

<Todays_Date>

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

Dear <Mailing_Name>

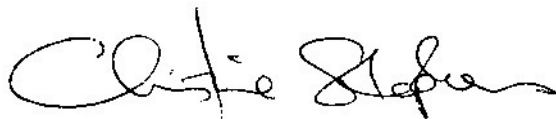
My name is Christine Stephens. I would like to invite you, as a highly valued participant in the New Zealand Health, Work and Retirement longitudinal study, to take part again in 2016. This biennial survey of older persons living in New Zealand contributes to national and international discussions on how to support individuals to age well in our communities. Thanks to the help of thousands of New Zealand participants such as yourself, in 2016 we will celebrate a decade of research into the health and wellbeing of older persons in New Zealand.

In addition to this invitation, you will find in your package an information sheet on the project and our 2016 questionnaire. If you wish to participate, please complete and return the enclosed questionnaire 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 HART free-phone number (**0800 100 134**) or email at: 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 Christine Stephens, on behalf of the *Health & Ageing Research Team* (HART) at Massey University:

Professor Christine Stephens

Dr Mary Breheny

Professor Fiona Alpass

Dr Polly Yeung

Dr Joanne Taylor

Dr Andy Towers

Dr Rachael Pond

Mr Brendan Stevenson

Dr Joanne Allen

Dr Juliana Mansvelt

Ms Vicki Beagley



<Todays_Date>

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

Dear <Mailing_Name>

My name is Professor Christine Stephens. On behalf of Massey University's Health and Ageing Research Team (HART) I would like to invite you to participate in the New Zealand Health, Work and Retirement study. This is a biennial survey of persons aged 55-70 living in New Zealand which contributes to national and international discussions on how to support individuals to age well in our communities. With the support of thousands of New Zealand residents who have participated to date, in 2016 we will celebrate a decade of research into the health and wellbeing of older persons 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 and our 2016 questionnaire. If you wish to participate, please complete and return the enclosed questionnaire and consent form. You can return these in the freepost envelope supplied. All information that you provide is completely confidential, and will be used only for the purposes of this research.

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The New Zealand Health, Work & Retirement study

INFORMATION SHEET (v A1.0)

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

The New Zealand Health, Work and Retirement study is a study of persons aged 55 years and over who are living in New Zealand. The study aims to provide information on issues such as health, work, retirement and housing which are relevant to this population now and into the future.

The New Zealand Health, Work and Retirement study commenced in 2006 and is an initiative of 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 8,000 New Zealand residents aged 55 and over have been surveyed.

Why have I been contacted by the study?

As one of our valued participants, we would like to invite you to participate again in the New Zealand Health, Work and Retirement study. Persons who have previously filled out a questionnaire are re-surveyed to obtain important information regarding changes, or lack of change, in their circumstances over time and it is this information across time which makes the HWR study increasingly valuable.

Every two years, the study also randomly selects additional persons aged over 55 from the electoral roll to be surveyed. This year, over 7,400 New Zealand residents will be surveyed to ensure adequate representation of the population over a 10 year follow-up period. By obtaining responses from a large, random sample of the population, the study aims to obtain a good representation of the range of circumstances experienced by all older persons in New Zealand.

What do I need to do?

Participating in the study is entirely voluntary. Participation involves filling out the enclosed survey whenever you have some spare time, and returning it. This would take about 45 minutes in all. You can return the survey in the freepost envelope supplied. The questionnaire has a code number at the top of the page for our records which is used to identify incoming mail so that your name can be taken off our reminder mailing list. We also use this code to link the information across surveys, but this is always stored securely and separately from your name and address details.

Will my data remain secure and confidential?

All information provided to researchers is completely confidential, and will be used only for the purposes of health research. It will not be possible to identify individuals in any dataset or report from the study. Your survey will be kept in a locked room and all surveys destroyed five years after the completion of the study.

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

You can contact the HART researchers at any time on the HART 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 can send your request to the appropriate team member. We have also developed a dedicated website to provide general information for those participating or interested in the study. This site also includes a general description of the study, together with answers to frequently asked questions about the study. Summary reports of the study findings are made available on the Health and Ageing Team website and a hard copy will be mailed to participants on request. You can access this website at: **HART.massey.ac.nz**

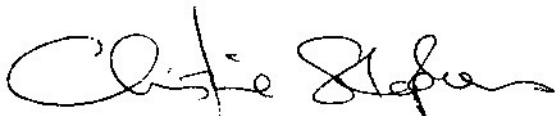
Statement of Ethical Approval

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern A, Application 15/72. If you have any concerns about the conduct of this research, please contact Mr Jeremy Hubbard, Chair, Massey University Human Ethics Committee: Southern A, telephone 04 801 5799 x 63487, email humanethicsoutha@massey.ac.nz.

Thank you!

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

Sincerely

A handwritten signature in black ink, appearing to read 'Christine Stephens', written in a cursive style.

Professor Christine Stephens, on behalf of the *Health & Ageing Research Team* (HART) at Massey University.

The New Zealand Health, Work & Retirement study

INFORMATION SHEET (v B1.0)

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

The New Zealand Health, Work and Retirement study is a study of persons aged 55 years and over who are living in New Zealand. The study aims to provide information on issues such as health, work, retirement and housing which are relevant to persons in this age group. This research provides New Zealand residents with the opportunity to share their experiences to help inform national and international discussions on these important issues.

The research has two parts: 1) a biennial health survey, and; 2) the linkage of national health record data, held on file by the New Zealand Health Information Service, to other data provided by study participants. All New Zealand residents have national health records and these contain valuable information for health research, such as numbers of hospital emergency room visits made by a person in a year. Even if this number is zero, this is still important information.

The New Zealand Health, Work and Retirement study commenced in 2006 and is an initiative of 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 8,000 New Zealand residents aged 55 and over have been surveyed.

Why have I been contacted by the study?

We would like to invite you to participate in the New Zealand Health, Work and Retirement study. Persons who have previously filled out a questionnaire are re-surveyed every two years to obtain valuable information regarding changes, or lack of change, in their circumstances over time and it is this information across time which makes the HWR study increasingly valuable.

Every two years, the study also randomly selects additional persons aged over 55 from the electoral roll to be surveyed. This year, over 7,400 New Zealand residents will be surveyed to ensure adequate representation of the population over a 10 year follow-up period. By obtaining responses from a large, random sample of the population, the study aims to obtain a good representation of the range of circumstances experienced by all older persons in New Zealand.

Many countries around the world have now developed studies that link health survey data with health records and these studies have allowed researchers to examine important questions. Your contribution to this study would allow the team to answer a number of important health questions which could not be addressed by either a survey or national health record data alone. The current study will allow researchers to examine questions such as what impact hospitalisation might have on older New Zealanders' economic independence and quality of life, and the identification of factors linked to health and healthcare utilisation among New Zealanders.

The table below lists the five datasets that we would request from the New Zealand Health Information Service if you consent to participate in the study:

National Minimum Dataset: Hospital Events	A collection of hospital discharge information, including clinical information (e.g., health diagnosis) and event information (e.g., times, dates).
National Non-admitted Patient Collection	Data about non admitted face-to-face secondary care 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 for subsidised dispensing that has been processed by the HealthPAC General Transaction Processing System (GTPS)
Mental Health Information Collection	Information on mental health care provided, diagnosis of mental health condition, legal status, and discharge.

What do I need to do?

Participating in this study is entirely voluntary. Participation involves filling out the enclosed questionnaire whenever you have some spare time, and returning it with the signed consent form granting permission for the HART to obtain your de-identified health records from *New Zealand Health Information Service*. This would take about 45 minutes in all.

By signing the consent form you are allowing us to provide the New Zealand Health Information Service with the following information that we have on file: (a) your name, (b) your address, and (c) your date of birth. This is the information that the *New Zealand Health Information Service* requires to ensure they access the correct health records for you.

You can return the questionnaire and consent form in the freepost envelope supplied. The questionnaire has a code number at the top of the page for our records which is used to identify incoming mail so that your name can be taken off our reminder mailing list. We also use this code to link the information across surveys, but this is always stored securely and separately from your name and address details.

Will my data remain secure and confidential?

All information provided to researchers is completely confidential, and will be used only for the purposes of health research. It will not be possible to identify individuals in any dataset or report from the study. Your survey will be kept in a locked room and all surveys destroyed five years after the completion of the study. To ensure that your national health record data remains confidential, a strong and confidential data-transference and merging process is used. You can rest assured that:

- Once your national health records are identified and extracted by the New Zealand Health Information Service, they will replace your name with a unique ID number. Once this ID is in place none of the data can be linked back to your name.
- The de-identified national health record data will then be securely encrypted to CD, and the encrypted CD sent via registered courier directly to the Health and Ageing Research Team (HART) at Massey University. The electronic key needed to unlock this encrypted dataset will be sent separately via secured email directly to the HART. Without this electronic key the encrypted CD is not able to be accessed.
- Once the HART receives the national health record dataset and de-codes it with the electronic key, this data will be merged with other data provided by you to the HART using your unique ID number. This ensures that your name is always still stored separately to your data and that both your study data and the national health record data are unable to be directly linked to your name, except by the HART Research Officer.
- The New Zealand Health Information Service will never have access to your data stored at Massey University and only the HART Research Officer will be involved in this data-linkage process.

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 are based on de-identified information and will not identify any individual taking part.

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We have also developed a dedicated website to provide general information for those participating or interested in the study. This site also includes a general description of the study, together with answers to frequently asked questions about the study. Summary reports of the study findings are made available on the Health and Ageing Team website and a hard copy will be mailed to participants on request. You can access this website at: **HART.massey.ac.nz**

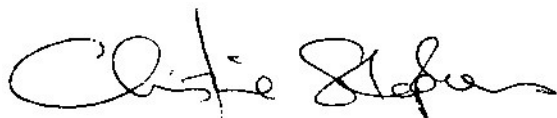
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Thank you!

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

Sincerely



Professor Christine Stephens, on behalf of the *Health & Ageing Research Team* (HART) at Massey University.



Health, Work and Retirement Study 2016

The School of Psychology
Te Kura Hinengaro Tangata
Massey University

General instructions for completing the survey

Please read the following carefully

- All the information you give us is in confidence and will be used only for the purposes of the Health, Work and Retirement study.
- 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 study implies consent to take part in the study.
- We are sorry that some questions appear repetitive, but please answer all questions that apply to you.

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

- a single answer that is most appropriate. These are the most common question types - for these items, please mark (e.g. ✓ or ✗) one box on each line in pen or pencil. 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 tick all that apply'.
- a free text response. To provide free text, please print your response as clearly as possible on the line provided.

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

(Please tick <u>one</u> 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:	<u>melanoma</u>		

- 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 square as appropriate:

Adult child(ren) and/or grandchild(ren)/mokopuna	<input type="text" value="5"/>
--	--------------------------------

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 These are questions about your general health.

(Please tick one box on each line)

	Excellent	Very good	Good	Fair	Poor
In general, would you say your health is:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
In general, would you say your quality of life is:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
In general, how would you rate your physical health?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
In general, how would you rate your mental health, including your mood and your ability to think?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
In general how would you rate your satisfaction with your social activities and relationships?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
In general, please rate how well you carry out your usual social activities and roles? (This includes activities at home, at work and in your community and responsibilities as a parent, child, spouse, employee, friend etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q2 All things considered, how satisfied are you with your life as a whole these days?

(Please tick 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

Q3 Please answer the following questions about yourself by indicating the extent of your agreement. Be as honest as you can throughout, and try not to let your response to one question influence your response to other questions. There are no right or wrong answers.

(Please tick 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

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

Q4a. Does your health now limit you in these activities? If so how much?

(Please tick 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"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Climbing <u>several</u> flights of stairs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Walking one block	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Bathing or dressing yourself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Q4b. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair? (Please tick one box)

Completely	Mostly	Moderately	A little	Not at all
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q4c. How would you rate your quality of life? (Please tick one box)

Very poor	Poor	Neither good nor poor	Good	Very good
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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 tick 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"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Were limited in the <u>kind</u> of work or other activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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 tick 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"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Did work or other activities <u>less carefully than usual</u>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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

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 tick 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 tick 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 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).

(Please tick one box on each line)

	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

Q11 In the past 7 days, how would you rate your pain on average? (Please tick one box)

No Pain										Worst pain imaginable
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/> 0	<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	<input type="checkbox"/> 9	<input type="checkbox"/> 10

Q12 In the past 7 days, how would you rate your fatigue on average? (Please tick 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

Q13 How often have you been bothered by emotional problems such as feeling anxious, depressed or irritable? (Please tick one box)

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

Q14 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 tick 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

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

(Please tick one box on each line)

	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 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 tick 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

Q17 In the last 12 months, how many times have you yourself:

(Please tick one box on each line)

	Never	1 or 2 times	3 or 4 times	5 or more times
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
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
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

Q18 Please tick 'Yes' to indicate if a health professional has told you that you have any of the following conditions.

(Please tick <u>one</u> 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
Disability	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
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
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 (e.g. lung, leukaemia, melanoma):			
Other illness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Please specify:			

Q19 If you have had cancer, what is your current cancer treatment status? (Please tick one box)

<input type="checkbox"/> 1	Currently being treated	<input type="checkbox"/> 2	Finished treatment
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Q20 Can you see ordinary newsprint (with glasses or contact lenses if you usually wear them)?
(Please tick one box)

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

Q21 Can you hear a conversation with one other person (even when wearing hearing aids)?
(Please tick one box)

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

Q22 How would you describe the health of your teeth and mouth? (Please tick 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

Q23 How many natural teeth do you have remaining? (Please tick one box)

Over 21	11-20	1-10	None
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q24 To what extent are your missing natural teeth replaced by artificial teeth (bridge, denture, or implant?)
(Please tick one box)

Fully	Partially	Not at all
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Q25 Can you bite and chew on hard foods such as a firm apple? (Please tick one box)

Yes, without difficulty	Yes, with difficulty	No
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Q26 In the past 12 months, have you gone to a dentist for check-ups or dental care? (Please tick one box)

For a check-up	For dental treatment	Haven't been
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Q27 During the past 12 months, have you avoided dental care that you needed for any of the following reasons? (Please tick all that apply)

<input type="checkbox"/> 1 Not affordable	<input type="checkbox"/> 1 Not considered to be necessary
<input type="checkbox"/> 1 Time constraints	<input type="checkbox"/> 1 Fear of the dentist
<input type="checkbox"/> 1 No place to receive this type of care close to home	<input type="checkbox"/> 1 Other reasons
<input type="checkbox"/> 1 No, I have not avoided dental care	

Q28 Have you completed any of the following? (Please tick all that apply)

<input type="checkbox"/> 1 A Will
<input type="checkbox"/> 1 A Living Will
<input type="checkbox"/> 1 An Enduring Power of Attorney
<input type="checkbox"/> 1 An Advance Care Plan
<input type="checkbox"/> 1 None of these
<input type="checkbox"/> 1 Don't know

Q29 During the past 6 months have you had a discussion with any of the following people about your preferences concerning the end of your life? (Please tick all that apply)

<input type="checkbox"/> 1 A specialist doctor
<input type="checkbox"/> 1 Your general practitioner
<input type="checkbox"/> 1 A nurse practitioner
<input type="checkbox"/> 1 A practice nurse
<input type="checkbox"/> 1 A social worker
<input type="checkbox"/> 1 A family member
<input type="checkbox"/> 1 Your enduring power of attorney or lawyer
<input type="checkbox"/> 1 A friend
<input type="checkbox"/> 1 A spiritual advisor
<input type="checkbox"/> 1 Someone else
<input type="checkbox"/> 1 I have not had a discussion about these matters during the last 6 months

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

Q30 In the past 12 months, how much of the time have you had any of the following problems?

(Please tick one box on each line)

	Never or rarely	Sometimes	Often
Problems sleeping	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Feeling sad or blue	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Memory problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Heartburn, stomach pain, nausea, or vomiting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Tripping, bumping into things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
	Never	1-2 times	Often
Falling/Accidents	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Q31 Do you now take any of these medications at least 3-4 times a week?

(Please tick one box on each line)

	At least 3-4 times per week:	
	No	Yes
Two or more regular or extra strength (100mg or more) aspirins	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Arthritis and pain medicines (e.g., Apo-Allopurinol, I-Profen, Panadol, Celebrex)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Ulcer and stomach medication (e.g., Famox, Losec, Somac, Ranitidine Arrow)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Blood pressure medicines (e.g., Betaloc, Atacand, Dilzem, Felo, Apo-Prazo)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Nitrate medicines (e.g., Duride Tabs, Corangin, Nitrolingual pump spray)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Anti-depressant medicines (e.g., Amitrip, Citalopram, Anten, Fluox, Loxamine)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Anticoagulants or blood thinners (e.g., warfarin)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Seizure medicines (e.g., Tegretol, Lamotrigine, Phenobarbitone PSM, Dilantin)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Nonprescription medicines for allergies or sleep problems (e.g., Phenergan)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Prescription sedatives or sleeping medicines (e.g., Apo-Zopiclone, Hypam, Ox-Pam, Normison, Nitrados)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Stronger Narcotic medications (e.g., Codeine Phosphate Tabs, Oxycontin, Tramal)	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Q32a Have you, at any stage of your life, ever been a regular smoker?

<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No
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Q32b If you currently consider yourself a regular smoker, how many do you think you would smoke on an average day? (Please tick 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

The below image is a guide to how many **standard** drinks there are in a range of alcoholic drinks. Please use this guide when answering the following questions about alcohol consumption.



Q33 During the past 12 months, on days that you drank, how many drinks did you usually have? (Please count 'one drink' to equal: a 330ml can or bottle of beer OR a 100ml glass of wine OR a 30ml shot of spirits OR a cocktail containing 1 shot OR a glass of sherry). (Please tick one box)

Less than 1	1	2	3	4	5 or 6	7, 8 or 9	10 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	<input type="checkbox"/> 7	<input type="checkbox"/> 8

Q34 During the past 12 months, on how many days did you drive a car or other vehicle within 2 hours of having 3 or more drinks? (Please tick one box)

Never	1-2 days	3-9 days	10-15 days	16-20 days	21 or more days
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Q35 During the past 12 months, how often did you have:
(Please tick one box on each line) 4-5 times a week Once a week Once a month Never

	Daily or almost daily	2-3 times a week	2-3 times a month	Less than monthly	Never
A drink containing alcohol?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4 or 5 drinks on 1 occasion?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6 or more drinks on 1 occasion?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q36 If you 'Never' had a drink containing alcohol in the past 12 months, have you ever drunk alcohol in the past?

<input type="checkbox"/> 1	Yes	<input type="checkbox"/> 2	No
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Q37 Have you ever felt that you ought to cut down on:

(Please tick <u>one</u> box on each line)	Yes	No	Not applicable (I do not do this)
...your drinking?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
...your smoking?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
...your use of prescription medication?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
...your use of drugs other than alcohol, tobacco or prescription medication?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
...your gambling?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

This section is about public transport.

Q38 In the last 12 months, have you used public transport to travel in your local area at all? By public transport we mean public buses, trains and ferries that anyone can use to travel in your local area

<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	If you ticked 'No' go to Q40
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Q39 Thinking about just the last four weeks, how often have you used public transport to travel in your local area? (Please tick one box)

Not at all this month	On 1-4 days this month	On 5-9 days this month	On 10-19 days this month	On 20 days this month
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

This section is about on-road driving, which is driving on public roads on which any member of the public can drive, excluding carparks, private driveways, and farm paddocks.

Q40 How anxious are you about driving? (Please tick one box)

Not anxious at all										Extremely anxious
<input type="checkbox"/> 0	<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	<input type="checkbox"/> 9	<input type="checkbox"/> 10
0	1	2	3	4	5	6	7	8	9	10

Q41 What is your current driving status? (Please tick 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 Q43
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Q42 How often do you drive? (Please tick one box)

Never	Less than once a month	At least once a month but less than weekly	Daily, or almost daily
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

If you indicated that you are a current driver in Q41, please go Q45.

Q43 When was the last time you drove? (please provide answer in years and/or months)

<input type="text"/> Years ago	<input type="text"/> Months ago	OR	<input type="checkbox"/> 1 Never
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Q44 What is the main reason you stopped driving or never drove?

WHĀNAU, FAMILY AND FRIENDS

Q45 Do you attend any of the following?
(Please tick one box on each line)

	Yes, regularly	Yes, occasionally	No
Attend any religious meetings?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Meetings of any community/neighbourhood or social groups, such as clubs, lectures or anything else?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Q46 How many of the following, are you in regular contact with? Please place a zero or a number in the squares as appropriate:

Adult child(ren)	
Grandchild(ren)/mokopuna	
Other relatives (including your parents, siblings, and all family/whānau)	
Friends	

Q47 How far away does your nearest:
(Please tick one box on each line)

	Within 10 minutes walking distance		Within 1 hour by bus/train/car		Over 3 hours by bus/train/car	
	In the same building	↓ Within 30 minutes walking distance	↓ Within 3 hours by bus/train/car	↓ Within 3 hours by bus/train/car	↓ I don't have this relationship	↓ I don't have this relationship
Child live?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Brother or sister live?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Other relative (not including your spouse/partner) live?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Q48 How often do you talk/text on the phone with any of the following people?
(Please tick one box on each line)

	2-3 times per week		At least monthly		Never/don't have this relationship	
	Daily	↓ At least weekly	↓ At least weekly	↓ Less often	↓ Never/don't have this relationship	↓ Never/don't have this relationship
Child(ren) or grandchild(ren)/mokopuna	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Any other relatives or family/whānau members	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Neighbours	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Q49 How often do you meet and spend time with any of the following people?
(Please tick one box on each line)

	2-3 times per week		At least monthly		Never/don't have this relationship	
	Daily	↓ At least weekly	↓ At least weekly	↓ Less often	↓ Never/don't have this relationship	↓ Never/don't have this relationship
Child(ren) or grandchild(ren)/mokopuna	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Any other relatives or family/whānau members	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Neighbours	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Q50 How often do you connect online to any of the following people?

(Please tick one box on each line)

	Daily	2-3 times per week	At least weekly	At least monthly	Less often	Never/don't have this relationship
	↓	↓	↓	↓	↓	↓
	At least weekly	At least weekly	At least weekly	At least weekly	At least weekly	At least weekly
Child(ren) or grandchild(ren)/mokopuna	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Any other relatives or family/whānau members	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Neighbours	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Q51 Do you provide unpaid care for:

(Please tick one box on each line)

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

Q52 I contribute my time and/or labour to volunteer activities: (Please tick 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

Q53 How many hours do you contribute to volunteer activities per week?

Hours

Q54 Please indicate whether or not you give your time in any of the ways listed below. If 'yes', please indicate how many hours per week you give on average:

(Please tick one box on each line)

	No	Yes	Hours per week
Providing a good (e.g., serving food at a homeless shelter, providing books to schools)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
Activism, campaigning or advocacy (e.g., raising funds for campaigns, writing letters)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
Providing a community service (e.g., coaching a sports team, working in an opportunity shop)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
Environmental stewardship (e.g., cleaning up park lands)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
Mahi a whānau/Kapa haka, marae or hui	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
Any other way of giving your time to the community	<input type="checkbox"/> 1	<input type="checkbox"/> 2	

Please specify:

Q55 Please indicate whether or not you belong to any of these types of organisations:

(Please tick 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, trade union, or professional association, or business organisation	<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 support 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
Please specify:		

For each of the following statements and/or questions, please tick the option that you feel is most appropriate in describing you.

Q56 In general, I consider myself: (Please tick one box)

Not a very happy person						A very happy 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	<input type="checkbox"/> 7

Q57 Compared to most of my peers, I consider myself: (Please tick one box)

Less happy						More happy
<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

Q58 Please indicate for each of the statements below, the extent to which they apply to the way you feel now.

(Please tick 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

Q59 Think about your current relationships with friends, family/whānau 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 tick 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
	Strongly Disagree	Disagree	Agree	Strongly Agree
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
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 recognized	<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 well-being	<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
	Strongly Disagree	Disagree	Agree	Strongly Agree
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

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.

Q60 Have you cared for someone with a long-term illness, disability or frailty within the last 12 months?
(Please tick one box)

<input type="checkbox"/> 1	Yes	<input type="checkbox"/> 2	No	If you ticked 'No' please go to Q69
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Q61 In total, how many people with a long-term illness, disability or frailty do/did you regularly provide care for? (Please tick one box)

One person	Two people	More than two people
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Please select the person you have cared for the longest. Tell us about that person and their circumstances at the time of care.

Q62 Approximately how old is/was the person you care(d) for?

<input type="text"/>	Years
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Q63 How long have/had you been caring for this person?

<input type="text"/>	Years	<input type="text"/>	Months
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Q64 How often on average do (did) you provide this care or assistance? (Please tick one box)

Every day	Several times per week	Once a week	Once every few weeks	Less often
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q65 On average, how many hours per week did/do you care for this person?

<input type="text"/>	Hours per week
----------------------	-----------------------

Q66 Is the person you care(d) for your: (Please tick one box)

<input type="checkbox"/> 1	Spouse or partner	<input type="checkbox"/> 2	Mother-in-law or father-in-law
<input type="checkbox"/> 3	Mother or father	<input type="checkbox"/> 4	Brother or sister
<input type="checkbox"/> 5	Son or daughter	<input type="checkbox"/> 6	Friend
<input type="checkbox"/> 7	Other relative/whānau member	<input type="checkbox"/> 8	Other (please specify)

Q67 Does/did the person you care(d) for: (Please tick one box)

<input type="checkbox"/> 1	Live with you	<input type="checkbox"/> 2	Live alone
<input type="checkbox"/> 3	Live with their family/whānau	<input type="checkbox"/> 4	Live in a nursing home or care facility
<input type="checkbox"/> 5	Live with their friends	<input type="checkbox"/> 6	Other (please specify)

Q68 Does/did the person you care(d) for have any of the following major medical conditions or disabilities?
(Please tick 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)

WHERE YOU LIVE

Q69 Which one of the following options best describes the type of residence that you:
a) currently live in (your primary residence) AND;
b) would prefer to live in (i.e., the type of residence you would like to be living in currently) AND;
c) would prefer to live in in the future (i.e., this could be the same as options (a) or (b) or your preferred housing type for your next move).

(Please tick one box in each column)

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

Please specify, indicating whether the answer is for question(s) 'a', 'b' or 'c':

Q70 In terms of the ownership arrangements your primary residence, your primary residence is:
(Please tick 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 family/whānau
<input type="checkbox"/> 4	Owned by a family/whānau trust
<input type="checkbox"/> 5	Private rental
<input type="checkbox"/> 6	State, Council or Kaumātua housing
<input type="checkbox"/> 7	None of the above
<input type="checkbox"/> 8	Licence to occupy
<input type="checkbox"/> 9	Other

Please specify:

Q71 How long have you lived in your present home?

Years	Months
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Q72 Do you plan to move to a new place of residence in the future? (Please tick one box)

No	Yes, within 12 months	Yes, within 5 years	Yes, within 10 Years	Yes, later than 10 years
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q73 Please rate your level of agreement to each of these statements in relation to your present home:

(Please tick one box on each line)

	No, definitely not	Neutral	Yes, definitely
I am worried about finding a suitable place to live	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5
I am satisfied with my house	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5
I am satisfied with my neighbourhood	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<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"/> 5
My house enables me to see friends and family as often as I like	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<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"/> 5
My house supports all my daily activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5
My home meets all my needs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5
My house is difficult for me to maintain	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5
I am able to keep my house warm	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5
My house is easy for me to clean	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5

Q74 Please rate your level of agreement to each of these statements in relation to your present neighbourhood:

(Please tick one box on each line)

	No, definitely not	Neutral	Yes, definitely
I feel safe at home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5
I feel safe in my neighbourhood	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5
The neighbourhood is peaceful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5
I have peace of mind at home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5
My neighbourhood is pleasant	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5
I am familiar with the area	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5
I can get around easily in my neighbourhood	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5
I can get to shops easily	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5
I have access to transport	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5
I live close enough to family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5
I live close enough to friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5
I have enough human contact	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5
I am close enough to any help I need	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5
I have good neighbours	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5
I am close enough to important facilities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5
I am able to pursue my interests	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5

Q75 How long does it take you to get to your nearest health facility?

	<input style="width: 80%; height: 20px;" type="text"/> Hours		<input style="width: 80%; height: 20px;" type="text"/> Minutes
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Q76 Please rate your level of agreement to each of these statements in relation to your present neighbourhood:

(Please tick <u>one</u> 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
I really feel part of this area	<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 are friendly	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
People in this area have lots of community spirit	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
People in this area do things to help the community	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
	Strongly disagree		Neutral		Strongly agree
I feel comfortable asking my neighbour to collect a prescription if I am ill in bed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I feel comfortable asking my neighbour to lend me \$5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I feel comfortable confiding a personal problem to my neighbour	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Everybody in this area should have equal rights and an equal say	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
People in this area treat each other with respect	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
People in this area are tolerant of others who are not like them	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
People in this area respect one another's privacy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
In this area there are some people who belong, and some people who don't	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
In this area there is pressure to be like everyone else	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

You are now over half-way through the questionnaire. Time for a cuppa or a break?



YOUR WORK AND RETIREMENT STATUS

Q77 If you are retired, at what age did you retire?

<input style="width: 100%; height: 100%;" type="text"/>	Years of age	<input style="width: 100%; height: 100%;" type="text" value="1"/>	I am not retired
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Q78 Which of the following best describes:

- a) Your **preferred** work status (i.e., what you would like to be doing) AND;
 b) Your **current** work status

(Please tick <u>one</u> box in each column)	(a) preferred status	(b) current status	
Full-time paid work, for an employer	<input style="width: 30px; height: 20px;" type="checkbox"/> 1	<input style="width: 30px; height: 20px;" type="checkbox"/> 1	If your current work status is here, go to Q79
Part-time paid work, for an employer	<input style="width: 30px; height: 20px;" type="checkbox"/> 2	<input style="width: 30px; height: 20px;" type="checkbox"/> 2	
Full time self-employed paid employment	<input style="width: 30px; height: 20px;" type="checkbox"/> 3	<input style="width: 30px; height: 20px;" type="checkbox"/> 3	
Part time self-employed paid employment	<input style="width: 30px; height: 20px;" type="checkbox"/> 4	<input style="width: 30px; height: 20px;" type="checkbox"/> 4	
Flexible work schedule negotiated with employer	<input style="width: 30px; height: 20px;" type="checkbox"/> 5	<input style="width: 30px; height: 20px;" type="checkbox"/> 5	
Project or contract work (short term and full time)	<input style="width: 30px; height: 20px;" type="checkbox"/> 6	<input style="width: 30px; height: 20px;" type="checkbox"/> 6	
Project or contract work (short term and part time)	<input style="width: 30px; height: 20px;" type="checkbox"/> 7	<input style="width: 30px; height: 20px;" type="checkbox"/> 7	
Fully retired, no paid work	<input style="width: 30px; height: 20px;" type="checkbox"/> 8	<input style="width: 30px; height: 20px;" type="checkbox"/> 8	If your current work status is here, go to Q83
Full time homemaker	<input style="width: 30px; height: 20px;" type="checkbox"/> 9	<input style="width: 30px; height: 20px;" type="checkbox"/> 9	
Full time student	<input style="width: 30px; height: 20px;" type="checkbox"/> 10	<input style="width: 30px; height: 20px;" type="checkbox"/> 10	
Unable to work due to health or disability issue	<input style="width: 30px; height: 20px;" type="checkbox"/> 11	<input style="width: 30px; height: 20px;" type="checkbox"/> 11	
Unemployed and seeking work	<input style="width: 30px; height: 20px;" type="checkbox"/> 12	<input style="width: 30px; height: 20px;" type="checkbox"/> 12	
Other Please specify:	<input style="width: 30px; height: 20px;" type="checkbox"/> 13	<input style="width: 30px; height: 20px;" type="checkbox"/> 13	

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

<input type="checkbox"/>	1	Labourer (e.g., cleaner, food packer, farm worker)
<input type="checkbox"/>	2	Machinery operator/driver (e.g., machine operator, store person)
<input type="checkbox"/>	3	Sales worker (e.g., insurance agent, sales assistant, cashier)
<input type="checkbox"/>	4	Community or personal service worker (e.g., teacher aide, armed forces, hospitality worker, carer)
<input type="checkbox"/>	5	Technician/trades worker (e.g., engineer, carpenter, hairdresser)
<input type="checkbox"/>	6	Professional (e.g., accountant, doctor, nurse, teacher)
<input type="checkbox"/>	7	Manager (e.g., general manager, farm manager)
<input type="checkbox"/>	8	Other Please specify:

Q80 How many hours do you currently work in paid employment per week?

<input type="text"/>	Hours
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Q81 How long have you worked for your current employer?

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

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

Q83 Have you ever served in the military?

<input type="checkbox"/>	1	Yes	<input type="checkbox"/>	2	No
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Q83a If yes, which branch did you serve in? (Please tick all that apply)

<input type="checkbox"/>	1	NZ Army
<input type="checkbox"/>	1	NZ Navy
<input type="checkbox"/>	1	NZ Airforce
<input type="checkbox"/>	1	NZ Merchant Navy
<input type="checkbox"/>	1	Other (e.g. military force of another country, civilian deployed as part of NZDF, Land girl during WW2; please specify)

YOUR FINANCIAL WELLBEING

Next 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.

Q84a From all sources of income, what do you expect your annual personal income before tax to be this financial year?

(Please tick one box)

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

Q84b From all sources of income, what do you expect your annual household income before tax to be this financial year?

(Please tick one box)

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

Q85 Do you currently receive New Zealand Superannuation or a Veteran's Pension?

(Please tick one box)

<input type="checkbox"/> ₁ Single rate	<input type="checkbox"/> ₂ Couple rate	<input type="checkbox"/> ₃ No
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Q86 How many people inside and beyond your household, excluding yourself, are dependent on you for their financial support?

Total number of people: <input style="width: 80px; height: 25px;" type="text"/>	OR	<input type="checkbox"/> ₁ I have no financial dependents
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Q87 For the following questions, please indicate whether or not you have (or have access to) the item:

(Please tick <u>one</u> 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"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Washing machine	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
At least two pair of good shoes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Suitable clothes for important or special occasions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Personal computer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Home contents insurance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Enough room for family/whānau to stay the night	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q88 For the following questions, please indicate whether or not you do the activity:

(Please tick <u>one</u> 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 family/whānau 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 family/whānau 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

Q89 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 tick <u>one</u> 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.

Q90 Generally, how would you rate your material standard of living? (Please tick 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

Q91 Generally, how satisfied are you with your current material standard of living? (Please tick 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

Q92 How well does your total income meet your everyday needs for such things as accommodation, food, clothing and other necessities? (Please tick 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

Q93 Below are statements that people have made about their standard of living. Please indicate how true these statements are for you.

(Please tick 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

YOUR PERSONAL SITUATION

Q94 What gender do you identify as? (Please tick one box)

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

Q95 Do you identify as: (Please tick one box)

<input type="checkbox"/> 1	Heterosexual/Straight
<input type="checkbox"/> 2	Gay/Lesbian
<input type="checkbox"/> 3	Bisexual
<input type="checkbox"/> 4	Other (please specify) _____
<input type="checkbox"/> 5	Uncertain
<input type="checkbox"/> 6	Prefer not to answer

Q96 When were you born?

D	D	/	M	M	/	1	9	Y	Y	DD/MM/YYYY
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Q97 Which one of these statements is true about you? (Please answer for your **current**, marriage, partnership or situation). (Please tick 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		

Q98 What is your highest educational qualification? (Please tick 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

Q99 Please tick 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 tick the option at the bottom of the table.

(Please tick <u>all</u> that apply)	Yes	Number 18yrs or over	Number under 18yrs
My 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 grandchild(ren)/mokopuna	<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		
None of the above – I live alone	<input type="checkbox"/> 1		

Q100 Please indicate below which ethnic group or groups you belong to: (Please tick all that apply)

<input type="checkbox"/> 1	New Zealand European	<input type="checkbox"/> 1	Niuean
<input type="checkbox"/> 1	Māori	<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)		

Q101 Please indicate below which ethnic group you feel you identify with the most: (Please tick one box)

<input type="checkbox"/> 1	New Zealand European	<input type="checkbox"/> 5	Niuean
<input type="checkbox"/> 2	Māori	<input type="checkbox"/> 6	Chinese
<input type="checkbox"/> 3	Samoan	<input type="checkbox"/> 7	Indian
<input type="checkbox"/> 4	Cook Island Māori	<input type="checkbox"/> 8	Tongan
<input type="checkbox"/> 9	Other (please specify e.g., Dutch, Japanese, Tokelauan)		

Q102 Please answer the following questions about the ethnic group you said you most identify with in Q101.

(Please tick <u>one</u> box on each line)	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I have spent time trying to find out more about my ethnic group, such as history, traditions, and customs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I have a strong sense of belonging to my own ethnic group	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I understand pretty well what my ethnic group membership means to me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I have often done things that will help me understand my ethnic background better	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I have often talked to other people in order to learn more about my ethnic group	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I feel a strong attachment towards my own ethnic group	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Other people consider me a cultural resource	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

If you have Māori ancestry, please go to Q103
If you DO NOT have Māori ancestry, please turn to Q113

Q103 Do you identify as Māori? (Please tick one box)

<input type="checkbox"/> 1	Yes	<input type="checkbox"/> 2	No
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Q104 How many generations of your Māori ancestry can you name? (Please tick one box)

<input type="checkbox"/> 1	1 generation (parents)	<input type="checkbox"/> 3	3 generations (great-grandparents)
<input type="checkbox"/> 2	2 generations (grandparents)	<input type="checkbox"/> 4	More than 3 generations

Q105 Have you ever been to a marae? (Please tick one box)

<input type="checkbox"/> 1	Yes	<input type="checkbox"/> 2	No	If you ticked 'No' go to question 109
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Q106 How often over the past 12 months? (Please tick one box)

Not at all	Once	A few times	Several times	More than once a month
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q107 How long does it take to get to your marae by car?

<input type="text"/>	Hours	<input type="text"/>	Minutes	OR	<input type="text"/>	Do not visit my marae	<input type="text"/>	Live on or by my marae
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Q108 In the past 12 months have you filled any of the following roles:

(Please tick all that apply)

	On your marae	Somewhere other than your marae
Kai karanga Kai/Pou kōrero	<input type="text"/>	<input type="text"/>
Ringa wera	<input type="text"/>	<input type="text"/>
Kai mahi/general help	<input type="text"/>	<input type="text"/>
Marae board member	<input type="text"/>	<input type="text"/>
Mahi wairua/religious services	<input type="text"/>	<input type="text"/>
Representation at hui/runanga	<input type="text"/>	<input type="text"/>
Other (e.g. manutaki, kai kōhi kōhā). Please specify:	<input type="text"/>	<input type="text"/>
None of the above	<input type="text"/>	<input type="text"/>

Q109 In terms of your involvement with your whānau, would you say that your whānau plays: (Please tick one box)

A very large part in your life	A large part in your life	A small part in your life	A very small part in your life
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Q110 Do you have a financial interest in Māori land (i.e., as an owner, part/potential owner or beneficiary)? (Please tick one box)

<input type="text"/>	Yes	<input type="text"/>	No	<input type="text"/>	Not sure/don't know
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Q111 This question considers your contacts with people. In general, would you say that your contacts are with: (Please tick one box)

Mainly Māori	Some Māori	Few Māori	No Māori
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Q112 How would you rate your overall ability with Māori language? (Please tick one box)

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

Q113 Here are a number of characteristics that may or may not apply to you. Please indicate the extent to which you agree or disagree with each statement. I am a person who...

(Please tick <u>one</u> box on each line)	Strongly Disagree	Disagree	Neutral	Agree	Strongly agree
is talkative	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
tends to find fault with others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
does a thorough job	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
is depressed, blue	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
is original, comes up with new ideas	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
is reserved	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
is helpful and unselfish with others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
can be somewhat careless	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
is relaxed, handles stress well	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
is curious about many different things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
is full of energy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
starts quarrels with others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
is a reliable worker	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
can be tense	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
is ingenious, a deep thinker	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
generates a lot of enthusiasm	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
has a forgiving nature	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
tends to be disorganized	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
worries a lot	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
has an active imagination	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
tends to be quiet	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
is generally trusting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
tends to be lazy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
is emotionally stable, not easily upset	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
is inventive	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
has an assertive personality	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
can be cold and aloof	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
perseveres until the task is finished	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
can be moody	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
values artistic, aesthetic experiences	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
is sometimes shy, inhibited	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
is considerate and kind to almost everyone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
does things efficiently	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
remains calm in tense situations	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
prefers work that is routine	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
is outgoing, sociable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
is sometimes rude to others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
makes plans and follows through with them	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
gets nervous easily	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
likes to reflect, play with ideas	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
has few artistic interests	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
likes to cooperate with others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
is easily distracted	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
is sophisticated in art, music, or literature	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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 17	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+

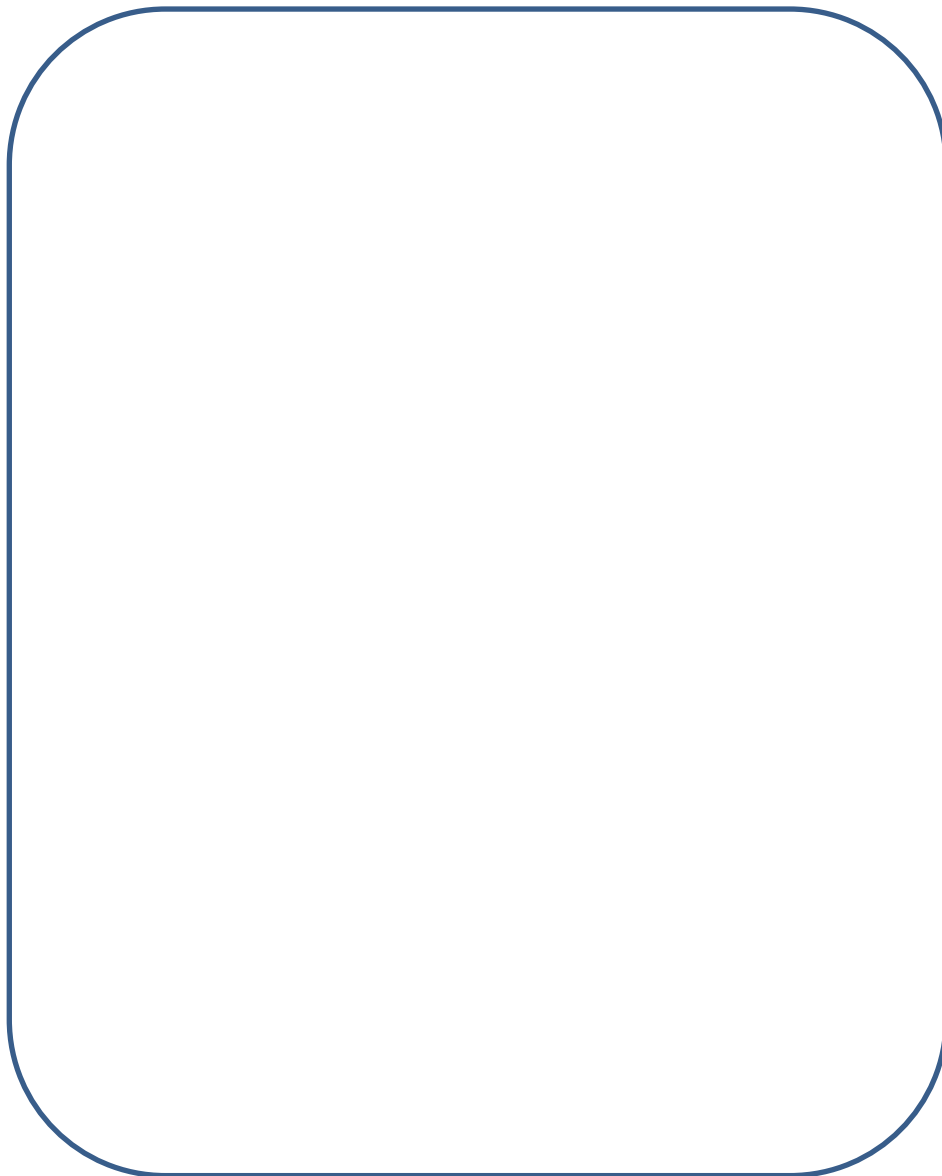
Standard NZ Super: these are the approximate standard **before tax** rates for NZ Super.

Single, living alone	\$20,007.52
Single, sharing accommodation	\$18,468.32
Married person or partner in a civil union or de facto relationship	\$15,390.44
Married or in a civil union or de facto relationship, both qualify	Total \$30,780.88
	Each \$15,390.44
Married or in a civil union or de facto relationship, non-qualified partner included on or after 1 October 1991	Total \$29,255.20
	Each \$14,627.60
Married, non-qualified partner included before 1 October 1991	Total \$30,780.88
	Each \$15,390.44
Qualified partner in rest home with non-qualified partner in the community	\$13,657.28
Hospital rate	\$2,259.40

Thank you for completing the survey!

If you have any additional thoughts about any of the topics in the survey, please share them here. Please return the questionnaire and consent form in the reply-paid envelope enclosed to:

**Health and Ageing Research Team
SCHOOL OF PSYCHOLOGY
Massey University
Private Bag 11 222
Palmerston North 4442
New Zealand**



We greatly appreciate your help with this questionnaire regarding your experiences of health, work and retirement in New Zealand. If you have questions about this survey, please contact the Health and Ageing Research Team on our free-phone number **0800 100 134** or website: **hart.massey.ac.nz**.

The New Zealand Health, Work & Retirement Study

CONSENT FORM

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 B1.0)'. Your questions have been answered to your satisfaction and you understand that you may ask further questions at any time.

Please **check one box**, sign and return this consent form with your survey:

I agree to participate in this study under the conditions set out in the Information Sheet.

I agree

I do not agree

Name (print): _____
First name Surname

Signature: _____

Date today Day Month Year
□ □ / □ □ / 2 0 □ □

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 five years after the completion of the study.

CONFIDENTIAL CONTACT DETAILS

We have found that over the years peoples circumstances might change (e.g., they move house) and that we can lose track of people if they don't let us know their new postal address. To address this we would like to ask that you to provide an alternative method of contacting you (phone and/or email), and to nominate one person whom we can contact in the event that we lose track of you. You do not have to do this, but it would help us. Please ensure that the person you name is happy to act as contact person. We will only contact this person in the event that we cannot locate you.

Your Name: _____
First name Surname

Your phone number: _____

Your email:

Your contact person's name: _____
First name Surname

Your contact person's number: _____

Your contact person's email:

Thank you!

This information will be kept separately from your survey response.



Dear AB Sample

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

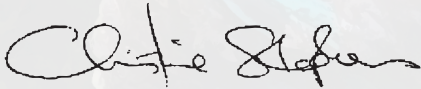
This postcard is a thank you to those who have participated in the study this year.

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 by older people in our communities.

If you wish to contribute to this research but have not yet completed and returned the questionnaire, please do so as soon as possible so that your views can be included in this snapshot of the population in 2016. 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.

Yours sincerely



Professor Christine Stephens
Massey University



New Zealand Permit No. 182200 **Permit** 

ROUND NUMBER

Mr AB Sample
Sample Unit
Sample Street
Sample Suburb
Sample City 9999
Sample Country



<Todays_Date>

<Mailing_Name>

<Mailing_address_1>

<Mailing_address_2>

<Mailing_address_3>

Dear <Mailing_Name>

Last month you were sent an invitation to participate in the New Zealand Health, Work and Retirement study. As yet, we have not received a response to this invitation.

It is important that we gain as many responses as possible to the survey so that the current research is able to represent a range of views and experiences in the community.

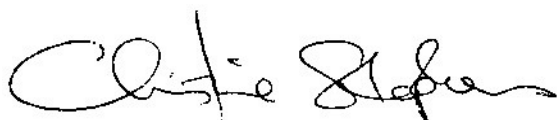
In case you did not receive or no longer have the invitation posted to you previously, please find enclosed a replacement survey and information sheet. Please let us know if you are having any difficulties with the questionnaire or have any questions regarding the study.

The Health and Ageing Research Team (HART) can be contacted on the free-phone number **(0800 100 134)** or via email at: **hart@massey.ac.nz** . Our 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 go to the HART website where you can find up to date lists of 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 Christine Stephens, on behalf of the *Health & Ageing Research Team* (HART) at Massey University:

Professor Christine Stephens

Professor Fiona Alpass

Dr Joanne Taylor

Dr Rachael Pond

Dr Joanne Allen

Ms Vicki Beagley

Dr Mary Breheny

Dr Polly Yeung

Dr Andy Towers

Mr Brendan Stevenson

Dr Juliana Mansvelt