



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

<Todays_Date>

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

Dear <Mailing_Name>

I would like to invite you, as a highly valued participant in the New Zealand Health, Work and Retirement longitudinal study, to take part in our 2022 survey. This biennial survey of older New Zealand residents contributes to national and international discussions on how to support individuals to age well in our communities.

Following the launch of the UN Decade of Healthy Ageing (2021-2030), the 2022 survey has a focus on experiences of Healthy Ageing and understanding how people living in Aotearoa New Zealand are ageing compared to populations around the world. A new section with these questions has been included at the end of the survey.

In addition to this invitation, your package contains an information sheet on the project, the 2022 survey, a freepost envelope, and a complimentary pen. If you do wish to participate, please complete and return the survey in the envelope provided.

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

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

Yours sincerely

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

Professor Fiona Alpass

Mr Brendan Stevenson

Professor Christine Stephens

Dr Agnes Szabo

Dr Joanne Allen

Assoc. Professor Joanne Taylor

Ms Vicki Beagley

Dr Andy Towers

Dr Mary Breheny

Dr Polly Yeung

Dr Juliana Mansvelt

Ms Hannah Phillips



<Todays_Date>

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

Dear <Mailing_Name>

On behalf of Massey University's Health and Ageing Research Team, I would like to invite you to participate in the 2022 New Zealand Health, Work and Retirement longitudinal study. Launched in 2006 as a biennial survey of people aged 55 and over living in New Zealand, the study contributes to national and international discussions on how to support individuals to age well in our communities.

Following the launch of the UN Decade of Healthy Ageing (2021-2030), the 2022 survey has a focus on experiences of Healthy Ageing and understanding how people living in Aotearoa New Zealand are ageing compared to populations around the world. A section including these questions has been included at the end of the survey.

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

In addition to this letter, you will find in your package an information sheet on the project, a consent form, our 2022 questionnaire, a freepost envelope, and a complimentary pen. If you wish to participate, please complete and return the enclosed questionnaire and consent form in the freepost envelope supplied. All information that you provide is completely confidential and will be used only for the purposes of this research.

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

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

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Fiona Alpass', is written over a light blue horizontal line.

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

The 2022 New Zealand Health, Work and Retirement study

INFORMATION SHEET (v A4.0)

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



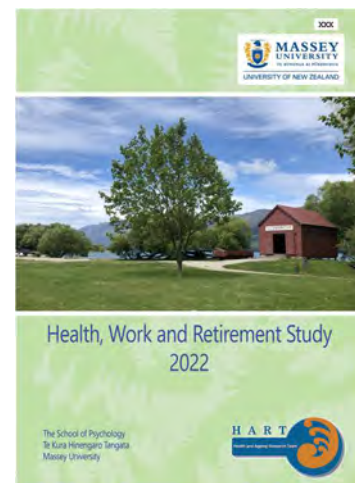
*Professor Christine Stephens
(left) and Professor Fiona
Alpass (right)*

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

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

Why have I been contacted?

As one of our valued past participants, we are inviting you to participate again, as we would like people who have filled out a survey before to complete this new survey. You will be providing important information regarding changes, or lack of change, in your circumstances over time. Collecting this information over time is what makes the Health, Work and Retirement study so valuable for understanding ageing. As a token of appreciation, everyone who returns the survey will be entered into a prize draw to win one of four \$40 supermarket vouchers. The first prize will be drawn in October 2022, and every six months until all prizes are allocated.



Will my data remain secure and confidential?

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

What do I need to do?

Participation in the Health, Work and Retirement survey involves filling out the enclosed survey and returning it. This should take about 45 minutes. You can return the survey in the freepost envelope supplied. Even if you do not consent to data linkage, you can complete the survey and return it to us. Participating in either part of the study is entirely voluntary.

What are my rights as a participant in this study?

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

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

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



Research Officer Ms Vicki Beagley

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

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

Statement of Ethical Approval

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern A, Application 22/23. If you have any concerns about the conduct of this research, please contact Dr Negar Partow, Chair, Massey University Human Ethics Committee: Southern A, telephone 04 801 5799 x 63363, email humanethicsoutha@massey.ac.nz.

Thank you!

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

Free-phone 0800 100 134

Email hart@massey.ac.nz

Website hart.massey.ac.nz/



Research Officer Ms Vicki Beagley

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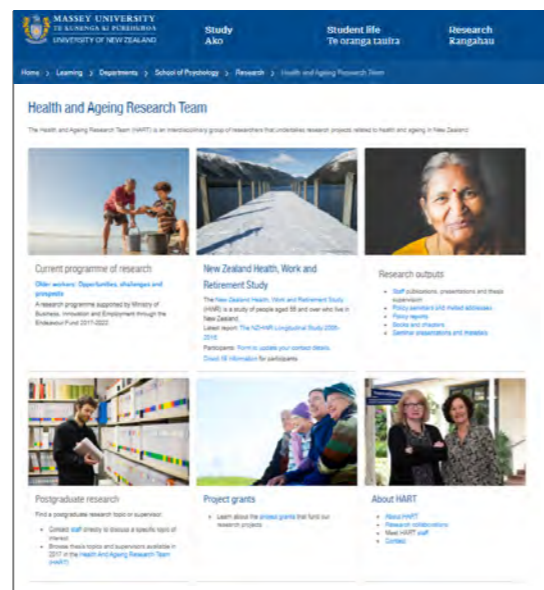
Thank you!

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

Free-phone 0800 100 134

Email hart@massey.ac.nz

Website hart.massey.ac.nz/



The 2022 New Zealand

Health, Work and Retirement study

INFORMATION SHEET (v B4.0)



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

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

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

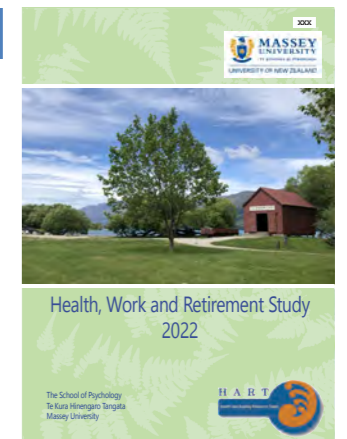
The Health, Work and Retirement study began in 2006 and is run by Massey University's Health and Ageing Research Team (HART). The study is led by Professor Christine Stephens and Professor Fiona Alpass from the School of Psychology. To date, over 14,000 New Zealand residents aged 55 and over have been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

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

Why have I been contacted?

You are invited to participate in the Health, Work and Retirement study. Every two years, the study randomly selects new people aged 55+ from the electoral roll to be surveyed. People who have previously filled out a survey are invited to complete the survey every two years to assess changes, or lack of change, in their circumstances over time.

This year, over 5,000 New Zealanders will be surveyed in total. Contacting a large, random sample of the population is important for understanding the range of circumstances experienced by older people in New Zealand. As a token of appreciation, everyone who returns the survey will be entered into a prize draw to win



one of four \$40 supermarket vouchers. The first prize will be drawn in October 2022, and every six months until all prizes are allocated.

Linkage to national health and ACC records

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



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

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

What do I need to do to participate?

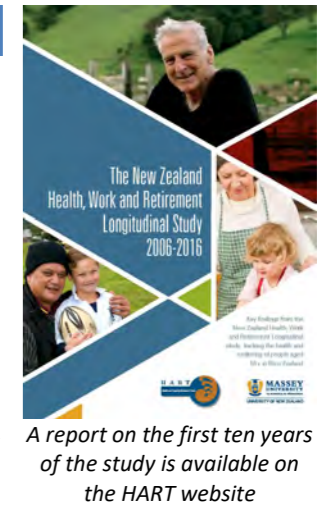
Participation involves filling out the enclosed survey and returning it. This should take about 45 minutes. Please also sign the consent form if you consent to the research team obtaining your health records from the New Zealand Health Information Service and your injury and related health data from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

If you sign and return the consent form, the research team will provide the New Zealand Health Information Service and ACC with your name, your address, and your date of birth. This information is used by these agencies to identify the correct health records. The research team will contact the New Zealand Health Information Service and ACC periodically to update these

records. You can withdraw your consent at any time by contacting the HART free phone number (0800 100 134) or email the team at hart@massey.ac.nz.

Will my data remain secure and confidential?

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



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

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

What are my rights as a participant in this study?

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

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

XXX



**MASSEY
UNIVERSITY**

TE KUNENGA KI PŪREHUROA

UNIVERSITY OF NEW ZEALAND



Health, Work and Retirement Study 2022

The School of Psychology
Te Kura Hinengaro Tangata
Massey University

H A R T

Health and Ageing Research Team



General instructions for completing the survey

Please read the following carefully

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

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

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

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

(Please cross one box on each line)

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

Please specify cancer type:

melanoma

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

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

Adult child(ren) and/or grandchild(ren)/mokopuna

₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉ ₁₀ ₁₁ ₁₂ ₁₃ ₁₄ ₁₅ ₁₆ ₁₇ ₁₈ ₁₉ ₂₀ ₂₁ ₂₂ ₂₃ ₂₄ ₂₅ ₂₆ ₂₇ ₂₈ ₂₉ ₃₀ ₃₁ ₃₂ ₃₃ ₃₄ ₃₅ ₃₆ ₃₇ ₃₈ ₃₉ ₄₀ ₄₁ ₄₂ ₄₃ ₄₄ ₄₅ ₄₆ ₄₇ ₄₈ ₄₉ ₅₀ ₅₁ ₅₂ ₅₃ ₅₄ ₅₅ ₅₆ ₅₇ ₅₈ ₅₉ ₆₀ ₆₁ ₆₂ ₆₃ ₆₄ ₆₅ ₆₆ ₆₇ ₆₈ ₆₉ ₇₀ ₇₁ ₇₂ ₇₃ ₇₄ ₇₅ ₇₆ ₇₇ ₇₈ ₇₉ ₈₀ ₈₁ ₈₂ ₈₃ ₈₄ ₈₅ ₈₆ ₈₇ ₈₈ ₈₉ ₉₀ ₉₁ ₉₂ ₉₃ ₉₄ ₉₅ ₉₆ ₉₇ ₉₈ ₉₉ ₁₀₀

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 AND WELLBEING

This questionnaire asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. Thank you for completing this questionnaire!

For each of the following questions, please mark an [X] in the one box that best describes your answer.

1. In general, would you say your health is:

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

2. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. <u>Moderate activities</u> , 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
b. Climbing <u>several</u> flights of stairs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

3. 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?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. <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
b. 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

4. 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)?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. <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
b. 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

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

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

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

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. 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
b. 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
c. 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

7. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

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

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

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

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

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

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

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

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

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

12. Have you lost 5 or more kilograms (11 or more pounds) of weight during the last year? (*Please cross one box*)

<input type="checkbox"/> 1	Yes	<input type="checkbox"/> 2	No
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13. Do you have any difficulty with lifting or carrying weights over 5 kilograms (11 pounds), like a heavy bag of groceries? (*Please cross one box*)

<input type="checkbox"/> 1	Yes	<input type="checkbox"/> 2	No
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14. Do you have any difficulty with getting up from a chair after sitting for long periods? *(Please cross one box)*

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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15. Do you experience severe fatigue or exhaustion? *(Please cross one box)*

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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16. Please answer the following questions about yourself by indicating the extent of your agreement.

<i>(Please cross <u>one</u> box on each line)</i>	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
There is not enough purpose in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To me, the things I do are all worthwhile.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most of what I do seems trivial and unimportant to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I value my activities a lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't care very much about the things I do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have lots of reasons for living.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

(Please cross one box on each line)

	Agree	Disagree
I worry a lot of the time.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Little things bother me a lot.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
I think of myself as a worrier.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
I often feel nervous.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
My own thoughts often make me nervous.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

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

(Please cross 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

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

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

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

(Please cross one box on each line)

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

22. Have you received a vaccine against the COVID-19 coronavirus? *(Please cross one box)*

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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23. Have you ever tested positive for COVID-19? *(Please cross one box)*

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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24. 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.

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

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

<i>(Please cross <u>one</u> box on each line)</i>	No	Yes, in the last 12 months	Yes, prior to the last 12 months
Arthritis or rheumatism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disorder of the neck or back. (e.g., lumbago, sciatica, chronic back or neck pain, vertebrae or disc problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A disability Please specify disability: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart trouble (e.g., angina or heart attack)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure or hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other mental illness Please specify other mental illness: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory condition (e.g., bronchitis, asthma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active or chronic gout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active/chronic hepatitis, cirrhosis or other liver condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer Please specify cancer (e.g. lung, leukaemia, melanoma): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other illness Please specify other illness: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

(Please cross one box)

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

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

(Please cross one box)

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

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

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

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

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

30. How concerned are you that you might fall? (Please cross one box)

Not at all concerned	Somewhat concerned	Fairly concerned	Very concerned
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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

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

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

33. How often have you had trouble staying awake while driving, eating meals or engaging in social activity?

Not during the last month	Less than once a week	Once or twice a week	Three or more times a week
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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

<input type="checkbox"/> 1	Current driver	<input type="checkbox"/> 2	Past driver	<input type="checkbox"/> 3	Never been a driver
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35. If you have stopped driving, what was the main reason for this? (Please cross one box)

<input type="checkbox"/> 1	Family/friends recommended that I stop.	<input type="checkbox"/> 2	My GP/doctor recommended that I stop.
<input type="checkbox"/> 3	Licensing or licence renewal problems.	<input type="checkbox"/> 4	Driving is unpleasant.
<input type="checkbox"/> 5	Changes due to ageing.	<input type="checkbox"/> 6	I feel anxious when driving.
<input type="checkbox"/> 7	I don't need a car.	<input type="checkbox"/> 8	My spouse/partner drives me when needed.
<input type="checkbox"/> 9	Friends drive me if needed.	<input type="checkbox"/> 10	Driving is expensive/car costs a lot.
<input type="checkbox"/> 11	Health reasons make driving difficult.	<input type="checkbox"/> 12	Other (please specify):

36. In the past year, how often have you driven a car or motor vehicle while feeling drowsy? (Please cross one box):

Never	Occasionally	Often	Don't drive/don't have a licence/don't have a car
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

37a. Were you ever knocked unconscious due to injury or accident, for example during your childhood falling from a tree or in adulthood in a car accident or due to a sports injury? *(Please cross one box)*

Yes **No (Go to Q38)**

37b. Please tell us your age at the time of this event and the time you spent unconscious as a result of injury. If you were knocked unconscious more than once, please provide information for each event. If you have more than 5 events, please use the space on the back of the survey to list them.

Event	Age at time of the event:		Time spent unconscious <i>(please cross <u>one</u> box per line)</i>		
			Less than 5 minutes	Greater than 5 minutes	Don't know
1	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Yes **No**

39. If you currently consider yourself a regular smoker, how many do you think you would smoke on an average day? *(Please cross one box)*

1 to 10 **11 to 20** **21 to 30** **31 or more** **Not a regular smoker**

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

Never **Monthly or less** **Two to four times per month** **Two to three times per week** **Four or more times a week**

41a. If you answered 'Never' at Q40, have you ever drunk alcohol in the past? *(Please cross one box)*

Yes **No**

 If 'No', go to Q42

41b. How many drinks containing alcohol do you have on a typical day when drinking? *(Please cross one box)*

1 or 2 **3 or 4** **5 or 6** **7 to 9** **10 or more**

41c. How often do you have six or more drinks on one occasion? (*Please cross one box*)

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

WHĀNAU, FAMILY AND FRIENDS

42. Do you provide unpaid care for:

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

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

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

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

<input type="text"/>	<input type="text"/>	Hours per week
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45. Please indicate whether or not you belong to any of these types of organisations:

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

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

(Please cross one box on each line)

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

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

(Please cross one box on each line)

	Strongly disagree	Disagree	Agree	Strongly agree
There are people I can depend on to help me if I really need it.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
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
I feel part of a group of people who share my attitudes and beliefs.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I 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 recognised.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
There is a trustworthy person I could turn to for advice if I were having problems.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I feel a strong emotional bond with at least one other person.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
There are people who admire my talents and abilities.	<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

48. In the past year, have you been subjected to abusive behaviour or speech because of your age? (Please cross one box)

<input type="checkbox"/> 1	Yes	<input type="checkbox"/> 1	No
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CAREGIVING

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

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

Yes **No** **If 'No', go to Q61 on page 12**

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

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

51. Do you receive a *Supported Living Payment* for providing care for another person? *(Please cross one box)*

Yes **No**

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

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

			Years
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53. How long have/had you been caring for this person?

		Years			Months
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54. How often on average do (did) you provide this care or assistance? *(Please cross one box)*

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

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

			Hours per week
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56. Is the person you care(d) for your: *(Please cross one box)*

<input type="checkbox"/> Spouse or partner	<input type="checkbox"/> Mother-in-law or father-in-law
<input type="checkbox"/> Mother or father	<input type="checkbox"/> Brother or sister
<input type="checkbox"/> Son or daughter	<input type="checkbox"/> Friend
<input type="checkbox"/> Other whānau member/relative	<input type="checkbox"/> Other

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

<input type="checkbox"/> 1 Live with you	<input type="checkbox"/> 2 Live alone
<input type="checkbox"/> 3 Live with their whānau/family	<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

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

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

59. Do you have a good relationship with the person you care(d) for? (*Please cross one box*)

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

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

A lot better for it	A little better for it	Neither better nor worse for it	A little worse for it	A lot worse for it
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

WHERE YOU LIVE

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

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

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

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

63. How long have you lived in your present home?

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

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

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

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

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

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

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

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

68. Please rate your level of agreement to each of these statements in relation to your present neighbourhood:
(Please cross one box on each line)

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

69. Thinking about your future housing needs, please rank the following in importance to you from 1-9, where 1 is most important to you and 9 is least important to you. *(Please enter numbers 1-9).*

<input type="checkbox"/>	Affordability of purchase or rent.
<input type="checkbox"/>	Affordability of upkeep.
<input type="checkbox"/>	Ease of cleaning and maintenance.
<input type="checkbox"/>	Safety features such as handholds in bathroom and toilet, accessible cupboards, accessible doorways.
<input type="checkbox"/>	Easy to keep warm.
<input type="checkbox"/>	Space for visitors.
<input type="checkbox"/>	Security of tenure (can stay as long as you like).
<input type="checkbox"/>	Ability to have pets.
<input type="checkbox"/>	Other (Please specify): _____

70. Thinking about your future neighbourhood needs, please rank the following in importance to you from 1-8, where 1 is most important to you and 8 is least important to you. *(Please enter numbers 1-8).*

	Friendly neighbours.
	A mix of generations.
	Close to my family/whānau.
	Walking distance to important facilities.
	Good public transport.
	Open spaces such as parks or beaches.
	Peace and safety.
	Other (Please specify): _____

71. Thinking about your ideal living arrangement ten years from now, please rate these options:

<i>(Please cross <u>one</u> box on each line)</i>	Ideal	Perhaps	Never	I didn't know about this option
Live with children or other whānau.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Live in a stand-alone house.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Live in an apartment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Live in shared housing (e.g., with others of your own age or with younger house-mates).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Live in co-operative housing (shared ownership of apartments or housing estate).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Live in Papakāinga (homes owned and occupied by whānau).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Live in senior housing (e.g., rental accommodation provided by city councils or Kāinga Ora).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Live in Kaumātua housing (e.g., rental housing provided by iwi).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Live in a retirement village (with independent villas).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Live in assisted living (e.g., serviced apartment or supported housing).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Live in a mobile home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Live in your own home and provide free accommodation to a homesharer in exchange for help with specified tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify): _____				

72. Do you know how to access government support for paid care at home, for transport, or for accommodation if you need to? (*Please cross one box*)

Yes **No**

WORK AND RETIREMENT

73. Since the COVID-19 pandemic was declared by the World Health Organisation (WHO) on March 11, 2020: (*Please cross one box on each line*)

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

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

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

75. If you are retired, at what age did you retire?

Age at retirement **I am not retired**

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

Hours

77. Have you ever done shift work?

Shift work is any type of work pattern that requires you to be awake when you would normally be asleep (this could include permanent, changing, non-standard, irregular or unpredictable work hours, early starts, late finishes and night work).

Yes – Please provide an estimate for the total years of experience you have with these types of work pattern: **Years**

No

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

Full-time paid work, for an employer	<input type="checkbox"/>
Part-time paid work, for an employer	<input type="checkbox"/>
Full-time self-employed paid employment	<input type="checkbox"/>
Part-time self-employed paid employment	<input type="checkbox"/>
Flexible work schedule negotiated with employer	<input type="checkbox"/>
Project or contract work (short-term and full-time)	<input type="checkbox"/>
Project or contract work (short-term and part-time)	<input type="checkbox"/>
Fully retired, no paid work	<input type="checkbox"/>
Full-time homemaker	<input type="checkbox"/>
Full-time student	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>

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

Full-time paid work, for an employer	<input type="checkbox"/>	go to Q80
Part-time paid work, for an employer	<input type="checkbox"/>	
Full-time self-employed paid employment	<input type="checkbox"/>	
Part-time self-employed paid employment	<input type="checkbox"/>	
Flexible work schedule negotiated with employer	<input type="checkbox"/>	
Project or contract work (short term and full time)	<input type="checkbox"/>	
Project or contract work (short term and part time)	<input type="checkbox"/>	
Fully retired, no paid work	<input type="checkbox"/>	go to Q85
Full-time homemaker	<input type="checkbox"/>	
Full-time student	<input type="checkbox"/>	
Unable to work due to health or disability issue	<input type="checkbox"/>	
Unemployed and seeking work	<input type="checkbox"/>	
Other (Please specify):	<input type="checkbox"/>	

80. Which of the following best describes your current occupation? (*Please cross 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	Clerical/administrative worker (e.g., administrator, personal assistant)
<input type="checkbox"/>	5	Community or personal service worker (e.g., teacher aide, armed forces, hospitality worker, carer)
<input type="checkbox"/>	6	Technician/trades worker (e.g., engineer, carpenter, hairdresser)
<input type="checkbox"/>	7	Professional (e.g., accountant, doctor, nurse, teacher)
<input type="checkbox"/>	8	Manager (e.g., general manager, farm manager)
<input type="checkbox"/>	9	Other (Please specify): _____

81. How long have you worked for your current employer?

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

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

<i>(Please cross <u>one</u> box on each line)</i>	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	N/A
I feel fairly well satisfied with my present job.	<input type="checkbox"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>

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

	Strongly disagree	Somewhat disagree	Moderately disagree	Neither agree nor disagree	Moderately agree	Somewhat agree	Strongly agree
I can financially afford to retire now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YOUR FINANCIAL WELLBEING

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

Please see notes on the last page of the questionnaire to help work out your income, if needed.

- 85a. From all sources of income, what do you expect your annual personal income **before tax** to be this financial year?
- 85b. From all sources of income, what do you expect your annual household income **before tax** to be this financial year?

(Please cross one box)

(Please cross one box)

loss

loss

zero income

zero income

\$1 - \$5,000

\$1 - \$5,000

\$5,001 - \$10,000

\$5,001 - \$10,000

\$10,001 - \$15,000

\$10,001 - \$15,000

\$15,001 - \$20,000

\$15,001 - \$20,000

\$20,001 - \$25,000

\$20,001 - \$25,000

\$25,001 - \$30,000

\$25,001 - \$30,000

\$30,001 - \$35,000

\$30,001 - \$35,000

\$35,001 - \$40,000

\$35,001 - \$40,000

\$40,001 - \$50,000

\$40,001 - \$50,000

\$50,001 - \$60,000

\$50,001 - \$60,000

\$60,001 - \$70,000

\$60,001 - \$70,000

\$70,001 - \$100,000

\$70,001 - \$100,000

\$100,001 - \$150,000

\$100,001 - \$150,000

\$150,001 - \$200,000

\$150,001 - \$200,000

\$200,001 or more

\$200,001 or more

86. Do you currently receive New Zealand Superannuation? (Please cross one box)

Single rate

Couple rate

No

87. Do you currently receive a Veteran's Pension? (Please cross one box)

Single rate

Couple rate

No

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

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

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

<i>(Please cross <u>one</u> box on each line)</i>	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Give presents to whānau/family or friends on birthdays, Christmas or other special occasions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visit the hairdresser at least once every three months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have holidays away from home for at least a week every year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have a holiday overseas at least every three years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have a night out for entertainment or socialising at least once a fortnight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have whānau/family or friends over for a meal at least once every few months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

90. 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?

<i>(Please cross <u>one</u> box on each line)</i>	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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continued wearing clothing that was worn out because you couldn't afford a replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Put off buying clothes for as long as possible to help keep down costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stayed in bed longer to save on heating costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Postponed or put off visits to the doctor to help keep down costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOT picked up a prescription to help keep down costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spent less time on hobbies than you would like to help keep down costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gone without or cut back on trips to the shops or other local places to help keep down costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

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

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

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

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

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

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

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

<i>(Please cross <u>one</u> box on each line)</i>	Not true for me at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>

YOUR PERSONAL SITUATION

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

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

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

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

97. When were you born?

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

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

99. What is your highest educational qualification? *(Please cross one box)*

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

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

<i>(Please cross <u>all that apply</u>)</i>	Yes	Number of people	
I live alone	<input type="checkbox"/> 1		
My spouse or partner(s)	<input type="checkbox"/> 1	<input type="text"/>	<input type="text"/>
My parent(s) and/or parent(s)-in-law	<input type="checkbox"/> 1	<input type="text"/>	<input type="text"/>
My son(s) and/or daughter(s)	<input type="checkbox"/> 1	<input type="text"/>	<input type="text"/>
My sister(s) and/or brother(s)	<input type="checkbox"/> 1	<input type="text"/>	<input type="text"/>
My mokopuna/grandchild(ren)	<input type="checkbox"/> 1	<input type="text"/>	<input type="text"/>
Other relatives not listed above	<input type="checkbox"/> 1	<input type="text"/>	<input type="text"/>
Other people not listed above	<input type="checkbox"/> 1	<input type="text"/>	<input type="text"/>

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

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

102a. Which country were you born in? *(Please cross one box)*

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

102b. If you were **not** born in New Zealand, please indicate below the approximate date that you first arrived to live in New Zealand.

<input type="text"/>	<input type="text"/>	Month (e.g. 04)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Year (e.g. 1985)
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MĀORI ANCESTRY

The following items are about having Māori ancestry. If you don't think this is applicable to you, please move to page 25.

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

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

104a. Have you ever been to a marae? *(Please cross one box)*

<input type="checkbox"/> Yes	<input type="checkbox"/> No	If you crossed 'No' go to Q105.
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104b. How often over the past 12 months? *(Please cross one box)*

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

105. We want to understand your experiences of being part of different Māori communities over your lifetime. Examples could be kōhanga or kura whānau, whare wānanga, Marae communities, neighbourhoods with many Māori whānau living there, or a Māori language community.

Please tell us what Māori communities you have been part of...

...when you were a tamariki (child):

...when you were a rangatahi (youth):

...when you were a pakeke (adult):

...while retired:

QUESTIONS FROM THE WHO SAGE SURVEY

This year we're inviting participants in the Health, Work, and Retirement survey to complete questions that are asked of participants in the World Health Organisation (WHO) Study on Global AGEing and Adult Health (SAGE). The SAGE is part of an ongoing program of work to compile comprehensive longitudinal information on the health and well-being of adult populations and the ageing process.

While some of these questions are very similar to others in the survey, your responses to these help us understand how ageing in Aotearoa New Zealand compares internationally.

106. As you know, some people take jobs for which they are paid in cash or kind. Other people sell things, have a small business, or work on the family farm or family business. Have you worked for at least 2 days during the last 7 days (not including housework)? *(Please cross one box)*

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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107. These questions are specifically about your health. Overall in the last 30 days, how much difficulty did you have with work or household activities? By difficulty, we mean requiring increased effort, discomfort or pain, slowness or changes in the way you do the activity. *(Please cross one box)*

None	Mild	Moderate	Severe	Extreme/cannot do
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

108. These questions are about the different functions of your body. When answering these questions, please think about the last 30 days, taking both good and bad days into account. We would like you to consider how much difficulty you have had, on average, in the last 30 days, while doing the activity in the way that you usually do it. By difficulty we mean requiring increased effort, discomfort or pain, slowness or changes in the way you do the activity.

Overall in the last 30 days, how much difficulty did you have:

<i>(Please cross <u>one</u> box on each line)</i>	None	Mild	Moderate	Severe	Extreme/ cannot do
... in <u>vigorous activities</u> ('vigorous activities' require hard physical effort and cause large increases in breathing or heart rate)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
... with <u>self-care</u> such as bathing/washing or dressing yourself?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
... in <u>taking care of and maintaining your general appearance</u> (for example, grooming, looking neat and tidy)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
...in <u>staying by yourself</u> for a few days (3 to 7 days)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
...with <u>concentrating or remembering things</u> ?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
...in <u>learning a new task</u> (for example, learning how to get to a new place, learning a new game, learning a new recipe)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
...with <u>personal relationships or participating in the community</u> ?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
...in <u>dealing with conflicts and tensions</u> with others?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

(Q108 continued)	None	Mild	Moderate	Severe	Extreme/ cannot do
...with <u>making new friendships or maintaining current friendships</u> ?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
...with <u>dealing with strangers</u> ?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
...with sleeping, such as <u>falling asleep, waking up frequently during the night or waking up too early</u> in the morning?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
...with <u>feeling sad, low or depressed</u> ?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
...with <u>worry or anxiety</u> ?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Questions 109 and 110 ask about difficulties due to health conditions. Health conditions include diseases or illnesses, other health problems that may be short- or long-lasting, injuries, mental or emotional problems, and problems with alcohol or drugs.

109. Think back over the last 30 days and answer these questions thinking about how much difficulty you had doing the following activities. Some of these questions may seem repetitive, but we do need your attention and it is important to give us answers to each question.

Overall in the last 30 days, how much difficulty did you have:

(Please cross <u>one</u> box on each line)	None	Mild	Moderate	Severe	Extreme/ cannot do	N/A
In sitting for long periods?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
In walking 100 metres?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
In standing up from sitting down?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
In standing for long periods?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
With climbing one flight of stairs without resting?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
With stooping, kneeling or crouching?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
Picking up things with your fingers (such as picking up a coin from a table)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
In taking care of your household responsibilities?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
In joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
In extending your arms above shoulder level?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
Concentrating on doing something for 10 minutes?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
In walking a long distance such as a kilometre?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

(Q109 continued)	None	Mild	Moderate	Severe	Extreme/ cannot do	N/A
In bathing/washing your whole body?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
In getting dressed?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
In your day-to-day work?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
With carrying things?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
With moving around inside your home (such as walking across a room)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
With eating (including cutting up your food)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
With getting up from lying down?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
With getting to and using the toilet?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
With getting where you want to go, using private or public transport if needed?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
Getting out of your home?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
In the last 30 days, how much have you been emotionally affected by your health condition(s)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9
Overall, how much did these difficulties interfere with your life?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 9

110. Besides any vision aids (eyeglasses or contact lenses) do you use any other assistive device (cane, walker, or other) for any difficulties you experience? (*Please cross one box*)

<input type="checkbox"/> 1	Yes	<input type="checkbox"/> 2	No
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111. What is your weight?

<input type="text"/>	<input type="text"/>	<input type="text"/>	Kilograms (kg)	OR	<input type="text"/>	<input type="text"/>	<input type="text"/>	Stones	<input type="text"/>	<input type="text"/>	<input type="text"/>	Pounds
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112. The next questions are about time you spent doing different types of physical activity in a typical week. Please answer these questions even if you do not consider yourself to be an active person. Think first about the time you spend doing work. Think of work as the things that you have to do such as paid or unpaid work, household chores, providing care or seeking employment.

In answering the following questions 'vigorous activities' require hard physical effort and cause large increases in breathing or heart rate, 'moderate activities' require moderate physical effort and cause small increases in breathing or heart rate.

(Please cross one box on each line)

	Yes	No
Does your work involve vigorous-intensity activity that causes large increases in breathing or heart rate, (like heavy lifting, digging or chopping wood) for at least 10 minutes continuously?	<input type="checkbox"/>	<input type="checkbox"/>
Does your work involve moderate-intensity activity that causes small increases in breathing or heart rate (such as brisk walking, carrying light loads, cleaning, cooking, or washing clothes) for at least 10 minutes continuously?	<input type="checkbox"/>	<input type="checkbox"/>
Do you walk or use a bicycle (pedal cycle) for at least 10 minutes continuously to get to and from places?	<input type="checkbox"/>	<input type="checkbox"/>

113. The following questions are about care you received at a hospital, health centre, clinic, private office or at home from a health care worker that did not include an overnight hospital stay. For your most recent visit to a health care provider, how would you rate the following:

(Please cross one box on each line)

	Very good	Good	Moderate	Bad	Very bad
The amount of time you waited before being attended to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your experience of being treated respectfully?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How clearly health care providers explained things to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your experience of being involved in making decisions for your treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The way the health services ensured that you could talk privately to providers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The ease with which you could see a health care provider you were happy with?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The cleanliness in the health facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

114. This section of the survey asks your opinions about other areas and issues in your life. The following questions are to get your opinions about community, social and political aspects in your life. We'd like to know about some of your involvement in your community. For all of these, just give your best guess. How often in the last 12 months have you:

(Please cross one box on each line)

	Never	Once or twice per year	Once or twice per month	Once or twice per week	Daily
... met personally with someone you consider to be a community leader?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...attended any group, club, society, union or organisational meeting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Q114 continued)	Never	Once or twice per year	Once or twice per month	Once or twice per week	Daily
... worked with other people in your neighbourhood to fix or improve something?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
... had friends over to your home?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
... been in the home of someone who lives in a different neighbourhood than you do or had them in your home?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
... socialised with coworkers outside of work?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
... attended religious services (not including weddings and funerals)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
... gotten out of the house/your dwelling to attend social meetings, activities, programs or events or to visit friends or relatives?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

We would like to know about your level of interest in local or national politics and your opinions about how the government responds to issues that interest you. Remember, all responses are confidential.

115. How interested would you say you are in politics and national affairs? (Please cross one box)

Very interested	Interested	Neither interested or uninterested	Uninterested	Very uninterested
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

116. Lots of people find it difficult to get out and vote. Did you vote in the last national election? (Please cross one box)

<input type="checkbox"/> 1	Yes	<input type="checkbox"/> 2	No
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117. How much say do you have in getting the government to address issues that interest you? (Please cross one box)

Unlimited say	A lot of say	Some say	Little say	No say at all
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

118. How free do you think you are to express yourself without fear of government reprisal? (Please cross one box)

Completely free	Very free	Moderately free	Slightly free	Not free at all
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Finally, we'd like to ask for your thoughts about your life and life situation.

119. We want to know how you feel about your health and quality of life. Do you have enough energy for everyday life? (Please cross one box)

Completely	Mostly	Moderately	A little	None at all
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

INTERVIEW INVITATION

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

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

Yes, I am willing to be contacted regarding an interview

CONTACT DETAILS

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

Phone
number:

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

Email address:

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

Street:

Suburb

Town/City

Postal code

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GUIDE NOTES

Why do you want to know my income?

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

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

Remember:

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

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

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

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

	Fortnightly before tax	Annual before tax
Single, living alone	\$1,076.48	\$27,988.48
Single, sharing accommodation	\$990.20	\$25,745.20
Married person or partner in a civil union or de facto relationship	\$774.70	\$20,142.20
Married or in a civil union or de facto relationship, both qualify	\$817.32	\$21,250.32



The New Zealand Health, Work and Retirement Study

2022 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 B4.0)'. Your questions have been answered to your satisfaction and you understand that you may ask further questions at any time.

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

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

I agree

I do not agree

Name (print): _____
First name Surname

Signature: _____

Date today Day / Month / Year

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

Dear <Mailing name>

Earlier this month you were sent an invitation to participate in the 2022 New Zealand Health, Work and Retirement study.

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

If you have not yet completed and returned the survey and you do wish to contribute to this research, please do so as soon as possible - your views can be included in this population snapshot in 2022. The contribution of New Zealand residents to national research and discussion is vital to the success of such initiatives.

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



Professor Fiona Alpass

Massey University

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



<Todays_Date>

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

Dear <Mailing_Name>

Recently you were sent an invitation to participate in the 2022 New Zealand Health, Work and Retirement study. This is a biennial survey of people aged 55 and over living in New Zealand, which contributes to national and international discussions on how to support individuals to age well in our communities.

Our records show that you have yet not returned the survey. Enclosed in this pack is an additional survey booklet, along with the project information sheet and freepost envelope. If you do wish to participate, we are still interested in hearing from you. Please complete and return the survey booklet in the envelope provided.

If you have recently returned the survey, please disregard this letter.

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

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

Thank you for taking the time to consider this request.

Yours sincerely

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

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

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



<Todays_Date>

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

Dear <Mailing_Name>

Recently you were sent an invitation to participate in the 2022 New Zealand Health, Work and Retirement study. This is a biennial survey of people aged 55 and over living in New Zealand, which contributes to national and international discussions on how to support individuals to age well in our communities.

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

If you have recently returned the survey, please disregard this letter.

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

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

Yours sincerely

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

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

Mr Brendan Stevenson
Dr Agnes Szabo
Dr Joanne Taylor
Dr Andy Towers
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