

**New Zealand
ISSP 2007 – Leisure Time and Sports
Questionnaire**

Leisure Time Activities

The following questions are related to your free time, that is, time you are not occupied with work or household duties or other activities that you are obliged to do.

1. How often do you do each of the following activities in your free time?

	Daily	Several times a week	Several times a month	Several times a year or less often	Never
a. Watch TV, DVD, videos	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8
b. Go to the movies	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8
c. Go out shopping	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8
d. Read books	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8
e. Attend cultural events such as concerts, live theatre, exhibitions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8
f. Get together with relatives	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8
g. Get together with friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8
h. Play cards or board games	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8
i. Listen to music	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8
j. Take part in physical activities such as sports, going to the gym, going for a walk	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8
k. Attend sporting events as a spectator	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8
l. Do handicrafts such as needle work, wood work, etc.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8
m. Spend time on the Internet/PC	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8

2. When you are involved in free time activities to what extent do they enable you ...

	Very much	A lot	Somewhat	A little	Not at all	Can't choose
a. ...to be the kind of person you really are?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
b. ...to strengthen your relationships with other people?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8

3. Please, indicate how much enjoyment you get from the following free time activities:

	No enjoyment	Not much enjoyment	Some enjoyment	A fair amount of enjoyment	A great amount of enjoyment	I never do that
a. Reading books	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
b. Getting together with friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
c. Taking part in physical activities such as sports, going to the gym, going for a walk	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
d. Watching TV, DVD, videos	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8

4. People do different things during their free time. For each of the following, please indicate how often you use your free time to ...

	Very often	Often	Some-times	Seldom	Never	Can't choose
a. ... establish useful contacts	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
b. ... relax and recover	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
c. ... try to learn or develop skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8

5a. In your free time, how often do you?

	Very often	Often	Some-times	Seldom	Never	Doesn't apply
a. ...feel bored?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
b. ...feel rushed?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
c. ...find yourself thinking about work?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8

5b. In your free time, do you prefer to be with other people or do you prefer to be by yourself?

Most of the time with other people	<input type="checkbox"/> 1
More with other people than alone	<input type="checkbox"/> 2
More alone than with other people	<input type="checkbox"/> 3
Most of the time alone	<input type="checkbox"/> 4
Can't choose	<input type="checkbox"/> 8

6. Suppose you could change the way you spend your time, spending more time on some things and less time on others. Which of the things on the following list would you like to spend more time on, which you would you like to spend less time on and which would you like to spend the same amount of time on as now?

	Much more time	A bit more time	Same time as now	A bit less time	Much less time	Can't choose	Doesn't apply
a. Time in a paid job	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 8
b. Time doing household work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 8
c. Time with your family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 8
d. Time in leisure activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 8

7a. In the last 12 months, how many nights altogether did you stay away from home for holidays or social visits?

- I was not away 1
- 1-5 nights 2
- 6-10 nights 3
- 11-20 nights 4
- 21-30 nights 5
- More than 30 nights 6
- Can't choose 8

7b. In the last 12 months, how many days of leave from your work, if any, did you take altogether (do not include maternity or sick leave or similar types of leave)?

- None 1
- 1-5 days 2
- 6-10 days 3
- 11-20 days 4
- 21-30 days 5
- More than 30 days 6
- I do not work 7
- Can't choose 8

Sport and Games

8a. What sport or physical activity do you take part in most frequently?

Most frequent sport or physical activity _____ Please write in

I do not take part in any sport or physical activity

8b. Thinking about *games* rather than sports or physical activities, what type of game do you play *most frequently*?

SELECT THE MOST APPROPRIATE GAME FROM THE LIST BELOW AND TICK THE CORRESPONDING BOX.

IF YOU DO NOT PLAY ANY GAME, PLEASE TICK THE BOX AT THE VERY BOTTOM OF THE LIST.

PLEASE TICK *ONE* BOX ONLY

- | | | |
|--|--------------------------|----|
| Backgammon | <input type="checkbox"/> | 1 |
| Draughts | <input type="checkbox"/> | 2 |
| Chess | <input type="checkbox"/> | 3 |
| Go | <input type="checkbox"/> | 4 |
| Other board games (e.g., monopoly, scrabble) | <input type="checkbox"/> | 5 |
| Card games (e.g., bridge, rummy, patience, solitaire) | <input type="checkbox"/> | 6 |
| Dominoes | <input type="checkbox"/> | 7 |
| Mah-jongg | <input type="checkbox"/> | 8 |
| Jigsaw puzzles | <input type="checkbox"/> | 9 |
| Word or number games (e.g., crosswords, sudoku) | <input type="checkbox"/> | 10 |
| Video games, computer games, play station, pinball | <input type="checkbox"/> | 11 |
| Gambling games (e.g., casino games, slot machine, lottery, sports betting) | <input type="checkbox"/> | 12 |
| Other games | <input type="checkbox"/> | 13 |
| I do not play any games | <input type="checkbox"/> | 14 |

9. Please indicate how important the following reasons are for you to take part in sports or games.

	Very important	Somewhat important	Not very important	Not important	Can't choose	Doesn't apply
a. For physical or mental health	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
b. To meet other people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
c. To compete against others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
d. To look good	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8

10a. What sport do you watch on TV most frequently? (If you do not watch any sport on TV, please tick the box provided below and skip to question 11).

Most frequent sport watched _____ **Please write in**

I do not watch any sport on TV → **Go to Question 11**

10b. What sport is the SECOND MOST FREQUENT you watch on TV?

Second most frequent sport watched _____ **Please write in**

I do not watch a second sport

11. How proud are you when New Zealand does well at an international sports or games competition?

- I am very proud 1
- I am somewhat proud 2
- I am not very proud 3
- I am not proud at all 4
- Can't choose 8

12. People have different opinions about sports. To what extent do you agree or disagree with the following statements?

	Agree strongly	Agree	Neither agree nor disagree	Disagree	Disagree Strongly	Can't choose
a. Taking part in sports develops children's character	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
b. There is too much sport on TV	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
c. Sports bring different groups and races inside New Zealand closer together	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
d. International sports competitions create more tension between countries than good feelings	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
e. New Zealand's government should spend more money on sports	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8

Social and Political Participation

13. In the last 12 months, how often have you participated in the activities of one of the following associations or groups?

I have participated in...	At least once a week	At least once a month	Several times	Once or twice	Never
a. A sports association/group	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8
b. A cultural association/group	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8
c. A church or other religious organisation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8
d. A community-service or civic association/group	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8
e. A political party or organisation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8

14a. Generally speaking, would you say that people can be trusted or that you can't be too careful in dealing with people?

People can almost always be trusted	<input type="checkbox"/> 1
People can usually be trusted	<input type="checkbox"/> 2
You usually can't be too careful in dealing with people	<input type="checkbox"/> 3
You almost always can't be too careful in dealing with people	<input type="checkbox"/> 4
Can't choose	<input type="checkbox"/> 8

14b. How interested would you say you personally are in politics?

Very interested	<input type="checkbox"/> 1
Fairly interested	<input type="checkbox"/> 2
Not very interested	<input type="checkbox"/> 3
Not at all interested	<input type="checkbox"/> 4
Can't choose	<input type="checkbox"/> 8

15. To what extent do the following conditions prevent you from doing the free time activities you would like to do?

	Very much	To a large extent	To some extent	Not at all	Can't choose
a. Lack of facilities nearby	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8
b. Lack of money	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8
c. Personal health, age or disability	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8
d. Need to take care of someone (elderly, children)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8
e. Lack of time	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8

16. If you were to consider your life in general these days, how happy or unhappy would you say you are, on the whole ...

Very happy	<input type="checkbox"/> 1
Fairly happy	<input type="checkbox"/> 2
Not very happy	<input type="checkbox"/> 3
Not at all happy	<input type="checkbox"/> 4
Can't choose	<input type="checkbox"/> 8

17. In general, would you say your health is ...

Excellent	<input type="checkbox"/> 1
Very good	<input type="checkbox"/> 2
Good	<input type="checkbox"/> 3
Fair	<input type="checkbox"/> 4
Poor	<input type="checkbox"/> 5
Can't choose	<input type="checkbox"/> 8

18. Now, two questions about yesterday.

a. Just to recall for you, yesterday was...

- ... a weekday or working-day ₁
... a day off or a holiday ₂

b. At about what time did you get up yesterday ?

At ____o'clock ___ minutes (Please enter using the 24-hour format)

At about what time did you go to sleep yesterday ?

At ____o'clock ___ minutes (Please enter using the 24-hour format)

19. Could you please tell me your:

a. Height: _____cm **or** _____feet _____inches

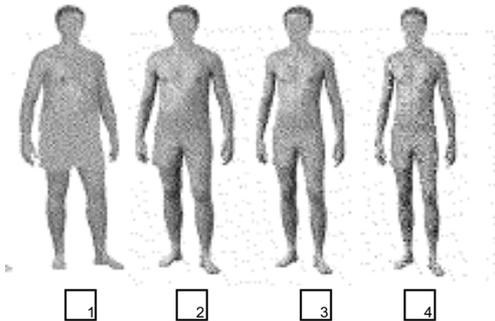
b. Weight: _____kg **or** _____stone _____pounds

20. Would you like to...

- Gain weight ₁
Maintain your current weight ₂
Lose weight ₃
I don't care about my weight ₈

21. Which of the following pictures come closest to your conception of an ideal shape of a man and a woman?

PLEASE TICK THE BOX BELOW THE PICTURE OF YOUR CHOICE OF THE IDEAL MAN



PLEASE TICK THE BOX BELOW THE PICTURE OF YOUR CHOICE OF THE IDEAL WOMAN



About Yourself

So that we can be sure we have a good cross section of people in our survey, would you please answer the following questions about you. Remember that all responses remain **STRICTLY CONFIDENTIAL**.

22. Please indicate the year in which you were born: Year: 19 _____

23. What is your gender? Male ₁ Female ₂

24. Which of these categories best describes your *current* marital status?

- Married ₁
- Widowed ₂
- Divorced ₃
- Separated ₄
- Single, never married ₅

25. Do you live together with a partner?

Yes ₁ No ₂

26. INCLUDING YOURSELF, how many people are there in your household?

Number in household : _____

How many children under the age of 18 are in your household?

Children under 18 years _____

27. Which of the following categories describe your ethnic origin?

PLEASE TICK AS MANY AS YOU NEED TO SHOW WHICH ETHNIC GROUP(S) YOU BELONG TO

- | | | |
|--------------------------------|--------------------------|---|
| N Z Maori | <input type="checkbox"/> | 1 |
| N Z European or Pakeha | <input type="checkbox"/> | 1 |
| Other European | <input type="checkbox"/> | 1 |
| Samoan | <input type="checkbox"/> | 1 |
| Cook Island Maori | <input type="checkbox"/> | 1 |
| Tongan | <input type="checkbox"/> | 1 |
| Niuean | <input type="checkbox"/> | 1 |
| Chinese | <input type="checkbox"/> | 1 |
| Indian | <input type="checkbox"/> | 1 |
| Other (such as Fijian, Korean) | <input type="checkbox"/> | 1 |

28. What is your current religion or religious denomination?

- | | | | | | |
|----------------------------|--------------------------|----|-----------------------|--------------------------|----|
| Anglican | <input type="checkbox"/> | 1 | Methodist | <input type="checkbox"/> | 13 |
| Assemblies of God | <input type="checkbox"/> | 2 | Muslim | <input type="checkbox"/> | 14 |
| Baptist | <input type="checkbox"/> | 3 | Orthodox | <input type="checkbox"/> | 15 |
| Brethren | <input type="checkbox"/> | 4 | Pentecostal | <input type="checkbox"/> | 16 |
| Buddhist | <input type="checkbox"/> | 5 | Presbyterian | <input type="checkbox"/> | 17 |
| Catholic | <input type="checkbox"/> | 6 | Protestant | <input type="checkbox"/> | 18 |
| Christian | <input type="checkbox"/> | 7 | Ratana | <input type="checkbox"/> | 19 |
| Jehovah's Witness | <input type="checkbox"/> | 8 | Ringatu | <input type="checkbox"/> | 20 |
| Jewish | <input type="checkbox"/> | 9 | Salvation Army | <input type="checkbox"/> | 21 |
| Hindu | <input type="checkbox"/> | 10 | Seventh Day Adventist | <input type="checkbox"/> | 22 |
| Lutheran | <input type="checkbox"/> | 11 | Other | <input type="checkbox"/> | 23 |
| Mormon (Latter Day Saints) | <input type="checkbox"/> | 12 | No religion | <input type="checkbox"/> | 24 |

29. How often do you attend a religious service?

- Never 1
- Less than once a year 2
- Once a year 3
- Several times a year 4
- Once a month 5
- Two or three times a month 6
- Once a week 7
- Several times a week 8
- Can't choose/Don't know 9

30. Which one of these categories best describes the amount of formal education you have had?

- No formal schooling 1
- A few years of primary school 2
- Primary/Intermediate up to Standard 6 or Form 2 3
- Secondary school for up to 3 years 4
- Secondary school for 4 years or more 5
- University/polytechnic for up to 3 years 6
- University/polytechnic for 4 years or more 7

31. Which of these categories best describes your highest formal qualification?

- No formal qualification 1
- Proficiency 2
- School C, Nat Cert Level 1, NCEA Level 1 3
- Sixth Form Cert, Nat Cert Level 2, UE, NCEA Level 2 4
- Higher Sch Cert, Higher Leaving Cert, Bursary/Scholarship, NCEA Level 3 5
- Trade or Professional certificate 6
- Diploma below degree level 7
- University degree 8
- Post-graduate or higher qualification 9

32. Which one of these categories best describes your current employment status?

PLEASE TICK *ONE* BOX ONLY

CURRENTLY WORKING

- Employed – full time (35+ hours weekly) 1
- Employed - part time (15-35 hours weekly) 2
- Employed - less than 15 hours/temporarily out of work 3
- Helping family member 4

NOT CURRENTLY WORKING

- Unemployed or beneficiary 5
- Student 6
- Retired 7
- Housewife/husband - home duties 8
- Permanently disabled 9

33. How many hours, on average, do you *usually* work in a normal week?

Number of hours: _____ or: Doesn't apply to me 99

34. What is your *main* occupation or your *last* occupation, if you are not working now?

- If you have (or had) more than one job, business or professional practice, please give the occupation for the job you spend the most time at.
- Please describe fully, using two words or more; for example, builders' labourer *not* labourer, accounts clerk *not* clerk, deer farmer *not* farmer.

Main/last occupation: _____not applicable 9999

35. Do you supervise, or are you responsible for, the work of any other people?

Yes 1 No 2

If yes, how many people do you supervise?

Number of people: _____

36. Which of these categories best describes your current employment status?

- | | |
|---|--------------------------|
| Public sector (i.e. local government, Government) | <input type="checkbox"/> |
| Publicly-owned private sector organisation | <input type="checkbox"/> |
| Privately-owned private sector organisation | <input type="checkbox"/> |
| Non-profit/Charity/Welfare organisation | <input type="checkbox"/> |
| Self-employed | <input type="checkbox"/> |
| Not working | <input type="checkbox"/> |

37. If you are self-employed, how many employees do you currently have?

Number of employees: _____

38. Have you ever been a member of a Trade Union?

- | | |
|----------------------------|--------------------------|
| Currently a member | <input type="checkbox"/> |
| Once a member, but not now | <input type="checkbox"/> |
| Never a member | <input type="checkbox"/> |

IF YOU ARE MARRIED OR LIVING WITH A PARTNER, PLEASE ANSWER QUESTION 39. OTHERWISE, PLEASE GO TO QUESTION 43.

39. Which one of the following categories best describes your partner's or spouse's current employment status?

PLEASE TICK *ONE* BOX ONLY

CURRENTLY WORKING

Employed – full time (35+ hours weekly) 1

Employed - part time (15-35 hours weekly) 2

Employed - less than 15 hours/temporarily out of work 3

Helping family member 4

NOT CURRENTLY WORKING

Unemployed or beneficiary 5

Student 6

Retired 7

Housewife/husband - home duties 8

Permanently disabled 9

40. How many hours, on average, does your partner or spouse *usually* work in a normal week?

Number of hours: _____ OR: Doesn't apply 99

41. What is your *partner's* or *spouse's* main occupation or *last* occupation, if they are not working now?

- **If your partner or spouse has (or had) more than one job, business or professional practice, please give the occupation for the job he or she spends the most time at.**
- **Please describe fully, using two words or more; for example, builders' labourer *not* labourer, accounts clerk *not* clerk, deer farmer *not* farmer.**

Main/last occupation: _____ Not applicable 9999

42. Which of these categories best describes who your partner or spouse works for (or who they worked for most recently)?

- Public sector (i.e. local government, Government) 1
- Publicly-owned private sector organisation 2
- Privately-owned private sector organisation 3
- Non-profit/Charity/Welfare organisation 4
- Self-employed 5
- Not working 6

43. At the 2005 General Election, who did you vote for?

- | | Electorate
candidate | Party list |
|----------------------------------|---------------------------------|-----------------------------|
| Didn't vote/not eligible to vote | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| Act | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| Alliance | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |
| Destiny | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Green | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Labour | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |
| Maori Party | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 |
| National | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 |
| New Zealand First | <input type="checkbox"/> 9 | <input type="checkbox"/> 9 |
| Progressive Coalition | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 |
| United Future | <input type="checkbox"/> 11 | <input type="checkbox"/> 11 |
| Other | <input type="checkbox"/> 12 | <input type="checkbox"/> 12 |
| Don't know | <input type="checkbox"/> 13 | <input type="checkbox"/> 13 |

44. Where on the following scale would you say your political views lie?

- Far left 1
- Left/centre left 2
- Centre/liberal 3
- Right/conservative 4
- Far right 5
- Other 6
- Have no preference 7
- Don't know 8

45. Which of the following categories best describes your own yearly income from all sources before tax?

- \$10,000 or less 1
- \$10,001 - \$15,000 2
- \$15,001 - \$20,000 3
- \$20,001 - \$25,000 4
- \$25,001 - \$30,000 5
- \$30,001 - \$40,000 6
- \$40,001 - \$50,000 7
- \$50,001 - \$70,000 8
- \$70,001 - \$100,000 9
- \$101,000 or more 10

46. Which of the following categories best describes the total yearly income of *everyone in your household* from all sources before tax?

- \$15,000 or less 1
- \$15,001 - \$20,000 2
- \$20,001 - \$30,000 3
- \$30,001 - \$40,000 4
- \$40,001 - \$50,000 5
- \$50,001 - \$60,000 6
- \$60,001 - \$70,000 7
- \$70,001 - \$80,000 8
- \$80,001 - \$100,000 9
- \$100,001 or more 10

47. In terms of your social status, which *one* of the following categories do you think you fit into?

- Highest social class 10
 9
 8
 7
 6
 5
 4
 3
 2
Lowest social class 1

48. And in which area do you live?

- | | | | |
|---------------------|-----------------------------|----------------------|-----------------------------|
| Northland | <input type="checkbox"/> 1 | Horowhenua | <input type="checkbox"/> 12 |
| Auckland | <input type="checkbox"/> 2 | Wellington | <input type="checkbox"/> 13 |
| Thames Valley | <input type="checkbox"/> 3 | Wairarapa | <input type="checkbox"/> 14 |
| Bay of Plenty | <input type="checkbox"/> 4 | Nelson Bays | <input type="checkbox"/> 15 |
| Waikato | <input type="checkbox"/> 5 | Marlborough | <input type="checkbox"/> 16 |
| Tongariro | <input type="checkbox"/> 6 | West Coast | <input type="checkbox"/> 17 |
| East Cape | <input type="checkbox"/> 7 | Canterbury | <input type="checkbox"/> 18 |
| Hawkes Bay | <input type="checkbox"/> 8 | Aorangi | <input type="checkbox"/> 19 |
| Taranaki | <input type="checkbox"/> 9 | Clutha-Central Otago | <input type="checkbox"/> 20 |
| Wanganui | <input type="checkbox"/> 10 | Coastal-North Otago | <input type="checkbox"/> 21 |
| Manawatu-Rangitikei | <input type="checkbox"/> 11 | Southland | <input type="checkbox"/> 22 |

49. Do you live in a rural or urban area?

- Rural 1
Urban 2

50. Would you describe the place where you live as...

- A big city 1
- The suburbs or outskirts of a big city 2
- A small city or town 3
- A country village 4
- A farm or home in the country 5

51. What is the population of place where you live?

- 100,000 or more 1
- 50,000 – 99,000 2
- 30,000 – 49,999 3
- 10,000 – 29,999 4
- 1,000 – 9,999 5
- Less than 1,000 6
- Farm or rural property 7

52. Does a health problem or a condition you have (lasting 6 months or more) cause you difficulty with, or stop you doing:

PLEASE TICK AS MANY BOXES AS APPLY

- Everyday activities that people your age can usually do 1
- Communicating, mixing with others or socialising 1
- Any other activity that people your age can usually do 1
- No difficulty with any of these 1

53. Do you have any disability or handicap that is long-term (lasting 6 months or more)?

- Yes 1
- No 2

54. How long have you lived at your current address?

I have lived at this address for: _____ years and _____ months.

