



8-Year Data Collection Wave: Main Cohort

Mother Questionnaire

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Growing Up in New Zealand

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Contents

0. Introduction	4
1. Work	5
2. Material Wellbeing	9
3. Food security	11
4. Household Income	14
5. Household tenure	18
6. Sources of Support and Services	21
7. Health and Wellbeing	22
8. Maternal depression	27
9. Relationships	27
10. You and Your Partner	28
11. Family environment	29
12. Who lives at your house	30

Interviewer Note: ID data seeded.
ID Participant ID (Mother):•
FN First Name (Mother):
LN Last Name (Mother):
C1 Child Name:
C1 ID Child's ID :
INTD Interview Date:///
INTR Interviewer Name:
CTRY Mother's Usual Country of Residence:

0. Introduction

Thank you very much for your time and your support of the Growing Up in New Zealand study.

The information you provide in this questionnaire is completely private and confidential. No information that could identify you (or your {CHILD/CHILDREN} or other family members) will be used in any publications from this study.

This questionnaire has received ethical approval from the Health and Disability Ethics Committee.

If you have any questions about our project at any time, please feel free to contact us at Growing Up in New Zealand Research, School of Population Health, University of Auckland:

Freephone: 0508 476 946

Email: contact@growingup.co.nz

If you have any queries or concerns regarding your rights as a participant in this research, you may contact a health and disability advocate:

Freephone 0800 423 638

Email: advocacy@hdc.org.nz

Things to consider

Remember that there are no right or wrong answers in this questionnaire and your honesty is greatly appreciated.

You may recognise some questions that we have asked you previously – we have tried to minimise these questions, but we need to update this information.

If you need to stop part way through the questionnaire, just close your browser. You will be able to continue the questionnaire from where you left off when you begin again.

If you require further assistance or have any questions about the questionnaire or *Growing Up in New Zealand* in general, please email contact@growingup.co.nz or free phone 0508 476 946.

1. Work

O 2. Professional

O 3. Technician or trades worker

This set of questions is about your current situation with regard to work. We are interested in your work priorities and any changes in career since we last saw you; the impact of having an eight year old on work and your job security. Work refers to working for pay or profit or income for an hour or more, or working in a family business or family farm with or without pay, or working in a job or business.

1.1. Which of the following best describes your current situation in regard to paid Being on leave from paid employment counts as being in current paid work.	work?
(Choose one only)	OC103_y8M
 ○ 1. A paid employee → Go to 1.2 ○ 2. Self-employed and NOT employing others → Go to 1.2 ○ 3. An employer of other persons in my own business → Go to 1.2 ○ 4. Working in a family business or family farm with or without pay → Go to 1.2 ○ 5. Not currently in paid work and have a new job to start within four weeks → Go ○ 6. Not currently in paid work and not seeking work → Go to 2.1 ○ 7. Not currently in paid work and unavailable to work → Go to 2.1 ○ 8. Not currently in paid work and seeking work → Go to 2.1 ○ 98. Prefer not to say → Go to 2.1 	to 2.1
The next questions are about the work that you do. Include jobs from which you are leave.	e currently on
1.2. How many paid jobs do you <u>currently</u> have? This includes working in a family business or family farm with or without pay. (Choose one only)	OCC19_y8M
○ 1. One paid job○ 2. More than one paid job: paid jobs (range 2 - 10)○ 98. Prefer not to say	
1.3. Including overtime, how many hours a week do you usually work in all your jour life you work variable hours, please provide the average number of hours worked per value past 4 weeks. If on leave, please report 0. Overtime includes both paid and unpaid was (Choose one only)	veek over the
○ 1. Number of hours (range 0 - 90).○ 99. Don't know○ 98. Prefer not to say	
1.4. In the job that you spend the most time on, what is your occupation? Some examples of occupations are primary school teacher, clothing machinist, m receptionist.	
(Choose one only)	OCC7_y8M
O 97. Please specify O 98. Prefer not to say	
1.5. Which category would you consider your job to be in? (Choose one only)	OCC8_y8M
O 1. Manager	

 4. Community or personal service worker 5. Clerical or administrative worker 6. Sales worker 7. Machinery operator or driver 8. Labourer 97. Other (Please specify) 98. Prefer not to say 	
1.6. Do you usually work on weekends? (Choose one only)	OC48_y8M
O 1. Yes O 0. No	
1.7. Which of these best describes your current work schedule(s)? (Choose one only)	NOC52_y8M
 1. A regular daytime schedule 2. A regular evening shift 3. A regular night shift 4. A rotating shift (changes from days to evenings and nights) 5. Split shift (two distinct periods each day) 6. On call 7. Irregular schedule 8. Casual hours 	
1.8. Is it possible for you to work flexible hours? For example, if you need to collect your child earlier than usual from school doctor's in the middle of your work day. (Choose one only)	ol or take them to the OCC27_y8M
 O 1. Always or almost always O 2. Often O 3. Sometimes O 4. Rarely O 5. Never or almost never O 99. Don't know O 98. Prefer not to say 	
The following questions are about your opinions about work-life balance and do working at the moment.	not require you to be

Please could you tell me how much you agree or disagree with the following statements? (Choose one only for each row below)

		Strongly disagree	Moderately disagree	Mildly disagree	Neutral 4	Mildly agree 5	Moderately agree 6	Strongly agree	Don't know 99	Prefer not to say 98
1.9	Because of my family									
	responsibilities I have									

				1		
	to turn down work					
	activities or					
	opportunities I would					
	prefer to take on					
	WL01_y8M					
1.10	Having both work					
	and family					
	responsibilities					
	makes me a more					
	well-rounded person					
	WL02_y8M					
1.11	Because of the					
	requirements of my					
	job I miss out on					
	home or family					
	activities I would					
	prefer to participate					
	in					
	 WL03_y8M					
1.12	Managing work and					
	family responsibilities					
	makes me feel					
	competent					
	WL04_y8M					
1.13	My work has a					
	positive effect on my					
	children and my					
	family life generally					
	WL05 y8M					
1.14	Work leaves me with					
	too little time or					
	energy to be the kind					
	of parent I want to be					
	WL06_y8M					
1.15	Thinking about the					
	children interferes					
	with my life at work					
	WL07_y8M					
1.16	Working makes me a					
	better parent					
	WL08_y8M					
	VVLOO_yOIVI					

1.17. Thinking about being a parent now, would you like to be able to make any of the following changes to your current work situation?

(Please choose all that apply)

WL18_0_y8M to WL18_99_y8M

- O 1. Stop working altogether
- O 2. Find part-time paid work
- O 3. Find full-time paid work

4. Become self-employed
5. Reduce my hours of work
6. Increase my hours of work
7. Change the days that I work
8. Have more flexible hours
9. Maintain the hours of work I have - but reduce the number of jobs I have
10. Increase the number of jobs I have
11. Work closer to home
12. Work from home/ work from home more
96. None of these
0. I would like to make no changes

[Note that 0, 96, 98 are exclusive options]

O 98. Prefer not to say

2. Material Wellbeing

Below is a list of things that people may or may not have or do.

Please indicate whether you have or do the following. For each item that you don't have or don't do, please indicate the reason you don't.

		Don't have or do – reason why n					
(Choose one only for each row)	1. Have or do	2. Don't want	3. Because of the cost	4. Some other reason			
2.1. Two pairs of shoes in a good condition that are suitable for your daily activities DP32_y8M							
2.2. Suitable clothes for important or special occasions <i>DP33_y8M</i>							
2.3. Home contents insurance DP34_y8M							
2.4. A meal with meat, fish or chicken (or vegetarian equivalent) at least each 2 nd day <i>DP35_y8M</i>							
2.5. A good bed DP36_y8M							
2.6. Give presents to family/ friends on birthdays, Christmas or other special occasions DP37_y8M							
2.7. Usually have a holiday away from home for at least a week every year DP38_y8M							
2.8. Have an overseas holiday at least every three years <i>DP47_y8M</i>							

Below is a list of things some people do to help keep costs down. This is not about choosing to spend less. It is about being forced to keep costs down to pay for other basic things that you need.

In the last 12 months, have you had to do any of these things to keep down costs?

(Choose one only for each row)	1. Not at all	2. A little	3. A lot	99. Don't know
2.9. Go without fresh fruit and vegetables DP5_y8M				
2.10. Buy cheaper cuts of meat or buy less meat (or vegetarian equivalent) than you would like DP39_y8M				
2.11. Continue wearing clothing that was worn out <i>DP40_y8M</i>				
2.12. Put up with feeling cold DP2_y8M				
2.13. Do without or cut back on trips to the shops or other local places DP8_y8M				
2.14. Delay replacing or repairing broken or damaged appliances DP10_y8M				
2.15. Spend less on hobbies or other special interests than you would like <i>DP41_y8M</i>				

2.16. Postpone or put off visits to the doctor DP51 v8M		
2.17. Postpone or put off visits to the dentist		
DP42_y8M		

Does your accommodation have any problems with the following?

(Choose one only for each row)	1. Major problem	2. Minor problem	3. No problem	99. Don't know
2.18. Dampness or mould DP43_y8M				
2.19. Heating and/or keeping it warm in winter DP44 v8M				

Different people have different budgets available for buying things, the next questions are about this.

2.20. Wh	en buying,	or thinkin	g aboi	ut buying,	clothes	or shoes	for y	ourself,	how much	do you
usual	ly feel limite	ed by the r	noney	available	?					

(Choose one only) DP11_y8M

- O 1. Very limited
- O 2. Quite limited
- O 3. A little limited
- O 4. Not at all limited
- O 99. Don't know
- 2.21. Imagine that you have come across an item in a shop or on the internet that you would really like to have. It has a price tag of \$300. It is not an essential item for accommodation, food, clothing or other necessities it's an extra. If this happened in the next month, how limited would you feel about buying it?

(Choose one only) DP12 y8M

- O 1. Couldn't buy it
- O 2. Very limited
- O 3. Quite limited
- O 4. A little limited
- O 5. Not at all limited
- O 99. Don't know
- 2.22. If you had an unexpected and unavoidable expense of \$500 in the next week, could you pay it within a month without borrowing?

(Choose one only) DP45 y8M

- O 1. Yes
- O 0. No
- O 99. Don't know

People sometimes find it hard to pay the bills on time, or have to ask for help to get by. The next questions are about this.

In the last 12 months, have any of the following happened because of a shortage of money?

(Choose one only for each row)	1. Not at all	2. Once only	3. More than once	99. Don't know
2.23. You could not pay electricity, gas, rates				

or water bills on time DP13_y8M		
2.24. You borrowed money from family or friends to meet everyday living costs DP52 y8M		

2.25. In the last 12 months how n	nany times have	you been b	ehind on p	payments o	of your	car
registration, WOF or insurance?	?		_		-	

(Choose one only)

DP46_y8M

- O 1. More than once
- O 2. Once
- O 0. Never
- O 95. Not applicable
- O 99. Don't know

3. Food security

The next questions are about particular foods you choose, and the buying of food or gifting of food. We are interested in whether you feel you always have sufficient resources to have the food you need for yourself and the people you live with. We are not concerned with your budget, or how you spend money, but we are more interested in finding out about how people get the food that they need for their household to eat and share.

Please consider each statement and respond with the option that best fits you and your household. In each case "we" refers to your household.

We know that some people can't afford to eat properly and we are interested in whether you think you eat properly. It's what you think eating properly is- not what anyone else thinks.

3.1. We can afford to eat properly. How often has this been true for your household over the past year?

(Choose one only) DP14 y8M

- O 1. Always
- O 2. Sometimes
- O 0. Never
- O 99. Don't know

We are interested in whether you run out of basics, like bread, milk, potatoes, because you do not have enough money. We are NOT referring to treats or special foods.

3.2. Food runs out in our household due to lack of money. How often has this been true for your household over the past year?

(Choose one only) DP15 y8M

- O 0. Never
- O 1. Sometimes
- O 2. Often
- O 99. Don't know

Now we are interested in whether a lack of money leads you to sometimes have smaller meals than you would like or whether a lack of money means there isn't enough food for seconds or you sometimes skip meals?

DP16_y8M

O 0. Never O 1. Sometimes O 2. Often O 99. Don't know	
Now we are going to talk about the variety of foods you eat. By variety, we mean the r different kinds of food you have.	number of
3.4. The variety of foods we are able to eat is limited by lack of money. How often been true for your household over the past year? (Choose one only)	has this
O 0. Never O 1. Sometimes O 2. Often O 99. Don't know	<u>.</u> , e
Some people rely on support and assistance from others for supplying their regular food an interested in finding out how many people fall into this group.	nd we are
3.5. We rely on others to provide food and/or money for food, for my/our household don't have enough money. How often has this been true for your household over year?	
	DP18_y8M
O 0. NeverO 1. SometimesO 2. OftenO 99. Don't know	
Also, some people have to rely on other sources of help such as food grants or food banks.	
3.6. We make use of special food grants or food banks when I/we do not have enough for food. How often has this been true for your household over the past year? (Choose one only)	gh money DP31_y8M
O 0. NeverO 1. SometimesO 2. OftenO 99. Don't know	
We know that some people get quite stressed and worried about providing enough food even they don't actually go without food.	en though
3.7. I feel stressed not having enough money for food. How often has this been true household over the past year? (Choose one only)	e for your
O 0. Never O 1. Sometimes	,, ,o <u>_</u> yo,,,
○ 2. Often○ 99. Don't know	

3.3. We eat less because of lack of money. How often has this been true for your household

over the past year?
(Choose one only)

We recognise that for some people food and sharing food with others is important, to the point that they won't have enough food for themselves. In this question we are only interested in social situations which are gatherings within, or outside, the household. As a result people may find themselves stressed/ whakamā (embarrassed) about their koha (gift) when providing food for others.

3.8.	I feel	stressed	because	l can't	provide	the	food	I want	for socia	al occas	ions. I	How	often	has
t	his be	een true fo	or your ho	useho	ld over t	he p	ast y	ear?						

(Choose one only) DP20_y8M

- O 0. Never
- O 1. Sometimes
- O 2. Often
- O 99. Don't know

4. Household Income

○ 4. \$2501 - \$5000○ 5. More than \$5000

In this section we are interested in understanding the household income that provides support to your Growing Up in New Zealand {CHILD/CHILDREN} in some way.

4.1. Which of the following do you have? (Choose all that apply - at least one)	DP30_1_y8M to DP30_99_y8M
 1. Savings for your {CHILD/CHILDREN} 2. Savings for yourself 3. Kiwisaver for your {CHILD/CHILDREN} 4. Kiwisaver for yourself 5. A bank account for your {CHILD/CHILDREN} 6. Bonus bonds or other savings for your {CHILD/CH 7. Loan from bank, building society, or credit union (r 8. Student loan 9. Loan from finance company 10. Loan on credit card (e.g. credit card debt) 11. Loan from family or friends 12. Regular contributions of money to individuals, household. This includes sending money overseas of 13. Debt that is currently being managed by a debt of 14. Unpaid fines 15. Debt from hire purchase (including mobile trading) 96. None of these 99. Don't know 98. Prefer not to say 	not mortgage) organisations or family not living in this or charitable donations collection agency
[Note that 96, 99 and 98 are exclusive options]	
4.2. Thinking about all the debt that your household ma loan). What is the approximate combined total value (Choose one only)	
 ○ 0. I don't have any debt → Go to 4.5 ○ 1. \$1 - \$500 ○ 2. \$501 - \$1000 ○ 3. \$1001 - \$2500 ○ 4. \$2501 - \$5000 ○ 5. \$5001 - \$10000 ○ 6. \$10001 - \$50000 ○ 7. More than \$50000 ○ 99. Don't know ○ 98. Prefer not to say 	
4.3. Thinking about your combined household debt, solely with Working for Families? (Choose one only)	how much of your debt is associated DP49_y8M
 ○ 0. None → Go to 4.5 ○ 1. \$1 - \$500 ○ 2. \$501 - \$1000 ○ 3. \$1001 - \$2500 	

O 99. Don't know

O 99. Don't know O 98. Prefer not to say

alue of the range for 4.3 must not exceed the maximum value of the ΓΝο

range selected in 4.2]	oxocou ino maximam valuo of inc
4.4. How long do you think it will take to pay this debt off? (Choose one only)	DP50_y8N
 ○ 1. 1 – 3 months ○ 2. 3 – 6 months ○ 3. 6 – 12 months ○ 4. More than 12 months ○ 99. Don't know ○ 98. Prefer not to say 	
4.5. How many people including yourself who are living in y household? (Choose all that apply— at least one)	our house provide income for you
 O 1. People 18 years or older (0 - 50) O 2. People under 18 years of age (0 - 50) O 99. Don't know O 98. Prefer not to say 	T INSOA_1_your to T INSOA_99_you
[Note that 99 and 98 are exclusive options]	
4.6. Which of the following are current sources of income fo (Choose all that apply – at least one)	r your household? FIN57_1_y8M to FIN57_99_y8M
 1. Wages, salary, commissions, bonuses, etc. paid by an 2. Self-employment or business 3. Interest, dividends, rent, other investments 4. Regular payments from ACC or a private work acciden 5. Jobseeker Support 6. Sole Parent Support 7. Supported Living Payment 8. NZ superannuation or veteran's pension 9. Other superannuation pensions, annuities 10. Accommodation supplement 11. Student allowance (including scholarships or stipends 12. Paid parental leave 13. Other sources of income, counting support payments household 14. Child support payments 15. Family tax credits e.g. Working for Families 16. Child disability allowance 17. Disability allowance 18. OSCAR subsidy 19. Training Incentive Allowance 20. Income related rent subsidy 	employer t insurer
O 20. Income related rent subsidy O 21. No source of income	

[Note that 21, 99 and 98 are exclusive options]

4.7. Thinking about the last 12 months, have you had a government benefit that was reduced or cancelled because you didn't comply with your benefit obligations? This includes a changes to rent subsidies. (Choose one only) FIN58_y8	ny
 ○ 1. Yes ○ 0. No → Go to 4.10 ○ 99. Don't know → Go to 4.10 ○ 98. Prefer not to say → Go to 4.10 	
4.8. Thinking only about the most recent time that this happened, for how long was yo benefit reduced or cancelled? (Choose one only) FIN59_y8	
 O 1. One week or less O 2. Two to three weeks O 3. One to two months O 4. Three to six months O 5. Longer than six months O 99. Don't know O 98. Prefer not to say 	
4.9. Thinking only about the most recent time that this happened, what was the main reason for your benefit being reduced or cancelled? (Choose one only) FIN60_y8	
 O 1. Not taking an offer of suitable work O 2. Not taking or failing a pre-employment drug test O 3. Travelling overseas and not telling WINZ O 4. Not meeting work preparation obligations O 5. Reduced benefit or subsidy due to a change in circumstance (e.g. rent subsidy reduce because income increased) O 97. Another reason (Please specify) O 99. Don't know O 98. Prefer not to say 	ed
4.10. In the last 12 months what was your household's total income, before tax or anythin else was taken out of it? Please include your personal income in this total. (Choose one only) FIN56_y8	Ĭ
 ○ 1. Loss ○ 2. Zero Income ○ 3. \$1 - \$5,000 ○ 4. \$5,001 - \$10,000 ○ 5. \$10,001 - \$15,000 ○ 6. \$15,001 - \$20,000 ○ 7. \$20,001 - \$25,000 ○ 8. \$25,001 - \$30,000 ○ 9. \$30,001 - \$40,000 ○ 10 \$40,001 - \$50,000 ○ 11. \$50,001 - \$70,000 ○ 12. \$70,001 - \$100,000 ○ 13. \$100,001 - \$150,000 ○ 14. \$150,001 - \$200,000 	

- O 15. \$200,001 \$250,000
- O 16. \$250,000 or more
- O 99. Don't know
- O 98. Prefer not to say

5. Household tenure

These questions refer to your housing situation over the past two years. This includes how often you've moved house, house ownership, as well as questions around housing finance and expenses.

5.1. How	many	times	have	you	moved	house	since	your	{CHILD	was/CHILDREN	were}	six
years (old?											

years old?
(Choose one only)

○ 0. None → Go to 5.5

○ 1. One
○ 2. Two
○ 3. Three
○ 4. Four or more
○ 99. Don't know → Go to 5.5

○ 98. Prefer not to say → Go to 5.5

5.2. What are the reasons that best describe why you have moved house since your {CHILD was/CHILDREN were} six years old?

(Choose all that apply)

NE32_1_y8M to NE32_99_y8M

- O 1. We needed to move for employment/ work/ business reasons
- O 2. To have more family support near by
- O 3. To be closer to a particular school for your Growing Up in New Zealand {CHILD/CHILDREN}
- O 4. To be closer to a particular school for other children in the family
- O 5. We moved for financial reasons
- O 6. We wanted to move to a different neighbourhood
- O 7. We bought our own house
- O 8. We lived in a rental property and it was sold
- O 9. We lived in a rental property and the rent was increased
- O 10. Our lease on our rental property expired or we were given notice by our landlord (for reason other than the rental property being sold)
- O 11. We wanted to move into a warmer, drier and/ or safer house
- O 12. We wanted to move into a bigger property/ house
- O 13. We wanted to move into a smaller property/ house
- O 14. Because of the breakdown of a marriage or relationship
- O 15. Because of a new marriage or relationship
- O 16. We moved in with family
- \bigcirc 96. None of these \rightarrow **Go to 5.5**
- \bigcirc 99. Don't know \rightarrow **Go to 5.5**
- \bigcirc 98. Prefer not to say \rightarrow **Go to 5.5**

[Note that 96, 99 and 98 are exclusive options]

5.3. What is the most important reason why you have moved house since your {CHILD was/CHILDREN were} six years old?

Note that if you have moved more than once, please provide the most important reason for the most recent move

(Choose one only) NE33 y8M

- O 1. We needed to move for employment/ work/ business reasons
- O 2. To have more family support near by

 O 3. To be closer to a particular school for your Growing Up in New Zoo {CHILD/CHILDREN} O 4. To be closer to a particular school for other children in the family O 5. We moved for financial reasons 	∍aland
 6. We wanted to move to a different neighbourhood 7. We bought our own house 8. We lived in a rental property and it was sold 9. We lived in a rental property and the rent was increased 10. Our lease on our rental property expired or we were given notice by our landlo reason other than the rental property being sold) 11. We wanted to move into a warmer, drier and/ or safer house 12. We wanted to move into a bigger property/ house 13. We wanted to move into a smaller property/ house 14. Because of the breakdown of a marriage or relationship 15. Because of a new marriage or relationship 16. We moved in with family 99. Don't know 98. Prefer not to say 	rd (for
5.4. Did you feel you had a choice about this move? Note that if you have moved more than once, please answer for the most recent move (Choose one only) NE3-	4_y8M
○ 1. Yes○ 0. No○ 99. Don't know○ 98. Prefer not to say	
5.5. Do you or anyone else who lives there, own or partly own the house/flat you live in	(with
or without a mortgage)? If your house is owned by a family trust, code "No" (Choose one only) HHe	6_y8M
 ○ 1. Yes ○ 0. No → Go to 5.7 ○ 99. Don't know ○ 98. Prefer not to say 	
5.6. Do you, or anyone else who lives with you, make mortgage payments for the hous you live in?	
 (Choose one only) ○ 1. Yes → Go to 5.9 ○ 0. No ○ 99. Don't know ○ 98. Prefer not to say 	9_y8M
5.7. If nobody who lives here owns the house/ flat you live in, who owns it? (Choose one only) HH	7_y8M
 O 1. Private person, trust, or business O 2. Family trust O 3. Local Authority/ City Council O 4. Housing New Zealand 	

O 5. Other State-Owned O 6. Family owned with no mortgage O 97. Other (Please specify) O 99. Don't know O 98. Prefer not to say	
5.8. Do you, or anyone else who lives with you, pay rent to an owner or to an a house/ flat you live in? This can include the payment of rent to another organisation (e.g. church) or individual (Choose one only)	_
○ 1. Yes○ 0. No○ 99. Don't know○ 98. Prefer not to say	
5.9. How much are your usual housing costs per month? This includes all remembers, rates and other mandatory expenses and excludes insurance, utili costs. (Choose one only)	
○ 1. Monthly amount (range \$0 - 50,000)○ 99. Don't know○ 98. Prefer not to say	

6. Sources of Support and Services

People may have contact with social service agencies, support services, or professionals about a range of things associated with their child. For these questions, we would like to know about any contact you may have had with any social service agencies in relation to your {CHILD/CHILDREN}. Examples of agencies and services include: Whanau Ora, Ministry for Vulnerable Children also known as Oranga Tamariki, Barnardos, Children's teams support service, and others.

6.1. How often do	you feel that	you have	enough	support for	or parenting	your	Growing	Up	ir
New Zealand {C	HILD/CHILDRE	N}?							

New Zealand {CHILD/CHILDREN}?	port for paronamy your oronamy op in
(Choose one only)	SPE9_y8M
O 0. Never	
O 1. Rarely	
O 2. Sometimes	
O 3. Most of the time	
O 4 Always	

6.2. In the past 12 months, have you had contact with or used the services of any of the following?

(Choose all that apply)

SPE10 0 y8M to SPE10 99 y8M

- O 1. Ministry for Vulnerable Children, Oranga Tamariki (previously known as Child Youth and Family (CYF)/ Children's teams
- O 2. Whanau Ora

O 98. Prefer not to say

- O 3. School Social Worker (Social Workers in Schools- SWIS)
- O 4. Services for helping children's behaviour and learning at school (e.g. Incredible Years, Te Mana Tikitiki, Intensive Wraparound Service such as Te Kahu Toi, Check and connect, Specialist behavioural and learning support, etc.)
- O 5. Services for helping/ supporting children with disabilities (e.g. personal care services, assistive technology and equipment, learning and behavioural support, respite care, residential care etc.)
- O 6. Organisations helping families with children such as Barnardos
- O 7. Iwi Social Services in your area
- O 8. E Tu Whanau/ Women's Refuge
- O 0. None of these
- O 99. Don't know
- O 98. Prefer not to say

[Note that 0, 98 and 99 are exclusive options]

7. Health and Wellbeing

The following questions ask about YOUR health and wellbeing.

7.1. In general, would you say your health is? (Choose one only)	GH14_ y8M
 O 1. Excellent O 2. Very good O 3. Good O 4. Fair O 5. Poor O 98. Prefer not to say 	
7.2. How tall are you in centimetres or in feet and inches? Please estimate if you are unsure. (Choose one only)	HW32_y8M to HW32in_y8M
 1. Enter your height in centimetres cm (Range: 122 cm = 100 cm 2. OR enter your height in feet and inches _ Feet Inches feet and 11 inches) 99. Don't know 98. Prefer not to say 	•
7.3. How much do you weigh in kilograms or in stones and pour Please estimate if you are unsure. If you are currently pregnan pregnancy weight (Choose one only)	
 O 1. Enter your weight in kilograms kg (Range: 40 kg to 24 O OR 2. Enter your weight in stones and pounds Stone _ st, 11 lbs) O 991. Don't know O 981. Prefer not to say 	
7.4. When thinking about your body weight, do you think you ar (Choose one only)	·e? HW34_y8M
 1. Very underweight 2. Somewhat underweight 3. Normal weight 4. Somewhat overweight 5. Very overweight 99. Don't know 98. Prefer not to say 	
7.5. Please can you tell us whether you are currently affected by disabilities or medical conditions diagnosed and/or treated b (Please choose all that apply)	
 O 1. Asthma O 2. Eczema O 3. Hay fever O 4. Food allergy O 5. Anxiety and/or Panic attacks 	

O 6. Depression	
O 7. Other mental health condition	
O 8. Chronic breathing/ respiratory disease (not including asthma)	
O 9. Stroke	
O 10. Type 1. Diabetes	
O 11. Type 2. Diabetes	
O 12. Diabetes- unsure if Type 1 or Type 2	
O 13. Arthritis	
O 14. High Blood Pressure	
O 15. High Blood sugar / glucose	
O 16. High Cholesterol	
O 17. Heart disease (not including High Blood Pressure or high blood cholesterol h	ere)
O 18. Rheumatic heart disease	
O 19. Cancer	
O 20. Hearing problems	
O 21. Vision problems	
O 22. Speech problems	
O 23. Mobility problems	
O 24. Agility problems	
O 25. Intellectual function problems	
O 96. None of these	
O 99. Don't know	
O 98. Prefer not to say	
[Note that 96, 99, 98 are exclusive options]	
7.6. In general, what effect does your overall current health and wellbeing h	ave on your
7.6. In general, what effect does your overall current health and wellbeing hearenting of your Growing Up in New Zealand study {CHILD/CHILDREN}?	-
7.6. In general, what effect does your overall current health and wellbeing h	ave on your GH16_y8M
7.6. In general, what effect does your overall current health and wellbeing hearenting of your Growing Up in New Zealand study {CHILD/CHILDREN}?	-
7.6. In general, what effect does your overall current health and wellbeing hearenting of your Growing Up in New Zealand study {CHILD/CHILDREN}? (Choose one only)	-
 7.6. In general, what effect does your overall current health and wellbeing hearenting of your Growing Up in New Zealand study {CHILD/CHILDREN}? (Choose one only) O 1. It has a very positive effect on my parenting 	-
 7.6. In general, what effect does your overall current health and wellbeing hearenting of your Growing Up in New Zealand study {CHILD/CHILDREN}? (Choose one only) 1. It has a very positive effect on my parenting 2. It has a somewhat positive effect on my parenting 3. It has a somewhat negative effect on my parenting 4. It has a very negative effect on my parenting 	-
 7.6. In general, what effect does your overall current health and wellbeing hearenting of your Growing Up in New Zealand study {CHILD/CHILDREN}? (Choose one only) 1. It has a very positive effect on my parenting 2. It has a somewhat positive effect on my parenting 3. It has a somewhat negative effect on my parenting 4. It has a very negative effect on my parenting 5. It has little or no effect on my parenting 	-
 7.6. In general, what effect does your overall current health and wellbeing hearenting of your Growing Up in New Zealand study {CHILD/CHILDREN}? (Choose one only) 1. It has a very positive effect on my parenting 2. It has a somewhat positive effect on my parenting 3. It has a somewhat negative effect on my parenting 4. It has a very negative effect on my parenting 5. It has little or no effect on my parenting 99. Don't know 	-
 7.6. In general, what effect does your overall current health and wellbeing hearenting of your Growing Up in New Zealand study {CHILD/CHILDREN}? (Choose one only) 1. It has a very positive effect on my parenting 2. It has a somewhat positive effect on my parenting 3. It has a somewhat negative effect on my parenting 4. It has a very negative effect on my parenting 5. It has little or no effect on my parenting 	-
 7.6. In general, what effect does your overall current health and wellbeing hearenting of your Growing Up in New Zealand study {CHILD/CHILDREN}? (Choose one only) 1. It has a very positive effect on my parenting 2. It has a somewhat positive effect on my parenting 3. It has a somewhat negative effect on my parenting 4. It has a very negative effect on my parenting 5. It has little or no effect on my parenting 99. Don't know 98. Prefer not to say 	-
 7.6. In general, what effect does your overall current health and wellbeing hearenting of your Growing Up in New Zealand study {CHILD/CHILDREN}? (Choose one only) 1. It has a very positive effect on my parenting 2. It has a somewhat positive effect on my parenting 3. It has a somewhat negative effect on my parenting 4. It has a very negative effect on my parenting 5. It has little or no effect on my parenting 99. Don't know 98. Prefer not to say 7.7. How often did you have a drink containing alcohol in the past year? 	GH16_y8M
 7.6. In general, what effect does your overall current health and wellbeing hearenting of your Growing Up in New Zealand study {CHILD/CHILDREN}? (Choose one only) 1. It has a very positive effect on my parenting 2. It has a somewhat positive effect on my parenting 3. It has a somewhat negative effect on my parenting 4. It has a very negative effect on my parenting 5. It has little or no effect on my parenting 99. Don't know 98. Prefer not to say 	-
 7.6. In general, what effect does your overall current health and wellbeing hearenting of your Growing Up in New Zealand study {CHILD/CHILDREN}? (Choose one only) 1. It has a very positive effect on my parenting 2. It has a somewhat positive effect on my parenting 3. It has a somewhat negative effect on my parenting 4. It has a very negative effect on my parenting 5. It has little or no effect on my parenting 99. Don't know 98. Prefer not to say 7.7. How often did you have a drink containing alcohol in the past year? (Choose one only) 	GH16_y8M
 7.6. In general, what effect does your overall current health and wellbeing hearenting of your Growing Up in New Zealand study {CHILD/CHILDREN}? (Choose one only) 1. It has a very positive effect on my parenting 2. It has a somewhat positive effect on my parenting 3. It has a somewhat negative effect on my parenting 4. It has a very negative effect on my parenting 5. It has little or no effect on my parenting 99. Don't know 98. Prefer not to say 7.7. How often did you have a drink containing alcohol in the past year? (Choose one only) 0. Never → Go to 7.10 	GH16_y8M
 7.6. In general, what effect does your overall current health and wellbeing hearenting of your Growing Up in New Zealand study {CHILD/CHILDREN}? (Choose one only) ○ 1. It has a very positive effect on my parenting ○ 2. It has a somewhat positive effect on my parenting ○ 3. It has a somewhat negative effect on my parenting ○ 4. It has a very negative effect on my parenting ○ 5. It has little or no effect on my parenting ○ 99. Don't know ○ 98. Prefer not to say 7.7. How often did you have a drink containing alcohol in the past year? (Choose one only) ○ 0. Never → Go to 7.10 ○ 1. Monthly or less 	GH16_y8M
 7.6. In general, what effect does your overall current health and wellbeing hearenting of your Growing Up in New Zealand study {CHILD/CHILDREN}? (Choose one only) ○ 1. It has a very positive effect on my parenting ○ 2. It has a somewhat positive effect on my parenting ○ 3. It has a somewhat negative effect on my parenting ○ 4. It has a very negative effect on my parenting ○ 5. It has little or no effect on my parenting ○ 99. Don't know ○ 98. Prefer not to say 7.7. How often did you have a drink containing alcohol in the past year? (Choose one only) ○ 0. Never → Go to 7.10 ○ 1. Monthly or less ○ 2. 2 to 4 times a MONTH 	GH16_y8M
 7.6. In general, what effect does your overall current health and wellbeing in parenting of your Growing Up in New Zealand study {CHILD/CHILDREN}? (Choose one only) ○ 1. It has a very positive effect on my parenting ○ 2. It has a somewhat positive effect on my parenting ○ 3. It has a somewhat negative effect on my parenting ○ 4. It has a very negative effect on my parenting ○ 5. It has little or no effect on my parenting ○ 99. Don't know ○ 98. Prefer not to say 7.7. How often did you have a drink containing alcohol in the past year? (Choose one only) ○ 0. Never → Go to 7.10 ○ 1. Monthly or less ○ 2. 2 to 4 times a MONTH ○ 3. 2 to 3 times a WEEK 	GH16_y8M
 7.6. In general, what effect does your overall current health and wellbeing in parenting of your Growing Up in New Zealand study {CHILD/CHILDREN}? (Choose one only) ○ 1. It has a very positive effect on my parenting ○ 2. It has a somewhat positive effect on my parenting ○ 3. It has a somewhat negative effect on my parenting ○ 4. It has a very negative effect on my parenting ○ 5. It has little or no effect on my parenting ○ 99. Don't know ○ 98. Prefer not to say 7.7. How often did you have a drink containing alcohol in the past year? (Choose one only) ○ 0. Never → Go to 7.10 ○ 1. Monthly or less ○ 2. 2 to 4 times a MONTH ○ 3. 2 to 3 times a WEEK ○ 4. 4 or more times a WEEK 	GH16_y8M
 7.6. In general, what effect does your overall current health and wellbeing harenting of your Growing Up in New Zealand study {CHILD/CHILDREN}? (Choose one only) ○ 1. It has a very positive effect on my parenting ○ 2. It has a somewhat positive effect on my parenting ○ 3. It has a somewhat negative effect on my parenting ○ 4. It has a very negative effect on my parenting ○ 5. It has little or no effect on my parenting ○ 99. Don't know ○ 98. Prefer not to say 7.7. How often did you have a drink containing alcohol in the past year? (Choose one only) ○ 0. Never → Go to 7.10 ○ 1. Monthly or less ○ 2. 2 to 4 times a MONTH ○ 3. 2 to 3 times a WEEK ○ 4. 4 or more times a WEEK ○ 99. Don't know 	GH16_y8M
 7.6. In general, what effect does your overall current health and wellbeing in parenting of your Growing Up in New Zealand study {CHILD/CHILDREN}? (Choose one only) ○ 1. It has a very positive effect on my parenting ○ 2. It has a somewhat positive effect on my parenting ○ 3. It has a somewhat negative effect on my parenting ○ 4. It has a very negative effect on my parenting ○ 5. It has little or no effect on my parenting ○ 99. Don't know ○ 98. Prefer not to say 7.7. How often did you have a drink containing alcohol in the past year? (Choose one only) ○ 0. Never → Go to 7.10 ○ 1. Monthly or less ○ 2. 2 to 4 times a MONTH ○ 3. 2 to 3 times a WEEK ○ 4. 4 or more times a WEEK 	GH16_y8M



7.8. How many standard drinks did you have on a typical day when you were drinking? Consider a drink (standard drink) to be a glass/330ml can or bottle of beer/cider, a small glass of wine (100ml), a 30 ml shot or a nip of spirits, a bottle (275ml) of a RTD/ready mix drink.

(Choose one only) ALC10 y8M

- 0 0.1 2
- 01.3-4
- 02.5-6
- 0.3.7 9
- O 4. 10 or more
- O 99. Don't know
- O 98. Prefer not to say
- 7.9. How often did you have 6 or more standard drinks on one occasion in the past year?

(Choose one only) ALC11_y8M

- O 0. Never
- O 1. Less than monthly
- O 2. Monthly
- O 3. Weekly
- O 4. Daily or almost daily
- O 99. Don't know
- O 98. Prefer not to say
- 7.10. Over the last 12 months, on which of the following activities have you spent money?

(Choose all that apply) GA1_1_y8M to GA1_97_y8M

- O 1. Housie or bingo
- O 2. Casino gambling tables
- O 3. Gambling on the internet (NZ or overseas)
- O 4. Playing cards for money
- O 5. Lotto
- O 6. Raffles
- O 7. Keno
- O 8. Electronic gaming machines in pubs/bars/clubs e.g. pokie machines
- O 9. Electronic gaming machines in casinos e.g. pokie machines
- O 10. Betting on horse races
- O 11. Betting on dog races
- O 12. Sports Betting
- O 13. Instant kiwi / scratch
- O 14. Bets with friends and workmates
- O 15. Text gambling or competition
- O 97. Other (Please specify
- O 96. I have not gambled in the past 12 months \rightarrow **Go to 8.1**

[Note that 96 is an exclusive option]

7.11. How often do you take part in these activities? (Choose one only)	GA2_y8M
 1. Less than monthly 2. Monthly 3. Weekly 4. Several times per week 5. Daily 99. Don't know 98. Prefer not to say 	
7.12. How much money on average would you spend on these in a typical week? (Choose one only)	GA3_y8M
 ○ 1. \$1 - \$10 ○ 2. \$11 - \$20 ○ 3. \$21 - \$50 ○ 4. \$51 - \$100 ○ 5. \$101 - \$500 ○ 6. \$501 or more ○ 99. Don't know ○ 98. Prefer not to say 	
7.13. How much time would you spend gambling in one typical week? (Choose one only)	GA4_y8M
 1. Total time in number of hour/s:(Range 0-168) and/or number of minute/s: 59) 99. Don't know 98. Prefer not to say 	(Range 0-
Thinking about the last 12 months	

(Choose one only for each row)	1 Never	2 Sometimes	3 Most of the time	4 Almost always	99 Don't know	98 Prefer not to say
7.14 Have you bet more than you could really afford to lose? <i>GA5_y8M</i>	0	0	0	0	0	0
7.15 Still thinking about the last 12 month, have you needed to gamble with larger amounts of money to get the same feeling of excitement? <i>GA6_y8M</i>	0	0	0	0	0	0
7.16 When you gambled, did you go back another day to try to win back the money you lost? <i>GA7_y8M</i>	0	0	0	0	0	0
7.17 Have you borrowed money or sold anything to get money to gamble? <i>GA8_y8M</i>	0	0	0	0	0	0
7.18 Have you felt that you might have a problem with gambling? GA9_y8M	0	0	0	0	0	0
7.19 Has gambling caused you any health problems, including stress or anxiety? <i>GA10_y8M</i>	0	0	0	0	0	0

7.20 Have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true? <i>GA11_y8M</i>		0	0	0	0	0
7.21 Has your gambling caused any financial problems for you or your household? <i>GA12_y8M</i>				0	0	0
7.22 Have you felt guilty about the way you gamble or what happens when you gamble? <i>GA13_y8M</i>	0	0	0	0	0	0

8. Maternal depression

These are questions about your thoughts and feelings.

Over the LAST TWO WEEKS, how often have you been bothered by the following problems?

(Choose one only for each row below)	1 Not at all	2 Several days	3 More than half the	4 Nearly every day	99 Don't know	98 Prefer not to say
8.1 Little interest or pleasure in doing things <i>PH1_y8M</i>	0	0	0	0	0	0
8.2 Feeling down, depressed, or hopeless PH2_y8M	0	0	0	0	0	0
8.3 Trouble falling or staying asleep, or sleeping too much PH3_y8M	0	0	0	0	0	0
8.4 Feeling tired or having little energy PH4_y8M	0	0	0	0	0	0
8.5 Poor appetite or overeating PH5_y8M	0	0	0	0	0	0
8.6 Feeling bad about yourself - or that you are a failure or have let yourself or your family down <i>PH6_y8M</i>	0	0	0	0	0	0
8.7 Trouble concentrating on things, such as reading the newspaper or watching television <i>PH7_y8M</i>	0	0	0	0	0	0
8.8 Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual PH8_y8M	0	0	0	0	0	0
8.9 Thoughts that you would be better off dead or of hurting yourself in some way PH9_y8M	0	0	0	0	0	0

If option 3 or 4 selected for ANY of 8.1 - 8.9 (i.e. if there are indications of moderate to serious difficulties) then ask 8.10, if not then go to 9.1.

8.10 How difficult have these things	s made it for yοι	ı to do your wor	k, take care	of things at
home, or get along with other peopl	e?			

(Choose one only) PH10_y8M

- O 1. Not difficult at all
- O 2. Somewhat difficult
- O 3. Very difficult
- O 4. Extremely difficult
- O 99. Don't know
- O 98. Prefer not to say

9. Relationships

This set of questions asks about the other family members in your and your *Growing Up in New Zealand* {CHILD/CHILDRENS} {LIFE/LIVES}, and the kind of support systems you have in place for being a parent to {THIS/THESE} {CHILD/CHILDREN}.

9.1. Do you have a current partner?

(Choose one only)

PQ5_y8M

- O 1. Yes
- \bigcirc 0. No \rightarrow **Go to 11.1**
- \bigcirc 98. Prefer not to say \rightarrow **Go to 11.1**

10. You and Your Partner

The next set of questions is about you and your partner.

Please think about a time <u>during the past four weeks</u> when you and your partner spent time talking or doing things together. With those times in mind, please select how often your partner acted in the following ways <u>towards you</u> during the past four weeks.

How often did any of the following things happen in your relationship?

(Choose one only for each row below)	Variable name	0 Never or almost never	1 Not very often	2 Quite	3 Very often	4 Extremely often or all the time	99 Don't Know	98 Prefer not to say
10.1 Your partner listened to your opinions; was positive and encouraged you; accepted what you wore and how you looked	CFL45_y8M	0	0	0	0	0	0	0
10.2 Your partner made you feel like you couldn't do anything right; sulked or got angry when they didn't get what they wanted; blamed you for their problems		0	0	0	0	0	0	0
10.3 Your partner insisted on knowing where you were at all times; made it hard for you to see your friends and family and got jealous when you did		0	0	0	0	0	0	0
10.4 Your partner raised their voice at you when you were arguing; swore or yelled at you when they were angry		0	0	0	0	0	0	0
10.5 Your {CHILD was/CHILDREN were} present when you had arguments with your partner		0	0	0	0	0	0	0
10.6 Your partner insulted you or made you feel bad about yourself; belittled you or humiliated you in front of other people; did things to scare or intimidate you on purpose	CFL49_y8M	0	0	0	0	0	0	0
10.7 Your {CHILD was/CHILDREN were} present when your partner insulted or frightened you	CFL28_y8M	0	0	0	0	0	0	0
10.8 Your partner slapped you or threw things at you that could have hurt you; pushed or shoved you or pulled your hair; hit you with a fist or something else that could have hurt you		0	0	0	0	0	0	0
10.9 Your {CHILD was/CHILDREN were} present when you had a physical conflict with your partner		0	0	0	0	0	0	0

11. Family environment

We are interested in how New Zealand families or whanau think about each other and what life is like in your home.

For each statement below, please indicate how much each statement describes your home environment.

(Choose one only for each row)	1. Very much like your own home	2. Somewhat like your own home	3. A little bit like your own home	4. Not at all like your own home
11.1 There is very little commotion in our home HE1_y8M	0	0	0	0
11.2 We can usually find things when we need them HE2_y8M	0	0	0	0
11.3 We almost always seem to be rushed HE3_y8M	0	0	0	0
11.4 We are usually able to "stay on top of things" HE4_y8M	0	0	0	0
11.5 No matter how hard we try, we always seem to be running late HE5_y8M	0	0	0	0
11.6 It's a real "zoo" in our home HE6_y8M	0	0	0	0
11.7 At home we can talk to each other without being interrupted HE7 y8M	0	0	0	0
11.8 There is often a fuss going on at our home HE8_y8M	0	0	0	0
11.9 No matter what our family plans, it usually doesn't seem to work out HE9_y8M	0	0	0	0
11.10 You can't hear yourself think in our home HE10_y8M	0	0	0	0
11.11 I often get drawn into other people's arguments at home HE11 y8M	0	0	0	0
11.12 Our home is a good place to relax HE12_y8M	0	0	0	0
11.13 The telephone takes up a lot of our time at home HE13_y8M	0	0	0	0
11.14 The atmosphere in our home is calm HE14_y8M	0	0	0	0
11.15 First thing in the day, we have a regular routine at home HE15_y8M	0	0	0	0

12. Who lives at your house

Now we would like to gather some information about the people who live in your house. To get an idea of the relationship between each household member and {NAME}, you will be asked whether each household member is:

- immediate family such as mother, father, brother or sister;
- extended family such as aunt, uncle, grandparent or cousin; or
- non-kin (not related) such as a flatmate, friend or boarder.

12.1. Firstly, can I please confirm the age and gender of {NAME/NAMES}?

Name	Age variable name	Age of Child (Range:7-9 years)	Gender variable name	Gender of Child
(prepopulated)		(prepopulated)		(prepopulated)
Growing Up in New Zealand child 1	HHA1_1_y8M	_	HHG1_1_y8M	O 1. Male O 2. Female
Growing Up in New Zealand child 2 (if twins or triplets)	HHA1_2_y8M	_	HHG1_2_y8M	O 1. Male O 2. Female
Growing Up in New Zealand child 3 (if triplets	HHA1_3_y8M	_	HHG1_3_y8M	O 1. Male O 2. Female

Now, I would like to ask about any other children and household members aged 20 and under.

Apart from {NAME/NAMES} how many other children and young adults aged 20 and under live with you?

O 0=None → Go to 12.3	
O 1=1	
O 2=2	
○ 3=3	
O 4=4	
O 5=5	
O 6=6	
O 7=7	
○ 8=8	
○ 9=9	

O 10=10

12.2. Thank you for confirming that you have {number seeded from above} {CHILD/CHILDREN} {OR/AND} young {ADULT/ADULTS} in addition to {NAME/NAMES} living in your house. Now

HHA2ct y8M

we will confirm some details about {THIS/THESE} {CHILD/CHILDREN} {OR/AND} young {ADULT/ADULTS}

Interviewer note: Sister / brother also includes any step-siblings, half-siblings, adopted siblings, and any other

that is considered by participant to be a sibling

	Age of child or adolescent (Range under 1-20 years)	This person is part of {NAME/NAMES}'s:	Relationship to {NAME/NAMES}
(Please choose one only for each household member)	HHA2_1_y8 M	NHH2B16_1_y8M to NHH2B16_20_y8m	NHH2B17_1_y8M to NHH2B17_20_y8M
Household member (Rows 1-10)		O 1.Immediate family O 2. Extended family O 3. Non-kin	O 1=Aunt O 2=Boarder - female O 3=Boarder - male O 4=Brother O 5=Brother-in-law O 40=Brother's partner O 6=Cousin - female O 7=Cousin - male O 8=Father O 9=Flatmate - female O 10=Flatmate - male O 11=Friend - female O 12=Friend - male O 21=Homestay student - female O 22=Homestay student - male O 23=Mother O 24=Mother's partner - female O 25=Mother's partner - male O 25=Mother's partner - male O 26=Nanny/Au pair/Caregiver - male O 27=Nanny/Au pair/Caregiver - male O 28=Nephew O 29=Niece O 972=Other - female O 971=Other - male O 32=Sister O 33=Sister-in-law O 39=Sister's partner O 35=Step father O 36=Step mother

		O 34=Uncle

Thank you. Now, I would like to ask how many other adults aged 21 and over, including you, are living in your house?

1=1	HHA3ct_y8M
2=2	
3=3	
4=4	
5=5	
6=6	
7=7	
8=8	
9=9	
10=10	
11=11	
12=12	
13=13	
14=14	
15=15	
16=16	
17=17	
18=18	
19=19	
20=20	

12.3. Thank you for confirming that you have {number seeded from above} {ADULT/ADULTS} aged 21 and over, including you living in your house.

Now, we will confirm some details about (THESE ADULTS, STARTING WITH YOU FIRST/YOU).

Interviewer note: Sister / brother also includes any step-siblings, half-siblings, adopted siblings, and any other that is considered by participant to be a sibling

	Age group	This person is part of {NAME/NAMES}'s	Relationship to {NAME/NAMES}
(Please choose one only for each household member)	HHA3_1_y8M to HHA3_20_y8 M	NHH3B18_1_y8M to NHH3B18_20_y8M	NHH3B19_1_y8M to NHH3B19_20_y8M
Househol d member (Rows 1- 20)	○ 1=21 - 30 ○ 2=31 - 40 ○ 3=41 - 50 ○ 4=51 - 60 ○ 5=61 - 70 ○ 6=71 - 80 ○ 7=81 - 90 ○ 8=91+ ○ 9=Over	○ 1. Immediate family○ 2. Extended family○ 3. Non-kin	 1= Aunt 2= Boarder - female 3= Boarder - male 4= Brother 5= Brother-in-law 40= Brother's partner 6= Cousin - female 7= Cousin - male 8= Father 9= Flatmate - female

21 age	O 10= Flatmate - male
unknown	O 11= Friend - female
	O 12= Friend - male
	O 13= Grandfather
	O 14= Grandmother
	O 15= Great Aunt
	O 16= Great Grandfather
	O 17= Great Grandmother
	O 18= Great Uncle
	O 21= Homestay student-
	female
	O 22= Homestay student-
	male
	O 23= Mother
	O 24= Mother's partner-
	female
	O 25= Mother's partner-
	male
	O 26= Nanny/ Au pair/
	caregiver- female
	O 27= Nanny/ Au pair/
	caregiver- male
	O 28= Nephew
	O 29= Niece
	O 972= Other- female
	O 971= Other- male
	O 32= Sister
	○ 33= Sister-in-law
	O 39= Sister's partner
	O 35 = Step father
	O 36= Step mother
	O 34=Uncle
	0 0 1 0 11010

12.4. How many couples live in your house? (Choose one only)	HCI6_y8M to HCI6s_y8M
○ 1. Number of couples(Range 1 - 10)○ 0. None○ 99. Don't know○ 98. Prefer not to say	
12.5. How many bedrooms are there in your house? (Choose one only)	HCI7_ y8M to HCI7s_ y8M
○ 1. Number of bedrooms (Range 0 -15)○ 99. Don't know○ 98. Prefer not to say	

12.6. Which of the following rooms or areas (other than bedrooms) are regularly used for sleeping in your house?

(Choose all that apply)

HCI8_0_y8M to HCI8_99_y8M

O 0. No rooms other than bedrooms are used for s	sleeping
O 1. Lounges and/or living spaces	
O 2. Caravans	
O 3. Garages	
O 4. Sleep outs	
O 97 Other (Please specify)
O 99 Don't know	
O 98 Prefer not to say	

[Note: 0, 99 and 98 are exclusive codes]