

## Disability Survey 2001

# Adult Content Questionnaire

Reference number

Participation code

Proxy code

Mode code

Start time

Finish time

Total time

Screening and Content  
interviews at same call? Yes   
No

Interviewer number

### Introduction

Now I need to ask you some questions about transport, education, health and other services.

This may take about 30 minutes.

Would you like to do that now or make another time?

---

---

## Section B - Services and Assistance

---

---

**1.** I am going to read out a list of ethnic groups. Can you tell me which ethnic group or groups you belong to:

*Tick all that apply.*

- New Zealand European? ..... 1
- Māori? ..... 2
- Samoa? ..... 3
- Cook Island Maori? ..... 4
- Tongan? ..... 5
- Niuean? ..... 6
- Chinese? ..... 7
- Indian? ..... 8
- Other, such as Dutch, Japanese, Tokelauan - *specify?* ..... 9
- \_\_\_\_\_

**2.** The next questions are about your use of health services and help you may get managing everyday activities.

In the 12 months ending today, which of these have you had a consultation with?

*Read out and tick each one R has been to in the past 12 months. Then go back and ask Q3 for each one that is ticked.*

**3.** How often have you seen a ..... in the past 12 months:  
1 or 2 times, 3 to 5 times, 6 to 10 times, or more than 10 times?

		1-2 times	3-5 times	6-10 times	more than 10 times
(a)	GP or family doctor ..... 1	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(b)	a nurse, without also seeing a doctor ..... 2	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(c)	chemist or pharmacist, for health advice or getting medication only ..... 3	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(d)	dentist or dental nurse ..... 4	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(e)	physiotherapist ..... 5	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(f)	occupational therapist ..... 6	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(g)	speech therapist ..... 7	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(h)	medical specialist, the special kind of doctor that an ordinary doctor needs to refer you to ..... 8	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(i)	counsellor, social worker or psychologist ..... 9	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(j)	optician or optometrist ..... 10	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(k)	chiropractor ..... 11	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(l)	podiatrist or chiropodist ..... 12	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(m)	alternative therapist such as homeopath, naturopath, iridologist ..... 13	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(n)	traditional healer such as tohunga, rongoa Māori specialist or fofo ..... 14	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(o)	Māori health worker, Pacific Island health worker ..... 15	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(p)	any other health professional, therapist or healer				
	- specify ..... 16	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(q)	- specify ..... 17	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(r)	- specify ..... 18	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(s)	none of the above ..... 19				

B

4. In the 12 months ending today, has there been a time when you have needed to see any of those types of health professionals, therapists or healers but not been able to?

- yes ..... 1  ➔ GO TO 5  
 no ..... 2  ➔ GO TO 7

5. Which have you needed but been unable to see?

*Do NOT read out.*

*Follow each response with "Anyone else?"*

*Then ask Q6 for each one marked*

- GP or family doctor ..... 1
- a nurse, without also seeing a doctor ..... 2
- chemist or pharmacist, for health advice or getting medication only ..... 3
- dentist or dental nurse ..... 4
- physiotherapist ..... 5
- occupational therapist ..... 6
- speech therapist ..... 7
- medical specialist, the special kind of doctor that an ordinary doctor needs to refer you to ..... 8
- counsellor, social worker or psychologist ..... 9
- optician or optometrist ..... 10
- chiropractor ..... 11
- podiatrist or chiropodist ..... 12
- alternative therapist such as homeopath, naturopath, iridologist ..... 13
- traditional healer such as tohunga, rongoa Māori specialist or fofo ..... 14
- Māori health worker, Pacific Island health worker ..... 15
- any other health professional, therapist or healer
- specify ..... 16
- specify ..... 17
- specify ..... 18

6. Tell me about the last time you were unable to see a ..... . Why was that?

*Do NOT read out*

	cost	trans- port	physical barrier	own ability	culture	appoint- ment	other
1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
2	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
3	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
4	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
5	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
6	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
7	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
8	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
9	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
10	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
11	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
12	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
13	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
14	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
15	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
16	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
17	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
18	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

- cost = it costs too much to use the provider
- transport = difficulties getting there because of distance or lack of transport
- physical barrier = steps or some similar barrier makes it hard to get into rooms of provider
- own ability = R not able to visit because of illness or disability
- culture = service not culturally appropriate in some way
- appointment = couldn't get an appointment when needed it

**7.** In the last 12 months, have you taken any medication or drugs, whether prescribed for you or not?

*An asthma inhaler is counted as medication.*

yes ..... 1  ➔ **GO TO 8**

no ..... 2  ➔ **GO TO 12**

**8.** Do you take any prescription drugs:

*Tick all that apply.*

daily? ..... 1

once a week or more? ..... 2

less than once a week? ..... 3

as needed? ..... 4

None ..... 5

**9.** Do you take any non-prescription drugs, including aspirin and herbal remedies, but not including vitamins:

*Tick all that apply.*

daily? ..... 1

once a week or more? ..... 2

less than once a week? ..... 3

as needed? ..... 4

None ..... 5

**10.** In the last 12 months, have you received the Disability Allowance or a Special Needs Grant to pay for medication?

yes ..... 1

no ..... 2

**11.** In the last 12 months, have you had to pay for medication needed for your condition or health problem, without getting all the money back from a government agency or medical insurance?

yes ..... 1

no ..... 2

*Government agencies include Ministry of Health services (functions formerly performed by Health Funding Authority), Department of Work and Income New Zealand (WINZ) and ACC.*

**12.** In the last 12 months, have you needed medication for your condition or health problem which you were unable to get?

yes ..... 1  ➔ **GO TO 13**

no ..... 2  ➔ **GO TO 14**

**13.** Why couldn't you get it:

*Tick all that apply.*

it was too costly or you ..... 1   
could not afford it?

you applied for financial ..... 2   
help and were not eligible?

you did not know you could apply ..... 3   
for financial help or where to apply?

or was there another reason? ..... 4   
*- specify*

\_\_\_\_\_

\_\_\_\_\_

B

**14.** Have you ever had what is called a **needs assessment**, where someone from a needs assessment agency asks you questions about the support you need for everyday living, such as home help, personal care or respite care, which is not funded by ACC?

yes ..... 1  ➔ **GO TO 15**

no ..... 2  ➔ **GO TO 16a**

*don't know* ..99  ➔ **GO TO 16a**

**15.** Did you have that assessment:

less than 6 ..... 1  ➔ **GO TO 18**  
months ago?

less than 12 ..... 2  ➔ **GO TO 18**  
months ago?

less than ..... 3  ➔ **GO TO 16a**  
2 years ago?

2 or more years ago? .. 4  ➔ **GO TO 16a**

**16a.** Are you booked in to have a (another) needs assessment?

yes ..... 1  ➔ **GO TO 18**

no ..... 2  ➔ **GO TO 16b**

**16b.** Do you intend to have (another) one done?

yes ..... 1

no ..... 2

**17.** Why haven't you had a needs assessment recently?

*Do NOT read out.*  
*Tick all that apply.*

*didn't know about it* ..... 1

*condition not serious enough* ..... 2

*needs haven't changed since* ..... 3   
*last assessment*

*not yet available to R* ..... 4

*offered one but refused* ..... 5

*another reason - specify* ..... 6

\_\_\_\_\_

\_\_\_\_\_

- 18.** I'm going to ask if someone else does any of these things for you, or helps you with them, because of your condition or health problem.
- |  | <b>Yes</b>               |        | <b>No</b>                |   |
|--|--------------------------|--------|--------------------------|---|
| (a) Do you get help preparing your meals, ..... 1          | <input type="checkbox"/> | .... 2 | <input type="checkbox"/> | <i>If "Yes" is ticked ask Q20A.</i>             |
| (b) Do you get help shopping for groceries and ..... 1     | <input type="checkbox"/> | .... 2 | <input type="checkbox"/> | <i>If "Yes" is ticked ask Q24A.</i>             |
| (c) Do you get help with normal everyday housework, .... 1 | <input type="checkbox"/> | .... 2 | <input type="checkbox"/> | <i>If "Yes" is ticked ask Q28A.</i>             |
| (d) ... with heavy household work such as ..... 1          | <input type="checkbox"/> | .... 2 | <input type="checkbox"/> | <i>If "Yes" is ticked ask Q32A.</i>             |
| (e) ... with looking after your personal finances, ..... 1 | <input type="checkbox"/> | .... 2 | <input type="checkbox"/> | <i>If "Yes" is ticked ask Q36A.</i>             |
| (f) ... with your personal care, such as bathing ..... 1   | <input type="checkbox"/> | .... 2 | <input type="checkbox"/> | <i>If "Yes" is ticked ask Q40A.</i>             |
| (g) ... in communicating with other people, ..... 1        | <input type="checkbox"/> | .... 2 | <input type="checkbox"/> | <i>If "Yes" is ticked, go to Q45 on page 14</i> |

**19.** *INTERVIEWER*

*If respondent has said "no" to all* ➔ **GO TO 45 on page 14**

**20A.** Who helps prepare your meals?  
*Do NOT read out.*  
 Follow each response with "Anyone else?"  
 Then ask Q20B for each one marked.

husband/male partner ..... 1

wife/female partner ..... 2

daughter ..... 3

son ..... 4

mother ..... 5

father ..... 6

sister ..... 7

brother ..... 8

other family/whanau member ..... 9

flatmate ..... 10

friend or neighbour ..... 11

voluntary organisation ..... 12

private organisation ..... 13

an organisation, don't know type ..... 14

other paid person ..... 15

other person - specify ..... 16

**B.** How often does ..... prepare your meals:  
 everyday, at least twice a week, once a week, or less than once a week?

	Every day	At least twice a week	Once a week	Less than once a week
1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**21.** INTERVIEWER: If any of (1) - (11) is ticked ➔ **GO TO 22**  
 Otherwise, check back to Q18 on page 7 for next question to ask.  
 If no more are ticked "yes" in Q18 ➔ **GO TO 45** on page 14.

**22.** Does the (person who does / people who do) this work receive any payment for it?

yes ..... 1  ➔ **GO TO 23**

no ..... 2  ➔ Check Q18 on page 7 for next question to ask.  
 If no more are "yes" ➔ **GO TO 45** on page 14.

**23.** Who pays them?

*Do NOT read out.*  
 Tick all that apply.

you or your family ..... 1

government agency  
 (ACC, Ministry of Health services) ..... 2

other ..... 3

don't know ..... 99

➔ Now check back to Q18 on page 7 for next question to ask. If no more are ticked "yes" in Q18 ➔ **GO TO 45** on page 14.

**24A.** Who helps with the shopping?  
*Do NOT read out.*  
*Follow each response with "Anyone else?"*  
*Then ask Q24B for each one marked.*

husband/male partner ..... 1

wife/female partner ..... 2

daughter ..... 3

son ..... 4

mother ..... 5

father ..... 6

sister ..... 7

brother ..... 8

other family/whanau member ..... 9

flatmate ..... 10

friend or neighbour ..... 11

voluntary organisation ..... 12

private organisation ..... 13

an organisation, don't know type ..... 14

other paid person ..... 15

other person - specify ..... 16

---

**B.** How often does ..... help with the shopping: everyday, at least twice a week, once a week, or less than once a week?

	Every day	At least twice a week	Once a week	Less than once a week
1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**25.** *INTERVIEWER: If any of (1) - (11) is ticked ➔ GO TO 26*  
*Otherwise, check back to Q18 on page 7 for next question to ask.*  
*If no more are ticked "yes" in Q18 ➔ GO TO 45 on page 14.*

**26.** Does the (person who does / people who do) this work receive any payment for it?

yes ..... 1  ➔ **GO TO 27**

no ..... 2  ➔ *Check Q18 on page 7 for next question to ask.*  
*If no more are "yes" ➔ GO TO 45 on page 14.*

**27.** Who pays them?  
*Do NOT read out.*  
*Tick all that apply.*

you or your family ..... 1

government agency  
 (ACC, Ministry of Health services) ..... 2

other ..... 3

don't know ..... 99

➔ *Now check back to Q18 on page 7 for next question to ask. If no more are ticked "yes" in Q18 ➔ GO TO 45 on page 14.*

**28A.** Who helps with your everyday housework? →

*Do NOT read out.*  
*Follow each response with "Anyone else?"*  
*Then ask Q28B for each one marked.*

husband/male partner ..... 1

wife/female partner ..... 2

daughter ..... 3

son ..... 4

mother ..... 5

father ..... 6

sister ..... 7

brother ..... 8

other family/whanau member ..... 9

flatmate ..... 10

friend or neighbour ..... 11

  

voluntary organisation ..... 12

private organisation ..... 13

an organisation, don't know type ..... 14

other paid person ..... 15

other person - specify ..... 16

**B.** How often does ..... help with your everyday housework: everyday, at least twice a week, once a week, or less than once a week?

	Every day	At least twice a week	Once a week	Less than once a week
1	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
2	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
3	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
5	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
6	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
7	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
8	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
9	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
10	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
11	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
12	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
13	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
14	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
15	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
16	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**29.** INTERVIEWER: If any of (1) - (11) is ticked → **GO TO 30**  
 Otherwise, check back to Q18 on page 7 for next question to ask.  
 If no more are ticked "yes" in Q18 → **GO TO 45** on page 14.

**30.** Does the (person who does / people who do) this work receive any payment for it?

yes ..... 1  → **GO TO 31**

no ..... 2  → Check Q18 on page 7 for next question to ask.  
 If no more are "yes" → **GO TO 45** on page 14.

**31.** Who pays them?

*Do NOT read out.*  
*Tick all that apply.*

you or your family ..... 1

government agency  
 (ACC, Ministry of Health services) ..... 2

other ..... 3

don't know ..... 99

→ Now check back to Q18 on page 7 for next question to ask. If no more are ticked "yes" in Q18 → **GO TO 45** on page 14.

**32A.** Who helps with the heavy household work? →

Do NOT read out.

Follow each response with "Anyone else?"

Then ask Q32B for each one marked.

- husband/male partner ..... 1
- wife/female partner ..... 2
- daughter ..... 3
- son ..... 4
- mother ..... 5
- father ..... 6
- sister ..... 7
- brother ..... 8
- other family/whanau member ..... 9
- flatmate ..... 10
- friend or neighbour ..... 11
  
- voluntary organisation ..... 12
- private organisation ..... 13
- an organisation, don't know type ..... 14
- other paid person ..... 15
- other person - specify ..... 16

**B.** How often does ..... help with the heavy household work: everyday, at least twice a week, once a week, or less than once a week?

Every day      At least twice a week      Once a week      Less than once a week

- |   |                          |   |                          |   |                          |   |                          |
|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|
| 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |
| 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |

**33.** INTERVIEWER: If any of (1) - (11) is ticked ➔ **GO TO 34**  
 Otherwise, check back to Q18 on page 7 for next question to ask.  
 If no more are ticked "yes" in Q18 ➔ **GO TO 45** on page 14.

**34.** Does the (person who does / people who do) this work receive any payment for it?

yes ..... 1  ➔ **GO TO 35**  
 no ..... 2  ➔ Check Q18 on page 7 for next question to ask.  
 If no more are "yes" ➔ **GO TO 45** on page 14.

**35.** Who pays them?  
 Do NOT read out.  
 Tick all that apply.

you or your family ..... 1

government agency  
 (ACC, Ministry of Health services) ..... 2

other ..... 3

don't know ..... 99

➔ Now check back to Q18 on page 7 for next question to ask. If no more are ticked "yes" in Q18 ➔ **GO TO 45** on page 14.

B

**36A.** Who helps with your personal finances such as banking or paying bills?

Do NOT read out.

Follow each response with "Anyone else?"

Then ask Q36B for each one marked.

- husband/male partner 1
- wife/female partner 2
- daughter 3
- son 4
- mother 5
- father 6
- sister 7
- brother 8
- other family/whanau member 9
- flatmate 10
- friend or neighbour 11
- voluntary organisation..... 12
- private organisation ..... 13
- an organisation, don't know type ..... 14
- other paid person ..... 15
- other person - specify ..... 16

**B.** How often does ..... help with your personal finances such as banking or paying bills: everyday, at least twice a week, once a week, or less than once a week?

	Every day	At least twice a week	Once a week	Less than once a week
husband/male partner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
wife/female partner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
daughter	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
son	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
mother	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
father	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
sister	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
brother	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
other family/whanau member	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
flatmate	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
friend or neighbour	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
voluntary organisation.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
private organisation .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
an organisation, don't know type .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
other paid person .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
other person - specify .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**37.** INTERVIEWER: If any of (1) - (11) is ticked ➔ **GO TO 38**

Otherwise, check back to Q18 on page 7 for next question to ask.

If no more are ticked "yes" in Q18 ➔ **GO TO 45** on page 14.

**38.** Does the (person who does / people who do) this work receive any payment for it?

yes ..... 1  ➔ **GO TO 39**

no ..... 2  ➔ Check Q18 on page 7 for next question to ask.  
If no more are "yes" ➔ **GO TO 45** on page 14.

**39.** Who pays them?

Do NOT read out.

Tick all that apply.

- you or your family ..... 1
- government agency
- (ACC, Ministry of Health services) ..... 2
- other ..... 3
- don't know ..... 99

➔ Now check back to Q18 on page 7 for next question to ask. If no more are ticked "yes" in Q18 ➔ **GO TO 45** on page 14.

**40A.** Who helps with your personal care such as bathing and dressing and taking medication?

*Do NOT read out.*

*Follow each response with "Anyone else?"  
Then ask Q40B for each one marked.*



**B.** On average, how many days per week does ..... help with your personal care?

AND

On average, how many hours per day does ..... help with your personal care?

- husband/male partner ..... 1
- wife/female partner ..... 2
- daughter ..... 3
- son ..... 4
- mother ..... 5
- father ..... 6
- sister ..... 7
- brother ..... 8
- other family/whanau member ..... 9
- flatmate ..... 10
- friend or neighbour ..... 11
  
- voluntary organisation ..... 12
- private organisation ..... 13
- an organisation, don't know type ..... 14
- other paid person ..... 15
- other person - specify ..... 16

- (a)
- (a)
- (a)
- (a)
- (a)
- (a)
- (a)
- (a)
- (a)
- (a)
- (a)
  
- (a)
- (a)
- (a)
- (a)
- (a)

- (b)
- (b)
- (b)
- (b)
- (b)
- (b)
- (b)
- (b)
- (b)
- (b)
- (b)
  
- (b)
- (b)
- (b)
- (b)
- (b)

**41.** INTERVIEWER: If any of (1) - (11) is ticked ➔ GO TO 42  
Otherwise ➔ GO TO 45 on page 14.

**42.** Does the (person who does / people who do) this work receive any payment for it?

yes ..... 1  ➔ GO TO 43  
no ..... 2  ➔ GO TO 45 on next page

**43.** Who pays them?  
*Do NOT read out.  
Tick all that apply.*

- you or your family ..... 1
- government agency  
(ACC, Ministry of Health services) ..... 2
- other ..... 3
- don't know ..... 99

B

44. There is no Question 44

45. In the last 12 months, have you, because of your condition or health problem, needed help with your own personal care such as bathing and dressing, which you were unable to get? I'm talking about help from providers other than family or friends.  
yes ..... 1  ➔ GO TO 46  
no ..... 2  ➔ GO TO 47

46. Why couldn't you get that help:  
*Tick all that apply.*  
you didn't know there was ..... 1   
such a service?  
that service is not available ..... 2   
in your area?  
it is too costly or you can't ..... 3   
afford it?  
you applied for financial help ..... 4   
but were not eligible?  
you did not know you could apply ..... 5   
for financial help or where to apply?  
you don't like the service that is ..... 6   
available?  
you feel uncomfortable with the ..... 7   
service because of cultural differences?  
or was there another reason? ..... 8   
*- specify*  
\_\_\_\_\_

47. In the last 12 months, have you, because of your condition or health problem, needed help with tasks such as housework or shopping, which you were unable to get? I'm talking about help from providers other than family or friends.  
yes ..... 1  ➔ GO TO 48  
no ..... 2  ➔ GO TO 49

48. Why couldn't you get that help:  
*Tick all that apply.*  
you didn't know there was ..... 1   
such a service?  
that service is not available ..... 2   
in your area?  
it is too costly or you can't ..... 3   
afford it?  
you applied for financial help ..... 4   
but were not eligible?  
you did not know you could apply ..... 5   
for financial help or where to apply?  
you don't like the service that is ..... 6   
available?  
you feel uncomfortable with the ..... 7   
service because of cultural differences?  
or was there another reason? ..... 8   
*- specify*  
\_\_\_\_\_

49. In the last 12 months, have you had any **home support**, or the money to pay for home support, from a government agency? By home support I mean help with personal care or help with housework etc.  
yes ..... 1   
no ..... 2   
*Government agencies include Ministry of Health services (functions formerly performed by Health Funding Authority), Department of Work and Income New Zealand (WINZ) and ACC.*

50. In the last 12 months, have you had to pay for help with your own personal care, for example bathing or dressing yourself, without getting all the money back from a government agency or medical insurance?  
yes ..... 1   
no ..... 2

51. In the last 12 months, have you had to pay for help with tasks such as housework or shopping, without getting all the money back from a government agency or medical insurance?  
yes ..... 1   
no ..... 2

**52.** In the last 12 months, have you, because of your condition or health problem, needed help with repairs or maintenance to your home or property, which you were not able to get?

yes ..... 1  ➔ **GO TO 53**

no ..... 2  ➔ **GO TO 54**

**57.** In the last 12 months, have you had to pay for respite care or carer support to give (you / your caregiver) a break, without getting all the money back from a government agency or an insurer?

yes ..... 1

no ..... 2

**53.** Why couldn't you get that help:

*Tick all that apply.*

it was too costly or you could not ..... 1   
afford it?

you applied for financial help ..... 2   
and were not eligible?

you did not know you could apply ..... 3   
for financial help or where to apply?

or was there another reason? ..... 4   
- specify

\_\_\_\_\_

\_\_\_\_\_

**58.** In the last 12 months, have you needed help to allow (you / your caregiver) to have a break which you were unable to get?

yes ..... 1  ➔ **GO TO 59**

no ..... 2  ➔ **GO TO C  
on next page**

**54.** *INTERVIEWER*

*If proxy interview is being done with the respondent's caregiver ➔ GO TO 56*

**59.** Why couldn't you get that help:

*Tick all that apply.*

it was too costly or you could not ..... 1   
afford it?

you applied for free respite care ..... 2   
but were not eligible?

you did not know you could apply ..... 3   
for free respite care or where to apply?

no appropriate respite care ..... 4   
service is available in this area?

you don't like the respite care ..... 5   
services that are available?

you feel uncomfortable with the ..... 6   
respite care services because of  
language or other cultural differences?

you had used up your ..... 7   
free respite care and could not  
afford to pay for any more?

or was there another reason? ..... 8   
- specify

\_\_\_\_\_

\_\_\_\_\_

**55.** Do you have someone who helps you or looks after you because of your condition or health problem?

yes ..... 1  ➔ **GO TO 56**

no ..... 2  ➔ **GO TO C  
on next page**

**56.** **Respite care or carer support** is alternative care to give your caregiver a break.

In the last 12 months, have you had any financial help from a government agency to pay for respite care?

yes ..... 1

no ..... 2

*Government agencies include Ministry of Health services (functions formerly performed by Health Funding Authority), Department of Work and Income New Zealand (WINZ) and ACC.*

## Section C - Employment

**1.** The next questions are about employment. I am going to ask you some questions about the last seven days starting with Monday the ..... that is, last week.

**2.** Last week, did you do any work for pay or profit in a job, business or farm?

yes ..... 1  ➔ **GO TO 14**

no ..... 2  ➔ **GO TO 3**

**3.** Last week, did you have a job, business or farm that you were away from because of sickness, holidays or any other reason?

yes ..... 1  ➔ **GO TO 14**

no ..... 2  ➔ **GO TO 4**

**4.** Last week, did you work without pay in a family business or farm?

yes ..... 1  ➔ **GO TO 14**

no ..... 2  ➔ **GO TO 5**

**5.** Do you have a job to start at a definite date in the future?

yes ..... 1  ➔ **GO TO 6**

no ..... 2  ➔ **GO TO 8**

**6.** When will you be starting work in your new job?

*4 weeks or less* ..... 1  ➔ **GO TO 7**

*more than 4 weeks...* 2  ➔ **GO TO 11**

**7.** If that job had been available, could you have started last week?

yes ..... 1  ➔ **GO TO 42 on page 21**

no ..... 2  ➔ **GO TO 51 on page 23**

**8.** In the last 4 weeks have you done any of the following to find work:

*Tick all that apply.*

looked at job advertisements ..... 1   
in newspapers?

written, phoned or applied ..... 2   
in person to an employer?

contacted a private ..... 3   
employment agency?

contacted Work and Income ..... 4   
New Zealand?

placed advertisements about a job? ... 5

contacted friends or relatives ..... 6   
about a job?

taken steps to set up your ..... 7   
own business?

contacted career advisers or ..... 8   
vocational guidance officers?

looked for work in a way that ..... 9   
I haven't mentioned? - *specify*

\_\_\_\_\_

\_\_\_\_\_

*None of these* ..... 10

**9.** **INTERVIEWER**

*If "looked at job ads in newspapers" is the only item ticked in Q8* ➔ **GO TO 52 on page 23**

*If "none of these" is ticked in Q8* ➔ **GO TO 45 on page 22**

*Otherwise* ➔ **GO TO 10**

**10.** If a job had been available, could you have started last week?

yes ..... 1  ➔ **GO TO 42 on page 21**

no ..... 2  ➔ **GO TO 51 on page 23**

- 11.** In the last 4 weeks have you done any of the following to find work:

*Tick all that apply.*

- looked at job advertisements ..... 1   
in newspapers?
- written, phoned or applied ..... 2   
in person to an employer?
- contacted a private ..... 3   
employment agency?
- contacted Work and Income ..... 4   
New Zealand?
- placed advertisements about a job? ... 5
- contacted friends or relatives ..... 6   
about a job?
- taken steps to set up your ..... 7   
own business?
- contacted career advisers or ..... 8   
vocational guidance officers?
- looked for work in a way that ..... 9   
I haven't mentioned? - *specify*
- \_\_\_\_\_
- \_\_\_\_\_
- None of these ..... 10

**12.** **INTERVIEWER**

If "looked at job ads in newspapers" is the only item ticked in Q11 → **GO TO 52 on page 23**

If "none of these" is ticked in Q11 → **GO TO 49 on page 22**

Otherwise → **GO TO 13**

- 13.** If that job had been available, could you have started last week?

yes ..... 1  → **GO TO 42 on page 21**

no ..... 2  → **GO TO 51 on page 23**

## Employed

- 14.** Last week, did you have more than one job? Count any jobs for pay, profit or income and unpaid work in a family business or farm as a job.

yes, more ..... 1  → **GO TO 15**  
*than one job*

no, just one job ..... 2  → **GO TO 17**

- 15.** Has the job that you usually work the most hours in, changed since the 7 days that ended on Sunday 4 March 2001?

yes ..... 1  → **GO TO 19**

no ..... 2  → **GO TO 16**

- 16.** Are you still doing that job for the same employer?

yes ..... 1  → **GO TO 26**

no ..... 2  → **GO TO 19**

- 17.** Has your job changed since the 7 days that ended on Sunday 4 March 2001?

yes ..... 1  → **GO TO 20**

no ..... 2  → **GO TO 18**

- 18.** Are you still doing that job for the same employer?

yes ..... 1  → **GO TO 26**

no ..... 2  → **GO TO 20**

- 19.** Answer the following questions about the job that you usually work the most hours in.

- 20.** In that job last week, what was your occupation?

*For example, primary school teacher, sales clerk, accountant.*

\_\_\_\_\_

\_\_\_\_\_

C

**21.** In that job last week, what tasks or duties did you spend the most time on?

*For example, running motel, book-keeping, answering phones.*

\_\_\_\_\_

\_\_\_\_\_

**22.** What is the full name of the business or employer that you worked for in that job?

\_\_\_\_\_

\_\_\_\_\_

**23.** What is the main activity of that business or employer?

*For example, sheep farming, selling shoes, making clothes.*

\_\_\_\_\_

\_\_\_\_\_

**24.** In that job, did you mostly work at home or work away from home?

worked at home ... 1  ➔ **GO TO 26**

worked away ..... 2  ➔ **GO TO 25**

*from home*

**25.** What is the full address of the place that you mostly worked at?

*Include if possible:*

- name of building
- street number and street name, or name of shopping centre
- suburb or rural locality
- city, town or district

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**26.** In that job, were you:

*Tick one only.*

a paid employee? ..... 1  ➔ **GO TO 27**

self-employed and ..... 2  ➔ **GO TO 30**

not employing others?

an employer of ..... 3  ➔ **GO TO 30**

others in your own business?

working without ..... 4  ➔ **GO TO 30**

pay in a family business or farm?

**27.** In that job, what time period did your most recent pay cover:

*Tick one only.*

one week? ..... 1

two weeks? ..... 2

one calendar month? ..... 3

or another time period? - *specify* ..... 4

\_\_\_\_\_

**INTERVIEWER**

*Encourage R to get a recent pay slip if they have one.*

**28.** How many hours were you paid for in that ..... (specify period stated in Q27) ..... pay period?

hours

**INTERVIEWER CHECK**

*If R says "7 or 8 hours", make sure they don't mean the number of hours they work in a day, i.e. ask for the number of hours in the whole pay period.*

*If R says "0 hours" because they were on sick or annual leave ask the normal number of hours they are paid for.*

**29.** How much were you paid, **before tax**, for that pay period?

\$  ,  .   gross

**30.** Sheltered employment is set up to provide work **specifically** for people with disabilities.  
 Because of your condition or health problem, do you work in a sheltered workshop or in a job that is specifically set up to provide work for people with disabilities?  
 yes ..... 1   
 no ..... 2

**INTERVIEWER** *Read out if necessary*  
 Sheltered employment does not include employment programmes that support a person with a disability working in a job that is open to people without a disability.

**31.** On the last day that you went to work, what was the ONE main way that you travelled to or from your work? By this I mean the one that you used to travel the greatest distance.  
*Do not read out.*  
*Tick one only, but If travel was evenly divided between two, pick two.*

worked at home ..... 1  \*

public bus ..... 2  \*

train ..... 3

drove a private car, truck or van ..... 4

drove a company car, truck or van .... 5

passenger in a car, truck, ..... 6   
 van or company bus

taxi ..... 7

motor bike or power cycle ..... 8

bicycle ..... 9

walked or jogged ..... 10

other (such as ferry or aeroplane) ... 11   
 - specify

\_\_\_\_\_

\_\_\_\_\_

**32.** **INTERVIEWER**  
 Is "you worked at home" or "public bus" (marked with an asterisk\*) ticked in Q31?  
 yes ..... 1  ➔ **GO TO 34**  
 no ..... 2  ➔ **GO TO 33**

**33.** Would you use public buses more often for going to or from work if they were made easier for people with disabilities to use, for example easier to get on and off?  
*This does not mean changes in timetables or routes*  
 yes ..... 1   
 no ..... 2   
 don't know . 99

**34.** Because of your condition or health problem, do you need any of the following to be able to work in your present job:

*Tick all that apply.*

*Follow each "yes" to Q34 with Q35, before going on to the next part of Q34*

- (a) a person to help you, for example ..... 1   
a reader or a sign language interpreter?
- (b) a job coach or personal assistant? ..... 1
- (c) technical equipment and devices such as ..... 1   
a voice synthesiser, telecommunications device  
for the deaf (TTY), computer, fax, scanner?
- (d) communication services such as conversion ..... 1   
of print to braille, to audio tape, to enlarged print?
- (e) changes to your work area, work equipment? ..... 1
- (f) modified duties or different duties? ..... 1
- (g) modified hours or days or reduced work hours? ..... 1
- (h) building modifications, such as handrails or ..... 1   
ramps, easy-to-access work area, toilets or lifts?
- (i) vocational rehabilitation paid for by ACC? ..... 1
- (j) do you need any other technical equipment or ..... 1   
services to be able to work? - *specify*  
\_\_\_\_\_
- (k) *None of these* .....

**35.** Has this been made available to you by the business or employer that you work for?

**Yes**                      **No**

1  ..... 2

1  ..... 2

1  ..... 2

1  ..... 2

1  ..... 2

1  ..... 2

1  ..... 2

1  ..... 2

1  ..... 2

1  ..... 2

**36.** In the last 12 months, have you needed any alterations to the building you worked in or to your work area because of your condition or health problem?

*This question applies to any workplace R has worked at in the last 12 months.*

yes ..... 1  ➔ **GO TO 37**

no ..... 2  ➔ **GO TO D on page 24**

**37.** In the last 12 months, have you had a **loan** from a government agency for alterations to your workplace because of your condition or health problem?

yes ..... 1

no ..... 2

**38.** In the last 12 months, have you had to pay for alterations needed in your workplace because of your condition or health problem, without getting all the money back from a government agency or medical insurance?

yes ..... 1

no ..... 2

**39.** In the last 12 months, have you needed any alterations to your workplace because of your condition or health problem, which you were not able to get done?

yes ..... 1  ➔ **GO TO 40**

no ..... 2  ➔ **GO TO D on page 24**

**40.** Why couldn't you get them done:

*Tick all that apply.*

it was too costly or you ..... 1   
could not afford it?

you applied for financial ..... 2   
help and were not eligible?

you did not know you ..... 3   
could apply for financial  
help or where to apply?

or was there another reason? ..... 4   
*- specify*

\_\_\_\_\_

\_\_\_\_\_

**41.** **INTERVIEWER**  
Now ➔ **GO TO D on page 24**

**Unemployed and actively seeking work**

**42.** How long have you been looking for work? Don't count weeks when you had a job.

weeks

**43.** Because of your condition or health problem, would you need any of the following to be able to work:

*Tick all that apply.*

a person to help you, for example ..... 1   
a reader or a sign language interpreter?

a job coach or personal assistant? ..... 2

technical equipment and devices ..... 3   
such as a voice synthesiser,  
telecommunications device for  
the deaf (TTY), computer, fax, scanner?

communication services such as ..... 4   
conversion of print to braille,  
to audio tape, to enlarged print?

changes to your work area, ..... 5   
or work equipment?

modified hours or days or ..... 6   
reduced work hours?

building modifications, such ..... 7   
as handrails or ramps, easy-  
to-access work area, toilets or lifts?

vocational rehabilitation paid for ..... 8   
by ACC?

would you need any other ..... 9   
technical equipment or services  
to be able to work? - *specify*

\_\_\_\_\_

\_\_\_\_\_

None of these ..... 10

**44.** **INTERVIEWER**  
Now ➔ **GO TO D on page 24**

**Not in the labour force**

**45.** Are you 65 years or older?

yes ..... 1  ➔ **GO TO 46**

no ..... 2  ➔ **GO TO 47**

**46.** Are you retired?

yes ..... 1  ➔ **GO TO D**  
**on page 24**

no ..... 2  ➔ **GO TO 47**

**47.** Does your condition or health problem completely stop you from working at a job or business?

yes ..... 1  ➔ **GO TO D**  
**on page 24**

no ..... 2  ➔ **GO TO 48**

**48.** If a job were available, would you like to be doing some paid work?

yes ..... 1  ➔ **GO TO 49**

no ..... 2  ➔ **GO TO D**  
**on page 24**

**49.** What is the main reason that you haven't been looking for work in the last 4 weeks?

*Do NOT read out.  
Tick one only.*

*waiting for season to start or ..... 1   
to start a definitely arranged job*

*own temporary illness or injury ..... 2*

*attending an educational institution ..... 3*

*ill health of others ..... 4*

*unable to find suitable childcare ..... 5*

*waiting to hear from ..... 6   
employers about job*

*reluctant to lose income support ..... 7   
from a benefit or some other source*

*lack of suitable transport to work ..... 8*

*lack of particular equipment ..... 9   
or forms of help which are  
needed to make work possible*

*unable to find a job with the ..... 10   
hours required*

*other - specify ..... 11*

\_\_\_\_\_

\_\_\_\_\_

**50.** **INTERVIEWER**

**Now ➔ GO TO 52**

**51.** What is the main reason that you could not have started work last week?

*Do NOT read out.*

*Tick one only.*

*own temporary illness or injury ..... 1*

*attending an educational institution ..... 2*

*ill health of others ..... 3*

*unable to find suitable childcare ..... 4*

*reluctant to lose income support ..... 5*   
*from a benefit or some other source*

*lack of suitable transport to work ..... 6*

*lack of particular equipment ..... 7*   
*or forms of help which are needed to make work possible*

*lack of alternative work suitable ..... 8*   
*to abilities*

*other - specify ..... 9*

\_\_\_\_\_

\_\_\_\_\_

**52.** Because of your condition or health problem, would you need any of the following to be able to work:

*Tick all that apply.*

a person to help you, for example ..... 1   
a reader or a sign language interpreter?

a job coach or personal assistant? ..... 2

technical equipment and devices ..... 3   
such as a voice synthesiser,  
telecommunications device for the deaf (TTY), computer, fax, scanner?

communication services such ..... 4   
as conversion of print to braille,  
to audio tape, to enlarged print?

changes to your work area, ..... 5   
or work equipment?

modified hours or days or ..... 6   
reduced work hours?

building modifications, such ..... 7   
as handrails or ramps, easy-  
to-access work area, toilets or lifts?

vocational rehabilitation paid for ..... 8   
by ACC?

would you need any other technical ..... 9   
equipment or services to be able  
to work? - *specify*

\_\_\_\_\_

\_\_\_\_\_

*None of these ..... 10*

---

---

## Section D - Education

---

---

**1.** The next questions are about your education.

Did you have your condition before finishing all of your formal education or training?  
Don't count retraining you have done because of your condition or health problem.

yes ..... 1  ➔ **GO TO 2**

no ..... 2  ➔ **GO TO 5**

**2.** Because of your condition:

- |   | <b>Yes</b>                 | <b>No</b>                       |
|---|----------------------------|---------------------------------|
| (a) was your education ever interrupted for long periods of time? .....                           | 1 <input type="checkbox"/> | .....2 <input type="checkbox"/> |
| (b) was your choice of subjects or courses ever influenced? .....                                 | 1 <input type="checkbox"/> | .....2 <input type="checkbox"/> |
| (c) did you ever change your course or studies? .....   | 1 <input type="checkbox"/> | .....2 <input type="checkbox"/> |
| (d) did you ever take fewer courses or subjects than you .....<br>otherwise would have?           | 1 <input type="checkbox"/> | .....2 <input type="checkbox"/> |
| (e) did you ever take any courses by correspondence or .....<br>home schooling?                   | 1 <input type="checkbox"/> | .....2 <input type="checkbox"/> |
| (f) did you ever go back to school or some other educational .....<br>institution for retraining? | 1 <input type="checkbox"/> | .....2 <input type="checkbox"/> |
| (g) did you begin school later than other children? .....   | 1 <input type="checkbox"/> | .....2 <input type="checkbox"/> |
| (h) did you ever change schools? .....  | 1 <input type="checkbox"/> | .....2 <input type="checkbox"/> |
| (i) did you ever attend a special school or special classes in a .....<br>mainstream school?      | 1 <input type="checkbox"/> | .....2 <input type="checkbox"/> |
| (j) did you ever have to live away from home to go to school? .....                               | 1 <input type="checkbox"/> | .....2 <input type="checkbox"/> |

**3.** Did it take longer to achieve your present level of education because of your condition?

yes ..... 1  ➔ **GO TO 4**

no ..... 2  ➔ **GO TO 5**

**4.** How much longer?

*If R took less than 1 year write 00.*

years

don't know .... 99

5. In the week ending Sunday 4 March 2001, were you enrolled in any type of formal education or training, for example a school, polytech or university?  
Don't count courses done for hobby or interest only, or courses that hadn't started in that week.

yes ..... 1  ➔ **GO TO 6**

no ..... 2  ➔ **GO TO 7**

6. Where were you enrolled?

*Do NOT read out.*

*Tick all that apply.*

*secondary school* ..... 1

*special school* ..... 2

*the Correspondence School* ..... 3

*home schooling* ..... 4

*College of Education* ..... 5

*private training establishment* ..... 6

*polytechnic* ..... 7

*university* ..... 8

*other - specify* ..... 9

\_\_\_\_\_  
\_\_\_\_\_

7. **INTERVIEWER**

*Has R left school?*

yes ..... 1  ➔ **GO TO 8**

no ..... 2  ➔ **GO TO E  
on page 27**

D

8. Since you have left school, have you used any of the following to get career information or career guidance:

*Tick all that apply.*

Workbridge? ..... 1  ➔ GO TO E

the Careers Service? ..... 2  ➔ GO TO E  
*was called Vocational Guidance Service  
and Quest Rapuara.*

personal contacts? ..... 3  ➔ GO TO E

the Career's Adviser at a polytech, ..... 4  ➔ GO TO E  
university or other educational institution?

the Special Education Service? ..... 5  ➔ GO TO E

a Link Co-ordinator, not counting ..... 6  ➔ GO TO E  
the ones in libraries?

or did you get career information ..... 7  ➔ GO TO E  
or guidance from somewhere else?  
*- specify*

\_\_\_\_\_  
\_\_\_\_\_

None of these ..... 8  ➔ GO TO 9

Don't know, can't remember ..... 99  ➔ GO TO E

9. Why didn't you use any of those career information or career guidance services?

*Do NOT read out.*

*Tick all that apply.*

*did not know these services existed* ..... 1

*did not need them / did not think* ..... 2   
*they could offer you anything*

*did not feel confident enough* ..... 3   
*to go along to any of these services*

*did not want to use any of those services* ... 4

*other reason - specify* ..... 5

\_\_\_\_\_  
\_\_\_\_\_

## Section E - Transport

**1.** The next questions are about transport.  
In the last 12 months, have you or your family needed to buy a vehicle because of your condition or health problem?

yes ..... 1  ➔ **GO TO 2**

no ..... 2  ➔ **GO TO 5**

**2.** Were you able to buy it?

yes ..... 1  ➔ **GO TO 3**

no ..... 2  ➔ **GO TO 4**

**3.** Did you get all the money back from a government agency or medical insurance?

yes ..... 1  ➔ **GO TO 5**

no ..... 2  ➔ **GO TO 5**

*Government agencies include Ministry of Health services (functions formerly performed by Health Funding Authority), AccessAble/Enable NZ, Department of Work and Income New Zealand (WINZ) and ACC.*

*Don't count grants from the Lottery Grants Board.*

**4.** Why couldn't you buy it:

*Tick all that apply.*

it was too costly or you ..... 1   
could not afford it?

you applied for financial ..... 2   
help but were not eligible?

you did not know you could apply ..... 3   
for financial help or where to apply?

or was there another reason? ..... 4   
*- specify*

\_\_\_\_\_

\_\_\_\_\_

**5.** Do you drive a private motor vehicle?

yes ..... 1  ➔ **GO TO 7**

no ..... 2  ➔ **GO TO 6**

### **INTERVIEWER**

*A company car the respondent has as part of their salary package is counted as a private motor vehicle.*

**6.** Is there a private motor vehicle in your household that you would drive if it was adapted to your needs?

yes ..... 1  ➔ **GO TO 13**

no ..... 2  ➔ **GO TO 15**

**7.** Because of your condition or health problem, have you **had** any changes done to that private motor vehicle so that you can drive it?

yes ..... 1  ➔ **GO TO 8**

no ..... 2  ➔ **GO TO 9**

**8.** Which of the following changes have you had done:

*Tick all that apply.*

hand controls? ..... 1

hand grips? ..... 2

a hoist or ramp? ..... 3

customised or specialised seating? .... 4

power steering or power windows? ..... 5

space set aside for a wheelchair, ..... 6

walking equipment or other equipment?

or any other changes? - *specify* ..... 7

\_\_\_\_\_

\_\_\_\_\_

**9.** Have there been any changes that you **needed** in the past 12 months to that motor vehicle, but which you haven't had done yet?

yes ..... 1  ➔ **GO TO 10**

no ..... 2  ➔ **GO TO 15**

**10.** What changes are still needed to the car that you drive?  
*Do NOT read out.  
 Tick all that apply.*

hand controls ..... 1

hand grips ..... 2

a hoist or ramp ..... 3

customised or specialised seating ..... 4

power steering or power windows ..... 5

space set aside for a wheelchair, walking equipment or other equipment ..... 6

other changes - specify ..... 7

\_\_\_\_\_

\_\_\_\_\_

**11.** Why haven't you had those changes done:  
*Tick all that apply.*

they were too costly or you could not afford them? ..... 1

you applied for financial help and were not eligible? ..... 2

you did not know you could apply for financial help or where to apply? ..... 3

or was there another reason? ..... 4

- specify

\_\_\_\_\_

\_\_\_\_\_

**12.** **INTERVIEWER**  
 Now ➔ **GO TO 15**

**13.** What changes do you need to that car to be able to drive it?  
*Do NOT read out.  
 Tick all that apply.*

hand controls ..... 1

hand grips ..... 2

a hoist or ramp ..... 3

customised or specialised seating ..... 4

power steering or power windows ..... 5

space set aside for a wheelchair, walking equipment or other equipment ..... 6

other changes - specify ..... 7

\_\_\_\_\_

\_\_\_\_\_

**14.** Why haven't you had those changes done:  
*Tick all that apply.*

they were too costly or you could not afford them? ..... 1

you applied for financial help and were not eligible? ..... 2

you did not know you could apply for financial help or where to apply? ..... 3

or was there another reason? ..... 4

- specify

\_\_\_\_\_

\_\_\_\_\_

**15.** Do you ever travel as a PASSENGER in a private motor vehicle? Don't count taxis.

yes ..... 1  ➔ **GO TO 17**

no ..... 2  ➔ **GO TO 16**

**16.** Is there a private motor vehicle in your household that you would travel in if it was adapted to your needs?

yes ..... 1  ➔ **GO TO 25 on page 30**

no ..... 2  ➔ **GO TO 27 on page 30**

- 17.** Because of your condition or health problem, do you have any difficulty as a PASSENGER in a private motor vehicle?

yes ..... 1

no ..... 2

- 18.** Have you **had** any changes done to any private motor vehicle so that you can travel as a passenger?

yes ..... 1  ➔ **GO TO 20**

no ..... 2  ➔ **GO TO 19**

**19.** **INTERVIEWER**

Is 'No' ticked in both Q17 and Q18?

yes ..... 1  ➔ **GO TO 27**

no ..... 2  ➔ **GO TO 21**

- 20.** Which of the following changes have you had done:

*Tick all that apply.*

hand grips? ..... 1

a hoist or ramp? ..... 2

customised or specialised ..... 3   
seating?

space set aside for a wheelchair, ..... 4   
walking equipment or other equipment?

or other changes? - *specify* ..... 5   
\_\_\_\_\_  
\_\_\_\_\_

- 21.** Because of your condition or health problem, are there any changes that you **need** to the motor vehicle that you travel in as a passenger, but which you haven't had done yet?

yes ..... 1  ➔ **GO TO 22**

no ..... 2  ➔ **GO TO 27**

- 22.** What changes do you need?

*Do NOT read out.*

*Tick all that apply.*

hand grips ..... 1

a hoist or ramp ..... 2

customised or specialised ..... 3   
seating

space set aside for a wheelchair, ..... 4

walking equipment or other equipment

other changes - *specify* ..... 5   
\_\_\_\_\_  
\_\_\_\_\_

- 23.** Why haven't you had these changes done yet:

*Tick all that apply.*

they were too costly or you ..... 1   
could not afford them?

you applied for financial ..... 2   
help and were not eligible?

you did not know you could apply ..... 3   
for financial help or where to apply?

or was there another reason? ..... 4

- *specify*  
\_\_\_\_\_  
\_\_\_\_\_

**24.** **INTERVIEWER**

Now ➔ **GO TO 27**

**25.** What changes do you need to that car to be able to travel in it as a passenger?

*Do NOT read out.  
Tick all that apply.*

hand grips ..... 1

a hoist or ramp ..... 2

customised or specialised seating ..... 3

space set aside for a wheelchair, ..... 4   
walking equipment or other equipment

other changes - specify ..... 5

\_\_\_\_\_

\_\_\_\_\_

**26.** Why haven't you had these changes done:

*Tick all that apply.*

they were too costly or you could not afford them? ..... 1

you applied for financial help and were not eligible? ..... 2

you did not know you could apply for financial help or where to apply? ..... 3

or was there another reason? ..... 4   
- specify

\_\_\_\_\_

\_\_\_\_\_

**27.** **INTERVIEWER**  
*Has R told you that they have had any changes done to any vehicle they use as a driver or passenger?*

yes ..... 1  ➔ **GO TO 28**

no ..... 2  ➔ **GO TO 31**

**28.** Have any of the changes you have told me about been done in the past 12 months?

yes ..... 1  ➔ **GO TO 29**

no ..... 2  ➔ **GO TO 31**

**29.** In the last 12 months, have you had a loan or a grant from a government agency to make modifications to a vehicle?

yes ..... 1

no ..... 2

*Government agencies include Ministry of Health services (functions formerly performed by Health Funding Authority), AccessAble/Enable NZ, Department of Work and Income New Zealand (WINZ) and ACC.*

*Don't count grants from the Lottery Grants Board.*

**30.** In the last 12 months, have you had to pay for modifications without getting all the money back from a government agency or medical insurance?

yes ..... 1

no ..... 2

**31.** **INTERVIEWER**  
*Has R told you that they drive and/or travel as a passenger?*

yes ..... 1  ➔ **GO TO 32**

no ..... 2  ➔ **GO TO 37**

**32.** Because of your condition or health problem, do you need parking close to where you want to go?

yes ..... 1  ➔ **GO TO 33**

no ..... 2  ➔ **GO TO 37**

**33.** When driving or riding as a passenger in the last 6 months, have you had any problems finding a carpark?

yes ..... 1  ➔ **GO TO 34**

no ..... 2  ➔ **GO TO 37**

**34.** Which of the following problems have you had:

*Tick all that apply.*

you have not been able to find ..... 1   
any parking close to where you  
wanted to go?

parking which was close to ..... 2   
where you wanted to go, was in  
places which were too awkward  
for you to use?

other people who have no ..... 3   
disability using the carparks  
meant for people with a disability?

or have you had other problems ..... 4   
with finding parking? - *specify*

\_\_\_\_\_

\_\_\_\_\_

**35.** THERE IS NO 35

**36.** THERE IS NO 36

**37.** The next set of questions are about travelling long distances. By long distances, I mean trips that are **80kms or more**. That is about 50 miles, or one hour travelling on the open road.

In the last 12 months, have you been on a trip that was 80kms or more?

yes ..... 1  ➔ **GO TO 39**

no ..... 2  ➔ **GO TO 38**

**38.** Does your condition or health problem completely stop you from travelling long distances?

yes ..... 1  ➔ **GO TO 48**

no ..... 2  ➔ **GO TO 39**

**39.** Because of your condition or health problem, can you only use special transport for such trips, for example taxis or modified cars?

yes ..... 1

no ..... 2  \*

**40.** Do you need someone to help you on such trips?

yes ..... 1

no ..... 2

**41.** *INTERVIEWER*

*Has R been on a long distance trip in the last 12 months?*

yes ..... 1  ➔ **GO TO 42**

no ..... 2  ➔ **GO TO 46**

**42.** Over the last 12 months, have you travelled 80km or more by:

*Tick all that apply.*

aeroplane? ..... 1

train? ..... 2

bus? ..... 3

*none of these* ..... 4  ➔ **GO TO 46**

**43.** Did you have any difficulties travelling on that/those kinds of transport because of your condition or health problem?

yes ..... 1  ➔ **GO TO 44**

no ..... 2  ➔ **GO TO 45**

**44.** What difficulties did you have?

*Do NOT read out.  
Tick all that apply.*

lack of accessible transport ..... 1   
to and from the station/terminal

moving around the ..... 2   
station/terminal

lack of accessible toilets in the ..... 3   
station/terminal

boarding and getting off the ..... 4   
bus/train/aeroplane

seeing signs and notices ..... 5

hearing announcements ..... 6

lack of accessible toilets ..... 7   
on board

seating on board ..... 8

unsupportive staff ..... 9

transporting wheelchair or ..... 10   
other specialised equipment

other difficulties - specify ..... 11

\_\_\_\_\_

\_\_\_\_\_

**45.** **INTERVIEWER**

Are ALL three kinds of transport (aeroplane, train and bus) ticked in question 42?

yes ..... 1  ➔ **GO TO 48**

no ..... 2  ➔ **GO TO 46**

**46.** Ask this question only about kinds of transport **not** ticked in Q42.

Has your condition or health problem stopped you from travelling long distance on:

aeroplane? ..... 1

train? ..... 2

bus? ..... 3

None of these ..... 4  ➔ **GO TO 48**

**47.** Which of the following difficulties would you have travelling that way (those ways):

*Tick all that apply.*

lack of accessible transport ..... 1   
to and from the station/terminal?

moving around the ..... 2   
station/terminal?

lack of accessible toilets in the ..... 3   
station/terminal?

boarding and getting off the ..... 4   
bus/train/aeroplane?

seeing signs and notices? ..... 5

hearing announcements? ..... 6

lack of accessible toilets ..... 7   
on board?

seating on board? ..... 8

unsupportive staff? ..... 9

transporting wheelchair or ..... 10   
specialised equipment?

or would you have other difficulties? ... 11   
- specify

\_\_\_\_\_

\_\_\_\_\_

**48.** The next set of questions are about the transport that you use to travel short distances.

By short distances, I mean trips which are less than 80 kms. Count trips for shopping, trips to go to an appointment or any other trips **less than 80 kms** (or about 50 miles). Have you travelled short distances at all in the last 12 months?

yes ..... 1  ➔ **GO TO 50**

no ..... 2  ➔ **GO TO 49**

**49.** Does your condition or health problem completely stop you from travelling short distances?

yes ..... 1  ➔ **GO TO F  
on page 36**

no ..... 2  ➔ **GO TO 51**

- 50.** **INTERVIEWER**  
Is "no" (marked with an asterisk\*) ticked in Q39 on page 31?
- yes ..... 1  ➔ **GO TO 52**
- no ..... 2  ➔ **GO TO 51**

- 51.** Because of your condition or health problem, can you only use special transport for short trips, for example taxis or modified cars?
- yes ..... 1
- no ..... 2

- 52.** Do you need someone to help you on short trips?
- yes ..... 1
- no ..... 2

- 53.** Over the last 12 months, how often have you used a taxi to travel short distances?
- Do NOT read out.*  
*Tick one only.*
- not at all ..... 1  ➔ **GO TO 54**
- everyday or ..... 2  ➔ **GO TO 55**  
almost everyday
- once a week or ..... 3  ➔ **GO TO 55**  
more
- once a month or ..... 4  ➔ **GO TO 54**  
more
- less than once a ..... 5  ➔ **GO TO 54**  
month

- 54.** What is the MAIN reason you have not used taxis at all, or not used them more often, over the last 12 months?

*Do NOT read out.*  
*Tick one only.*

- don't need to ..... 1
- too expensive ..... 2
- a taxi van with a hoist is not ..... 3   
always available when you need it
- need to book in advance ..... 4
- other reason - specify ..... 5
- \_\_\_\_\_
- \_\_\_\_\_

- 55.** Have you heard of the Total Mobility Scheme? The Scheme gives people who have a disability, taxi vouchers which entitle them to a discount on their taxi fares.
- yes ..... 1  ➔ **GO TO 56**
- no ..... 2  ➔ **GO TO 57**

- 56.** Have you used Total Mobility taxi vouchers in the last 12 months?
- yes ..... 1
- no ..... 2

- 57.** (Apart from the Total Mobility Scheme) in the last 12 months, have you had any financial help from a government agency with your transport costs because of your condition or health problem?
- yes ..... 1
- no ..... 2
- don't know .. 99

- 58.** In the last 12 months, have you needed any financial help with transport costs because of your condition or health problem, which you were not able to get?
- yes ..... 1  ➔ **GO TO 59**
- no ..... 2  ➔ **GO TO 60**

**59.** Why couldn't you get that:  
*Tick all that apply.*

you applied for financial ..... 1   
 help and were not eligible?

you did not know you could apply ..... 2   
 for financial help or where to apply?

or was there another reason? ..... 3   
 - specify

\_\_\_\_\_

\_\_\_\_\_

**60.** Now thinking about your transport costs in the last 12 months, but **not** the cost of buying or modifying a vehicle.  
 Have there been any transport costs that you have had to pay yourself because of your condition or health problem, without getting all the money back from a government agency or medical insurance?

yes ..... 1

no ..... 2

*Government agencies include Ministry of Health services (functions formerly performed by Health Funding Authority), AccessAble/Enable NZ, Department of Work and Income New Zealand (WINZ) and ACC.*

**61.** In the last 12 months, have you lived in a place that has a bus service?

yes ..... 1  ➔ **GO TO 62**

no ..... 2  ➔ **GO TO 64**

**62.** Over the last 12 months, how often have you used a public bus to travel short distances?  
*Do NOT read out.*  
*Tick one only.*

not at all ..... 1  ➔ **GO TO 63**

everyday or ..... 2  ➔ **GO TO 64**  
 almost everyday

once a week or more . 3  ➔ **GO TO 64**

once a month or ..... 4  ➔ **GO TO 64**  
 more

less than once a ..... 5  ➔ **GO TO 64**  
 month

**63.** Would you use public buses if they were made easier for people with disabilities to use, for example easier to get on and off?  
*This does not mean changes in timetables or route.*

yes ..... 1

no ..... 2

don't know .. 99

**64.** Public transport includes buses, trains, trams and ferries.  
 In the last 12 months, have you used public transport to travel short distances?

yes ..... 1  ➔ **GO TO 65**

no ..... 2  ➔ **GO TO 68**

**65.** Because of your condition or health problem, do you have any difficulty using any of those kinds of public transport to travel short distances?

yes ..... 1  ➔ **GO TO 66**

no ..... 2  ➔ **GO TO F**  
**on page 36**

**66.** In the last 12 months, what difficulties have you had?

*Do NOT read out.  
Tick all that apply.*

difficulty getting to or ..... 1   
finding the stop

waiting at the stop ..... 2

getting on or off ..... 3

hearing announcements ..... 4

identifying the right bus, train, ..... 5   
tram or ferry

not enough space to sit or stand ..... 6

standing in the vehicle while ..... 7   
it is moving

identifying the right stop to get ..... 8   
off the bus, train or tram

getting information about ..... 9   
timetables or routes

staff who are not supportive ..... 10   
or helpful

transporting a wheelchair or ..... 11   
other special equipment

other difficulties - specify ..... 12   
\_\_\_\_\_

\_\_\_\_\_

None of these ..... 13

**69.** What difficulties would you have travelling short distances by public transport:

*Tick all that apply.*

difficulty getting to or ..... 1   
finding the stop?

waiting at the stop? ..... 2

getting on or off? ..... 3

hearing announcements? ..... 4

identifying the right bus, train, ..... 5   
tram or ferry?

not enough space to sit or stand? ..... 6

standing in the vehicle while ..... 7   
it is moving?

identifying the right stop to get ..... 8   
off the bus, train or tram?

getting information about ..... 9   
timetables or routes?

staff who are not supportive ..... 10   
or helpful?

transporting a wheelchair or ..... 11   
other special equipment?

or would you have other difficulties? ... 12   
- specify  
\_\_\_\_\_

\_\_\_\_\_

None of these ..... 13

**67.** **INTERVIEWER ➡ GO TO F  
on next page**

**68.** Is that because you would have difficulty using public transport to travel short distances?

yes ..... 1  ➡ **GO TO 69**

no ..... 2  ➡ **GO TO F  
on next page**

## Section F - Accommodation

**1.** The next questions are about where you live.

Do you get any of the following kinds of financial help towards the costs of your accommodation:

*Tick all that apply.*

Accommodation Supplement? ..... 1

Special Benefits for ..... 2   
accommodation purposes?

Tenure Protection Allowance? ..... 3

Special Needs Grant for ..... 4   
moving costs or bond?

ACC assistance? ..... 5

Ministry of Health services? ..... 6   
(functions formerly performed by  
Health Funding Authority)

Other - *specify* ..... 7

None of these ..... 8

Don't know if get help ..... 99

**2.**

**INTERVIEWER**

*Is Accommodation Supplement ticked in Q1?*

yes ..... 1  ➔ **GO TO 4**

no ..... 2  ➔ **GO TO 3**

**3.**

Had you heard of the Accommodation Supplement?

yes ..... 1

no ..... 2

**4.**

Can you easily get to the following services:

**YesNo**

(a) bus stop or railway ..... 1  ..... 2   
station?

(b) health centre or doctor? ..... 1  ..... 2

(c) pharmacy? ..... 1  ..... 2

(d) dairy, grocery or ..... 1  ..... 2   
supermarket?

(e) bank and/or money ..... 1  ..... 2   
machine?

(f) post office? ..... 1  ..... 2

(g) public park or other ..... 1  ..... 2   
open space?

(h) other recreation or ..... 1  ..... 2   
sports facility, for example,  
a swimming pool?

(i) church, marae, ..... 1  ..... 2   
community centre or  
meeting place?

**5.**

Because of your condition, do you use any special features to **enter or leave** your present home?

yes ..... 1  ➔ **GO TO 6**

no ..... 2  ➔ **GO TO 7**

**6.** Do you now use:  
*Tick all that apply.*

easy-to-get-at driveways, ramps, ..... 1   
 or street level entrances?

easy-to-get-at passenger drop-off ..... 2   
 or pick-up areas?

elevator or lift devices? ..... 3

widened doorways? ..... 4

automatic or easy-to-open doors? ..... 5

hand rails at steps or doorway? ..... 6

lever door handles? ..... 7

or any other special features? ..... 8   
 - *specify*

\_\_\_\_\_

\_\_\_\_\_

**7.** To enter or leave your present home, do you **need** any special features which you do not already have?

yes ..... 1  ➔ **GO TO 8**

no ..... 2  ➔ **GO TO 10**

**8.** Which special features do you need but do not have?  
*Do NOT read out.*  
*Tick all that apply.*

easy-to-get-at driveways, ramps, ..... 1   
 or street level entrances

easy-to-get-at passenger drop-off ..... 2   
 or pick-up areas

elevator or lift devices ..... 3

widened doorways ..... 4

automatic or easy-to-open doors ..... 5

hand rails at steps or doorway ..... 6

lever door handles ..... 7

other - *specify* ..... 8

\_\_\_\_\_

\_\_\_\_\_

**9.** Why don't you have this/these feature(s):  
*Tick all that apply.*

you did not know the feature ..... 1   
 existed?

you do not know where to get it? ..... 2

it is only needed occasionally? ..... 3

your condition is not serious ..... 4   
 enough?

it is too costly or you cannot ..... 5   
 afford it?

you applied for financial help ..... 6   
 but were not eligible?

you did not know you could apply ..... 7   
 for financial help or where to apply?

the landlord is not willing? ..... 8

or another reason? - *specify* ..... 9

\_\_\_\_\_

\_\_\_\_\_

**10.** Because of your condition or health problem, does your home have any special features **inside**?

Count **ONLY** things attached to your house. Don't count portable household equipment or appliances, such as chairs or shower stools.

yes ..... 1  ➔ **GO TO 11**

no ..... 2  ➔ **GO TO 12**

**11.** Do you now use:

*Tick all that apply.*

grab or hand rails? ..... 1

elevator or lift device? ..... 2

widened doorways or hallways? ..... 3

visual or flashing alarms? ..... 4

audio warning devices? ..... 5

automatic or easy-to-open ..... 6   
doors or windows?

lowered benches or sinks? ..... 7

lowered switches or power points? ..... 8

bed or bath lifts? ..... 9

wet area shower? ..... 10

easy-to-get at toilet? ..... 11

lever door handles? ..... 12

emergency call system? ..... 13

or any other special feature? ..... 14   
*- specify*

\_\_\_\_\_

\_\_\_\_\_

*For 'other' count ONLY things attached to R's house.  
Don't count portable household equipment or appliances, such as chairs or shower stools.*

**12.** **INTERVIEWER**

*Does R have any special features inside or outside their home?*

yes ..... 1  ➔ **GO TO 13**

no ..... 2  ➔ **GO TO 16**

**13.** Were any of these special features or changes, either on the inside or outside of your home, introduced in the last 12 months?

yes ..... 1  ➔ **GO TO 14**

no ..... 2  ➔ **GO TO 16**

**14.** Did you get a **loan** or a **grant** from a government agency for these alterations to your home?

yes ..... 1

no ..... 2

*Government agencies include Ministry of Health services (functions formerly performed by Health Funding Authority), AccessAble/Enable NZ, Department of Work and Income New Zealand (WINZ) and ACC.*

*Don't count grants from the Lottery Grants Board.*

**15.** Did you have to pay for these alterations, without getting all the money back from a government agency or medical insurance?

yes ..... 1

no ..... 2

**16.** Inside your home, do you **need** any special features which you do not already have?

Count **ONLY** things attached to your house. Don't count portable household equipment or appliances, such as chairs or shower stools.

yes ..... 1  ➔ **GO TO 17**

no ..... 2  ➔ **GO TO G on page 40**

**17.** Which special features do you need but do not have?

*Do NOT read out.  
Tick all that apply.*

*grab or hand rails* ..... 1

*elevator or lift device* ..... 2

*widened doorways or hallways* ..... 3

*visual or flashing alarms* ..... 4

*audio warning devices*..... 5

*automatic or easy-to-open doors or windows* ..... 6

*lowered benches or sinks* ..... 7

*lowered switches or power points* ..... 8

*bed or bath lifts* ..... 9

*wet area shower*..... 10

*easy-to-get at toilet* ..... 11

*lever door handles*..... 12

*emergency call system* ..... 13

*other - specify*..... 14

\_\_\_\_\_

\_\_\_\_\_

**18.** Why don't you have this/these feature(s):

*Tick all that apply.*

you did not know the feature ..... 1   
existed?

you do not know where to get it? ..... 2

it is only needed occasionally? ..... 3

your condition is not serious ..... 4   
enough?

it is too costly or you cannot ..... 5   
afford it?

you applied for financial help ..... 6   
but were not eligible?

you did not know you could apply ..... 7   
for financial help or where to apply?

the landlord is not willing? ..... 8

or another reason? - *specify* ..... 9

\_\_\_\_\_

\_\_\_\_\_

## Section G - Special Equipment

**1.** The next questions are about your use of special equipment or diet needs because of your condition or health problem.

Do you use, or do you need, any equipment to help you move about, such as a walking stick or wheelchair?

yes ..... 1  ➔ **GO TO 2**

no ..... 2  ➔ **GO TO 6**

**2.** Which equipment do you use now to help you move about?

*Do NOT read out.*  
*Tick all that apply.*

back or leg brace ..... 1

orthopaedic footwear ..... 2

artificial foot or leg ..... 3

walking frame ..... 4

walking stick ..... 5

crutches ..... 6

scooter ..... 7

manual wheelchair ..... 8

motorised wheelchair ..... 9

some other equipment for ..... 10   
*getting about - specify*

\_\_\_\_\_

\_\_\_\_\_

None of these ..... 11

**3.** Are there any kinds of special equipment that you need to help you move about, that you don't have?

yes ..... 1  ➔ **GO TO 4**

no ..... 2  ➔ **GO TO 6**

**4.** Which kinds do you need but don't have?

*Do NOT read out.*  
*Tick all that apply.*

back or leg brace ..... 1

orthopaedic footwear ..... 2

artificial foot or leg ..... 3

walking frame ..... 4

walking stick ..... 5

crutches ..... 6

scooter ..... 7

manual wheelchair ..... 8

motorised wheelchair ..... 9

some other equipment for ..... 10   
*getting about - specify*

\_\_\_\_\_

\_\_\_\_\_

**5.** Why do you not have this equipment:

*Tick all that apply.*

it is only needed occasionally? ..... 1

the equipment is not available? ..... 2

your condition is not serious ..... 3   
enough?

you do not know where to get it? ..... 4

it is too costly or you cannot ..... 5   
afford it?

you applied for financial help ..... 6   
but were not eligible?

you did not know you could apply ..... 7   
for financial help or where to apply?

you have never been assessed? ..... 8

or any other reason? - *specify* ..... 9

\_\_\_\_\_

\_\_\_\_\_

- 6.** Do you use any special equipment to support, replace or help you use your hands or arms?
- yes ..... 1  ➔ **GO TO 7**
- no ..... 2  ➔ **GO TO 11**

- 7.** What equipment do you now use?
- Do NOT read out.*  
*Tick all that apply.*
- artificial hand or arm ..... 1
- arm brace ..... 2
- some other equipment -specify ..... 3
- \_\_\_\_\_
- \_\_\_\_\_

- 8.** Are there any kinds of special equipment to support, replace or help you use your hands or arms, that you need but don't have?
- yes ..... 1  ➔ **GO TO 9**
- no ..... 2  ➔ **GO TO 11**

- 9.** What kind of special equipment is that?
- Do NOT read out.*  
*Tick all that apply.*
- artificial hand or arm ..... 1
- arm brace ..... 2
- some other equipment -specify ..... 3
- \_\_\_\_\_
- \_\_\_\_\_

- 10.** Why don't you have this equipment:
- Tick all that apply.*
- it is only needed occasionally? ..... 1
- the equipment is not available? ..... 2
- your condition is not serious enough? ... 3
- you do not know where to get it? ..... 4
- it is too costly or you cannot ..... 5   
afford it?
- you applied for financial help ..... 6   
but were not eligible?
- you did not know you could apply ..... 7   
for financial help or where to apply?
- you have never been assessed? ..... 8
- or another reason? - specify ..... 9
- \_\_\_\_\_
- \_\_\_\_\_

- 11.** Because of your condition or health problem, do you now use any special equipment OTHER than what you have told me about?
- yes ..... 1  ➔ **GO TO 12**
- no ..... 2  ➔ **GO TO 13**
- Don't record equipment already mentioned in other parts of the questionnaire.*

- 12.** What kind of special equipment do you use?
- Do NOT read out.*  
*Tick all that apply.*
- shower stools ..... 1
- raised toilet seats ..... 2
- commode chairs ..... 3
- specialised cushions ..... 4
- respirator ..... 5
- ventilator ..... 6
- other - specify ..... 7
- \_\_\_\_\_

G

13. Is there any special equipment OTHER than what we have talked about, which you need but do not have?

yes ..... 1  ➔ GO TO 14

no ..... 2  ➔ GO TO 16

14. What kind of equipment do you need but do not have?

Do NOT read out.

Tick all that apply.

shower stools ..... 1

raised toilet seats ..... 2

commode chairs ..... 3

specialised cushions ..... 4

respirator ..... 5

ventilator ..... 6

other - specify ..... 7

\_\_\_\_\_  
\_\_\_\_\_

15. Why don't you have this equipment:

Tick all that apply.

it is only needed occasionally? ..... 1

the equipment is not available? ..... 2

your condition is not serious enough? ... 3

you do not know where to get it? ..... 4

it is too costly or you cannot ..... 5   
afford it?

you applied for financial help ..... 6   
but were not eligible?

you did not know you could apply ..... 7   
for financial help or where to apply?

you have never been assessed? ..... 8

or another reason? - specify ..... 9

\_\_\_\_\_  
\_\_\_\_\_

16. If you know that R has used special equipment tick "yes" and don't ask the question, otherwise ask:

I just need to check, in the last 12 months, have you used any special equipment because of your condition or health problem?

yes ..... 1  ➔ GO TO 17

no ..... 2  ➔ GO TO 20

Include equipment:

- for seeing, hearing, speaking (asked in the Screening Questionnaire)

- for moving around and using arms and hands

- other equipment from Q11.

17. In the last 12 months, have you had any of this kind of equipment loaned or provided free by a government agency?

yes ..... 1

no ..... 2

Government agencies include Ministry of Health services (functions formerly performed by Health Funding Authority), AccessAble/Enable NZ, Department of Work and Income New Zealand (WINZ) and ACC.

18. In the last 12 months, have you had any financial help from a government agency to lease or buy equipment related to your condition or health problem?

yes ..... 1

no ..... 2

19. In the last 12 months, have you had to pay to lease or buy special equipment needed for your condition or health problem, without getting all the money back from a government agency or medical insurance?

yes ..... 1

no ..... 2

20. In the last 12 months, have you needed disposable items for your condition or health problem?

yes ..... 1  ➔ GO TO 21

no ..... 2  ➔ GO TO 26

INTERVIEWER : Disposable items include things such as batteries, needles, incontinence pads, colostomy bags and catheters.

**21.** In the last 12 months, have you been given any free supplies of disposable items needed for your condition or health problem?

yes ..... 1

no ..... 2

**22.** In the last 12 months, have you had any financial help from a government agency to buy disposable items needed because of your condition or health problem?

yes ..... 1

no ..... 2

*Government agencies include Ministry of Health services (functions formerly performed by Health Funding Authority), AccessAble/Enable NZ, Department of Work and Income New Zealand (WINZ) and ACC.*

**23.** In the last 12 months, have you had to pay to buy disposable items needed for your condition or health problem, without getting all the money back from a government agency or medical insurance?

yes ..... 1

no ..... 2

**24.** Are there any disposable items that you need but do not have?

yes ..... 1  ➔ **GO TO 25**

no ..... 2  ➔ **GO TO 26**

**25.** Why don't you have this item (these items):

*Tick all that apply.*

it is only needed occasionally? ..... 1

they are not available? ..... 2

your condition is not serious ..... 3   
enough?

you do not know where to get them? . 4

they are too costly or you cannot ..... 5   
afford them?

you applied for financial help ..... 6   
but were not eligible?

you did not know you could apply ..... 7   
for financial help or where to apply?

you have never been assessed? ..... 8

or another reason? - *specify* ..... 9

\_\_\_\_\_

\_\_\_\_\_

**26.** In the last 12 months, have you needed anything special in your diet because of your condition or health problem?

yes ..... 1  ➔ **GO TO 27**

no ..... 2  ➔ **GO TO H  
on page 45**

**27.** In the last 12 months, have you had any financial help from a government agency to buy anything special you needed in your diet?

yes ..... 1

no ..... 2

*Government agencies include Ministry of Health services (functions formerly performed by Health Funding Authority), AccessAble/Enable NZ, Department of Work and Income New Zealand (WINZ) and ACC.*

G

**28.** In the last 12 months, have you had to pay for special dietary needs, without getting all the money back from a government agency or medical insurance?

yes ..... 1

no ..... 2

**29.** In the last 12 months, have you needed anything special in your diet which you were not able to get?

yes ..... 1  ➔ **GO TO 30**

no ..... 2  ➔ **GO TO H  
on next page**

**30.** Why couldn't you get it:

*Tick all that apply.*

it was too costly or you could not ..... 1   
afford it?

you applied for financial help ..... 2   
and were not eligible?

you did not know you could apply ..... 3   
for financial help or where to apply?

or was there another reason? ..... 4

- *specify*

---

---

---

---

## Section H - Economic Characteristics

---

---

- 1.** The last questions are about government financial help that you may get because of your condition or health problem. In the last 12 months have you, or someone on your behalf, had any of the following types of income:

*Tick all that apply.*

*"You" includes financial help paid to the R's caregiver on the R's behalf.*

- |  |   |                          |   |                |
|--|---|--------------------------|---|----------------|
| Community wage - sickness benefit? ..... | 1 | <input type="checkbox"/> | ➔ | <b>GO TO 3</b> |
| Invalids Benefit? .....                  | 2 | <input type="checkbox"/> | ➔ | <b>GO TO 3</b> |
| Disability Allowance? .....              | 3 | <input type="checkbox"/> | ➔ | <b>GO TO 3</b> |
| Child Disability Allowance? .....        | 4 | <input type="checkbox"/> | ➔ | <b>GO TO 3</b> |
| War Disablement Pension? .....           | 5 | <input type="checkbox"/> | ➔ | <b>GO TO 3</b> |
| Special Needs Grant? .....               | 6 | <input type="checkbox"/> | ➔ | <b>GO TO 2</b> |
| None of these .....                      | 7 | <input type="checkbox"/> | ➔ | <b>GO TO 3</b> |

- 2.** Was that Special Needs Grant for equipment that you needed because of your condition or health problem, for example a special chair or blood glucose meter?

- |           |   |                          |
|-----------|---|--------------------------|
| yes ..... | 1 | <input type="checkbox"/> |
| no .....  | 2 | <input type="checkbox"/> |

- 3.** There are three cards available from the government for people using health care - the Pharmaceutical Subsidy Card, High Use Health Card and the Community Services Card.

Which of these cards have you held in the last 12 months?

*Tick all that apply*

- |                                   |   |                          |
|-----------------------------------|---|--------------------------|
| None of these .....               | 1 | <input type="checkbox"/> |
| Pharmaceutical Subsidy Card ..... | 2 | <input type="checkbox"/> |
| High Use Health Card .....        | 3 | <input type="checkbox"/> |
| Community Services Card .....     | 4 | <input type="checkbox"/> |

**End** That's all the questions. Thank you very much for taking part in this survey. I'd like to assure you that the information you have given will be kept confidential.

