of the study is completely confidential and will be used only for the purposes of this research. If you would like to learn more about the research and what is involved, please feel free to contact us at any time to discuss this project or ask any questions you may have. You can contact us on the free-phone number **(0800 100 134)** or email: **hart@massey.ac.nz**

Thank you for taking the time to consider this request. Your contribution to this national research study will be very much appreciated and is vital to the success of this initiative.

Yours sincerely

Professor Fiona Alpass, on behalf of the Health and Ageing Research Team (HART) at Massey University:

Professor Fiona Alpass

Professor Christine Stephens

Dr Joanne Allen

Ms Vicki Beagley

Dr Mary Breheny

Dr Juliana Mansvelt

Mr Brendan Stevenson

Dr Agnes Szabo

Assoc. Professor Joanne Taylor

Dr Andy Towers

Dr Polly Yeung

Ms Hannah Phillips



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Dear <Mailing_Name>

On behalf of Massey University's Health and Ageing Research Team, I would like to invite you to participate in the 2020 New Zealand Health, Work and Retirement study. This is a biennial survey of people aged 55 and over living in New Zealand, which contributes to national and international discussions on how to support individuals to age well in our communities. The survey has been conducted since 2006 and in 2016 we celebrated a decade of research into the health and wellbeing in the New Zealand community.

In addition to this invitation, you will find in your package an information sheet on the project, a consent form, our 2020 questionnaire, a freepost envelope, and a complimentary pen. In addition to your survey responses, we also ask whether you are interested in providing consent for the study to access data held by the New Zealand Health Information Service and ACC. This information supports projects investigating risk and wellbeing following events such as illness, accident and injury, and accessing health care. More information on this project is provided in the information sheet for your consideration.

If you wish to participate, please complete and return the enclosed questionnaire and consent form in the freepost envelope supplied. All information that you provide is completely confidential and will be used only for the purposes of this research.

If you would like to learn more about the project and what is involved, please read the accompanying information sheet and feel free to contact us at any time to discuss this project or ask any questions you may have. You can contact us on the free-phone number **(0800 100 134)** or email **hart@massey.ac.nz**.

Thank you for taking the time to consider this request. Your contribution to this national research study will be very much appreciated and is vital to the success of this initiative.

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The 2020 New Zealand Health, Work and Retirement study

INFORMATION SHEET (v A3.0)



*Professor Christine Stephens
(left) and Professor Fiona Alpass
(right)*

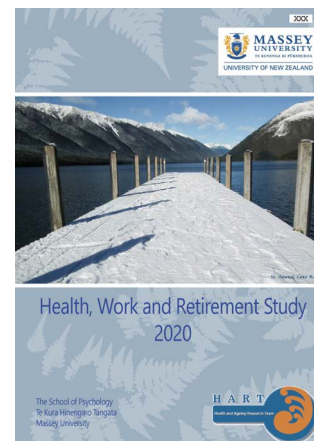
What is the New Zealand Health, Work and Retirement study?

The Health, Work and Retirement study is a study of people aged 55 years and over who are living in New Zealand. The study provides information on issues such as health, work and retirement, which are relevant for research and policy now and into the future. Through this research, New Zealanders can share their experiences of ageing and inform national and international discussions.

The Health, Work and Retirement study began in 2006 and is run by Massey University's Health and Ageing Research Team (HART). The study is led by Professor Christine Stephens and Professor Fiona Alpass from the School of Psychology. To date, over 14,000 New Zealand residents aged 55 and over have been surveyed.

Why have I been contacted?

As one of our valued past participants, we are inviting you to participate again, as we would like people who have filled out a survey before to complete this new survey. You will be providing important information regarding changes, or lack of change, in your circumstances over time. Collecting this information over time is what makes the Health, Work and Retirement study so valuable for understanding ageing. As a token of appreciation, everyone who returns the survey will be entered into a prize draw to win one of four \$50 supermarket vouchers. The first prize will be drawn in October 2020, and every six months until all prizes are allocated.



New project: wellbeing following accident and injury

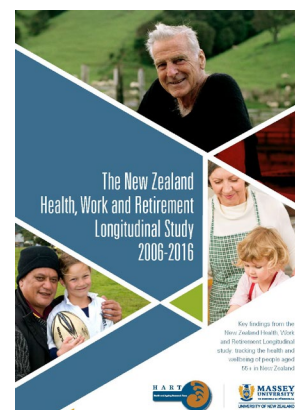
This year the study will begin a new project to link data from the Health, Work and Retirement study to accident, injury and related health data held by the Accident Compensation Corporation (ACC). Both the survey answers and the linked health data will be de-identified. This means that no individual can be identified using these data. Your consent to participate in the ACC data linkage project would allow the research team to answer a number of important health questions that could not be addressed by either a survey or ACC data alone.

For those who provide written consent to participate in this new component of the project, we will provide ACC with your name, address, and date of birth. This information will be used by the

ACC to identify the correct records. The research team will contact ACC periodically to update these records. You can withdraw your consent at any time by contacting the HART free phone number **(0800 100 134)** or email the team, hart@massey.ac.nz.

Will my data remain secure and confidential?

All information provided is completely confidential and will be used only for the purposes of health research by approved researchers. It will not be possible to identify individuals in any dataset, or any report or publication from the study. We use a unique ID code printed on the top right-hand corner of the survey booklet to identify who has returned the survey. The research team also uses ID codes to link responses to surveys returned from the same participant over time. Survey responses are always stored securely and separately from your name and address details.



A report on the first ten years of the study is available on the HART website

To ensure that ACC data remain confidential, a confidential data-transference and merging process is used. You can rest assured that:

- Once your ACC records are found and extracted by the ACC, your name will be replaced with a unique ID number.
- This de-identified data will be encrypted and sent via registered courier to the Health and Ageing Research Team (HART) at Massey University. The key to unlock the encrypted dataset will be sent separately via secured email directly to the HART.
- The HART will merge this information with other data provided by you, using your unique ID number. This ensures that your name will always be stored separately to your data, and that both your study data and ACC data are unable to be directly linked to your name, except by the HART Research Officer as required for study administration purposes.
- The ACC will never have access to your data stored at Massey University.

What do I need to do?

Participation in the Health, Work and Retirement survey involves filling out the enclosed survey and returning it. This should take about 45 minutes. Please sign the enclosed consent form if you would also like to participate in the new project on wellbeing following accident and injury and are willing for the research team to obtain your records from ACC. You can return the survey and consent form in the freepost envelope supplied. Even if you do not consent to data linkage, you can complete the survey and return it to us. Participating in either part of the study is entirely voluntary.

What are my rights as a participant in this study?

If you decide to participate, you have the right to:

- Decline to answer any particular question;
- Ask any questions about the study or withdraw from the project at any time by calling the HART contact number (**0800 100 134**) or emailing the team at hart@massey.ac.nz;
- Know that the information will be kept strictly confidential and will be used only for health research;
- Know that reports and publications from this study will not identify any individual taking part.



Research Officer Ms Vicki Beagley

Who can I contact if I have further questions about this study?

You can contact the Health and Ageing Research Team researchers any time on the free-phone number (**0800 100 134**) or you can email a question to hart@massey.ac.nz. This will put you directly in contact with Ms Vicki Beagley who will send your request to the appropriate team member.

We have a website with information for those participating or interested in the study. This site includes a description of the study, together with answers to frequently asked questions. Summary reports of the study findings are available on the website and copies can be mailed to participants on request. You can access this website at: hart.massey.ac.nz/

Statement of Ethical Approval

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern A, Application 20/07. If you have any concerns about the conduct of this research, please contact Dr Negar Partow, Chair, Massey University Human Ethics Committee: Southern A, telephone 04 801 5799 x 63363, email humanethicsoutha@massey.ac.nz

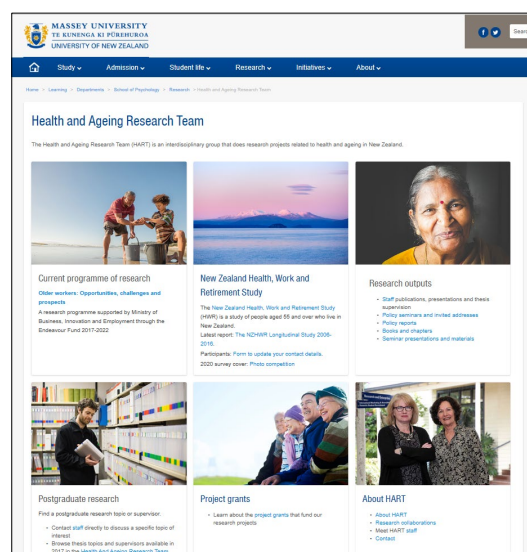
Thank you!

We greatly appreciate your consideration of this invitation and we welcome your participation in the New Zealand Health, Work and Retirement study. Please feel free to contact us if you would like further information or would like to ask any questions about this project.

Free-phone 0800 100 134

Email hart@massey.ac.nz

Website hart.massey.ac.nz/



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The 2020 New Zealand

Health, Work and Retirement study

INFORMATION SHEET (v B3.0)



*Professor Christine Stephens
(left) and Professor Fiona
Alpass (right)*

What is the New Zealand Health, Work and Retirement study?

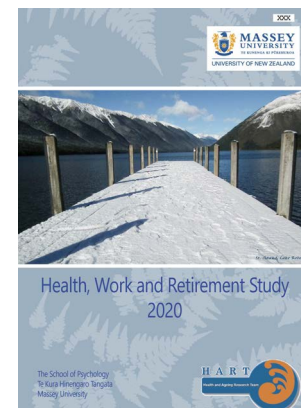
The Health, Work and Retirement study is a study of people aged 55 years and over who are living in New Zealand. The study provides information on issues such as health, work and retirement, which are relevant for research and policy now and into the future. Through this research, New Zealanders can share their experiences of ageing and inform national and international discussions.

The Health, Work and Retirement study began in 2006 and is run by Massey University's Health and Ageing Research Team (HART). The study is led by Professor Christine Stephens and Professor Fiona Alpass from the School of Psychology. To date, over 14,000 New Zealand residents aged 55 and over have been surveyed.

The research has three parts: 1) a health survey; 2) linkage to national health record data, and; 3) linkage to Accident Compensation Corporation (ACC) data. All New Zealand residents have national health records and these include information that is valuable for health research, such as numbers of hospital visits made by a person in a year. Even if this number is zero, this is still important information. Many New Zealanders will also have ACC injury and related health records. Anonymised linkage to these datasets helps us to assess the impact of events such as health care, accidents, and injuries on wellbeing in New Zealand.

Why have I been contacted?

You are invited to participate in the Health, Work and Retirement study. Every two years, the study randomly selects new people aged 55+ from the electoral roll to be surveyed. People who have previously filled out a survey are invited to complete the survey every two years to assess changes, or lack of change, in their circumstances over time. This year, over 4,000 New Zealanders will be surveyed in total. Contacting a large, random sample of the population is important for understanding the range of circumstances experienced by older people in New Zealand. As a token of appreciation, everyone who returns the survey will be entered into a prize draw to win one of four \$50 supermarket vouchers. The first prize will be drawn in October 2020, and every six months until all prizes are allocated.



Linkage to national health and ACC records

With your consent, our study will link your survey responses to records held in national datasets held by the New Zealand Health Information Service (Ministry of Health) and the Accident Compensation Corporation (ACC). Both survey answers and these linked data will be de-identified. This means that no individual can be identified using these data. This data linkage allows the research team to answer a number of important questions regarding health and wellbeing that could not be addressed by either a survey, national health record data or ACC data alone.

With your consent, we would request any injury and related health data held by the ACC. The table below lists the six datasets that we would request from the New Zealand Health Information Service if you consent to participate in the data linkage study:

National Minimum Dataset: Hospital Events	Hospital discharge information, including health diagnosis and event information (e.g., times, dates).
National Non-admitted Patient Collection	Data about events such as outpatient and emergency department visits.
New Zealand Cancer Registry	Register of all primary cancers diagnosed in New Zealand.
Pharmaceutical Collection	Information from pharmacists about subsidised prescriptions.
Mental Health Information Collection	Information on mental health care provided, diagnosis of mental health condition and discharge.
Mortality Collection	Information on causes of death for all deaths registered in New Zealand.

What do I need to do to participate?

Participation involves filling out the enclosed survey and returning it. This should take about 45 minutes. Please also sign the consent form if you consent to the research team obtaining your health records from the New Zealand Health Information Service and your injury and related health data from ACC. You can return the survey and consent form in the freepost envelope supplied. Even if you do not consent to data linkage, you can complete the survey and return it to us. Participating in either part of the study is entirely voluntary.

If you sign and return the consent form, the research team will provide the New Zealand Health Information Service and ACC with your name, your address, and your date of birth. This information is used by these agencies to identify the correct health records. The research team will contact the New Zealand Health Information Service and ACC periodically to update these records. You can withdraw your consent at any time by contacting the HART free phone number **(0800 100 134)** or email the team at hart@massey.ac.nz.

Will my data remain secure and confidential?

All information provided is completely confidential and will be used only for the purposes of health research by approved researchers. It will not be possible to identify individuals in any dataset or publication from the study. We use a unique ID code printed on the top right-hand corner of the survey booklet to identify who has returned the anonymised survey. The research team uses these ID codes to link responses to surveys returned from the same participant over time. Survey responses and other study data are always stored securely and separately from your name and address details.

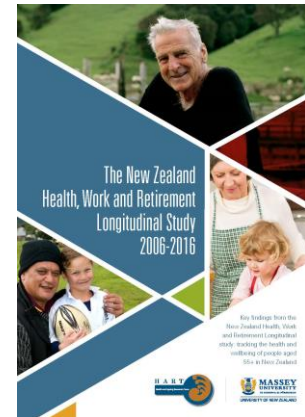
To ensure that national health record and ACC data remain confidential, a confidential data-transference and merging process is used. You can rest assured that:

- Once your national health and ACC records are found and extracted by the relevant agencies, your name will be replaced with a unique ID number.
- This de-identified data will be encrypted and sent via registered courier to the Health and Ageing Research Team (HART) at Massey University. The key to unlock the encrypted dataset will be sent separately via secured email directly to the HART.
- The HART will merge this information with other data provided by you, using your unique ID number. This ensures that your name will always be stored separately to your data, and that both your study data and national health record and ACC data are unable to be directly linked to your name, except by the HART Research Officer as required for study administration purposes.
- The New Zealand Health Information Service and ACC will never have access to your data stored at Massey University.

What are my rights as a participant in this study?

If you decide to participate, you have the right to:

- Decline to answer any particular question;
- Ask any questions about the study or withdraw from the project at any time by calling the HART contact number (**0800 100 134**) or emailing the team at hart@massey.ac.nz;
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A report on the first ten years of the study is available on the HART website



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Who can I contact if I have further questions about this study?

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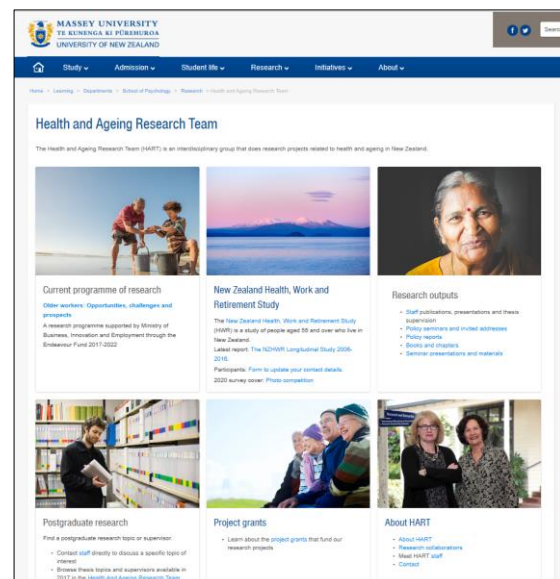
Thank you!

We greatly appreciate your consideration of this invitation and we welcome your participation in the New Zealand Health, Work and Retirement study. Please feel free to contact us if you would like further information or would like to ask any questions about this project.

Free-phone 0800 100 134

Email hart@massey.ac.nz

Website hart.massey.ac.nz/





**MASSEY
UNIVERSITY**
TE KUNENGA KI PŪREHUROA

UNIVERSITY OF NEW ZEALAND



St. Anaud, Lake Rotoiti

Health, Work and Retirement Study 2020

The School of Psychology
Te Kura Hinengaro Tangata
Massey University

H A R T

Health and Ageing Research Team



General instructions for completing the survey

Please read the following carefully

- You can decline to answer any particular question. If you choose not to answer a question, please leave it blank.
- There are no right or wrong answers; we want the response that is best for you.
- It is important that you give your own answers to the questions.
- Do not linger too long over each question; usually your first response is best.
- Completion and return of this survey implies consent to take part in this component of the study.

For each question in the survey you will be asked to provide either:

- a single response. Please mark with a cross (e.g. ✕) inside one box on each line in pen. If you make a mistake, simply scribble it out and mark the correct answer.
- one or more responses, as appropriate. For these items you will be instructed to '*Please cross all that apply*'.
- a written answer. To provide words, please print your answer as clearly as possible on the line provided.

Example question and response: Please cross 'Yes' to indicate if a health professional has told you that you have any of the following conditions:

(Please cross one box on each line)

	No	Yes, in the last 12 months	Yes, prior to the last 12 months
Sleep disorder	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Stroke	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Cancer	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3

Please specify cancer type: melanoma

- a number: where a number or date is required, print the figure in the box provided.

Example question and response: How many of the following people are you in regular contact with? Please place a zero or a number in the squares as appropriate:

Adult child(ren) and/or grandchild(ren)/mokopuna	<input type="text"/>	<input type="text" value="5"/>
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Thank you for taking the time to complete this questionnaire.

If you need help to answer any questions, please contact us either on the HART

free-phone line 0800 100 134 or via email: hart@massey.ac.nz

YOUR HEALTH, WELLBEING AND QUALITY OF LIFE

Q1 In general, would you say your health is: *(Please cross one box)*

Excellent	Very good	Good	Fair	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q2 All things considered, how satisfied are you with your life as a whole these days? *(Please cross one box)*

Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q3 How would you rate your quality of life? *(Please cross one box)*

Very poor	Poor	Neither good nor poor	Good	Very good
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Q4 Does your health now limit you in these activities? If so how much?

(Please cross one box on each line)

	Yes, limited a lot	Yes, limited a little	No, not limited at all
Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing <u>several</u> flights of stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q5 During the past 4 weeks, how much of the time have you had any of the following problems with your work, or other regular daily activities as a result of your physical health?

(Please cross one box on each line)

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
<u>Accomplished less</u> than you would like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were limited in the <u>kind</u> of work or other activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q6 During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

(Please cross one box on each line)

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
<u>Accomplished less</u> than you would like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did work or other activities <u>less carefully than usual</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q7 During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? *(Please cross one box)*

Not at all	A little bit	Moderately	Quite a bit	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q8 These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much time during the past 4 weeks:

(Please cross one box on each line)

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
Have you felt calm and peaceful?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Have you felt downhearted and depressed?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Did you have a lot of energy?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q9 During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, whānau, etc.)? *(Please cross one box).*

All of the time	Most of the time	Some of the time	A little of the time	None of the time
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q10 How would you rate your memory at the present time? *(Please cross one box).*

Excellent	Very good	Good	Fair	Poor
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q11 Would you say your memory at the present time is better, about the same, or worse now than it was 2 years ago? *(Please cross one box).*

Better	Same	Worse
<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Q12 Please answer the following questions about yourself by indicating the extent of your agreement.

(Please cross one box on each line)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
There is not enough purpose in my life.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
To me, the things I do are all worthwhile.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Most of what I do seems trivial and unimportant to me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I value my activities a lot.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I don't care very much about the things I do.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I have lots of reasons for living.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q13 Below is a list of some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the past week (7 days).

<i>(Please cross <u>one</u> box on each line)</i>	Rarely or none of the time	Some or a little of the time	Occasionally or a moderate amount of the time	All of the time
I was bothered by things that usually don't bother me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I had trouble keeping my mind on what I was doing.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I felt depressed.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I felt that everything I did was an effort.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I felt hopeful about the future.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I felt fearful.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
My sleep was restless.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I was happy.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I felt lonely.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I could not "get going."	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q14 Please answer the items according to how you've felt in the last week. Indicate 'agree' if you mostly agree that the item describes you or indicate 'disagree' if you mostly disagree that the item describes you.

<i>(Please cross <u>one</u> box on each line)</i>	Agree	Disagree
I worry a lot of the time.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Little things bother me a lot.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
I think of myself as a worrier.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
I often feel nervous.	<input type="checkbox"/> 1	<input type="checkbox"/> 2
My own thoughts often make me nervous.	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Q15 How often do you take part in sports or activities that are:

<i>(Please cross <u>one</u> box on each line)</i>	More than once a week	Once a week	One to three times a month	Hardly ever or never
...vigorous (e.g., running or jogging, swimming, aerobics)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
...moderately energetic (e.g., gardening, brisk walking)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
...mildly energetic (e.g., vacuuming, laundry/washing)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q16 Here is a list of statements that people have used to describe their lives or how they feel. We would like to know how often, if at all, you think the following applies to you.

(Please cross one box on each line)

	Often	Sometimes	Not often	Never
My age prevents me from doing the things I would like to.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I feel that what happens to me is out of my control.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I feel left out of things.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I can do the things that I want to do.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I feel that I can please myself what I do.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Shortage of money stops me from doing things I want to do.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I look forward to each day.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I feel that my life has meaning.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I enjoy the things that I do.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I feel full of energy these days.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I feel that life is full of opportunities.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I feel that the future looks good for me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q17 In the last 12 months, how many times have you seen a doctor or been visited by a doctor about your own health? By 'doctor' we mean any GP or family doctor, but not a specialist. (Please cross one box)

Never	1 time	2 times	3-5 times	6-11 times	12 times or more
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Q18 In the last 12 months, how many times have you yourself:

(Please cross one box on each line)

	Never	1 or 2 times	3 or 4 times	5 or more times
Been admitted to hospital for one night or longer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Used a service at, or been admitted to, a hospital	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Gone to a hospital emergency department as a patient	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Consulted another health professional other than the above	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Sought medical treatment for an accident or injury (including any of the above contacts)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q19 To what degree would you say the COVID-19 pandemic has had a negative impact on your overall:

(Please cross one box on each line)

	Not at all	A little bit	Moderately	Quite a bit	Extremely
Physical health	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Mental health	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q20 Has a health professional or government health agency ever told you that you have COVID-19?

₁ No ₂ Yes

We are interested in hearing about your experiences of the COVID-19 pandemic. There is space on the back page of the survey to write about these experiences if you wish.

Q21 Please indicate whether a health professional has ever told you that you have any of the following conditions.

(Please cross one box on each line)

	No	Yes, in the last 12 months	Yes, prior to the last 12 months
Arthritis or rheumatism	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Disorder of the neck or back. (e.g. lumbago, sciatica, chronic back or neck pain, vertebrae or disc problems)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Diabetes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
A disability	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

Please specify disability: _____

Heart trouble (e.g., angina or heart attack)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
High blood pressure or hypertension	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Depression	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Other mental illness	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

Please specify other mental illness: _____

Respiratory condition (e.g., bronchitis, asthma)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Sleep disorder	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Stroke	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Active or chronic gout	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Active/chronic hepatitis, cirrhosis or other liver condition	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Cancer	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

Please specify cancer (e.g. lung, leukaemia, melanoma): _____

Other illness	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
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Please specify other illness: _____

Q22 Can you see ordinary newsprint? (with glasses or contact lenses if you usually wear them)

(Please cross one box)

Easily	With difficulty	Not at all
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

Q23 Can you hear a conversation with one other person (whether or not you usually wear a hearing aid)?

(Please cross one box)

Easily	With difficulty	Not at all
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

Q24 In the past six months, have you had any falls including a slip or trip in which you lost your balance and landed on the floor or ground (e.g., trip over on a footpath, slip down some stairs, fall from a ladder)? (Please cross one box)

No, not at all	Yes, once	Yes, twice	Yes, 3 or more times
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q25 In the past six months, have you slipped or tripped but managed to stop yourself falling (e.g., by grabbing furniture for support, or, regaining your balance)? (Please cross one box)

No, not at all	Yes, once	Yes, twice	Yes, 3 or more times
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q26 How many hours of sleep do you usually get in a 24-hour period, including all naps and sleeps?

		Hours (range 1 – 24)
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Q27 How satisfied are you with your sleep? (Please cross one box).

Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q28a What is your current driving status? (Please cross one box)

<input type="checkbox"/> 1	Current driver	<input type="checkbox"/> 2	Past driver	<input type="checkbox"/> 3	Never been a driver (please go to Q29)
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Q28b In the last two years, have you been a driver in an auto accident (including minor bumps)? If so, in how many accidents? (Please cross one box)

<input type="checkbox"/> 1	Yes, one	<input type="checkbox"/> 2	Yes, two or more	<input type="checkbox"/> 3	No, I have not (please go to Q29)
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Q28c Within these accident(s), in how many:

<i>(Please cross <u>one</u> box on each line)</i>	None	One	Two or more
Was an insurance claim submitted?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Were the police contacted?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Did someone need urgent medical attention or treatment?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

The following questions are about your health and health related behaviours. Please cross the box that best answers each question.

Q29 Have you, at any stage of your life, ever been a regular smoker? (Please cross one box)

<input type="checkbox"/> 1	Yes	<input type="checkbox"/> 2	No
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Q30 If you currently consider yourself a regular smoker, how many do you think you would smoke on an average day? (Please cross one box)

1 to 10	11 to 20	21 to 30	31 or more	Not a regular smoker
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q31 How often do you have a drink containing alcohol? *(Please cross one box)*

Never	Monthly or less	Two to four times per month	Two to three times per week	Four or more times a week
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q32a If you answered 'Never' at Q31, have you ever drunk alcohol in the past? *(Please cross one box)*

Yes	No	If 'No', go to Q33a
<input type="checkbox"/> 1	<input type="checkbox"/> 2	

Q32b How many drinks containing alcohol do you have on a typical day when drinking? *(Please cross one box)*

1 or 2	3 or 4	5 or 6	7 to 9	10 or more
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q32c How often do you have six or more drinks on one occasion? *(Please cross one box)*

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q33a Have you ever used or tried smoking cannabis (marijuana, grass, dope etc.)? *(Please cross one box)*

<input type="checkbox"/> 1	Yes	<input type="checkbox"/> 2	No	If 'No', go to Q34
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Q33b How often do you use cannabis at present? *(Please cross one box)*

Not at all	Less than once a month	At least once a month	At least once a week	Several times a week	Daily	Several times a day
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

Q33c If you do use cannabis what reason are you most likely to use it for? *(Please cross one box)*

<input type="checkbox"/> 1	For recreational purposes
<input type="checkbox"/> 2	For physical pain relief
<input type="checkbox"/> 3	For mental health purposes
<input type="checkbox"/> 4	Other (please specify): _____

WHĀNAU, FAMILY AND FRIENDS

Q34 Do you provide unpaid care for:

(Please cross one box on each line)

	Yes, daily	Yes, weekly	Yes, occasionally	No, never	Not applicable (I have none)
Your mokopuna/grandchildren?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Other people's whāngai/children?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q35 I contribute my time and/or labour to volunteer activities: *(Please cross one box)*

Very often	Often	Sometimes	Rarely	Never
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q36 How many hours do you contribute to volunteer activities per week?

		Hours per week
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Q37 Please indicate whether or not you belong to any of these types of organisations:

(Please cross one box on each line)

	No	Yes
Sports clubs	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Community or service organisations that help people	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Political party, or professional association, or business organisation	<input type="checkbox"/> 1	<input type="checkbox"/> 2
A trade union	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Religious, church, or other spiritual organisation	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Hobby, leisure time, or arts association/group	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Group that supports cultural traditions, knowledge or arts	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Any other, club, lodge or similar organisation	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Q38 Please indicate for each of the statements below, the extent to which they apply to the way you feel now.

(Please cross one box on each line)

	Yes	More or less	No
I experience a general sense of emptiness.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
There are plenty of people I can rely on when I have problems.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
There are many people I can trust completely.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
There are enough people I feel close to.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
I miss having people around.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
I often feel rejected.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Q39 Think about your current relationships with friends, whānau/family members, co-workers, community members and so on. To what extent do you agree that each statement describes your current relationships with other people?

(Please cross one box on each line)

	Strongly Disagree	Disagree	Agree	Strongly Agree
There are people I can depend on to help me if I really need it.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I feel that I do not have close personal relationships with other people.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
There is no one I can turn to for guidance in times of stress.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
There are people who depend on me for help.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
There are people who enjoy the same social activities I do.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Other people do not view me as competent.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I feel personally responsible for the well-being of another person.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I feel part of a group of people who share my attitudes and beliefs.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I do not think other people respect my skills and abilities.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
If something went wrong, no one would come to my assistance.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I have close relationships that provide me with a sense of emotional security and well-being.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	Strongly Disagree	Disagree	Agree	Strongly Agree
There is someone I could talk to about important decisions in my life.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I have relationships where my competence and skills are recognised.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
There is no one who shares my interests and concerns.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
There is no one who really relies on me for their wellbeing.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
There is a trustworthy person I could turn to for advice if I were having problems.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I feel a strong emotional bond with at least one other person.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
There is no one I can depend on for aid if I really need it.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
There is no one I feel comfortable talking about problems with.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
There are people who admire my talents and abilities.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I lack a feeling of intimacy with another person.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
There is no one who likes to do the things I do.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
There are people I can count on in an emergency.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
No one needs me to care for them.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

CAREGIVING

These questions are about providing care for someone with a long-term illness, disability or frailty. By 'providing care', we mean practical assistance for at least 3 hours a week.

Q40 Have you provided care for someone with a long-term illness, disability or frailty within the last 12 months? (Please cross one box)

₁ **Yes** ₂ **No** **If 'No', go to Q63 on page 14**

Q41 In total, how many people with a long-term illness, disability or frailty do/did you regularly provide care for in the last 12 months? (Please cross one box)

One person

Two people

More than two people

 ₁
 ₂
 ₃

Q42 Do you receive a *Supported Living Payment* for providing care for another person?

₁ **Yes** ₂ **No**

Please select the person you spent the most time caring for within the last 12 months. Tell us about that person and their circumstances at the time of care.

Q43 Approximately how old is/was the person you care(d) for?

Years

Q44 How long have/had you been caring for this person?

Years **Months**

Q45 How often on average do (did) you provide this care or assistance? (Please cross one box)

Every day

Several times per week

Once a week

Once every few weeks

Less often

 ₁
 ₂
 ₃
 ₄
 ₅

Q46 On average, how many hours per week did/do you care for this person?

Hours per week

Q47 Is the person you care(d) for your: (Please cross one box)

₁ Spouse or partner

₂ Mother-in-law or father-in-law

₃ Mother or father

₄ Brother or sister

₅ Son or daughter

₆ Friend

₇ Other whanau member/relative

₈ Other

Q48 Does/did the person you care(d) for: (Please cross one box)

₁ Live with you

₂ Live alone

₃ Live with their whānau/family

₄ Live in a nursing home or care facility

₅ Live with their friends

₆ Other

Q49 Does/did the person you care(d) for have any of the following major medical conditions or disabilities? *(Please cross all that apply)*

<input type="checkbox"/> 1 Frailty in old age	<input type="checkbox"/> 1 Stroke
<input type="checkbox"/> 1 Intellectual disability	<input type="checkbox"/> 1 Mental health problem (e.g., depression)
<input type="checkbox"/> 1 Visual impairment	<input type="checkbox"/> 1 Cancer
<input type="checkbox"/> 1 Alzheimer's disease/dementia	<input type="checkbox"/> 1 Respiratory condition (e.g., asthma, emphysema)
<input type="checkbox"/> 1 Severe arthritis / rheumatism	<input type="checkbox"/> 1 Other (please specify): _____

Q50 In your opinion, how severe are the symptoms of these major medical conditions or disabilities experienced by the person you care(d) for? *(Please cross one box)*

None	Mild	Moderate	Severe	Very severe
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q51 Have there been occasions during the past 12 months when you provided help for the person you cared for in a crisis (e.g. an illness, accident, or family crisis) that has interfered with your other commitments?

<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No
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Q52 How many separate crises did you help with in the past 12 months?

<input type="text"/>	<input type="text"/>	<input type="text"/>	Number of crises in the past 12 months
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Q53 In all, how many days in the past 12 months were you away from work because of these crises?

<input type="text"/>	<input type="text"/>	<input type="text"/>	Days in the past 12 months	OR	<input type="checkbox"/> 1 N/A
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Q54 Has the person you cared for been admitted to hospital in the past 12 months? *(Please cross one box)*

No	Yes	Yes, spent one night or more	Don't know
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q55 Do you provide help to the person you care(d) for with any of the following activities?

(Please cross one box on each line)

	Yes	No
Dressing (including putting on shoes and socks)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Eating (such as cutting up food)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Drinking	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Using the toilet (including getting up and down)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Managing continence	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Bathing and showering	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Getting in and out of bed	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Getting in and out of a chair	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Personal grooming	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Preparing meals	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Shopping for groceries	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Making telephone calls	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Managing their money (e.g., paying bills, keeping track of expenses)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Housekeeping	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Laundry	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Transportation	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Mobility (walking, wheelchair or stairs)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Taking medications	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Recreation or hobbies	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Q56 Do you receive help in providing this care from any of the following?

(Please cross one box on each line)

	Yes	Help is needed but not provided	Help is not needed	N/A
Your children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Your siblings	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Your spouse/partner	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Other whānau/family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Neighbours	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Publicly funded services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Support agencies you or your family pay for	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Voluntary support agencies	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Other	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q57 If the person you care for **does not live with you**, please indicate the time it usually takes you to travel from your home and your work to the residence of the person you care for:

(a) Time it usually takes you to travel from your home to the person's residence?

<input type="text"/>	Hours	<input type="text"/>	<input type="text"/>	Minutes
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(b) Time from your workplace to the person's residence.

<input type="text"/>	Hours	<input type="text"/>	<input type="text"/>	Minutes	OR	<input type="text"/>	I am not in the work force (go to Q59)
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Q58 In the last 12 months, please indicate if you used any of the following methods to provide help and support to the person you care for:

(Please cross one box on each line)

	Never	Once	More than once	No, I do not have access to this
Taken leave without pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taken annual leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used your own sick leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taken "domestic" leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taken time in lieu, or worked flexitime in consultation with supervisor/colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid someone else to provide care which you would have preferred to provide yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arranged with another whānau/family member to provide the care you normally provide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Made phone calls or provided care yourself in work time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduced hours of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formalised care leave arrangement with employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working more from home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible work hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changed work role or tasks to be less demanding (temporarily)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Postponement of certain tasks/activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q59 Do you have a good relationship with the person you care for? (Please cross one box)

Never	Sometimes	Often	Always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q60 Overall, what is the effect on your life of providing care? My life is: (Please cross one box)

A lot better for it	A little better for it	Neither better nor worse for it	A little worse for it	A lot worse for it
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q61 In the past 12 months, has assisting someone caused you:

(Please cross one box on each line)

	No	Yes
To reduce the time spent on social activities?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
To cancel holiday plans?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
To postpone plans to enrol in education or training programme?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
To move in with him or her?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
To turn down a job offer or a promotion?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
To have extra expenses?	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Q62 In the past 12 months, has assisting someone:

(Please cross one box on each line)

	No	Yes
Caused your health to suffer?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Caused you to miss full days of work?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Caused you to reduce your hours of work?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Caused you to quit your job?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Caused you to lose your job?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Caused you to spend less time with your tamariki/children?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Caused you to spend less time with spouse/partner?	<input type="checkbox"/> 1	<input type="checkbox"/> 2

WHERE YOU LIVE

Q63 Which one of the following options best describes the type of residence that you currently live in (your primary residence)? *(Please cross one box)*

<input type="checkbox"/> 1	House or townhouse (detached or 'stand alone')
<input type="checkbox"/> 2	House, townhouse, unit or apartment (joined to one or more other houses, townhouses, units or apartments)
<input type="checkbox"/> 3	Unit, villa or apartment in Retirement Village
<input type="checkbox"/> 4	Moveable dwelling (e.g., caravan, motor home, boat, tent)
<input type="checkbox"/> 5	Rest home or continuing care hospital
<input type="checkbox"/> 6	Other (Please specify): _____

Q64 In terms of the ownership arrangements your primary residence is: *(Please cross one box)*

<input type="checkbox"/>	1	Owned by yourself and/or spouse/partner with a mortgage
<input type="checkbox"/>	2	Owned by yourself and/or spouse/partner without a mortgage
<input type="checkbox"/>	3	Owned by whānau/family
<input type="checkbox"/>	4	Owned by a whānau/family trust
<input type="checkbox"/>	5	Private rental
<input type="checkbox"/>	6	State, Council or Kaumātua housing
<input type="checkbox"/>	7	Licence to occupy
<input type="checkbox"/>	8	Other (Please specify): _____

Q65 How long have you lived in your present home?

<input type="text"/>	<input type="text"/>	Years	<input type="text"/>	<input type="text"/>	Months
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Q66 Please rate your level of agreement to each of these statements in relation to your present home.

<i>(Please cross <u>one</u> box on each line)</i>	No, definitely not		Neutral		Yes, definitely					
I am satisfied with my house.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5
I am satisfied with my neighbourhood.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5
I am happy with the living conditions of my house.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5
My house enables me to see friends and whānau/family as often as I like.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5
My house enables me to participate in community activities as often as I like.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5
My house supports all my daily activities.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5
My home does not meet all my needs.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5
I am able to keep my house warm.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5
My house is difficult for me to clean.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5
I can get to the shops easily.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5
I am close enough to any help I need.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5
I am close enough to important facilities.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5
I feel safe at home.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5
I feel safe in my neighbourhood.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5
The neighbourhood is peaceful.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5
I have peace of mind at home.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5

Q67 How would you describe the condition of your current residence? *(Please cross one box)*

No repairs or maintenance needed right now	Minor maintenance needed	Some repairs and maintenance needed	Immediate repairs and maintenance needed	Immediate and extensive repairs and maintenance needed
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q68 Does your residence have a problem with dampness or mould? *(Please cross one box)*

No	Minor problem	Moderate problem	Major problem
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q69 In winter, is your current residence colder than you would like? *(Please cross one box)*

Yes - always	Yes - often	Yes - sometimes	No
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q70 Please rate your level of agreement to each of these statements in relation to your present neighbourhood:

(Please cross one box on each line)

	Strongly disagree		Neutral		Strongly Agree
People in this area would do something if a house was being broken into.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
In this area people would stop children if they saw them vandalising things.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
People would be afraid to walk alone after dark.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
People in this area will take advantage of you.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
If you were in trouble, there are lots of people in this area who would help you.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Most people in this area can be trusted.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

WORK AND RETIREMENT

Q71 Since the COVID-19 pandemic was declared by the World Health Organisation (WHO) on March 11, 2020:

(Please cross one box on each line)

	Yes	No
Have you engaged in any paid employment?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Have you been considered an essential worker?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Have you worked from home?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Has your hourly wage or salary been reduced?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Have your hours of paid employment been reduced?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Have you lost or left your job?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Have you been offered skills training from your employer to support how you do your job during the COVID-19 pandemic?	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Q72 Has/will the COVID-19 pandemic be a factor in your decision to retire (i.e., earlier or later than you had previously planned)?

Yes, plan to retire *earlier* **No change to plans** **Yes, plan to retire *later***

Q73 Have you received any hardship assistance as a result of the COVID-19 pandemic?

(Please cross one box on each line)

No **Yes**

Government assistance to support your business (if applicable) ₀ ₁

Government assistance such as welfare benefits ₀ ₁

Material assistance from non-government organisations, such as food banks ₀ ₁

Assistance from lenders, such as a mortgage holiday from your bank ₀ ₁

A Kiwisaver hardship withdrawal ₀ ₁

Q74 If you are retired, at what age did you retire?

Age at retirement **I am not retired**

Q75 How many hours do you currently work in paid employment per week?

Hours

Q76 Which of the following best describes your **preferred** work status? (i.e., what you would like to be doing)
(Please cross one box)

Full-time paid work, for an employer ₁

Part-time paid work, for an employer ₂

Full-time self-employed paid employment ₃

Part-time self-employed paid employment ₄

Flexible work schedule negotiated with employer ₅

Project or contract work (short term and full-time) ₆

Project or contract work (short term and part-time) ₇

Fully retired, no paid work ₈

Full-time homemaker ₉

Full-time student ₁₀

Other (Please specify): ₁₁

Q77 Which of the following best describes your **current** work status? (Please cross one box in this column)

Full-time paid work, for an employer	<input type="checkbox"/>	go to Q79
Part-time paid work, for an employer	<input type="checkbox"/>	
Full-time self-employed paid employment	<input type="checkbox"/>	
Part-time self-employed paid employment	<input type="checkbox"/>	
Flexible work schedule negotiated with employer	<input type="checkbox"/>	
Project or contract work (short term and full time)	<input type="checkbox"/>	
Project or contract work (short term and part time)	<input type="checkbox"/>	
Fully retired, no paid work	<input type="checkbox"/>	go to Q107
Full-time homemaker	<input type="checkbox"/>	
Full-time student	<input type="checkbox"/>	
Unable to work due to health or disability issue	<input type="checkbox"/>	
Unemployed and seeking work	<input type="checkbox"/>	go to Q78
Other (Please specify): _____	<input type="checkbox"/>	go to Q107

Q78 Please indicate how much you agree with the following statements about your own job-search process.

<i>(Please cross <u>one</u> box on each line)</i>	Strongly disagree				Strongly agree
I have had one or more job applications rejected based on my age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have omitted or modified my age/job history in an application out of concern that I would be discriminated against based on my age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you. If you were instructed to go to Q78 from Q77, please now go to Q107.

Q79 Which of the following best describes your current occupation? (Please cross one box)

<input type="checkbox"/>	Labourer (e.g., cleaner, food packer, farm worker)
<input type="checkbox"/>	Machinery operator/driver (e.g., machine operator, store person)
<input type="checkbox"/>	Sales worker (e.g., insurance agent, sales assistant, cashier)
<input type="checkbox"/>	Clerical/administrative worker (e.g., administrator, personal assistant)
<input type="checkbox"/>	Community or personal service worker (e.g., teacher aide, armed forces, hospitality worker, carer)
<input type="checkbox"/>	Technician/trades worker (e.g., engineer, carpenter, hairdresser)
<input type="checkbox"/>	Professional (e.g., accountant, doctor, nurse, teacher)
<input type="checkbox"/>	Manager (e.g., general manager, farm manager)
<input type="checkbox"/>	Other (Please specify): _____

Q80 How long have you worked for your current employer?

<input type="text"/>	<input type="text"/>	Years	<input type="text"/>	<input type="text"/>	Months	OR	<input type="text"/>	N/A
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Q81 If you are self-employed, how long have you been self-employed?

<input type="text"/>	<input type="text"/>	Years	<input type="text"/>	<input type="text"/>	Months
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Q82 Which of the following best describes your current work?

(Please cross one box on each line)

	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	N/A
I feel fairly well satisfied with my present job	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Work should only be a small part of one's life	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
I am satisfied with the progress I have made toward meeting my overall career goals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
I find my job to be very stressful	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
My job makes it difficult to be the kind of spouse or parent I'd like to be	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Q83 Assume that your ability to work at your best has a value of 10 points. How many points would you give your current work ability? (0 means that you cannot currently work at all) *(Please cross one box)*

0	1	2	3	4	5	6	7	8	9	10
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Q84 How do you rate your current work ability with respect to the **physical** demands of your work? *(Please cross one box)*

Very good	Rather good	Moderate	Rather poor	Very poor
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Q85 How do you rate your current work ability with respect to the **mental** demands of your work? *(Please cross one box)*

Very good	Rather good	Moderate	Rather poor	Very poor
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

The following questions relate to health and work impairment due to diseases

Q86 Is any illness or injury a hindrance to your current job? *(cross more than one alternative if needed)*

There is no hindrance/I have no diseases.	<input type="text"/>
I am able to do my job, but it causes some symptoms.	<input type="text"/>
I must sometimes slow down my work pace or change my work methods.	<input type="text"/>
I must often slow down my work pace or change my work methods.	<input type="text"/>
Because of my disease, I feel I am able to do only part time work.	<input type="text"/>
In my opinion, I am entirely unable to work.	<input type="text"/>

Q87 How many whole days have you been off work because of a health problem (disease or health care or for examination) during the past year (12 months)? (Please cross one box)

None at all	<input type="checkbox"/>
At the most, 9 days	<input type="checkbox"/>
10 – 24 days	<input type="checkbox"/>
25 – 99 days	<input type="checkbox"/>
100 – 365 days	<input type="checkbox"/>

Q88 Do you believe that – from the standpoint of your health – you will be able to do your current job **two years from now?** (Please cross one box)

Unlikely	Not certain	Relatively certain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q89 Have you recently been able to enjoy your regular daily activities? (Please cross one box)

Often	Rather often	Sometimes	Rather seldom	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q90 Have you recently been active and alert? (Please cross one box)

Often	Rather often	Sometimes	Rather seldom	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q91 Have you recently felt yourself to be full of hope for the future? (Please cross one box)

Continuously	Rather often	Sometimes	Rather seldom	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q92 Please indicate how much you agree or disagree with the following statements.

(Please cross one box on each line)

	Strongly disagree					Strongly agree
I value being a member of my age group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My age group membership is important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My age group is central to who I am as a person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a strong sense of belonging to my own age group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I identify with being a member of my age group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q93 Please indicate how much you agree or disagree with the following statements.

(Please cross one box on each line)

	Strongly disagree				Strongly agree	N/A
Some people in my workplace feel I have less ability because of my age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Younger people find it easier to work at my workplace than older people do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My manager expects me to do poorly because of my age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At my workplace, people my age often face biased evaluations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My age does not affect people's perception of my ability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q94 Please indicate to what degree you agree with each item.

(Please cross one box on each line)

	Totally disagree				Totally agree
Older workers are passed over or left out in cases of promotion or internal recruitment.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Older workers do not have equal opportunities for training during work time.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Younger workers are preferred when new equipment, activities or working methods are introduced.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Older workers less often take part in development appraisals with their superior than younger workers.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Older workers have less wage increases than younger workers.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Older workers are not expected to take part in change processes and new working methods to the same degree as their younger peers.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q95 The following statements refer to your current occupation. Please indicate the extent to which you disagree or agree with each statement.

(Please cross one box on each line)

	Strongly disagree				Strongly agree	N/A
I have constant time pressures due to a heavy work load.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
I have many interruptions and disturbances while performing my job.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Over the past few years, my job has become more and more demanding.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
I receive the respect I deserve from my superior or a respective relevant person.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
My job promotion prospects are poor.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
I have experienced or I expect to experience an undesirable change in my work situation.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
My job security is poor.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Considering all my efforts and achievements, I receive the respect and prestige I deserve at work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
	Strongly disagree				Strongly agree	N/A
Considering all my efforts and achievements, my job promotion prospects are adequate.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Considering all my efforts and achievements, my salary/income is adequate.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
I get easily overwhelmed by time pressures at work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
As soon as I get up in the morning I start thinking about work problems.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
When I get home, I can easily relax and 'switch off' work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
People close to me say I sacrifice too much for my job.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Work rarely lets me go, it is still on my mind when I go to bed.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
If I postpone something that I was supposed to do today, I'll have trouble sleeping at night.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Q96 The following questions are about flexibility in the work place. Do you have access to the following options at your work place? **If yes**, do you take advantage of these options?

<i>(Please cross <u>one</u> box on each line)</i>	Yes, I have access to this, and I do this	Yes, I have access to this, but I do not do this	No, I do not have access to this	N/A
If you do shift work, can you choose which shift you work.	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
Choose a work schedule that varies from the typical schedule at your worksite.	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
Control when you take breaks.	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
Have input into the amount of overtime hours you work.	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
Have input into the number of hours you work.	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
Take extra "unpaid" vacation days.	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
Take paid time off to volunteer in the community.	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
Occasionally request changes in starting and quitting times.	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
Frequently request changes in starting and quitting times, such as on a daily basis.	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
Reduce your work hours and work on a part-time basis while remaining in the same position or at the same level.	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
Structure jobs as a job share with another person where both receive their "fair share" of compensation and benefits.	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
Compress the work week by working longer hours on fewer days for at least part of the year.	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
Take sabbaticals or career breaks. That is, take leave, paid or unpaid, of one or more months and return to a comparable job.	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
Take paid or unpaid time for education or training to improve job skill.	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
Take a paid leave for care giving or other personal or whānau/family responsibilities (e.g., parental or elder caregiving responsibilities).	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
Work part-year; that is work for a reduced amount of time on an annual basis (e.g., work full-time during the autumn, winter, and spring and then take the summer off).	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
Work for part of the year at one worksite, and then part of the year at another worksite.	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
Work from an off-site location (such as home) for part (or all) of the regular work week, possibly linked by telephone and computer.	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
Transfer to a job with reduced responsibilities and reduced pay, if you want to.	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
Phase into retirement by working reduced hours over a period of time prior to full retirement.	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9

Q97 To what extent do you have access to the flexible work options you need to fulfil your work and personal needs? *(Please cross one box)*

Not at all	To a limited extent	To a moderate extent	To a great extent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q98 Please indicate how much you agree or disagree with the following statements about your workplace.

(Please cross one box on each line)

	Strongly disagree						Strongly agree	N/A
I am very happy being a member of this organisation/business.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy discussing about my organisation/business with people outside it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I really feel as if this organisation/businesses' problems are my own.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not feel like 'part of the family' at my organisation/business.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not feel 'emotionally attached' to this organisation/business.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This organisation/business has a great deal of personal meaning for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think that I could easily become as attached to another organisation/business as I am to this one.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q99 The following statements are about how you feel at work. Please read each statement carefully and decide if you ever feel this way about your job. If you have had this feeling, indicate how often you felt it by indicating the option that best describes how frequently you feel that way. If you have never had this feeling, indicate "Never".

(Please cross one box on each line)

	Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day
At my work, I feel that I am bursting with energy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At my job, I feel strong and vigorous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am enthusiastic about my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My job inspires me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I get up in the morning, I feel like going to work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel happy when I am working intensely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am proud of the work that I do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am immersed in my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get carried away when I'm working.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q100 The following questions ask about opportunities for training available to you.

(Please cross one box on each line)

	Yes	No	N/A
Have you received training from your <u>employer/business</u> in the past 12 months?	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 3
Have you been offered training by your <u>employer/business</u> , but not trained in the past 12 months?	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 3
Have you ever been offered training by your <u>employer/business</u> ?	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 3

Q101 Please rate your level of agreement to each of these statements in relation to training opportunities in your present employment situation:

(Please cross one box on each line)

	Strongly disagree			Strongly agree	
I try to learn as much as I can from training programmes.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I tend to learn more from training programmes than most people.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I am usually motivated to learn the skills emphasised in training programmes.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I am willing to exert considerable effort in training programmes in order to improve my skills.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I believe I can improve my skills by participating in training programmes.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I believe I can learn the material presented in most training programmes.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Participation in training programmes is of little use to me because I have all the knowledge and skills I need to successfully perform my job.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I am willing to invest effort to improve skills and competencies related to my current job.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I am willing to invest effort to improve skills and competencies in order to prepare myself for a promotion.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q102 How often do you consider leaving your current job? (Please cross one box)

Never					Always
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Q103 What is the likelihood that you will be looking for a new job within the next year? (Please cross one box)

Low					High
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Q104 The following section contains questions that ask you to describe your thoughts and feelings toward retirement. It is important that you respond to a question even if it appears similar to others

(Please cross one box on each line)

	Disagree strongly					Agree strongly	
I would like to retire in the near future.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
I expect to retire in the near future.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

Q105 Please indicate how much you agree or disagree with the following statement: *(Please cross one box)*

	Strongly disagree	Somewhat disagree	Moderately disagree	Neither agree nor disagree	Moderately agree	Somewhat agree	Strongly agree
I can financially afford to retire now	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

Q106 At what age do you intend to permanently retire from paid work?

		Years of age	OR	1	I never intend to retire from paid work
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YOUR FINANCIAL WELLBEING

In this section we ask about your financial circumstances. Please be assured that your answers to these questions are completely confidential.

Please see notes at the back of the questionnaire to help work out your income, if needed.

Q107a From all sources of income, what do you expect your annual personal income **before tax** to be this financial year?

(Please cross one box)

1	loss
2	zero income
3	\$1 - \$5,000
4	\$5,001 - \$10,000
5	\$10,001 - \$15,000
6	\$15,001 - \$20,000
7	\$20,001 - \$25,000
8	\$25,001 - \$30,000
9	\$30,001 - \$35,000
10	\$35,001 - \$40,000
11	\$40,001 - \$50,000
12	\$50,001 - \$60,000
13	\$60,001 - \$70,000
14	\$70,001 - \$100,000
15	\$100,001 - \$150,000
16	\$150,001 - \$200,000
17	\$200,001 or more

Q107b From all sources of income, what do you expect your annual household income **before tax** to be this financial year?

(Please cross one box)

1	loss
2	zero income
3	\$1 - \$5,000
4	\$5,001 - \$10,000
5	\$10,001 - \$15,000
6	\$15,001 - \$20,000
7	\$20,001 - \$25,000
8	\$25,001 - \$30,000
9	\$30,001 - \$35,000
10	\$35,001 - \$40,000
11	\$40,001 - \$50,000
12	\$50,001 - \$60,000
13	\$60,001 - \$70,000
14	\$70,001 - \$100,000
15	\$100,001 - \$150,000
16	\$150,001 - \$200,000
17	\$200,001 or more

Q108 Do you currently receive New Zealand Superannuation? *(Please cross one box)*

<input type="checkbox"/> Single rate	<input type="checkbox"/> Couple rate	<input type="checkbox"/> No
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Q109 Do you currently receive a Veteran's Pension? *(Please cross one box)*

<input type="checkbox"/> Single rate	<input type="checkbox"/> Couple rate	<input type="checkbox"/> No
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Q110 Other than New Zealand Superannuation, please indicate what sources of financial support you and your partner (if applicable) currently have which will support you in your retirement years:

(Please cross all that apply)

	Yourself	Your partner (if applicable)
None	<input type="checkbox"/>	<input type="checkbox"/>
Kiwisaver	<input type="checkbox"/>	<input type="checkbox"/>
Other employer sponsored superannuation	<input type="checkbox"/>	<input type="checkbox"/>
Overseas superannuation or pension	<input type="checkbox"/>	<input type="checkbox"/>
Other pension or superannuation	<input type="checkbox"/>	<input type="checkbox"/>
Personal savings	<input type="checkbox"/>	<input type="checkbox"/>
Inheritance or trust fund	<input type="checkbox"/>	<input type="checkbox"/>
Iwi dividends	<input type="checkbox"/>	<input type="checkbox"/>
Rental income (from property you own)	<input type="checkbox"/>	<input type="checkbox"/>
Other personal investments	<input type="checkbox"/>	<input type="checkbox"/>

Q111 For the following questions, please indicate whether or not you have (or have access to) the item:

(Please cross one box on each line)

	Yes, I have it	No, because I don't want it	No, because of the cost	No, for some other reason
Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At least two pair of good shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suitable clothes for important or special occasions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home contents insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enough room for whānau/family to stay the night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q112 For the following questions, please indicate whether or not you do the activity:

(Please cross one box on each line)

	Yes, I do it	No, because I don't want to	No, because of the cost	No, for some other reason
Keep the main rooms of your home adequately heated	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Give presents to whānau/family or friends on birthdays, Christmas or other special occasions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Visit the hairdresser at least once every three months	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Have holidays away from home for at least a week every year	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Have a holiday overseas at least every three years	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Have a night out for entertainment or socialising at least once a fortnight	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Have whānau/family or friends over for a meal at least once every few months	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q113 The following are a list of things some people do to help keep costs down. In the last 12 months, have you done any of these things?

(Please cross one box on each line)

	Not at all	A little	A lot
Gone without or cut back on fresh fruit and vegetables to help keep down costs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Continued wearing clothing that was worn out because you couldn't afford a replacement	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Put off buying clothes for as long as possible to help keep down costs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Stayed in bed longer to save on heating costs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Postponed or put off visits to the doctor to help keep down costs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
NOT picked up a prescription to help keep down costs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Spent less time on hobbies than you would like to help keep down costs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Gone without or cut back on trips to the shops or other local places to help keep down costs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

The following questions are about your material standard of living – the things that money can buy. Your material standard of living does NOT include your capacity to enjoy life. You should NOT take your health into account.

Q114 Generally, how would you rate your material standard of living? (Please cross one box)

High	Fairly high	Medium	Fairly low	Low
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q115 Generally, how satisfied are you with your current material standard of living? (Please cross one box)

Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q116 How well does your total income meet your everyday needs for such things as accommodation, food, clothing and other necessities? (*Please cross one box*)

Not enough	Just enough	Enough	More than enough
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q117 Below are statements that people have made about their standard of living. Please indicate how true these statements are for you.

(*Please cross one box on each line*)

	Not true for me at all				Definitely true for me
I can afford to go to a medical specialist if I need to.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I am able to visit people whenever I wish.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I am able to give to others as much as I want.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I am able to do all the things I love.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I expect a future without money problems.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My choices are limited by money.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I can afford to go to a dentist if I need to.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q118 To what degree has the COVID-19 pandemic had a negative impact on your economic wellbeing? (*Please cross one box*)

Not at all	A little bit	Moderately	Quite a bit	Extremely
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

We are interested in hearing about your experiences of the COVID-19 pandemic. There is space on the back page of the survey to write about these experiences if you wish.

YOUR PERSONAL SITUATION

Q119 What gender do you identify as? (*Please cross one box*)

<input type="checkbox"/> 1	Tāne/Male
<input type="checkbox"/> 2	Wāhine/Female
<input type="checkbox"/> 3	Gender diverse (please specify) _____

Q120 Do you identify as: (*Please cross one box*)

<input type="checkbox"/> 1 Heterosexual/Straight	<input type="checkbox"/> 2 Gay/Lesbian
<input type="checkbox"/> 3 Bisexual	<input type="checkbox"/> 4 Other sexual identity
<input type="checkbox"/> 5 Uncertain	<input type="checkbox"/> 6 Prefer not to answer

Q121 When were you born?

Day:	<input type="text"/>	<input type="text"/>	Month:	<input type="text"/>	<input type="text"/>	Year:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Q122 Which one of these statements is true about you? (Please answer for your **current** marriage, partnership or situation). (Please cross one box)

<input type="checkbox"/> 1	I am married.	<input type="checkbox"/> 2	I am a widow or widower.
<input type="checkbox"/> 3	I am in a civil union/de facto/partnered relationship.	<input type="checkbox"/> 4	I am single.
<input type="checkbox"/> 5	I am divorced or permanently separated from my legal husband or wife.		

Q123 What is your highest educational qualification? (Please cross one box)

<input type="checkbox"/> 1	No qualifications
<input type="checkbox"/> 2	Secondary school qualifications (e.g., School Certificate, University Entrance, NCEA)
<input type="checkbox"/> 3	Post-secondary certificate, diploma, or trade diploma
<input type="checkbox"/> 4	University degree

Q124 Please cross as many options as you need to indicate all the people who live in the same household as you. Please also put in the number of people. If you live alone, please cross the option at the top of the table.

(Please cross all that apply)

	Yes	Number 18yrs or over		Number under 18yrs	
I live alone	<input type="checkbox"/> 1				
My spouse, partner or de facto, boyfriend or girlfriend	<input type="checkbox"/> 1				
My parent(s) and/or parent(s)-in-law	<input type="checkbox"/> 1				
My son(s) and/or daughter(s)	<input type="checkbox"/> 1				
My sister(s) and/or brother(s)	<input type="checkbox"/> 1				
My flatmate(s)	<input type="checkbox"/> 1				
My mokopuna/grandchild(ren)	<input type="checkbox"/> 1				
My friend(s)	<input type="checkbox"/> 1				
My boarder(s)	<input type="checkbox"/> 1				
Others (Please specify):	<input type="checkbox"/> 1				

Q125 Please indicate below which ethnic group or groups you belong to: (Please cross all that apply)

<input type="checkbox"/> 1	Māori	<input type="checkbox"/> 1	Niuean
<input type="checkbox"/> 1	New Zealand European	<input type="checkbox"/> 1	Chinese
<input type="checkbox"/> 1	Samoan	<input type="checkbox"/> 1	Indian
<input type="checkbox"/> 1	Cook Island Māori	<input type="checkbox"/> 1	Tongan
<input type="checkbox"/> 1	Other (please specify e.g., Dutch, Japanese, Tokelauan):		

Q126a Which country were you born in? (Please cross one box)

<input type="checkbox"/> 1	New Zealand	<input type="checkbox"/> 7	India
<input type="checkbox"/> 3	Australia	<input type="checkbox"/> 4	South Africa
<input type="checkbox"/> 5	England	<input type="checkbox"/> 6	Samoa
<input type="checkbox"/> 7	People's Republic of China	<input type="checkbox"/> 8	Cook Islands
<input type="checkbox"/> 9	Other (print the name of the country): _____		

Q126b If you were **not** born in New Zealand, please indicate below the approximate date that you first arrived to live in New Zealand.

<input type="text"/>	<input type="text"/>	Month (e.g. 04)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Year (e.g. 1985)
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Q127 What term best describes how you generally identify yourself when asked what your religion or belief system is? (Please cross one box)

<input type="checkbox"/> 1	Rātana	<input type="checkbox"/> 7	Islam	<input type="checkbox"/> 3	Hinduism
<input type="checkbox"/> 4	Ringatū	<input type="checkbox"/> 5	Sikh	<input type="checkbox"/> 6	Judaism
<input type="checkbox"/> 7	Christianity	<input type="checkbox"/> 8	Buddhism	<input type="checkbox"/> 9	Taoism
<input type="checkbox"/> 10	Agnostic	<input type="checkbox"/> 11	Atheist		
<input type="checkbox"/> 12	Other (please specify): _____				

Q128 How often do you take part in religious services? (Please cross one box)

More than once a week	Once a week	One or three times a month	A few times a year	Less often	Never
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Q129 How often do you pray? (Please cross one box)

Several times a day	Once a day	More than once a week	Once a week	One to three times a month	A few times a year	Less often	Never
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

Q130 How often do you meditate? (Please cross one box)

Several times a day	Once a day	More than once a week	Once a week	One to three times a month	A few times a year	Less often	Never
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

Q131 How important is it to take part in religious services? (Please cross one box)

Very much so	Quite a bit	Moderately	Not very much	Not at all
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q132 How important is personal prayer for you? *(Please cross one box)*

Very much so	Quite a bit	Moderately	Not very much	Not at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q133 How important is meditation for you? *(Please cross one box)*

Very much so	Quite a bit	Moderately	Not very much	Not at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q134 To what extent does any connection to a spiritual being help you to get through hard times? *(Please cross one box)*

Not at all	A little	Moderately	Mostly	Completely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q135 To what extent does faith give you comfort in daily life? *(Please cross one box)*

Not at all	A little	Moderately	Mostly	Completely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q136 To what extent do you feel your life has a purpose? *(Please cross one box)*

Not at all	A little	Moderately	Mostly	Completely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q137 How much does spiritual strength help you to live better? *(Please cross one box)*

Not at all	A little	Moderately	Mostly	Completely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q138 To what extent do you have inner peace? *(Please cross one box)*

Not at all	A little	Moderately	Mostly	Completely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q139 To what extent are you hopeful about your life? *(Please cross one box)*

Not at all	A little	Moderately	Mostly	Completely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q140 How satisfied are you that you have a balance between mind, body and soul? *(Please cross one box)*

Not at all	A little	Moderately	Mostly	Completely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q141 To what extent are you able to experience awe? *(Please cross one box)*

Not at all	A little	Moderately	Mostly	Completely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q142 To what extent do you feel life to be meaningful? *(Please cross one box)*

Not at all	A little	Moderately	Mostly	Completely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If you have Māori ancestry, continue with Q143,
if you DO NOT, please turn to page 33.**

Q143 How would you rate your overall ability with Māori language? (Please cross one box)

Excellent	Very good	Good	Fair	Poor	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q144 The scale has been designed so that you will probably find that you agree with some statements but disagree with others to varying degrees. There are no right or wrong answers.

(Please cross one box on each line)

	Strongly disagree						Strongly agree
I reckon being Māori is awesome.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I love that I am Māori.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being Māori is NOT important to who I am as a person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I try to kōrero (speak) Māori whenever I can.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to behave the right way when I am on a marae.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a clear sense of my Māori heritage and what it means for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe that my taha wairua (my spiritual side) is an important part of my Māori identity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can sometimes feel my Māori ancestors watching over me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have never felt a spiritual connection with my ancestors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Strongly disagree						Strongly agree
I stand up for Māori rights.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What the European settlers did to Māori in the past has nothing to do with me personally. I wasn't there and I don't think it affects me at all.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think that Māori have been wronged in the past, and that we should stand up for what is ours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think it is easy to tell that I am Māori just by looking at me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People would never know that I am of Māori descent just by looking at me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think it is hard to tell that I am Māori just by looking at me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If a problem arises that people cannot solve by themselves, the whānau as a whole will be able to solve it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in my whānau have always been able to discuss problems that affect everyone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whenever my whānau undertake a project together, we know that we will all work hard until it is accomplished.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERVIEW INVITATION

To better understand people’s experiences, we sometimes invite participants in the Health, Work and Retirement study to take part in face to face interviews based on their responses to the survey.

If you are interested in being asked to participate in an interview (after receiving more information about it), please cross the box below and provide a phone number and/or email address in the boxes below.

Yes, I am willing to be contacted regarding an interview

CONTACT DETAILS

Whether or not you are interested in an interview, please consider providing us with a phone or email contact, in case you are no longer reachable at your current address.

These details are stored separately to survey data.

Phone number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email address:

If you need to change your address, please enter your new address in the space below.

Street:

Suburb

Town/City

Postal code

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GUIDE NOTES

Why do you want to know my income?

Information such as income are used to help determine how well respondents to the New Zealand Health, Work and Retirement survey represent the general New Zealand population and whether income is a feature in ageing well. All of the answers you give are kept confidential.

How do I work out my annual personal/household income?

Remember:

- If you and your spouse/partner earn income jointly, only include your part of that income when reporting your personal income.
- Count any payments that are taken out of your income **before** you get it, such as repayments of student loans, union fees, fines or child support.
- DON'T count loans (including student loans), inheritances, sale of household or business assets, lottery wins, matrimonial / civil union / de facto property settlements or one-off lump sum payments.
- DON'T count money given by members of the same household to each other. For example, pocket money given to children, or money given for housekeeping expenses by a flatmate.

Calculating annual income before tax: If you know your weekly or fortnightly income **after tax**, use this table to work out your annual income **before tax**.

After tax weekly income\$	After tax fortnightly income \$	Before tax annual income \$
up to 86	up to 172	21 – 5,000
87 – 172	173 – 343	5,001 – 10,000
173 – 256	344 – 512	10,001 – 15,000
257 – 335	513 – 671	15,001 – 20,000
336 – 414	672 – 829	20,001 – 25,000
415 – 493	830 – 987	25,001 – 30,000
494 – 573	988 – 1,145	30,001 – 35,000
574 – 652	1,146 – 1,303	35,001 – 40,000
653 – 805	1,304 – 1,610	40,001 – 50,000
806 – 939	1,611 – 1,879	50,001 – 60,000
940 – 1,074	1,880 – 2,147	60,001 – 70,000
1,075 – 1,459	2,148 – 2,918	70,001 – 100,000
1,460 – 2,102	2,919 – 4,203	100,001 – 150,000
2,103+	4,204+	150,001+

Standard NZ Super: these are the approximate standard **before tax** rates for NZ Super.

	Fortnightly before tax	Annual before tax
Single, living alone	\$981.46	\$25,517.96
Single, sharing accommodation	\$902.58	\$23,467.08
Married person or partner in a civil union or de facto relationship	\$705.26	\$18,336.76
Married or in a civil union or de facto relationship, both qualify	\$744.54	\$19,358.04

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MASSEY UNIVERSITY
COLLEGE OF HUMANITIES
AND SOCIAL SCIENCES
TE KURA PŪKENGĀ TANGATA

The New Zealand Health, Work and Retirement Study

2020 CONSENT FORM (v A3.0)

Your rights and consent regarding participation

By signing this consent form you confirm that you have read and understood the information in the 'Health, Work and Retirement Study Information Sheet (v A3.0)'. Your questions have been answered to your satisfaction and you understand that you may ask further questions at any time.

Please cross one box, sign and return this consent form to the Health and Ageing Research Team in the enclosed reply paid envelope along with the survey:

I agree to linkage to Accident Compensation Corporation (ACC) data under the conditions set out in the Information Sheet.

I agree

I do not agree

Name (print): _____
First name Surname

Signature: _____

Date today / /

This consent form will be kept as a confidential record of your participation by the Health and Ageing Research Team. As with all study materials, these forms will be destroyed ten years after the completion of the study.



The New Zealand Health, Work and Retirement Study

2020 CONSENT FORM (v B3.0)

Your rights and consent regarding participation

By signing this consent form you confirm that you have read and understood the information in the '*Health, Work and Retirement Study Information Sheet (v B3.0)*'. Your questions have been answered to your satisfaction and you understand that you may ask further questions at any time.

Please cross one box, sign and return this consent form to the Health and Ageing Research Team in the enclosed reply paid envelope along with the survey:

I agree to linkage to national health record data and Accident Compensation Corporation (ACC) data under the conditions set out in the Information Sheet.

I agree

I do not agree

Name (print): _____
First name Surname

Signature: _____

Date today / /

This consent form will be kept as a confidential record of your participation by the Health and Ageing Research Team. As with all study materials, these forms will be destroyed ten years after the completion of the study.

Dear <Mailing name>

Earlier this month you were sent an invitation to participate in the 2020 New Zealand Health, Work and Retirement study.

If you have completed the survey and returned it to us, thank you very much for your participation. Your contribution will help the Health and Ageing Research Team to inform agencies supporting older persons in New Zealand about the range of circumstances relating to health, work and retirement experienced in our communities.

If you have not yet completed and returned the survey and you do wish to contribute to this research, please do so as soon as possible - your views can be included in this population snapshot in 2020. The contribution of New Zealand residents to national research and discussion is vital to the success of such initiatives.

As always, please call us on **0800 100 134** or email **hart@massey.ac.nz** with any questions about the study.



Professor Fiona Alpass
Massey University

If undelivered please return to: Health and Ageing Research Team, School of Psychology, Massey University, Private Bag 11 222, Palmerston North, New Zealand.



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AND SOCIAL SCIENCES
TE KURA PŪKENGĀ TANGATA

<Todays_Date>

<Mailing_Name>

<Mailing_address_1>

<Mailing_address_2>

<Mailing_address_3>

Dear <Mailing_Name>

Recently you were sent an invitation to participate in the 2020 New Zealand Health, Work and Retirement study. As yet, we have not received a response to this invitation. We would like as many of our participants as possible to return their survey, so that the current research is able to represent a range of views and experiences in the community.

In case you did not receive or no longer have the invitation posted to you previously, please find enclosed a replacement survey, a consent form and an information sheet. You can return the survey and consent form in the freepost envelope supplied. Please let us know if you are having any difficulties with the questionnaire or have any questions regarding the study.

The Health and Ageing Research Team (HART) can be contacted on the free-phone number **(0800 100 134)** or via email: **hart@massey.ac.nz**. A Research Officer, Ms Vicki Beagley, will assist you with your enquiry or forward it to another member of the research team as appropriate.

For more information about the Health, Work Retirement Study or other initiatives from the Health and Ageing Research Team, please visit our website where you can find up to date lists of findings, publications, presentations and reports from the team: <http://hart.massey.ac.nz/>

Thank you for taking the time to consider this request.

Yours sincerely

Professor Fiona Alpass, on behalf of the Health and Ageing Research Team (HART) at Massey University:

Professor Fiona Alpass

Professor Christine Stephens

Dr Joanne Allen

Ms Vicki Beagley

Dr Mary Breheny

Dr Juliana Mansvelt

Mr Brendan Stevenson

Dr Agnes Szabo

Dr Joanne Taylor

Dr Andy Towers

Dr Polly Yeung

Ms Hannah Phillips



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TE KURA PŪKENGĀ TANGATA

<Todays_Date>

<Mailing_Name>
<Mailing_address_1>
<Mailing_address_2>
<Mailing_address_3>

Dear <Mailing_Name>

Recently you were sent an invitation to participate in the 2020 New Zealand Health, Work and Retirement study. This is a biennial survey of people aged 55 and over living in New Zealand, which contributes to national and international discussions on how to support individuals to age well in our communities. The survey has been conducted since 2006 and in 2016 we celebrated a decade of research into the health and wellbeing in the New Zealand community.

Our records show that you have yet not returned the survey. Enclosed in this pack is an additional survey, along with the project information sheet, a consent form and freepost envelope. If you wish to participate, please complete and return the survey and consent form in the envelope provided.

All information that you provide to the study is completely confidential and will be used only for the purposes of this research. To learn more about the project and what is involved in participating, please read the accompanying information sheet and feel free to contact us at any time to discuss this project or ask any questions you may have. You can contact us on the free-phone number **(0800 100 134)** or email: **hart@massey.ac.nz**.

Thank you for taking the time to consider this invitation. Your contribution to this national research study will be very much appreciated and is vital to the success of this initiative.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'F. Alpass'.

Professor Fiona Alpass, on behalf of the Health and Ageing Research Team (HART) at Massey University:

Professor Fiona Alpass
Professor Christine Stephens
Dr Joanne Allen
Ms Vicki Beagley
Dr Mary Breheny
Dr Juliana Mansvelt

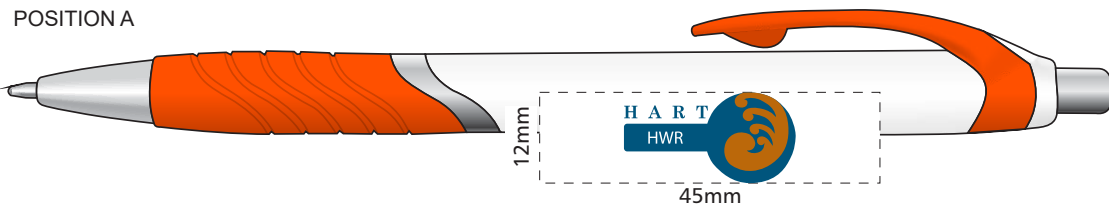
Mr Brendan Stevenson
Dr Agnes Szabo
Dr Joanne Taylor
Dr Andy Towers
Dr Polly Yeung
Ms Hannah Phillips

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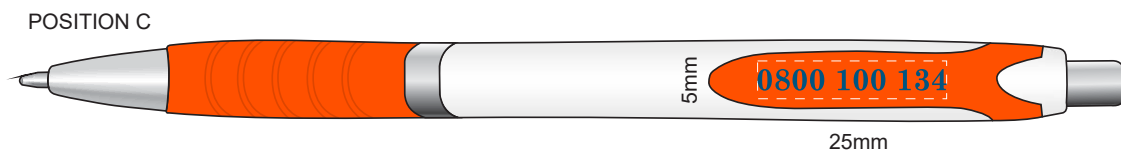
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