
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 belongs to:

Tick all that apply.

- | | | |
|---|---|--------------------------|
| New Zealand European? | 1 | <input type="checkbox"/> |
| Māori? | 2 | <input type="checkbox"/> |
| Samoa? | 3 | <input type="checkbox"/> |
| Cook Island Maori? | 4 | <input type="checkbox"/> |
| Tongan? | 5 | <input type="checkbox"/> |
| Niuean? | 6 | <input type="checkbox"/> |
| Chinese? | 7 | <input type="checkbox"/> |
| Indian? | 8 | <input type="checkbox"/> |
| Other, such as Dutch, Japanese, Tokelauan - <i>specify?</i> | 9 | <input type="checkbox"/> |

2. The next questions are about’s use of health services and help she/he may get managing everyday activities.
 In the 12 months ending today, which of these has 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 has 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b)	a nurse, without also seeing a doctor 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c)	chemist or pharmacist, for health advice or getting medication only 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d)	dentist or dental nurse 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e)	physiotherapist 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f)	occupational therapist 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g)	speech therapist 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h)	medical specialist, the special kind of doctor that an ordinary doctor needs to refer you to 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i)	counsellor, social worker or psychologist 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(j)	optician or optometrist 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(k)	chiropractor 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(l)	podiatrist or chiropodist 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(m)	alternative therapist such as homeopath, naturopath, iridologist 13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(n)	traditional healer such as tohunga, rongoa Māori specialist or fofo 14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(o)	Māori health worker, Pacific Island health worker 15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(p)	any other health professional, therapist or healer				
	- specify _____ 16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(q)	- specify _____ 17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(r)	- specify _____ 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(s)	None of these 19	<input type="checkbox"/>			

B

4.

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

yes 1 **GO TO 5**

no 2 **GO TO 6**

5.

Which health professional has needed but been unable to see?

Do NOT read out.

Tick all that apply.

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/chiropractist 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

other health professional, therapist or healer

- specify 16

- specify 17

- specify 18

6. In the last 12 months, has taken medication or drugs - either prescribed for her/him or not?
An asthma inhaler is counted as medication.

yes 1 ➔ **GO TO 7**
 no 2 ➔ **GO TO 11**

7. Does 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

8. Does take any non-prescription drugs. Include aspirin and herbal remedies but don't include vitamins:
Tick all that apply.

daily? 1
 once a week or more? 2
 less than once a week? 3
 as needed? 4
 None 5

9. In the last 12 months, have you had the Disability Allowance or a Special Needs Grant to pay for medication for because of her/his condition or health problem?

yes 1
 no 2

10. In the last 12 months, have you had to pay for medication needed for’s 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.

11. In the last 12 months, has needed medication which you were not able to get for her/him?

yes 1 ➔ **GO TO 12**
 no 2 ➔ **GO TO 13**

12. 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

13. In the last 12 months, has needed anything special in her/his diet because of her/his condition or health problem?

yes 1 ➔ **GO TO 14**
 no 2 ➔ **GO TO 18**

14. In the last 12 months, has she/he needed anything special in her/his diet which you were not able to get?

yes 1 ➔ **GO TO 15**
 no 2 ➔ **GO TO 16**

15. Why couldn't you get it:
Tick all that apply.

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

you applied for financial help 2
 and were not eligible?

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

or was there another reason? 4
 - specify

B

16. In the last 12 months, have you had any financial help from a government agency to pay for any special dietary needs that may have because of her/his condition or health problem?

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.

17. In the last 12 months, have you had to pay for special dietary needs related to’s condition or health problem, without getting all the money back from a government agency or medical insurance?

yes 1

no 2

18. In the last 12 months, has needed any disposable items, such as hearing aid batteries, needles etc., because of her/his condition?

yes 1 ➔ **GO TO 19**

no 2 ➔ **GO TO 23**

19. In the last 12 months, has she/he needed any disposable items like that, which you were not able to get?

yes 1 ➔ **GO TO 20**

no 2 ➔ **GO TO 21**

20. Why couldn’t you get it:

Tick all that apply.

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

you applied for financial help 2
and were not eligible?

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

or was there another reason? 4
- specify

21. In the last 12 months, have you had any financial help from a government agency to pay for any disposable items that may have needed, because of her/his condition or health problem?

yes 1

no 2

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

yes 1

no 2

23. In the last 12 months, have you needed help with’s personal care or with household work, because of her/his condition?

yes 1 ➔ **GO TO 24**

no 2 ➔ **GO TO 31**

24. In the last 12 months, have you needed help with her/his personal care, which you were not able to get?

yes 1 ➔ **GO TO 25**

no 2 ➔ **GO TO 26**

25. Why couldn’t you get it:

Tick all that apply.

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

you applied for financial help 2
and were not eligible?

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

or was there another reason? 4
- specify

26. Because of’s condition, have you needed help with your household tasks, for example with housework or shopping, in the last 12 months, which you were not able to get?

yes 1 ➔ **GO TO 27**

no 2 ➔ **GO TO 28**

27. Why couldn’t you get it:

Tick all that apply.

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

you applied for financial help 2
and were not eligible?

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

or was there another reason? 4
- specify

28. 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’s 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.

29. In the last 12 months, have you had to pay for help with’s personal care, because of her/his condition or health problem, without getting all the money back from a government agency or medical insurance?

yes 1

no 2

30. In the last 12 months, have you had to pay for help with household tasks such as housework or shopping, which you needed because of’s condition or health problem, without getting all the money back from a government agency or medical insurance?

yes 1

no 2

31. In the last 12 months, have you, because of’s 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 32**

no 2 ➔ **GO TO 33**

32. Why couldn’t you get it:

Tick all that apply.

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

you applied for financial help 2
and were not eligible?

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

or was there another reason? 4
- specify

33. Respite care or carer support is alternative care to give caregivers a break. In the last 12 months, have you needed **respite care** or carer support so that you /’s caregiver could have a break?

yes 1 ➔ **GO TO 34**

no 2 ➔ **GO TO 37**

34. In the last 12 months, have you needed **respite care** or carer support which you were unable to get?

yes 1 ➔ **GO TO 35**

no 2 ➔ **GO TO 36**

B

35. Why couldn't you get it:

Tick all that apply.

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

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

you did not know you could 3
apply 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 free 7
respite care and could not afford
to pay for any more?

or was there another reason? 8
- specify

36. Thinking about any respite care or carer support you have had in the last 12 months,

(a) have you had any free respite care?

yes 1
no 2

(b) has a government agency, hospital or Ministry of Health service helped to pay for any?

yes 1
no 2

(c) have you had to pay for any, without getting all the money back from a government agency or medical insurance?

yes 1
no 2

37. In the last 12 months, has ... needed any special equipment, for example a special chair or blood glucose meter, because of her/his condition or health problem?

yes 1 ➡ **GO TO 38**
no 2 ➡ **GO TO 43**

38. In the last 12 months, has she/he needed any special equipment like that, which you were not able to get?

yes 1 ➡ **GO TO 39**
no 2 ➡ **GO TO 40**

39. Why couldn't you get it:

Tick all that apply.

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

you applied for financial help 2
and were not eligible?

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

or was there another reason? 4
- specify

40. In the last 12 months, have you had a **Special Needs Grant** to pay for any disability related equipment?

yes 1
no 2

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

yes 1
no 2

42. In the last 12 months, have you had to pay for that sort of special equipment without getting all the money back from a government agency or medical insurance?

yes 1
no 2

43. In the last 12 months, have you had to pay for anything we haven't already talked about, because of 's condition or health problem?

yes 1 ➡ **GO TO 44**
no 2 ➡ **GO TO 45**

44. What other things have you paid for?
Do NOT read out.
Tick all that apply.

physiotherapy, speech therapy 1

other therapy

psychologist, counselling 2

sport or recreation activities 3

special clothing 4

other - specify 5

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

yes 1 ➔ **GO TO 46**

no 2 ➔ **GO TO 47**

don't know 99 ➔ **GO TO 47**

46. Did have that assessment:

less than 1 ➔ **GO TO C on next page**
 6 months ago?

less than 2 ➔ **GO TO C on next page**
 12 months ago?

less than 3 ➔ **GO TO 47**
 2 years ago?

2 or more 4 ➔ **GO TO 47**
 years ago?

47. Is booked in to have a (another) needs assessment?

yes 1 ➔ **GO TO C on next page**

no 2 ➔ **GO TO 48**

48. Do you intend to have (another) one done for her/him?

yes 1

no 2

49. Why hasn't had a needs assessment recently?

Do NOT read out.
Tick all that apply.

did not know about it 1

condition isn't serious enough 2

needs haven't changed since 3
 last assessment

not yet available to child 4

were offered one but refused it 5

another reason - specify 6

Section C - Education

1. Can you remind me if has had their 5th birthday or is still under 5?

under 5 years 1 ➔ **GO TO 2**

5 years or older 2 ➔ **GO TO 6**

2. The next questions are about education.

In the week ending Sunday 4 March 2001, was enrolled in or getting early childhood education through any of the following:

Tick all that apply.

the Early Childhood 1
Correspondence School?

a kindergarten? 2

a playcentre? 3

a childcare centre or creche? 4

a playgroup? 5

Te Kohanga Reo? 6

a Pacific Island Language Group? 7

or another type of Early Childhood ... 8
Service? - *specify*

None of these 9

3. Has a professional assessment ever been done to determine’s developmental or educational needs?

yes 1 ➔ **GO TO 4**

no 2 ➔ **GO TO 20 on page 13**

4. Who were the professionals who did this assessment:

Tick all that apply.

a special education adviser or 1
an educational psychologist?

a clinical psychologist or 2
a paediatrician?

a special education teacher or 3
an early intervention teacher?

a teacher? 4

a physiotherapist or 5
an occupational therapist?

a speech and language therapist? 6

or someone else? - *specify* 7

5. **INTERVIEWER**

Now ➔ **GO TO 20 on page 13**

6. The next questions are about education.

In the week ending Sunday 4 March, was enrolled in any of the following:

Tick all that apply.

a primary or 1
intermediate school?

an area or 2
composite school?
combined primary & secondary school

kura kaupapa Māori? 3

a secondary school? 4

a special school? 5 ➔ **GO TO 10**

home schooling? 6

the Correspondence 7
School?

another type 8
of education? - *specify*

7. Has ever attended a special school?
- yes 1
- no 2

8. **INTERVIEWER**
- Is Correspondence School and/or home schooling the only option(s) ticked in Q.6?*
- yes 1 ➔ **GO TO 13**
- no 2 ➔ **GO TO 9**

9. Last week, was attending:
- Tick one only.*
- only mainstream classes? 1
- only a special unit? 2
- or a mixture of both? 3

10. Last week, could only use special transport, or did need help getting to school because of her/his condition or health problem?
- yes 1
- no 2

11. Last week, what was the ONE main way that travelled to and from school? By this I mean the one that used to travel the greatest distance.
- Do NOT read out. Tick one only.*
- none, studied at home 1
- private motor vehicle 2
- regular school bus 3
- public bus or train 4
- subsidised special transport 5
service or taxi
- unsubsidised taxi 6
- bicycle 7
- walked to school 8
- another way - specify 9
- _____

12. At the school that was enrolled at last week, did her/his condition or health problem limit her/him in any of the following:
- | | Yes | No |
|---|-----|----|
| (a) taking part in sports 1 <input type="checkbox"/> 2 <input type="checkbox"/>
or games? | | |
| (b) playing? 1 <input type="checkbox"/> 2 <input type="checkbox"/> | | |
| (c) making friends? 1 <input type="checkbox"/> 2 <input type="checkbox"/> | | |
| (d) going on school outings 1 <input type="checkbox"/> 2 <input type="checkbox"/>
or camps? | | |
| (e) or did’s condition 1 <input type="checkbox"/> 2 <input type="checkbox"/>
limit her/his participation
in any other way at school?
- specify | | |
- _____
- _____

13. Since has been old enough to go to school, have you always been able to enrol her/him in the school of your choice?
- yes 1 ➔ **GO TO 15**
- no 2 ➔ **GO TO 14**
- If respondent says there was “no choice” ask:*
- Would you have preferred to go to some other school?
- If the answer to this is “yes” then tick “no” and go to 14.*

14. Tell me about the last time that you were unable to enrol in the school of your choice. What was the main reason for that?
- Do NOT read out.
Tick one only.*
- school was unwelcoming 1
- school had an enrolment scheme 2
implemented because of overcrowding
- physical access was poor 3
- special services/equipment needed 4
for were not available
- other reason - specify 5
- _____
- _____

C

15. Because of’s condition:

	Yes	No
(a) did she/he begin school later than other children?..... 2	1 <input type="checkbox"/>	<input type="checkbox"/>
(b) was her/his education ever interrupted for long periods of time?..... 2	1 <input type="checkbox"/>	<input type="checkbox"/>
(c) did she/he ever change schools?..... 2	1 <input type="checkbox"/>	<input type="checkbox"/>
(d) did she/he ever change the subjects or courses she/he studied?..... 2	1 <input type="checkbox"/>	<input type="checkbox"/>
(e) did she/he ever take fewer courses or subjects at school than she/he (f) otherwise would have?..... 2	1 <input type="checkbox"/>	<input type="checkbox"/>

16. The following questions are about equipment or services might need, because of her/his condition or health problem, to help with her/his education:

did she/he ever take any courses by correspondence or home schooling?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
did she/he ever have to live away from home to go to school?.....	1 <input type="checkbox"/>	<input type="checkbox"/>

Follow each “yes” to Q.16 with Q.17 before going on to the next part of Q.16.

17. Was this made available to by the place that she/he was studying at last week?

If child is home-schooling, ask if she/he has these at home.

	Yes	Yes
(a) does need people to take notes, write or read for her/him because of her/his condition?.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
(b) does need an itinerant teacher especially because of her/his condition?.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
(c) does need a teacher aide especially because of her/his condition?.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
(d) does need computer access especially because of her/his condition?.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
(e) does need magnifiers because of her/his condition?.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
(f) does need talking books because of her/his condition?.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
(g) does need sign language interpreters because of her/his condition?.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
(h) does need F.M. systems because of her/his condition?.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
(i) does need any other equipment or service because of her/his condition? - specify	1 <input type="checkbox"/>	1 <input type="checkbox"/>
<hr/>		
(j) none of these	<input type="checkbox"/>	

- 18.** Has a professional assessment ever been done to determine's developmental or educational needs?

If the child has an IEP (Individual Education Programme) or IDP (Individual Development Programme) tick 'Yes'.

yes 1 ➡ **GO TO 19**

no 2 ➡ **GO TO 20**

- 19.** Who were the professionals who did this assessment:

Tick all that apply.

Don't record family members.

a special education adviser or an educational psychologist? 1

a clinical psychologist or a paediatrician? 2

a special education teacher or an early intervention teacher? 3

a teacher? 4

a physiotherapist or an occupational therapist? 5

a speech and language therapist? 6

or someone else? - *specify* 7

- 20.** **INTERVIEWER**

Is the child aged 2 years or older?

yes 1 ➡ **GO TO D on next page**

no 2 ➡ **GO TO F on page 23**

Section D - Transport

1. The next questions are about transport.
Does ever travel as a PASSENGER in a private motor vehicle? Don't count taxis.

yes 1 ➔ **GO TO 3**
no 2 ➔ **GO TO 2**

2. Is there a private motor vehicle in your household that would travel in if it was modified to meet her/his needs?

yes 1 ➔ **GO TO 13**
no 2 ➔ **GO TO 15**

3. Because of’s condition or health problem, does she/he have any difficulty as a PASSENGER in a private motor vehicle?

yes 1
no 2

4. Because of’s condition or health problem, have there been any modifications made to any private motor vehicle so that she/he can travel as a passenger?

yes 1 ➔ **GO TO 5**
no 2 ➔ **GO TO 9**

5. What modifications have been made:
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 aids, or other equipment?
or have you had other changes? 5
- specify

6. Have any of the modifications you have told me about been done in the past 12 months?

yes 1 ➔ **GO TO 7**
no 2 ➔ **GO TO 9**

7. In the last 12 months, have you had a loan or 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), Department of Work and Income New Zealand (WINZ), ACC and AccessAble/Enable NZ.
Don't count grants from the Lottery Grants Board.*

8. 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

9. Because of’s condition, have you needed to have modifications made to a vehicle in the last 12 months, but been unable to?

yes 1 ➔ **GO TO 10**
no 2 ➔ **GO TO 15**

10. What modifications were needed?
*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 aids, or other equipment
other changes - specify 5

11. Why couldn't you get the modifications made:
Tick all that apply.

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

you applied for financial help 2
 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

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

13. What modifications does 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 aids, or other equipment

other changes - specify 5

14. Why haven't those modifications been done:
Tick all that apply.

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

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

15. Because of 's condition, have you needed to buy a vehicle, in the last 12 months?

yes 1 ➔ **GO TO 16**

no 2 ➔ **GO TO 20**

16. Were you able to buy it?

yes 1 ➔ **GO TO 19**

no 2 ➔ **GO TO 17**

17. Why couldn't you buy it:
Tick all that apply.

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

you applied for financial help 2
 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

18. **INTERVIEWER**
 Now ➔ **GO TO 20**

19. When you bought that vehicle, did you get 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), ACC and AccessAble/Enable NZ.
 Don't count grants from the Lottery Grants Board.*

20. **INTERVIEWER**
*Does ... travel as a passenger in a private car?
 Refer to Q1 on previous page.*

yes 1 ➔ **GO TO 21**

no 2 ➔ **GO TO 26**

D

21. When driving or travelling with as a passenger, do you need to park close to where you are going?
yes 1 ➡ **GO TO 22**
no 2 ➡ **GO TO 25**

22. In the last 6 months, when driving or travelling with as a passenger, have there been any problems with finding a car park?
yes 1 ➡ **GO TO 23**
no 2 ➡ **GO TO 25**

23. Which of the following problems have you had:
Tick all that apply.

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

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

other people who have no disability 3
using the car parks meant for people with a disability?

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

24. *THERE IS NO 24*

25. Now some questions about long-distance travel. By long-distance travel, I mean trips of **80 kms or more**. That is about 50 miles, or one hour travelling on the open road.
In the last 12 months, has ... been on a trip that was 80kms or more?
yes 1 ➡ **GO TO 27**
no 2 ➡ **GO TO 26**

26. Does's condition or health problem completely stop her/him from traveling long distances?
yes 1 ➡ **GO TO 28**
no 2 ➡ **GO TO 27**

27. Because of's condition or health problem would she/he have any difficulty travelling long distances:

(a) by aeroplane?
yes 1
no 2
don't know.. 99

(b) by bus?
yes 1
no 2
don't know.. 99

(c) by train?
yes 1
no 2
don't know.. 99

(d) by ferry?
yes 1
no 2
don't know.. 99

(e) by car or van?
yes 1
no 2
don't know.. 99

- 28.** And now some questions about the transport that uses to travel short distances - either on her/his own or with someone else. By short distances, I mean trips which are **less than 80 kms** (or 50 miles). This includes trips to the doctor, to school, to the movies, to friends etc.

Has travelled short distances at all in the last 12 months?

yes 1 ➔ **GO TO 30**

no 2 ➔ **GO TO 29**

- 29.** Does’s condition or health problem completely stop her/him from travelling short distances less than 80 kms?

yes 1 ➔ **GO TO E on page 20**

no 2 ➔ **GO TO 30**

- 30.** Because of’s condition or health problem, does she/he need someone to help her/him on short trips?

yes 1

no 2

- 31.** Because of’s condition or health problem, can she/he only use special transport for short trips, for example taxis or modified cars?

yes 1 ➔ **GO TO 41**

no 2

- 32.** Public transport includes buses, trains, trams and ferries.

In the last 12 months, has used public transport to travel short distances?

yes 1 ➔ **GO TO 33**

no 2 ➔ **GO TO 36**

- 33.** Because of’s condition or health problem, does she/he have any difficulty using any of those to travel short distances?

yes 1 ➔ **GO TO 34**

no 2 ➔ **GO TO 38**

- 34.** In the last 12 months, what difficulties has had when travelling short distances by public transport?

Do NOT read out.

Tick all that apply.

difficulty getting to or finding the stop.. 1

waiting at the stop 2

getting on or off 3

hearing announcements 4

identifying the right bus, train, tram or ferry 5

not enough space to sit or stand 6

standing in the vehicle while it is moving 7

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

staff who are not supportive or..... helpful 9

transporting wheelchair or other special equipment 10

other difficulties - specify 11

- 35.** **INTERVIEWER**

Now ➔ **GO TO 38**

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

yes 1 ➔ **GO TO 37**

no 2 ➔ **GO TO 41**

D

37. Which of these difficulties would have:
Tick all that apply.

difficulty getting to or finding the stop? 1

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 it is 7
 moving?

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

staff who are not supportive or 9
 helpful?

transporting wheelchair or other 10
 special equipment?

or would have other difficulties?.. 11
 - specify

38. Over the last 12 months, how often has used a public bus to travel short distances: not at all, everyday or almost everyday, once a week or more, once a month, or less than once a month?
Tick one only.

not at all..... 1 ➔ **GO TO 39**

everyday or 2 ➔ **GO TO 41**
 almost everyday

once a week 3 ➔ **GO TO 41**
 or more

once a month 4 ➔ **GO TO 41**
 or more

less than once 5 ➔ **GO TO 41**
 a month

39. Is there a bus service in your area?

yes 1 ➔ **GO TO 40**

no 2 ➔ **GO TO 41**

40. Would use 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 to timetables or routes.

yes 1

no 2

don't know 99

41. Over the last 12 months, how often has used a taxi to travel short distances: not at all, everyday or almost everyday, once a week or more, once a month, or less than once a month?
Tick one only.

not at all..... 1 ➔ **GO TO 42**

everyday or 2 ➔ **GO TO 43**
 almost everyday

once a week 3 ➔ **GO TO 43**
 or more

once a month 4 ➔ **GO TO 42**
 or more

less than once 5 ➔ **GO TO 42**
 a month

42. What is the MAIN reason has not used taxis at all over the last 12 months, or hasn't used them more often?
Do NOT read out. Tick one only.

because she/he doesn't need to 1

they are too expensive 2

a taxi van with a hoist is not 3
 always available when you need it

because you need to book in 4
 advance

other reason - specify 5

43. 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 44**

no 2 ➔ **GO TO 45**

44. Has used Total Mobility taxi vouchers in the last 12 months?

yes 1

no 2

45. (Apart from the Total Mobility Scheme) In the last 12 months have you had any financial help from a government agency with transport costs because of’s condition or health problem?

yes 1

no 2

don't know 99

*Government agencies include Ministry of Health services (functions formerly performed by Health Funding Authority), Department of Work and Income New Zealand (WINZ), ACC and AccessAble/Enable NZ.
Don't count special transport provided by the Ministry of Education.*

46. In the last 12 months, have you needed any financial help with transport costs because of’s condition or health problem, which you were not able to get?

yes 1 ➔ **GO TO 47**

no 2 ➔ **GO TO 48**

47. Why couldn't you get that:

Tick all that apply.

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

you did not know you could apply2
for financial help or where to apply?

or was there another reason? 3
- specify

48. In the last 12 months, have you had transport costs because of’s condition or health problem that you have had to pay yourself without getting all the money back from a government agency or medical insurance? Don't count the cost of buying or modifying a vehicle.

yes 1

no 2

Section E - Accommodation

1. The next questions are about where lives.

Because of her/his condition, does use any special features to enter or leave her/his present home?

yes 1 ➡ **GO TO 2**

no 2 ➡ **GO TO 3**

2. Which special features does she/he use:

Tick all that apply.

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

easy-to-get-at passenger 2
drop-off 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 another special feature? 8
- specify

3. Does **need** any special features to enter or leave her/his present home, which the home does not already have?

yes 1 ➡ **GO TO 4**

no 2 ➡ **GO TO 6**

4. Which special features does need but not have?

Do NOT read list.

Tick all that apply.

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

easy-to-get-at passenger 2
drop-off 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

5. Why doesn't the home have this/these features for :

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

.....'s condition is not serious 4
enough?

it is too costly or you cannot 5
afford it?

you applied for financial help but 6
were not eligible?

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

the landlord is not willing? 8

another reason? - specify 9

6. Because of her/his condition, does's home have any special features inside?
Count ONLY things attached to the house.
Don't count portable household equipment or appliances, such as shower stools.

yes 1 ➔ GO TO 7

no 2 ➔ GO TO 8

7. Which special features does she/he 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 doors 6
or windows?

lowered benches or sinks? 7

lowered switches or power points? ... 8

wet area shower? 9

easy-to-get-at toilet? 10

lever door handles? 11

emergency call system? 12

any other special features? - *specify ...* 13

8. **INTERVIEWER**
Has R answered "Yes" to either of
Q.1 or Q.6?

yes 1 ➔ GO TO 9

no 2 ➔ GO TO 12

9. 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 10

no 2 ➔ GO TO 12

10. In the last 12 months, have you had a loan or grant from a government agency for alterations to's home because of her/his condition or health problem?

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), ACC and AccessAble/Enable NZ.

Don't count grants from the Lottery Grants Board.

11. In the last 12 months, have you had to pay for alterations needed to's home because of her/his condition or health problem, without getting all the money back from a government agency or medical insurance?

yes 1

no 2

12. Does **need** any special features inside her/his home which the home does not already have?

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

yes 1 ➔ GO TO 13

no 2 ➔ GO TO F
on page 23

E

13. What are the special features which needs but does not have?

*Do NOT read list.
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 6
or windows

lowered benches or sinks 7

lowered switches or power points 8

wet area shower..... 9

easy-to-get-at toilet 10

lever door handles..... 11

emergency call system 12

other - specify..... 13

14. Why doesn't the home have this/these features for :

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

.....'s condition is not serious 4
enough?

it is too costly or you cannot 5
afford it?

you applied for financial help but 6
were not eligible?

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

the landlord is not willing? 8

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

Section F - Economic Characteristics

1. The last few questions are about government financial help that gets or that you get on’s behalf because of her/his condition or health problem.

In the last 12 months have you had on’s behalf:

the Child Disability Allowance? 1

the Disability Allowance? 2

neither of these 3

NOTE:

Child Disability Allowance:

- was called the Handicapped Child’s Allowance
- is a set amount that doesn’t depend on income or costs
- is paid separately from other income support
- is to help with the costs of caring for a disabled child at home

2. 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 had for or for the whole family, in the last 12 months?

Tick all that apply.

none of these 1

Pharmaceutical Subsidy Card 2

High Use Health Card 3

Community Services Card 4

The Disability Allowance is:

- income related
- paid with main income support
- for people who have a disability and need on-going medical care and help with everyday tasks

End That is 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.

