



Questionnaire

Question	Source	Population
Introduction		
<p>Hello, may I speak with [respondent]?</p> <p>Hi, I'm [researcher] calling on behalf of the Ministry of Health. You may recall that you took part in the New Zealand Health Survey back in [month/year], and at the time you agreed that we could contact you about other research in the future.</p> <p>As part of the government's response to COVID-19, the Ministry of Health would like to find out how people are getting on at this time.</p> <p>Is it OK if I ask you a few questions? They should take under 15 minutes and your answers will be kept completely confidential.</p>	New	All
Section 1: Social connection		
<p>1.1 On a scale of 1-5, where 1 is 'Very easy' and 5 is 'Very hard':</p> <p>Over the past 7 days, how easy has it been to stay connected with family, whānau and friends outside your household?</p> <ol style="list-style-type: none"> 1. Very easy 2. Easy 3. Neither easy nor hard 4. Hard 5. Very hard 6. Don't know 7. Prefer not to say 	New	All

<p>1.3 Including yourself, how many people are currently living in your household?</p> <ol style="list-style-type: none"> 1. ____ 2. Don't know 3. Prefer not to say 	New	All
<p>1.4 On a scale of 1-5, where 1 is 'Very well' and 5 is 'Very badly':</p> <p>Over the past 7 days, how would you rate the way the people in your household have gotten along with one another?</p> <ol style="list-style-type: none"> 1. Very well 2. Well 3. Neither well nor badly 4. Badly 5. Very badly 6. Don't know 7. Prefer not to say 	MHWS (adapted)	If 1.3>1
<p>1.5 On a scale of 1-5, where 1 is 'All of the time' and 5 is 'None of the time':</p> <p>Over the past 7 days, how often have you felt lonely or isolated?</p> <ol style="list-style-type: none"> 1. All of the time 2. Most of the time 3. Some of the time 4. A little of the time 5. None of the time 6. Don't know 7. Prefer not to say 	NZHS 2016/17 (adapted)	All
<p>1.6 Are there any children under the age of 15 currently living in your household?</p> <ol style="list-style-type: none"> 1. Yes – how many? ____ 2. No 3. Don't know 4. Prefer not to say 	New	If 1.3>1

<p>1.8 On a scale of 1-5, where 1 is 'Very well' and 5 is 'Not very well at all':</p> <p>How well do you feel you are currently able to support the wellbeing of the children you are living with?</p> <ol style="list-style-type: none"> 1. Very well 2. Well 3. Somewhat well 4. Not very well 5. Not very well at all 6. Not applicable 7. Don't know 8. Prefer not to say 	New	If 1.6 = 1
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Section 2: Health measures		
<p>2.1 In general, would you say your health right now is:</p> <p>① Read options aloud.</p> <ol style="list-style-type: none"> Excellent Very good Good Fair Poor Don't know Prefer not to say 	NZHS (adapted)	All
<p>2.2 On a scale of 1-5, where 1 is 'Completely satisfied' and 5 is 'Completely dissatisfied':</p> <p>How do you feel about your life as a whole these days?</p> <ol style="list-style-type: none"> Completely satisfied Somewhat satisfied Neither satisfied, nor dissatisfied Somewhat dissatisfied Completely dissatisfied Don't know Prefer not to say 	NZCVS (adapted)	All
<p>2.3 Since the start of this year, have you had a flu vaccination?</p> <ol style="list-style-type: none"> Yes No Don't know Prefer not to say 	New	All
<p>2.4 Over the past 5 years, have you had a respiratory illness?</p> <p>① For example, asthma, COPD, emphysema, lung cancer, cystic fibrosis, pneumonia.</p> <ol style="list-style-type: none"> Yes No Don't know Prefer not to say 	New	All

<p>2.5 Since 1 March 2020, have you had an attack of asthma, or had symptoms of chronic bronchitis or emphysema, such as shortness of breath or wheezing?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 4. Prefer not to say 	New	If 2.4=1
<p>2.6 Over the past 7 days, have you experienced any of the following: a new or worsening cough, a high temperature (at least 38°C), shortness of breath, sore throat, sneezing and runny nose, or temporary loss of smell?</p> <p>① If needed: these are symptoms of COVID-19, however having these symptoms does not necessarily mean you have COVID-19. The symptoms are similar to other illnesses, such as cold and flu.</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 4. Prefer not to say 	New	All
<p>If respondent reports having any of the above symptoms, please provide following information:</p> <p>What is COVID-19?</p> <p>COVID-19 is a new illness that can affect your lungs and airways. It's caused by a type of coronavirus. There are simple steps you can take to protect you and your family/whānau.</p> <p>Symptoms</p> <p>The symptoms of COVID-19 are one or more of the following:</p> <ul style="list-style-type: none"> • A new or worsening cough • a high temperature (at least 38°C) • shortness of breath. • sore throat • sneezing and runny nose • temporary loss of smell <p>These symptoms do not necessarily mean you have COVID-19. The symptoms are similar to other illnesses that are much more common, such as cold and flu.</p> <ul style="list-style-type: none"> • Shortness of breath is a sign of possible pneumonia and requires immediate medical attention. <p>Symptoms take up to 14 days to show after a person has been infected. A person can pass on the virus to others before they know they have it - from up to two days before symptoms develop.</p> <p>If you have these symptoms, please telephone Healthline (for free) on 0800 358 5453 or your doctor immediately.</p>	New	

<p>2.6a Have you done any of the following because of that new or worsening cough, high temperature, shortness of breath, sore throat, sneezing and runny nose, or temporary loss of smell?</p> <p>① Read options aloud. ① Select all that apply.</p> <ol style="list-style-type: none"> 1. Called Healthline or the dedicated COVID-19 Healthline number 2. Called or visited your doctor or GP clinic 3. Called emergency services on 111 4. Went to hospital or the emergency department 5. Called or visited a pharmacist or other health care worker 6. Stayed at home 7. Taken a test for COVID-19 8. None of the above 9. Don't know 10. Prefer not to say 	New	If 2.6=1																														
<p>2.6b Thinking about the 2 weeks before you started experiencing any of those symptoms, did you...</p> <table border="1" data-bbox="190 727 1458 1064"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Don't know</th> <th>Prefer not to say</th> </tr> </thead> <tbody> <tr> <td>...have any contact with someone who is a confirmed or probable case of COVID-19?</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>...travel overseas?</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>...have direct contact with a person who has travelled overseas, for example if you work at a quarantine or isolation facility or in Customs or Immigration?</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>...work on an international aircraft or shipping vessel?</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>...clean at an international airport or maritime port?</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Yes	No	Don't know	Prefer not to say	...have any contact with someone who is a confirmed or probable case of COVID-19?					...travel overseas?					...have direct contact with a person who has travelled overseas, for example if you work at a quarantine or isolation facility or in Customs or Immigration?					...work on an international aircraft or shipping vessel?					...clean at an international airport or maritime port?					New	If 2.6=1
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<p>2.10 Since 1 March 2020, have you been given a test for COVID-19?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 4. Prefer not to say 	New	All																														

<p>2.10a Thinking about your most recent test for COVID-19, did you have confidence and trust in the health care worker who took the swab?</p> <ol style="list-style-type: none"> 1. Yes, definitely 2. Yes, to some extent 3. No, not at all 4. Don't know 5. Prefer not to say 	New	If 2.10=1
<p>2.10b Has there ever been a time when you thought you should take a COVID-19 test, or you were advised to take a test, but you did not get tested?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 4. Prefer not to say 	New	All
<p>2.10c What were <u>all</u> the reasons why you didn't take a COVID-19 test?</p> <p>① Do not read options aloud.</p> <p>① Probe: "any other reasons?".</p> <p>① Select all that apply.</p> <ol style="list-style-type: none"> 1. Waiting time to get a test was too long 2. Dislike or fear of the test 3. Dislike or fear of the health care worker 4. Fear of being infected with COVID-19 by other people 5. Difficult to take time off work 6. Had no transport to get there 7. Could not arrange childcare or care for a dependent 8. Didn't have a carer, support person or interpreter to go with you 9. Didn't meet the testing criteria 10. Didn't think I had COVID-19 11. Other – please specify 12. Don't know 13. Prefer not to say 	New	If 2.10b=1

<p>2.7 Over the past 7 days, have you been doing any of the following to stay well or manage your health?</p> <p>① Read options aloud. ① Select all that apply.</p> <ol style="list-style-type: none"> Exercise Eating healthy food Getting enough sleep Relaxation techniques (e.g. meditation, yoga, breath focus, body scan) Connecting with family, whānau or friends Anything else - specify None of the above Don't know Prefer not to say 	New	All
<p>2.8 Over the past 7 days, on average how many hours of sleep have you been getting in a 24 hour period, including all naps and sleeps?</p> <ol style="list-style-type: none"> ____ hours Don't know Prefer not to say 	NZHS (adapted)	All
<p>2.9 Over the past 7 days, on how many days did you exercise, with increased heart rate and breathing, for at least 30 minutes?</p> <ol style="list-style-type: none"> None 1-2 days 3-4 days 5-6 days Everyday Don't know Prefer not to say 	Based on international survey	All

2.9a Over the past 7 days , have you been doing the following things more, less or about the same as before COVID-19 ?							Based on Australian Household Impacts of COVID survey	All	
	1. More	2. Less	3. About the same	4. Not applicable	5. Don't know	6. Prefer not to say			
Washing your hands or using hand sanitiser									
Covering your mouth and nose with a tissue, your sleeve or elbow when you cough or sneeze									
Keeping a distance from people you don't know									
2.11 To what extent do the following statements apply to you right now ?							International Survey on Coronavirus	All	
	1. Strongly applies	2. Somewhat applies	3. Neither applies nor does not apply	4. Somewhat does not apply	5. Does not apply at all	6. Don't know			7. Prefer not to say
I am nervous when I think about current circumstances.									
I am calm and relaxed.									
I am worried about the risk of getting COVID-19.									
I am worried about the health of my family members.									
I feel stressed about leaving home.									

2.12 Over the past 7 days , how often have you been bothered by the following problems?							PHQ-2 + GAD-2 (adapted)	All
	1. Not at all	2. Several days	3. More than half the days	4. Nearly every day	5. Don't know	6. Prefer not to say		
Little interest or pleasure in doing things.								
Feeling down, depressed or hopeless.								
Feeling nervous, anxious or on edge								
Not being able to stop or control worrying								

Section 3: Unmet need		
<p>3.1 During COVID-19 Alert Levels 4, 3 or 2, was there a time when you needed health care but could not get it?</p> <p>① COVID-19 Alert Level 4 began at 11.59pm on 25 March 2020 and Level 2 ended at 11:59pm on Monday 8 June.</p> <ol style="list-style-type: none"> Yes No Not applicable – I did not need health care Don't know Prefer not to say 	New	All
<p>3.2 What types of health care did you need?</p> <p>① Do not read options aloud.</p> <p>① Select all that apply.</p> <ol style="list-style-type: none"> GP/nurse/medical centre (including routine check-ups) After hours medical centre Prescription items Flu vaccination Blood tests Dental care Scheduled operation Cancer care Antenatal care Other specialist care Emergency department Other health care worker (e.g. physiotherapist, chiropractor) Helpline including Healthline COVID-19 test Anything else – please specify Don't know Prefer not to say 	New	If 3.1=1
<p>3.2a During COVID-19 Alert Levels 4, 3 or 2, did you have any appointments scheduled with a specialist doctor that were cancelled or deferred because of COVID-19? The scheduled appointment might have been at a hospital or in the specialist doctor's private clinic.</p> <p>① COVID-19 Alert Level 4 began at 11.59pm on 25 March 2020 and Level 2 ended at 11:59pm on Monday 8 June.</p> <p>① A specialist doctor is not a GP, but the kind of doctor that people go to for a particular health condition, problem or service.</p> <ol style="list-style-type: none"> Yes No Don't know Prefer not to say 	New	All

<p>3.2b Were any of those appointments with a specialist doctor rescheduled to a later date?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 4. Prefer not to say 	New	3.2a=1
<p>3.2c About how many weeks later was the appointment rescheduled to? If you had more than one appointment cancelled or deferred over that time, please think about the most recent one.</p> <ol style="list-style-type: none"> 1. ____ weeks 2. Don't know 3. Prefer not to say 	New	3.2b=1
<p>3.2d What impact, if any, has having an appointment with a specialist doctor cancelled or deferred because of COVID-19 had on you and your health?</p> <ol style="list-style-type: none"> 1. ____ 2. Don't know 3. Prefer not to say 	New	3.2a=1
<p>3.3 During COVID-19 Alert Levels 4, 3 or 2, did you ever feel that you needed professional help for your emotions, stress, mental health, or substance use, but you didn't receive that help?</p> <p>① COVID-19 Alert Level 4 began at 11.59pm on 25 March 2020 and Level 2 ended at 11:59pm on Monday 8 June.</p> <ol style="list-style-type: none"> 1. Yes 2. No, I did not require that kind of help 3. No, I received the help I required 4. Don't know 5. Prefer not to say 	NZHS (MH module)	All
<p>3.4 During COVID-19 Alert Levels 4, 3 and 2, many health consultations were happening over the phone, or by video call, instead of face-to-face. During that time, did you have any non face-to-face consultations of this kind?</p> <p>① COVID-19 Alert Level 4 began at 11.59pm on 25 March 2020 and Level 2 ended at 11:59pm on Monday 8 June.</p> <ol style="list-style-type: none"> 1. Yes 2. No, I did not need one 3. No, I cannot access this type of consultation 4. Don't know 5. Prefer not to say 	New	All
<p>3.5 How did you find the most recent virtual consultation compared to a face-to-face consultation? Would you say it was...</p> <p>① Read options aloud.</p> <ol style="list-style-type: none"> 1. Easier (than a face-to-face consultation) 2. About the same (as a face-to-face consultation) 3. More difficult (than a face-to-face consultation) 4. Don't know 5. Prefer not to say 	New	If 3.4=1

Section 4: COVID-19 Alert Level awareness/compliance		
<p>4.1 It's important to understand what rules are in place at different 'COVID-19 Alert Levels'. On a scale of 1-5, where 1 is 'Very clear' and 5 is 'Very unclear':</p> <p>How clear to you are the rules around where you can go and what you can do during the current COVID-19 Alert Level?</p> <ol style="list-style-type: none"> 1. Very clear 2. Clear 3. Neither clear nor unclear 4. Unclear 5. Very unclear 6. Don't know 7. Prefer not to say 	New	All
<p>4.2 On a scale of 1-5, where 1 is 'Very easy' and 5 is 'Very hard':</p> <p>How easy are you finding it to follow the rules at the current COVID-19 Alert Level?</p> <ol style="list-style-type: none"> 1. Very easy 2. Easy 3. Neither easy nor hard 4. Hard 5. Very hard 6. Don't know 7. Prefer not to say 	New	All
<p>4.3 On a scale of 1-5, where 1 is 'A lot better than usual' and 5 is 'A lot worse than usual':</p> <p>To what extent has your overall wellbeing been affected by the current COVID-19 Alert Level?</p> <ol style="list-style-type: none"> 1. A lot better than usual 2. A little better than usual 3. About the same as usual 4. A little worse than usual 5. A lot worse than usual 6. Don't know 7. Prefer not to say 	New	All

Section 5: Information		
<p>5. 1 Over the past 7 days, what has been your main source of information on COVID-19?</p> <p>📄 Read options aloud.</p> <ol style="list-style-type: none"> 1. TV news 2. Online news websites (e.g. NZ Herald, Stuff) 3. covid19.govt.nz 4. Ministry of Health website (www.health.govt.nz) 5. Social media (e.g. Facebook, Twitter) 6. Search engines (e.g. Google) 7. Radio 8. Family, whānau or friends 9. Printed newspapers and magazines 10. Workplace 11. Other – please specify 12. Don't know 13. Prefer not to say 	New	All
<p>5.2 How worried has the information from this source made you feel?</p> <p>📄 Read options aloud.</p> <ol style="list-style-type: none"> 1. Not at all worried 2. Slightly worried 3. Very worried 4. Don't know 5. Prefer not to say 	New	5.1 is not 11 or 12

Section 6: Financial		
<p>6.1 We now have some questions about the financial impacts of COVID-19. Firstly, are you an 'essential worker'?</p> <p>① Essential workers are those who work in the following industries: food production, medicine, healthcare, energy, fuel, waste-removal, internet and financial support.</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 4. Prefer not to say 	New	All
<p>6.2 Have you applied, or has your employer applied on your behalf, for any of the following?</p> <p>① Read options aloud.</p> <p>① Select all that apply.</p> <ol style="list-style-type: none"> 1. COVID-19 Wage subsidy 2. COVID-19 Leave payment 3. Other government financial support 4. None of the above 5. Don't know 6. Prefer not to say 	New	All
<p>6.3 Have you lost your main source of income as result of COVID-19? For example, by being made redundant, or having to close your business.</p> <ol style="list-style-type: none"> 5. Yes 6. No 7. Not applicable 8. Don't know 9. Prefer not to say 	New	All
<p>6.4 On a scale of 1-5, where 1 is 'Strongly agree' and 5 is 'Strongly disagree':</p> <p>To what extent do you agree or disagree with the following statement: Over the past 7 days, my household has struggled to pay for basic living costs, such as food or accommodation.</p> <ol style="list-style-type: none"> 1. Strongly agree 2. Agree 3. Neither agree nor disagree 4. Disagree 5. Strongly disagree 6. Don't know 7. Prefer not to say 	New	All

Section 7: Demographics		
<p>7.1 We just have some final questions to ensure we are capturing the experiences of all New Zealanders.</p> <p>Firstly, would you mind telling us your age?</p> <ol style="list-style-type: none"> 1. _____ 2. Prefer not to say 	NZCVS (adapted)	All
<p>7.2 Which of these age groups do you belong to?</p> <ol style="list-style-type: none"> 1. 15–19 years 2. 20–24 years 3. 25–34 years 4. 35–44 years 5. 45–54 years 6. 55–64 years 7. 65–74 years 8. 75+ years 9. Don't know 10. Prefer not to say 	NZHS	If 7.1=2
<p>7.3 Which ethnic group or groups do you belong to?</p> <p>① Select all that apply.</p> <ol style="list-style-type: none"> 1. New Zealand European 2. Māori 3. Samoan 4. Cook Island Māori 5. Tongan 6. Niuean 7. Chinese 8. Indian 9. Other – please specify 10. Don't know 11. Prefer not to say 	NZHS	All
<p>7.4 What gender do you identify as?</p> <ol style="list-style-type: none"> 1. Male 2. Female 3. Gender diverse 4. Don't know 5. Don't wish to answer 	NZCVS	All

<p>7.5 What is the total income that your household got from all sources, before tax or anything was taken out of it, in the last 12 months?</p> <p>① Read options aloud.</p> <ol style="list-style-type: none"> 1. Loss 2. Zero income 3. \$1 – \$20,000 4. \$20,001 – \$30,000 5. \$30,001 – \$50,000 6. \$50,001 – \$70,000 7. \$70,001 – \$100,000 8. \$100,001 or more 9. Don't know 10. Prefer not to say 	NZHS (adapted)	All
<p>7.6 What is your postcode?</p> <ol style="list-style-type: none"> 1. _____ 2. Don't know 3. Prefer not to say 	New	All
<p>7.7 Are there any other comments you'd like to make?</p> <ol style="list-style-type: none"> 1. Yes _____ 2. No 	New	All
<p>7.8 Thank you very much for taking part.</p> <p>May we contact you in the future about other research? There is no obligation on your part.</p> <ol style="list-style-type: none"> 1. Yes 2. No 	New	All
For further information and support, please visit www.covid19.govt.nz	New	All