

YOUR HEALTH, WELLBEING AND QUALITY OF LIFE

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

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

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

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

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

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

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

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

(Please cross one box on each line)

Yes, limited a lot Yes, limited a little No, not limited at all

<u>Moderate activities</u> , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing <u>several</u> flights of stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

(Please cross one box on each line)

All of the time Most of the time Some of the time A little of the time None of the time

<u>Accomplished less</u> than you would like	<input type="checkbox"/>				
Were limited in the <u>kind</u> of work or other activities	<input type="checkbox"/>				

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

(Please cross one box on each line)

All of the time Most of the time Some of the time A little of the time None of the time

<u>Accomplished less</u> than you would like	<input type="checkbox"/>				
Did work or other activities <u>less carefully</u> than usual	<input type="checkbox"/>				

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

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

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

(Please cross one box on each line)

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

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

All of the time Most of the time Some of the time A little of the time None of the time

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
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Q10 Below is a list of some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the past week (7 days).

(Please cross one box on each line)

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

Q11 Please answer the items according to how you've felt in the last week. Indicate 'agree' if you mostly agree that the item describes you or indicate 'disagree' if you mostly disagree that the item describes you.

(Please cross one box on each line)

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

Q12 Please indicate whether a health professional has ever told you that you have any of the following conditions.

(Please cross one box on each line)

	Yes	No
A serious and chronic respiratory condition, such as a chronic obstructive pulmonary disease (e.g., emphysema or chronic bronchitis)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Chronic kidney/renal disease	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Diabetes	<input type="checkbox"/> 1	<input type="checkbox"/> 2
A coronary heart condition (e.g., angina or heart attack)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Stroke	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Hypertension (high blood pressure)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Cancer (in the past 12 months), excluding basal and squamous skin cancers if not invasive.	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Q13 To what degree would you say the COVID-19 pandemic has had a negative impact on your overall:

(Please cross one box on each line)

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

Q14 Has the wellbeing of any of your whānau/family members living in Aotearoa New Zealand been affected by the COVID-19 pandemic? (Please cross one box).

Not at all				A great deal
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q15 Has the wellbeing of any of your whānau/family members living overseas been affected by the COVID-19 pandemic? (Please cross one box).

Not at all				A great deal
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q16 Has a health professional or government health agency ever told you that you have COVID-19?

<input type="checkbox"/> 1	No	<input type="checkbox"/> 2	Yes	(Please cross <u>one</u> box)
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Q17 Do you usually receive the seasonal flu vaccine? (Please cross one box)

Yes, every year	Yes, every other year	Yes, within the past 5 years	No, not in the past 5 years	Never
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q18 Have you received a vaccine against the COVID-19 coronavirus?

<input type="checkbox"/> 1	No	<input type="checkbox"/> 2	Yes	(Please cross <u>one</u> box)
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Q19a If you have not received a vaccine against the COVID-19 coronavirus, do you intend to get one when it is available to you? *(Please cross one box)*

Definitely	Probably	Probably not	Definitely not
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q19b If you do not intend to get the COVID-19 vaccine as soon as you are able, can you tell us why? *(Please cross all that apply)*

<input type="checkbox"/> 1	I don't believe it will be effective in protecting me from COVID-19 infection.	<input type="checkbox"/> 1	It is too soon to see whether the vaccine will provide protection from COVID-19 in the long term.
<input type="checkbox"/> 1	I am concerned about known side-effects of the vaccine.	<input type="checkbox"/> 1	I worry there will be unknown side-effects of the vaccine.
<input type="checkbox"/> 1	I'd rather wait to see if it causes any health problems for others.	<input type="checkbox"/> 1	I worry it may affect my health in other ways and may leave my health worse overall.
<input type="checkbox"/> 1	I worry that the vaccine will adversely affect my existing medical conditions and symptoms.	<input type="checkbox"/> 1	I do not have enough information on the safety, side effects and efficacy of the COVID-19 vaccine.
<input type="checkbox"/> 1	I don't trust any vaccines.	<input type="checkbox"/> 1	I am not sure how to get the vaccine.
<input type="checkbox"/> 1	Other (please specify):		

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

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

Q20 How often do you take part in sports or activities that are:

(Please cross one box on each line)

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

Q21 If you currently consider yourself a regular smoker, how many do you think you would smoke on an average day? *(Please cross one box)*

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

Q22 How often do you have a drink containing alcohol? *(Please cross one box)*

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

Q23 How many drinks containing alcohol do you have on a typical day when drinking? (*Please cross one box*)

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

Q24 How often do you have six or more drinks on one occasion? (*Please cross one box*)

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

Q25 These questions are about how you feel about life and your participation in various activities.

(*Please cross one box on each line*)

	Strongly disagree	Disagree	Agree	Strongly agree
I have a system of values and beliefs that guide my daily activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a philosophy of life that helps me understand who I am.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel like I am living fully.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel I have found a really significant meaning in life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In my life, I have clear goals and aims.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a sense of direction and purpose in life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel good when I think of what I have done in the past.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am at peace with my past.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WHĀNAU, FAMILY AND FRIENDS

Q26 Please indicate for each of the statements below, the extent to which they apply to the way you feel now.

(*Please cross one box on each line*)

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

Q27 Think about your current relationships with friends, whānau/family members, co-workers, community members and so on. To what extent do you agree that each statement describes your current relationships with other people?

(Please cross one box on each line)

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

Q28 Do you provide unpaid care for:

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

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

Q29 How many hours do you contribute to volunteer activities per week?

<input type="text"/>	<input type="text"/>	Hours per week
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Q30 To what extent has the COVID-19 pandemic had a negative effect on your volunteering activities?
(Please cross one box).

Not at all					A great deal
<input type="checkbox"/>					

Q31 Please check the ways in which you keep in touch with others outside your household during periods of lockdown (Please cross all that apply)

<input type="checkbox"/>	Phone (voice or text)	<input type="checkbox"/>	Post
<input type="checkbox"/>	Email	<input type="checkbox"/>	Video/voice calls (e.g. Zoom, Skype, FaceTime)
<input type="checkbox"/>	Social media (e.g. Facebook, blogging)	<input type="checkbox"/>	Talking while social distancing
<input type="checkbox"/>	Instant messaging applications (e.g. Facebook Messenger, WhatsApp, Messenger, Signal)		
<input type="checkbox"/>	Other (please specify):		

CAREGIVING

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

Q32 Have you provided care for someone with a long-term illness, disability or frailty within the last 12 months? (Please cross one box)

₁ Yes ₂ No If 'No', please leave **Q33-Q38** blank and go to **Q39**

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.

Q33 Approximately how old is/was the person you care(d) for?

Years

Q34 How long have/had you been caring for this person?

Years Months

Q35 How often on average do (did) you provide this care or assistance? (Please cross one box)

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

Q36 Does/did the person you care(d) for: (Please cross one box)

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

Q37 Does/did the person you care(d) for have any of the following major medical conditions or disabilities? (Please cross all that apply)

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

Q38 To what extent has the COVID-19 pandemic had a *negative* effect on your ability to provide care? (Please cross one box).

Not at all				A great deal
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

WHERE YOU LIVE

Q39 Which one of the following options best describes the type of residence that you currently live in (your primary residence)? *(Please cross one box)*

House or townhouse (detached or 'stand alone')

House, townhouse, unit or apartment (joined to one or more other houses, townhouses, units or apartments)

Unit, villa or apartment in Retirement Village

Moveable dwelling (e.g., caravan, motor home, boat, tent)

Rest home or continuing care hospital

Other (Please specify): _____

Q40 In terms of the ownership arrangements your primary residence is: *(Please cross one box)*

Owned by yourself and/or spouse/partner **with a mortgage**

Owned by yourself and/or spouse/partner **without a mortgage**

Owned by whānau/family

Owned by a whānau/family trust

Private rental

State, Council or Kaumātua housing

Licence to occupy

Other (Please specify): _____

Q41 How long have you lived in your present home?

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Years

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Months

WORK AND RETIREMENT

Q42 Since the COVID-19 pandemic was declared by the World Health Organisation (WHO) on March 11, 2020:
(Please cross one box on each line)

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

Q43 Have you received any hardship assistance as a result of the COVID-19 pandemic?
(Please cross one box on each line)

	Yes	No
Government assistance to support your business (if applicable)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Government assistance such as welfare benefits	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Material assistance from non-government organisations, such as food banks	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Assistance from lenders, such as a mortgage holiday from your bank	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
A Kiwisaver hardship withdrawal	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Q44 Has/will the COVID-19 pandemic be a factor in your decision to retire (i.e., earlier or later than you had previously planned)?

₁ **Yes, plan to retire *earlier***

 ₂ **No change to plans**

 ₃ **Yes, plan to retire *later***

Q45 How many hours do you currently work in paid employment per week?

Hours

Q46 How long have you worked for your current employer?

Years

Months

 OR

 ₁
N/A, I do not work for an employer

Q47 If you are self-employed, how long have you been self-employed?

Years

Months

 OR

 ₁
N/A, I am not self-employed

Q48 If you are retired, at what age did you retire?

Age at retirement

 OR

 ₁
I am not retired

Q49 Which of the following best describes your **current** work status? (Please cross one box in this column)

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

YOUR FINANCIAL WELLBEING

Q50 For the following questions, please indicate whether or not you have (or have access to) the item:

(Please cross one box on each line)

	Yes, I have it	No, because I don't want it	No, because of the cost	No, for some other reason
Telephone	<input type="checkbox"/> 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 whānau/family to stay the night	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q51 For the following questions, please indicate whether or not you do the activity:

(Please cross one box on each line)

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

Q52 The following are a list of things some people do to help keep costs down. In the last 12 months, have you done any of these things?

(Please cross one box on each line)

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

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

Q53 Generally, how would you rate your material standard of living? (Please cross one box)

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

Q54 Generally, how satisfied are you with your current material standard of living? (Please cross one box)

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

Q55 How well does your total income meet your everyday needs for such things as accommodation, food, clothing and other necessities? (Please cross one box)

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

Q56 To what degree has the COVID-19 pandemic had a negative impact on your economic wellbeing?

(Please cross one box)

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

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

YOUR PERSONAL SITUATION

Q57 What gender do you identify as? (Please cross one box)

 1

Tāne/Male

 2

Wāhine/Female

 3

Gender diverse (please specify): _____

Q58 When were you born?

Day:

Month:

Year:

 1 9

Q59 Which one of these statements is true about you? (Please answer for your **current** marriage, partnership or situation). (Please cross one box)

 1

I am married.

 2

I am a widow or widower.

 3

I am in a civil union/de facto/partnered relationship.

 4

I am single.

 5

I am divorced or permanently separated from my legal husband or wife.

Q60 Please cross as many options as you need to indicate all the people who live in the same household as you. Please also put in the number of people. If you live alone, please cross the option at the top of the table.

(Please cross all that apply)

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

Q61 Please rate the quality of the information you received from health and government authorities throughout the pandemic (March 2020 to present) (Please cross one box)

Excellent

 1

Very good

 2

Good

 3

Fair

 4

Poor

 5

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

Thank you for your responses to this survey.

CONTACT DETAILS

Please consider providing us with a phone or email contact, in case you are no longer reachable at your current address. These details are stored separately to survey data.

Phone
number:

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

Email address:

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

Street:

Suburb

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

Town/City

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

Postal code

--	--	--	--