



Extreme Weather Event Survey Main Cohort

Child Questionnaire

Growing Up in New Zealand

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Interviewer Note: ID data seeded

ID Participant ID (Child): _____ • _____

FN First Name (Child): _____

LN Last Name (Child): _____

INTD Interview Date: ____/____/____

INTR Interviewer Name: _____

CTRY Childs Usual Country of Residence: _____

1. Introduction

Kia ora {NAME}, welcome to the *Growing Up in New Zealand* Extreme Weather Event questionnaire. We are really pleased to hear from you again!

The *Growing Up in New Zealand* study has been asked to help the government understand how the floods and cyclone that hit Aotearoa New Zealand in early 2023 impacted young people and their families and how things are going for you now.

Even if you didn't have any flooding or landslips at your house, we would still like you to answer these questions. It should take you less than 15 minutes to answer them.

The information from this project will be shared with decision-makers so that the voices of young people and their families are heard as part of ongoing recovery work and in future planning. We will use the same data collection and management processes for this survey as the ones we used in all the other data collection waves.

We have a short questionnaire about the flooding and cyclone in Aotearoa New Zealand that took place in January and February this year (2023). We are wondering what the experience of this extreme weather was like for you and how you are doing now.

The questionnaire will ask you about how the flooding and cyclone affected your everyday life and activities. We then ask you questions about your emotions and feelings at the time and now, your relationships with your family and friends, neighbourhood and school.

The information you give us will be confidential and only reviewed and analysed during the data analysis phase, meaning we will not be able to follow-up with you if you provide information about symptoms of depression, anxiety, or post-traumatic stress disorder in the questionnaire. If you are worried or upset about anything after answering these questions please talk to your family. You can also find help at the support services listed at the end of this questionnaire and on our website www.growingup.co.nz or by phoning 0508 476 946/texting 8071.

Some tips for the questionnaire:

1. Don't stress over every answer - your first answer is usually the best one.
2. You can't use the back button once you have moved to a new page. If you are doing it by yourself and you made a mistake, you can send us a message and tell us what question you want the answer changed to and why. We can change the answer later - you can keep going with the questionnaire!
3. Some of the questions might not seem relevant to you or your life but remember we ask questions from lots of different young people in the study - just answer as best you can.
4. Remember that all your answers are CONFIDENTIAL, and nobody will know what you have said.
5. If you get stuck on a question or you don't know how to answer something, then please call us on 0508 GROWING UP (0508 476 946), email us at contact@growingup.co.nz or text message on 8071 any day of the week between 9 in the morning and 9 at night and we will help.

Thank you for being part of this amazing study 😊

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7/02/2024

Consent/Assent:

1.1 Are you happy to take part in this special Growing Up in New Zealand survey? You can say no if you don't want to join in. No problem!

(Choose one only)

CONSENT1_y13EWC

- ☐ 1. Yes
- ☐ 0. No → Go to **END OF QUESTIONS** and to the Closing and information link

2. Impact on everyday life

We have some questions about changes that may have occurred in your life due to the floods or cyclone that happened this year.

2.1 Were you affected by the floods or cyclone in January and February this year?

(Choose one only)

AFFECT_y13EWC

- ☐ 1. Yes
- ☐ 2. No, but someone I know was
- ☐ 0. No

Please tell us how much the following had an impact on you...

(Choose one only for each line)	Variable name	0. Not at all	1. A little	2. A lot	99. Don't know
2.2 My house was damaged or flooded during the floods or cyclone	IMPEVRY1_y13EWC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.3 My neighbourhood was damaged or flooded during the floods or cyclone	IMPEVRY2_y13EWC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.4 My clothes or belongings (e.g. books, electronics, toys) were damaged or flooded during the floods or cyclone	IMPEVRY3_y13EWC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2.5 My pet(s) went missing or had to be left behind during the floods or cyclone

(Choose one only)

IMPEVRY4_y13EWC

- ☐ 1 Yes
- ☐ 0 No
- ☐ 2 I do not have a pet

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7/02/2024

2.6 In the days following the floods and cyclone, were you trying to contact (face-to-face, telephone or online) family not living with you (e.g., parents, siblings, grandparents, aunts, uncles, cousins etc.) but couldn't reach them?

(Choose one only)

IMPCONT1_y13EWC

- ☐ 1 Yes
☐ 0 No

2.7 In the days following the floods and cyclone, were you trying to contact (face-to-face, telephone or online) your friends but couldn't reach them?

(Choose one only)

IMPCONT2_y13EWC

- ☐ 1 Yes
☐ 0 No

3. Impact on school and activities

3.1 Did you start a new school at the beginning of this year (before the floods/cyclone)?

(Choose one only)

IMPSCHL1_y13EWC

- ☐ 1 Yes
☐ 0 No

3.2 Did you have a delay to the start of school in the first term due to the floods or cyclone?

(Choose one only)

IMPSCHL2_y13EWC

- ☐ 1 Yes
☐ 0 No

3.3 Did you need to change school /or move school buildings due to the floods or cyclone?

(Choose one only)

IMPSCHL3_y13EWC

- ☐ 1 Yes
☐ 0 No

3.4 Did you have any time off school due to the floods or cyclone?

(Choose one only)

IMPSCHL4_y13EWC

- ☐ 1 Yes
☐ 0 No (Go to 3.6)

3.5 How long did you have off school due to the floods or cyclone?*(Choose one only)**IMPSCHL5_y13EWC*

- ☐ 1 Less than 1 day
☐ 2 1-3 days
☐ 3 4-5 days
☐ 4 More than a week
☐ 99 Don't know

How much were the following activities interrupted or stopped for you during term 1 because of the flooding or cyclone?

<i>(Choose one only for each row)</i>	Variable name	0. Not at all	1. A little	2. A lot	95. Not applicable
3.6 Homework	<i>IMPSCHL6_y13EWC</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.7 School activities (e.g. dance & drama, sport, arts, craft & technology, music, kapa haka etc.)	<i>IMPSCHL7_y13EWC</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.8 Social activities (e.g. playing sports, going to the mall, marae, church/ mosque, culture or community activities etc.)	<i>IMPSCHL8_y13EWC</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.9 Online games or communication	<i>IMPSCHL9_y13EWC</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.10 Seeing friends	<i>IMPSCHL10_y13EWC</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.11 Seeing family	<i>IMPSCHL11_y13EWC</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3.12 Has the flooding or cyclone impacted your ability to get to or from places by public transport (e.g. bus, train)?

*(Choose one only)**IMPSCHL12_y13EWC*

- ☐ 1 Yes
☐ 0 No
☐ 95 Not applicable

3.13 Has the flooding or cyclone impacted your ability to get to or from places by car or other ways (excluding public transport)?

*(Choose one only)**IMPSCHL13_y13EWC*

- ☐ 1 Yes
☐ 0 No
☐ 95 Not applicable

4. Peri-traumatic Distress inventory and injury

Did you experience any of the following during or immediately after the floodings or cyclone?

<i>(Choose one only for each row)</i>	Variable name	0. Not at all true	1. Slightly true	2. Somewhat true	3. Very true	4. Extremely true
4.1 I felt helpless to do more	PTSII1_y1 3EWC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.2 I felt sadness and grief	PTSII2_y1 3EWC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.3 I felt frustrated or angry I could not do more	PTSII3_y1 3EWC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.4 I felt afraid for my safety	PTSII4_y1 3EWC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.5 I felt guilt that more was not done	PTSII5_y1 3EWC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.6 I felt ashamed of my emotional reactions	PTSII6_y1 3EWC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.7 I felt worried about the safety of others	PTSII7_y1 3EWC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.8 I had the feeling I was about to lose control of my emotions	PTSII8_y1 3EWC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.9 I had difficulty controlling my bowel and bladder	PTSII9_y1 3EWC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.10 I was horrified by what happened	PTSII10_y 13EWC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.11 I had physical reactions like sweating, shaking and pounding heart	PTSII11_y 13EWC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.12 I felt I might pass out	PTSII12_y 13EWC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.13 I thought I might die	PTSII13_y 13EWC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4.14 Were you physically injured during or immediately after the floods or cyclone?

(Choose one only)

INJR1_y13EWC

- ☐ 1 Yes, minor injury not requiring medical attention
- ☐ 2 Yes, injury requiring medical attention, but I didn't have to go to hospital
- ☐ 3 Yes, injury requiring hospital treatment
- ☐ 0 No

5. Neighbourhood Engagement

The next questions are about your normal neighbourhood (or neighbourhoods if you lived in more than one house) **before the floods or cyclone?**

Tell us how much you agree or disagree with the following statements

<i>(Choose one only for each row)</i>	Variable name	1. Strongly disagree	2. Disagree	3. Neither disagree or agree	4. Agree	5. Strongly agree
5.1 I would be sad if I had to move away from the people in my neighbourhood	<i>NENG1_y13EWC</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.2 I have a lot in common with people in my neighbourhood	<i>NENG2_y13EWC</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.3 My neighbours are nice to me	<i>NENG3_y13EWC</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.4 I like living where I live	<i>NENG4_y13EWC</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.5 I am good friends with some people in the neighbourhood	<i>NENG5_y13EWC</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.6 I don't have much to do with people in this neighbourhood	<i>NENG6_y13EWC</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.7 It is safe to walk around the neighbourhood at night	<i>NENG7_y13EWC</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.8 I feel safe walking and playing in the neighbourhood without an adult during the day	<i>NENG8_y13EWC</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.9 I generally trust my neighbours to look out for our house	<i>NENG12_y13EWC</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.10 If I no longer lived here, hardly anyone around here would notice	<i>NENG13_y13EWC</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Resilience

How true are the following statements for you?

For each item, please click the circle below that best indicates how much you agree with the following statements as they apply to you over the last month. If a particular situation has not occurred recently, answer according to how you think you would have felt.

<i>(Choose one only for each row)</i>	Variable name	0. Not true at all	1. Rarely true	2. Sometimes true	3. Often true	4. True nearly all the time
6.1 I am able to adapt when changes occur	RES14_y13EWC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.2 I tend to bounce back after illness, injury, or other hardships	RES15_y13EWC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Your everyday health

These next questions are about your health and general wellbeing now.

7.1 In general, how would you say your health is?

(Choose one only)

QOL11_y13EWC

- ☐ 1. Excellent
- ☐ 2. Very good
- ☐ 3. Good
- ☐ 4. Fair
- ☐ 5. Poor

How are you? How do you feel? We want to know what answer comes to your mind first.

Thinking about the past week...

<i>(Choose one only for each row)</i>	Variable name	0. Not at all	1. Slightly	2. Moderately	3. Very	4. Extremely
7.2 Have you felt fit and well?	QOL1_y13EWC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.3 Have you got on well at school?	QOL9_y13EWC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.4 Have you been able to pay attention?	QOL10_y13EWC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7.5 Have you felt full of energy?	QOL2_y13EWC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.6 Have you felt sad?	QOL3_y13EWC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.7 Have you felt lonely?	QOL4_y13EWC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.8 Have you had enough time for yourself?	QOL5_y13EWC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.9 Have you been able to do the things that you want to do in your free time?	QOL6_y13EWC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.10 Have your parent(s) treated you fairly?	QOL7_y13EWC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.11 Have you had fun with your friends?	QOL8_y13EWC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the past 4 weeks, how much of the time did you have...

(Choose one only for each row)	Variable name	0. None of the time	1. A little of the time	2. Some of the time	3. A good bit of the time	4. Most of the time	5. All the time
7.12 ...a problem falling asleep?	SLP13_1_y13EWC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.13 ...waking up frequently during the night?	SLP13_2_y13EWC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.14 ...waking up too early?	SLP13_3_y13EWC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Depression

Below is a list of the ways you might have felt or acted. **Please tell us how much you have felt this way during the past week.**

(Choose one only for each line)	Variable name	0. Not At All	1. A Little	2. Some	3. A Lot
8.1 I was bothered by things that usually don't bother me	DS1_y13EWC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.2 I felt like I couldn't pay attention to what I was doing	DS2_y13EWC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.3 I felt down and unhappy	DS3_y13EWC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.4 I felt like I was too tired to do things	DS4_y13EWC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.5 I felt like something good was going to happen	DS5_y13EWC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.6 I felt scared.	DS6_y13EWC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8.7 I didn't sleep as well as I usually sleep	DS7_y13EWC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.8 I was happy.	DS8_y13EWC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.9 I felt lonely, like I didn't have any friends	DS9_y13EWC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.10 It was hard to get started doing things	DS10_y13EWC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Anxiety

This section asks you how you have been thinking, feeling, or acting recently. **For each item, please select the option that shows how often the statement is true for you.** Remember there are no right or wrong answers, just answer how you have been feeling recently.

In the past 7 days how often were the following true...

<i>(Choose one only for each line)</i>	Variable name	0. Never	1. Almost Never	2. Sometimes	3. Often	4. Almost always
9.1 I felt scared	PAS1_y13EWC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.2 I worried about what could happen to me	PAS2_y13EWC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.3 I felt worried	PAS3_y13EWC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.4 I felt like something awful might happen	PAS4_y13EWC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.5 I worried when I went to bed at night	PAS5_y13EWC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.6 I felt nervous	PAS6_y13EWC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.7 I worried when I was at home	PAS7_y13EWC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.8 I got scared really easily	PAS8_y13EWC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.9 I was afraid that I would make mistakes	PAS9_y13EWC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.10 I thought about scary things	PAS10_y13EWC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. PTSD / Trauma

Below is a list of comments made by people after stressful life events. Please mark each item showing how frequently these comments were true for you **during the past seven days when thinking about the flooding and cyclone**. If they did not occur during that time, please mark the 'not at all' box.

<i>Frequency during the last week: (Choose one for each row)</i>	Variable name	0. Not at all	1. Rarely	2. Sometimes	3. Often

10.1 Do you think about it even when you don't mean to?	<i>PTSD1_y13EWC</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.2 Do you try to remove it from your memory?	<i>PTSD2_y13EWC</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.3 Do you have waves of strong feelings about it?	<i>PTSD3_y13EWC</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.4 Do you stay away from reminders of it (e.g. places or situations)?	<i>PTSD4_y13EWC</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.5 Do you try not to talk about it?	<i>PTSD5_y13EWC</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.6 Do pictures about it pop into your mind?	<i>PTSD6_y13EWC</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.7 Do other things keep making you think about it?	<i>PTSD7_y13EWC</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.8 Do you try not to think about it?	<i>PTSD8_y13EWC</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. What do you think the Prime Minister could or should do to support young people who might experience a natural disaster, such as flooding, a cyclone, or an earthquake?

Choose one only

ADV_PM_y13EWC,

ADV_PMs_y13EWC

☐ 97. _____

☐ 94 Nothing to add

12. What advice would you give to other young people who might experience a flood or cyclone in the future?

Choose one only

ADV_YP_y13EWC,

ADV_YPs_y13EWC

☐ 97. _____

☐ 94 Nothing to add

Closing statement

From all the *Growing Up in New Zealand* team, thank you so much for sharing your experiences with us. We appreciate you taking time out of your busy life to do this.

We will keep your information private and your name will not be used in any results. We will share some of the findings from this research with you and other cohort families as soon as we can.

If you are worried about anything after answering these questions please talk to your family or friends. You can also find help at the support services listed below and on our website www.growingup.co.nz or by phoning 0508 476 946/texting 8071.

- [Youthline](#) – phone [0800 376 633](tel:0800376633), free text 234, email talk@youthline.co.nz or use the online chat.
- [Gumboot Friday](#) (free counselling), <https://1737.org.nz/>, free call or text 1737
- [SouthSeas Bubblegum](#) (Pacific health care organisation in South Auckland)

End of Questionnaire