

General instructions for completing the survey

Please read the following carefully

- You can decline to answer any particular question.
- 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 answer that is most appropriate. These are the most common question types - for these items, please mark (e.g. ✓ or ✗) one box on each line in pen or pencil. If you make a mistake, simply scribble it out and mark the correct answer.
- one or more responses, as appropriate. For these items you will be instructed to 'Please tick all that apply'.
- a free text response. To provide free text, please print your response as clearly as possible on the line provided.

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

<i>(Please tick <u>one</u> box on each line)</i>	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:	<i>melanoma</i>		

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

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

Adult child(ren) and/or grandchild(ren)/mokopuna	<input type="text"/>	<input type="text" value="5"/>
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Thank you for taking the time to complete this questionnaire
If you need help to answer any questions please contact us either on the HART
free-phone line 0800 100 134 or via email: hart@massey.ac.nz

YOUR HEALTH, WELLBEING AND QUALITY OF LIFE

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

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

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

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

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

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

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

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

(Please tick one box on each line)

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

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

(Please tick one box on each line)

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
<u>Accomplished less</u> than you would like	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Were limited in the <u>kind</u> of work or other activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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

(Please tick one box on each line)

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
<u>Accomplished less</u> than you would like	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Did work or other activities <u>less carefully than usual</u>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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

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

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

(Please tick one box on each line)

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

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

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

Q10 Please answer the following questions about yourself by indicating the extent of your agreement.

(Please tick one box on each line)

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

Q11 Below is a list of some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the past week (7 days).

(Please tick one box on each line)

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

Q12 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 tick 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

Q13 Here is a list of statements that people have used to describe their lives or how they feel. We would like to know how often, if at all, you think the following applies to you.

(Please tick one box on each line)

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

Q14 How often do you take part in sports or activities that are:

(Please tick one box on each line)

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

Q15 In the last 12 months, how many times have you seen a doctor or been visited by a doctor about your own health? By 'doctor' we mean any GP or family doctor, but not a specialist. *(Please tick one box)*

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

Q16 In the last 12 months, how many times have you yourself:

(Please tick one box on each line)

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

Q17 Please tick 'Yes' to indicate if a health professional has told you that you have any of the following conditions.

(Please tick one box on each line)

	No	Yes, in the last 12 months	Yes, prior to the last 12 months
Arthritis or rheumatism	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Disorder of the neck or back. (e.g. lumbago, sciatica, chronic back or neck pain, vertebrae or disc problems)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Diabetes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Disability	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Please specify disability:			
Heart trouble (e.g., angina or heart attack)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
High blood pressure or hypertension	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Depression	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Other mental illness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Please specify other mental illness:			
Respiratory condition (e.g., bronchitis, asthma)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Sleep disorder	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Stroke	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Active or chronic gout	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Active/chronic hepatitis, cirrhosis or other liver condition	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Cancer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Please specify cancer (e.g. lung, leukaemia, melanoma):			
Other illness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Please specify other illness:			

Q18 Can you see ordinary newsprint? (with glasses or contact lenses if you usually wear them)
(Please tick one box)

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

Q19 Can you hear a conversation with one other person? (even when wearing hearing aids)
(Please tick one box)

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

Q20 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 tick 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

Q21 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 tick 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

Q22 How many hours of sleep do you usually get in a 24 hour period, including all naps and sleeps?

<input type="text"/>	<input type="text"/>	Hours (range 1 – 24)
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Q23 What is your current driving status? (Please tick one box)

<input type="checkbox"/> 1	Current driver	<input type="checkbox"/> 2	Past driver	<input type="checkbox"/> 3	Never been a driver
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The following questions are about your health and health related behaviours. Please tick the box that best answers each question.

Q24a Have you, at any stage of your life, ever been a regular smoker? (Please tick one box)

<input type="checkbox"/> 1	Yes	<input type="checkbox"/> 2	No
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Q24b If you currently consider yourself a regular smoker, how many do you think you would smoke on an average day? (Please tick one box)

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

Q25a How often do you have a drink containing alcohol? (Please tick one box)

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

Q25b If you answered 'Never' at Q25a, have you ever drunk alcohol in the past? (Please tick one box)

Yes	No	If 'No', go to Q26
<input type="checkbox"/> 1	<input type="checkbox"/> 2	

Q25c How many drinks containing alcohol do you have on a typical day when drinking? *(Please tick one box)*

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

Q25d How often do you have six or more drinks on one occasion? *(Please tick one box)*

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
<input type="checkbox"/>				

WHĀNAU, FAMILY AND FRIENDS

Q26 Do you provide unpaid care for:

(Please tick one box on each line) **Yes, daily** **Yes, weekly** **Yes, occasionally** **No, never** **Not applicable (I have none)**

Your grandchildren/mokopuna?	<input type="checkbox"/>				
Other people's children/whāngai?	<input type="checkbox"/>				

Q27 I contribute my time and/or labour to volunteer activities: *(Please tick one box)*

Very often	Often	Sometimes	Rarely	Never
<input type="checkbox"/>				

Q28 How many hours do you contribute to volunteer activities per week?

		Hours per week
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Q29 Please indicate whether or not you give your time in any of the ways listed below. If 'yes', please indicate how many hours per week you give on average:

(Please tick one box on each line)

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

Q30 Please indicate whether or not you belong to any of these types of organisations:

(Please tick one box on each line)

	No	Yes
Sports clubs	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Community or service organisations that help people	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Political party, 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 support cultural traditions, knowledge or arts	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Any other, club, lodge or similar organisation	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Q31 Please indicate for each of the statements below, the extent to which they apply to the way you feel now.

(Please tick one box on each line)

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

Q32 Think about your current relationships with friends, family/whānau members, co-workers, community members and so on. To what extent do you agree that each statement describes your current relationships with other people?

(Please tick one box on each line)

	Strongly Disagree	Disagree	Agree	Strongly Agree
There are people I can depend on to help me if I really need it.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I feel that I do not have close personal relationships with other people.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
There is no one I can turn to for guidance in times of stress.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
There are people who depend on me for help.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
There are people who enjoy the same social activities I do.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Other people do not view me as competent.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I feel personally responsible for the well-being of another person.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I feel part of a group of people who share my attitudes and beliefs.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

(Q32 continued)

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

CAREGIVING

Q33 Do you receive a *Supported Living Allowance* payment for providing care for another person?

1 Yes 2 No

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.

Q34 Have you provided care for someone with a long-term illness, disability or frailty within the last 12 months? (Please tick one box)

1 Yes 2 No If you ticked 'No' please go to Q53

Q35 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 tick one box)

One person 1 Two people 2 More than two people 3

**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.**

Q36 Approximately how old is/was the person you care(d) for?

<input type="text"/>	<input type="text"/>	Years
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Q37 How long have/had you been caring for this person?

<input type="text"/>	<input type="text"/>	Years	<input type="text"/>	<input type="text"/>	Months
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Q38 How often on average do (did) you provide this care or assistance? (*Please tick one box*)

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

Q39 On average, how many hours per week did/do you care for this person?

<input type="text"/>	<input type="text"/>	<input type="text"/>	Hours per week
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Q40 Is the person you care(d) for your: (*Please tick one box*)

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

Q41 Does/did the person you care(d) for: (*Please tick one box*)

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

Q42a Does/did the person you care(d) for have any of the following major medical conditions or disabilities? (*Please tick all that apply*)

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

Q42b In your opinion, how severe are the symptoms of these major medical conditions or disabilities experienced by the person you care(d) for? (*Please tick one box*)

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

Q43a Have there been occasions during the past 12 months when you provided help for the person you cared for in a crisis (e.g. an illness, accident, or family crisis) that has interfered with your other commitments?

Yes

No

Q43b How many separate crises did you help with in the past 12 months?

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Number of crises in the past 12 months

Q43c In all, how many days in the past 12 months were you away from work because of these crises?

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Days in the past 12 months

Q44 Has the person you cared for been admitted to hospital in the past 12 months? (*Please tick one box*)

No

Yes

Yes, spent one night or more

Don't know

Q45 Do you provide help to the person you care(d) for with any of the following activities?

(*Please tick one box on each line*)

Yes

No

Dressing (including putting on shoes and socks)

Eating (such as cutting up food)

Drinking

Using the toilet (including getting up and down)

Managing continence

Bathing and showering

Getting in and out of bed

Getting in and out of a chair

Personal grooming

Preparing meals

Shopping for groceries

Making telephone calls

Managing their money (e.g., paying bills, keeping track of expenses)

Housekeeping

Laundry

Transportation

Mobility (walking, wheelchair or stairs)

Taking medications

Recreation or hobbies

Q46 Do you receive help in providing this care from any of the following?

(Please tick one box on each line)

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

Q47 If the person you care for **does not live with you**, please indicate the time it usually takes you to travel from your home and your work to the residence of the person you care for:

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

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

<input type="text"/>	Hours	<input type="text"/>	<input type="text"/>	Minutes	OR	<input type="checkbox"/> 1	I am not in the work force (go to Q51)
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The government introduced the right for anybody who has worked for the same employer for at least six months to request flexible work arrangements (e.g., leave without pay, reduced hours).

Q48 Were you aware of this right to request flexible working arrangements?

<input type="checkbox"/> 1	Yes	<input type="checkbox"/> 2	No
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Q49 Have you requested flexible working arrangements from your employer due to your care giving responsibilities?

<input type="checkbox"/> 1	Yes	<input type="checkbox"/> 2	No
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Q50 In the last 12 months, please indicate if you used any of the following methods to provide help and support to the person you care for:

(Please tick one box on each line)

	Never	Once	More than once	No, I do not have access to this
Taken leave without pay	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Taken annual leave	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Used your own sick leave	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Taken "domestic" leave	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Taken time in lieu, or worked flexitime in consultation with supervisor/colleagues	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Paid someone else to provide care which you would have preferred to provide yourself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Arranged with another family/whānau member to provide the care you normally provide	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Made phone calls or provided care yourself in work time	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Reduced hours of work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Formalised care leave arrangement with employer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Working more from home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Flexible work hours	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Changed work role or tasks to be less demanding (temporarily)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Postponement of certain tasks/activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q51 Do you have a good relationship with the person you care for? *(Please tick one box)*

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

Q52 Overall, what is the effect on your life of providing care? My life is: *(Please tick 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

Q53 Which one of the following options best describes the type of residence that you currently live in (your primary residence)? *(Please tick one box)*

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

Q54 In terms of the ownership arrangements your primary residence, is: *(Please tick 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 family/whānau
<input type="checkbox"/>	Owned by a family/whānau 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):

Q55 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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Q56 Do you plan to move to a new place of residence in the future? *(Please tick one box)*

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

Q57 Please rate your level of agreement to each of these statements in relation to your present home.

(Please tick one box on each line)

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

Q58 How would you describe the condition of your current residence? (Please tick 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

Q59 Does your residence have a problem with dampness or mould? (Please tick 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

Q60 In winter, is your current residence colder than you would like? (Please tick 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

Q61 Please rate your level of agreement to each of these statements in relation to your present neighbourhood:

(Please tick one box on each line)

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

WORK AND RETIREMENT

Q62 If you are retired, at what age did you retire?

<input type="text"/>	<input type="text"/>	Age at retirement	<input type="checkbox"/> 1	I am not retired
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Q63 How many hours do you currently work in paid employment per week?

<input type="text"/>	<input type="text"/>	Hours
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Q64a Since the age of 50, have you personally started a business?

<input type="checkbox"/> 1	Yes	<input type="checkbox"/> 2	No
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Q64b If 'Yes', what industry or service sector was this in?

Q64c Since the age of 50, have you *considered* starting a business?

<input type="checkbox"/> 1	Yes	<input type="checkbox"/> 2	No
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Q65 Which of the following best describes your **preferred** work status? (i.e., what you would like to be doing)
(Please tick one box)

Full-time paid work, for an employer	<input type="checkbox"/>	1
Part-time paid work, for an employer	<input type="checkbox"/>	2
Full-time self-employed paid employment	<input type="checkbox"/>	3
Part-time self-employed paid employment	<input type="checkbox"/>	4
Flexible work schedule negotiated with employer	<input type="checkbox"/>	5
Project or contract work (short term and full-time)	<input type="checkbox"/>	6
Project or contract work (short term and part-time)	<input type="checkbox"/>	7
Fully retired, no paid work	<input type="checkbox"/>	8
Full-time homemaker	<input type="checkbox"/>	9
Full-time student	<input type="checkbox"/>	10
Other (Please specify):	<input type="checkbox"/>	11

Q66 Which of the following best describes your **current** work status? *(Please tick one box)*

Full-time paid work, for an employer	<input type="checkbox"/>	1	go to Q68
Part-time paid work, for an employer	<input type="checkbox"/>	2	
Full-time self-employed paid employment	<input type="checkbox"/>	3	
Part-time self-employed paid employment	<input type="checkbox"/>	4	
Flexible work schedule negotiated with employer	<input type="checkbox"/>	5	
Project or contract work (short term and full time)	<input type="checkbox"/>	6	
Project or contract work (short term and part time)	<input type="checkbox"/>	7	
Fully retired, no paid work	<input type="checkbox"/>	8	go to Q95
Full-time homemaker	<input type="checkbox"/>	9	
Full-time student	<input type="checkbox"/>	10	
Unable to work due to health or disability issue	<input type="checkbox"/>	11	go to Q67
Unemployed and seeking work	<input type="checkbox"/>	12	
Other (Please specify):	<input type="checkbox"/>	13	go to Q95

Q67 Please indicate how much you agree with the following statements about your own job-search process.

(Please tick one box on each line)

	Strongly disagree					Strongly agree				
My job search was more or less haphazard.	<input type="checkbox"/>									
My approach to gathering job-related information could be described as random.	<input type="checkbox"/>									
I used a “hit or miss” approach when gathering information about my job.	<input type="checkbox"/>									
I did not really have a plan when searching for my job.	<input type="checkbox"/>									
I followed up on every lead to make sure I didn’t miss any golden opportunities.	<input type="checkbox"/>									
I tried to get my resume out to as many organisations as possible.	<input type="checkbox"/>									
I followed up on most leads, even long shots.	<input type="checkbox"/>									
I gathered as much information about all the companies that I could.	<input type="checkbox"/>									
I examined all available sources of job information (e.g., employment centres, friends, internet sites, etc.).	<input type="checkbox"/>									

	Strongly disagree					Strongly agree				
I gathered information about all possible job opportunities, rather than setting out for something specific.	<input type="checkbox"/>									
I gathered information only for job openings that looked like what I wanted.	<input type="checkbox"/>									
I gathered information only for jobs that I was really interested in.	<input type="checkbox"/>									
My information gathering efforts were focused on specific jobs.	<input type="checkbox"/>									
I gathered information only for jobs that I knew I would qualify for.	<input type="checkbox"/>									
I targeted my job search toward a small number of employers.	<input type="checkbox"/>									
I had a clear idea of what qualities I wanted in a job.	<input type="checkbox"/>									
I have had one or more job applications rejected based on my age.	<input type="checkbox"/>									
I have omitted or modified my age/job history in an application out of concern that I would be discriminated against based on my age.	<input type="checkbox"/>									

Thank you, if you were instructed to go to Q67 from Q66, please now go to Q95.

Q68 Which of the following best describes your current occupation? (Please tick one box)

<input type="checkbox"/>	1	Labourer (e.g., cleaner, food packer, farm worker)
<input type="checkbox"/>	2	Machinery operator/driver (e.g., machine operator, store person)
<input type="checkbox"/>	3	Sales worker (e.g., insurance agent, sales assistant, cashier)
<input type="checkbox"/>	4	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):

Q69a How long have you worked for your current employer?

<input type="text"/>	<input type="text"/>	Years	<input type="text"/>	<input type="text"/>	Months
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Q69b 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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Q70 Which of the following best describes your current work?

(Please tick one box on each line)

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

Q71 Assume that your work ability at its best has a value of 10 points. How many points would you give your current work ability? (0 means that you cannot currently work at all) (Please tick one box)

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

Q72 How do you rate your current work ability with respect to the **physical** demands of your work? (Please tick one box)

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

Q73 How do you rate your current work ability with respect to the **mental** demands of your work? (Please tick one box)

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

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

Q74 Is your illness or injury a hindrance to your current job? (*tick more than one alternative if needed*)

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

Q75 How many whole days have you been off work because of a health problem (disease or health care or for examination) during the past year (12 months)? (*Please tick one box*)

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

Q76 Do you believe that – from the standpoint of your health – you will be able to do your current job **two years from now**? (*Please tick one box*)

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

Q77 Have you recently been able to enjoy your regular daily activities? (*Please tick one box*)

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

Q78 Have you recently been active and alert? (*Please tick one box*)

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

Q79 Have you recently felt yourself to be full of hope for the future? (*Please tick one box*)

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

Q80 Please indicate how much you agree or disagree with the following statements.

(Please tick one box on each line)

	Strongly disagree				Strongly agree
Some people in my workplace feel I have less ability because of my age.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Younger people find it easier to work at my workplace than older people do.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My manager expects me to do poorly because of my age.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
At my workplace, people my age often face biased evaluations.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My age does not affect people's perception of my ability.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q81 Please indicate how much you agree or disagree with the following statements.

(Please tick one box on each line)

	Strongly disagree					Strongly agree	
I value being a member of my age group.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
My age group membership is important to me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
My age group is central to who I am as a person.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
I have a strong sense of belonging to my own age group.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
I identify with being a member of my age group.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

Q82 Please indicate to what degree you agree with each item.

(Please tick one box on each line)

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

Q83 The following questions are about flexibility in the work place. Do you have access to the following options at your work place? **If yes**, do you take advantage of these options?

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

Q84 To what extent do you have access to the flexible work options you need to fulfil your work and personal needs? *(Please tick one box)*

Not at all	To a limited extent	To a moderate extent	To a great extent
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q85 The following statements refer to your current occupation. Please indicate the extent to which you disagree or agree with each statement.

(Please tick one box on each line)

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

Q86 Please indicate how much you agree or disagree with the following statements about your workplace.

(Please tick one box on each line)

	Strongly disagree							Strongly agree
I am very happy being a member of this organisation/business.	<input type="checkbox"/>							
I enjoy discussing about my organisation/business with people outside it.	<input type="checkbox"/>							
I really feel as if this organisation/businesses' problems are my own.	<input type="checkbox"/>							
I worry about the loss of investments I have made in this organisation/business.	<input type="checkbox"/>							
I do not feel like 'part of the family' at my organisation/business.	<input type="checkbox"/>							
I do not feel 'emotionally attached' to this organisation/business.	<input type="checkbox"/>							
This organisation/business has a great deal of personal meaning for me.	<input type="checkbox"/>							
I do not feel a 'strong' sense of belonging to my organisation/business.	<input type="checkbox"/>							
I think that I could easily become as attached to another organisation/business as I am to this one.	<input type="checkbox"/>							
If I wasn't a member of this organisation/business, I would be sad because my life would be disrupted.	<input type="checkbox"/>							
	Strongly disagree							Strongly agree
I am loyal to this organisation/business because I have invested a lot in it, emotionally, socially, and economically.	<input type="checkbox"/>							
I often feel anxious about what I have to lose with this organisation/business.	<input type="checkbox"/>							
Sometimes I worry about what might happen if something was to happen to this organisation/business and I was no longer a member.	<input type="checkbox"/>							
I am dedicated to this organisation/business because I fear what I have to lose in it.	<input type="checkbox"/>							
I feel that I owe this organisation/business quite a bit because of what it has done for me.	<input type="checkbox"/>							
My organisation/business deserves my loyalty because of its treatment towards me.	<input type="checkbox"/>							
I feel I would be letting my co-workers down if I wasn't a member of this organisation/business.	<input type="checkbox"/>							
I am loyal to this organisation/business because my values are largely its values.	<input type="checkbox"/>							
This organisation/business has a mission that I believe in and am committed to.	<input type="checkbox"/>							
I feel it is 'morally correct' to dedicate myself to this organisation/business.	<input type="checkbox"/>							

Q87 The following statements are about how you feel at work. Please read each statement carefully and decide if you ever feel this way about your job. If you have had this feeling, indicate how often you felt it by indicating the option that best describes how frequently you feel that way. If you have never had this feeling, indicate "Never".

<i>(Please tick <u>one</u> box on each line)</i>	Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day
At my work, I feel that I am bursting with energy.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
At my job, I feel strong and vigorous.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
I am enthusiastic about my job.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
My job inspires me.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
When I get up in the morning, I feel like going to work.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
I feel happy when I am working intensely.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
I am proud of the work that I do.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
I am immersed in my work.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
I get carried away when I'm working.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Q88 Please read the following statements and indicate how each statement relates to the work you usually do.

<i>(Please tick <u>one</u> box on each line)</i>	Strongly disagree				Strongly agree
The work I do on this job is very important to me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My job activities are personally meaningful to me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
The work I do on this job is worthwhile	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My job activities are significant to me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
The work I do on this job is meaningful to me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I feel that the work I do on my job is valuable.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q89 The following questions ask about opportunities for training available to you.

<i>(Please tick <u>one</u> box on each line)</i>	Yes	No
Have you received training from your <u>employer/business</u> in the past 12 months?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Have you been offered training by your <u>employer/business</u> , but not trained in the past 12 months?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Have you ever been offered training by your <u>employer/business</u> ?	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Q90 Please rate your level of agreement to each of these statements in relation to training opportunities in your present employment situation:

(Please tick one box on each line)

	Strongly disagree				Strongly agree
I try to learn as much as I can from training programmes.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I tend to learn more from training programmes than most people.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I am usually motivated to learn the skills emphasised in training programmes.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I am willing to exert considerable effort in training programmes in order to improve my skills.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I believe I can improve my skills by participating in training programmes.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I believe I can learn the material presented in most training programmes.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

	Strongly disagree				Strongly agree
Participation in training programmes is of little use to me because I have all the knowledge and skills I need to successfully perform my job.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I am willing to invest effort to improve skills and competencies related to my current job.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I am willing to invest effort to improve skills and competencies in order to prepare myself for a promotion.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My organisation has stated policies on the amount and type of training the employees can expect to receive.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I am aware of the amount and type of training that my organisation is planning for me in the coming year.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
This organisation provides access to training.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q91 How often do you consider leaving your current job? (Please tick one box)

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

Q92 What is the likelihood that you will be looking for a new job within the next year? (Please tick one box)

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

Q93 The following section contains questions that ask you to describe your thoughts and feelings toward retirement. It is important that you respond to a question even if it appears similar to others

(Please tick one box on each line)

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

Q94 At what age do you intend to permanently retire from paid work?

		Years of age	OR	<input type="checkbox"/> 1	I never intend to retire from paid work
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YOUR FINANCIAL WELLBEING

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

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

Q95a From all sources of income, what do you expect your annual personal income before tax to be this financial year?
(Please tick one box)

<input type="checkbox"/>	loss
<input type="checkbox"/>	zero income
<input type="checkbox"/>	\$1 - \$5,000
<input type="checkbox"/>	\$5,001 - \$10,000
<input type="checkbox"/>	\$10,001 - \$15,000
<input type="checkbox"/>	\$15,001 - \$20,000
<input type="checkbox"/>	\$20,001 - \$25,000
<input type="checkbox"/>	\$25,001 - \$30,000
<input type="checkbox"/>	\$30,001 - \$35,000
<input type="checkbox"/>	\$35,001 - \$40,000
<input type="checkbox"/>	\$40,001 - \$50,000
<input type="checkbox"/>	\$50,001 - \$60,000
<input type="checkbox"/>	\$60,001 - \$70,000
<input type="checkbox"/>	\$70,001 - \$100,000
<input type="checkbox"/>	\$100,001 - \$150,000
<input type="checkbox"/>	\$150,001 - \$200,000
<input type="checkbox"/>	\$200,001 or more

Q95b From all sources of income, what do you expect your annual household income before tax to be this financial year?
(Please tick one box)

<input type="checkbox"/>	loss
<input type="checkbox"/>	zero income
<input type="checkbox"/>	\$1 - \$5,000
<input type="checkbox"/>	\$5,001 - \$10,000
<input type="checkbox"/>	\$10,001 - \$15,000
<input type="checkbox"/>	\$15,001 - \$20,000
<input type="checkbox"/>	\$20,001 - \$25,000
<input type="checkbox"/>	\$25,001 - \$30,000
<input type="checkbox"/>	\$30,001 - \$35,000
<input type="checkbox"/>	\$35,001 - \$40,000
<input type="checkbox"/>	\$40,001 - \$50,000
<input type="checkbox"/>	\$50,001 - \$60,000
<input type="checkbox"/>	\$60,001 - \$70,000
<input type="checkbox"/>	\$70,001 - \$100,000
<input type="checkbox"/>	\$100,001 - \$150,000
<input type="checkbox"/>	\$150,001 - \$200,000
<input type="checkbox"/>	\$200,001 or more

Q96 Do you currently receive New Zealand Superannuation or a Veteran's Pension? (Please tick one box)

<input type="checkbox"/>	Single rate	<input type="checkbox"/>	Couple rate	<input type="checkbox"/>	No
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Q97 How many people inside and beyond your household, excluding yourself, are dependent on you for their financial support?

Total number of people			OR	<input type="checkbox"/>	I have no financial dependents
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Q98 For the following questions, please indicate whether or not you have (or have access to) the item:

(Please tick one box on each line)

	Yes, I have it	No, because I don't want it	No, because of the cost	No, for some other reason
Telephone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Washing machine	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
At least two pair of good shoes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Suitable clothes for important or special occasions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Personal computer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Home contents insurance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Enough room for family/whānau to stay the night	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q99 For the following questions, please indicate whether or not you do the activity:

(Please tick one box on each line)

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

Q100 The following are a list of things some people do to help keep costs down. In the last 12 months, have you done any of these things?

(Please tick one box on each line)

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

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

Q101 Generally, how would you rate your material standard of living? (Please tick one box)

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

Q102 Generally, how satisfied are you with your current material standard of living? (Please tick one box)

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

Q103 How well does your total income meet your everyday needs for such things as accommodation, food, clothing and other necessities? (Please tick one box)

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

Q104 Below are statements that people have made about their standard of living. Please indicate how true these statements are for you.

(Please tick one box on each line)

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

YOUR PERSONAL SITUATION

Q105 What gender do you identify as? (Please tick one box)

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

Q106 Do you identify as: (Please tick one box)

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

Q107 When were you born?

D	D	/	M	M	/	1	9	Y	Y	DD/MM/YYYY
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Q108 Which one of these statements is true about you? (Please answer for your **current**, marriage, partnership or situation). (Please tick one box)

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

Q109 What is your highest educational qualification? (Please tick one box)

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

Q110 Please tick as many options as you need to indicate all the people who live in the same household as you. Please also put in the number of people. If you live alone, please tick the option at the top of the table.

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

Q111 Please indicate below which ethnic group or groups you belong to: (Please tick all that apply)

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

Q112a Which country were you born in? (Please tick one box)

<input type="checkbox"/> 1	New Zealand	<input type="checkbox"/> 2	India
<input type="checkbox"/> 3	Australia	<input type="checkbox"/> 4	South Africa
<input type="checkbox"/> 5	England	<input type="checkbox"/> 6	Samoa
<input type="checkbox"/> 7	People's Republic of China	<input type="checkbox"/> 8	Cook Islands
<input type="checkbox"/> 9	Other (Print the name of the country)		

Q112b If you were **not** born in New Zealand, please indicate below the approximate date that you first arrived to live in New Zealand.

M	M	Month (e.g. 04)	Y	Y	Y	Y	Year (e.g. 1985)
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If you have Māori ancestry, continue with Q113, if you DO NOT, please turn to the last page.

Q113 Do you identify as Māori? (Please tick one box)

<input type="checkbox"/> 1	Yes	<input type="checkbox"/> 2	No
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Q114 How many generations of your Māori ancestry can you name? (Please tick one box)

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

Q115 In terms of your involvement with your whānau, would you say that your whānau plays:

A very large part in your life	A large part in your life	A small part in your life	A very small part in your life
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q116 How often have you been to a marae over the past 12 months? (Please tick one box)

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

Q117 Do you have an interest in Māori land as an owner, part/potential owner or beneficiary?

<input type="checkbox"/> 1	Yes	<input type="checkbox"/> 2	No	<input type="checkbox"/> 3	Not sure/don't know
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Q118 This question considers your contacts with people. In general, would you say your contacts are with:

Mainly Māori	Some Māori	Few Māori	No Māori
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q119a Do you know the name(s) of your iwi (tribe or tribes)?

<input type="checkbox"/> 1	Yes	<input type="checkbox"/> 2	No
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Q119b If yes, please give the name(s) of your iwi (tribe or tribes)

Q120 How would you rate your overall ability with Māori language? (Please tick one box)

Excellent	Very good	Good	Fair	Poor	None
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

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	\$926.08	\$24,078.08
Single, sharing accommodation	\$851.10	\$22,128.60
Married person or partner in a civil union or de facto relationship	\$664.68	\$17,281.68
Married or in a civil union or de facto relationship, both qualify	\$701.52	\$18,239.52

