

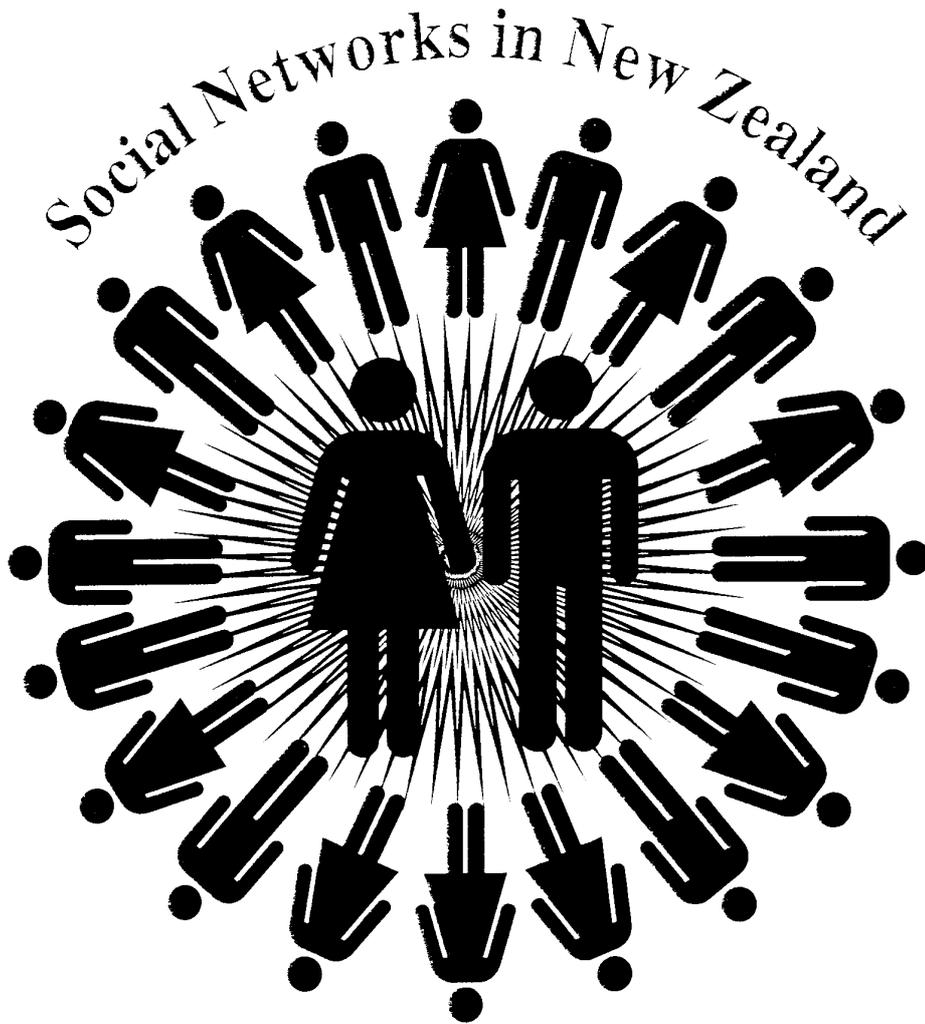


International Social Survey Programme

New Zealand

CONFIDENTIAL

ID: 06802



Department of Marketing
International Social
Survey Programme
2001

How to fill out this questionnaire

To answer these questions all you have to do is tick a box, or write in the space provided. For some questions, there is an instruction in **bold type** explaining what to do. Some questions may not apply to you, in which case there are instructions on which questions to go to next.

The questions cover a wide range of subjects, but no special knowledge is required and there are no right or wrong answers. We just want to know your *own personal opinions*.

Returning the questionnaire

When you have completed the questionnaire, please post it back in the reply-paid envelope, **as soon as you possibly can**.

Enjoy the questionnaire, and thank you for your help.

If you would like a copy of a summary of the results of this survey, please write your name and address in the place below.

Name:	_____
Address:	_____

YOU AND YOUR HOUSEHOLD

In the first part of this questionnaire, we would like to ask some general questions about you and your household.

1. Please indicate the year in which you were born:

Year: 19 ____

2. What is your sex?

Male

Female

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

(✓)
Married
Widowed
Divorced
Separated
Single, never married

4. Do you live together with a partner?

Yes

No

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

Number in household: _____

- 6.a How many children under the age of 18 are in your household?

Children under 18 years _____

- 6.b Of these children under 18, how many are under 5 years of age?

Children under 5 years _____

6. How many children under 18 years of age do you have?

(Please include step-children, adopted children and children not living with you)

All children under 18 years _____

-1-

6-7

8

9

10

11-12

13-14

15-16

17-18

8. 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

- | | | | |
|------------------------|-------------------------------------|--|----|
| | (✓) | | 19 |
| N Z Maori | <input checked="" type="checkbox"/> | | |
| | <input type="checkbox"/> | | 20 |
| N Z European or Pakeha | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | 21 |
| Samoan | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | 22 |
| Cook Island Maori | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | 23 |
| Tongan | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | 24 |
| Niuean | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | 25 |
| Indian | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | 26 |
| Chinese | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | 27 |
| Other | <input type="checkbox"/> | | |

9. What is your current religion or religious denomination?

- | | | | |
|----------------------------|-------------------------------------|--|-------|
| | (✓) | | |
| Anglican | <input checked="" type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| Assemblies of God | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| Baptist | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| Brethren | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| Buddhist | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| Catholic | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| Christian | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| Jehovah's Witness | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| Jewish | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| Hindu | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| Lutheran | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| Mormon (Latter Day Saints) | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | (✓) | | |
| | <input checked="" type="checkbox"/> | | |
| Methodist | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| Muslim | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| Orthodox | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| Pentecostal | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| Presbyterian | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| Protestant | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| Ratana | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| Ringatu | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | 28-29 |
| Salvation Army | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| Seventh Day Adventist | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| Other | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| No religion | <input type="checkbox"/> | | |

10. How often do you attend a religious service?

- | | | | |
|----------------------------|-------------------------------------|--|----|
| | (✓) | | |
| | <input checked="" type="checkbox"/> | | |
| Never | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| Less than once a year | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| Once a year | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| Several times a year | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| Once a month | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | 30 |
| Two or three times a month | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| Once a week | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| Several times a week | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| Can't choose/Don't know | <input type="checkbox"/> | | |

11. Which of the following categories best describes your current housing situation?

- Own house (freehold or mortgaged) 1
- Rent: Private rental market 2
- Rent: public or subsidised 3
- Rent: from employer 4
- Rent: other 5
- Boarding 6
- Living with parents or family 7
- House comes with job 8
- Other 9

31

12. And in which area do you live?

- | | |
|---|---|
| <ul style="list-style-type: none"> Northland <input checked="" type="checkbox"/> 1 Auckland <input type="checkbox"/> 2 Thames Valley <input type="checkbox"/> 3 Bay of Plenty <input type="checkbox"/> 4 Waikato <input type="checkbox"/> 5 Tongariro <input type="checkbox"/> 6 East Cape <input type="checkbox"/> 7 Hawkes Bay <input type="checkbox"/> 8 Taranaki <input type="checkbox"/> 9 Wanganui <input type="checkbox"/> 10 Manawatu-Rangitikei <input type="checkbox"/> 11 | <ul style="list-style-type: none"> Horowhenua <input checked="" type="checkbox"/> 12 Wellington <input type="checkbox"/> 13 Wairarapa <input type="checkbox"/> 14 Nelson Bays <input type="checkbox"/> 15 Marlborough <input type="checkbox"/> 16 West Coast <input type="checkbox"/> 17 Canterbury <input type="checkbox"/> 18 Aorangi <input type="checkbox"/> 19 Clutha-Central Otago <input type="checkbox"/> 20 Coastal-North Otago <input type="checkbox"/> 21 Southland <input type="checkbox"/> 22 |
|---|---|

32-33

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

- Rural 1
- Urban 2

34

14. 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

35

YOUR FAMILY AND FRIENDS

In this part of the questionnaire, we would like to ask you about your family and friends. For example, about how often you see or visit them, and when you turn to them for help or advice.

15. We would like to begin with your brothers and sisters. How many adult brothers and/or sisters – we mean brothers or sisters who are aged 18 and older - do you have? (We mean brothers and sisters who are still alive. Please include step-brothers and sisters, half-brothers and sisters, and adopted brothers and sisters).

Adult brother(s) and sister(s) _____

36-37

I have no adult brothers or sisters 0 → GO TO Q19

16. Of your adult brothers and sisters, with whom do you have the most contact?

PLEASE TICK ONE BOX ONLY

With a brother 1

With a sister 2

I have no contact with any adult brother or sister 3 → GO TO Q19

38

17. How often do you see or visit this brother or sister?

He/she lives in the same household as I do 0 → GO TO Q19

Daily 1

At least several times a week 2

At least once a week 3

At least once a month 4

Several times a year 5

Less often 6

39

18. And how often do you have any other contact with this brother or sister besides visiting, either by telephone, letter, fax or e-mail?

Daily 1

At least several times a week 2

At least once a week 3

At least once a month 4

Several times a year 5

Less often 6

40

19. Now some questions about your children who are aged 18 and older.

How many children aged 18 and older do you have? (We mean children who are still alive. Please include step-children, half-children and adopted children.)

Children aged 18 and older _____

I have no children aged 18 and older → GO TO Q23

41-42

20. Of your children aged 18 and older, with whom do you have the most contact?

PLEASE TICK *ONE* BOX ONLY

With a son

With a daughter

I have no contact with any of my adult children

→ GO TO Q23

43

21. How often do you see this son or daughter?

He/she lives in the same household as I do

→ GO TO Q23

Daily

At least several times a week

At least once a week

At least once a month

Several times a year

Less often

44

22. And how often do you have any other contact with this son or daughter besides visiting, either by telephone, letter, fax or e-mail?

Daily

At least several times a week

At least once a week

At least once a month

Several times a year

Less often

45

23. And now some questions about your father. How often do you see or visit your father?

- (✓)
- He lives in the same household as I do 1 → GO TO Q25
- Daily 2
- At least several times a week 3
- At least once a week 4
- At least once a month 5
- Several times a year 6
- Less often 7
- Never 8
- My father is no longer alive 9 → GO TO Q25
- I don't know where my father lives 10 → GO TO Q25

46-47

24. And how often do you have any other contact with your father besides visiting, either by telephone, letter, fax or e-mail?

- (✓)
- Daily 1
- At least several times a week 2
- At least once a week 3
- At least once a month 4
- Several times a year 5
- Less often 6
- Never 7

48

25. And what about your mother? How often do you see or visit her?

- (✓)
- She lives in the same household as I do 1 → GO TO Q28
- Daily 2
- At least several times a week 3
- At least once a week 4
- At least once a month 5
- Several times a year 6
- Less often 7
- Never 8
- My mother is no longer alive 9 → GO TO Q28
- I don't know where my mother lives 10 → GO TO Q28

49-50

26. How often do you have any other contact with your mother besides visiting, either by telephone, letter, fax or e-mail?

- (✓)
- Daily 1
- At least several times a week 2
- At least once a week 3
- At least once a month 4
- Several times a year 5
- Less often 6
- Never 7

51

27. About how long would it take to get to where your mother lives? Think of the time it usually takes door to door.

- (✓)
- Less than 2 minutes 1
- Less than 15 minutes 2
- Between 15 and 30 minutes 3
- Between 30 minutes and 1 hour 4
- Between 1 and 2 hours 5
- Between 2 and 3 hours 6
- Between 3 and 5 hours 7
- Between 5 and 12 hours 8
- Over 12 hours 9

52

28. Now some questions about your contact with other relatives. Please indicate how often you have been in contact with any of the following types of relatives in the *last four weeks*.

PLEASE TICK *ONE* BOX ON EACH LINE

	More than twice in last four weeks	Once or twice in last four weeks	Not at all in last four weeks	I have no living relative of this type
Uncles	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Cousins	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Parents-in-law	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Brothers- or sisters-in-law	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Nieces and nephews	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
God-parents	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

53

54

55

56

57

58

29. Now we would like to ask you about people you know, other than your family and relatives. The first question is about people at your work place.

IF YOU DO NOT WORK FOR PAY, PLEASE GO TO QUESTION 30.

Thinking about people at your work place, how many of them are close friends of yours?

Number of close friends at work place _____

None 0

59-60

30. Thinking now of people who live near you – in your neighbourhood or district: how many of these people are close friends of yours?

Number of other close friends who live near you _____

None 0

61-62

31. How many *other* close friends do you have – apart from those at work, in your neighbourhood, or family members? Think, for instance, of friends at clubs, church, or the like.

Number of other close friends _____

None 0

63-64

32. Now think about your best friend, the friend you feel closest to (but not your partner). Is this best friend ...

- A male relative 1
- A female relative 2
- A man who is not a relative 3
- A women who is not a relative? 4
- I don't have a close friend 5 → GO TO Q35

65

33. How often do you see or visit your friend (the friend you feel closest to)?

- He/she lives in the same household as I do 1 → GO TO Q35
- Daily 2
- At least several times a week 3
- At least once a week 4
- At least once a month 5
- Several times a year 6
- Less often 7
- Never 8

66

34. And how often do you have any other contact with this friend besides visiting, either by telephone, letter, fax or e-mail?

- | | |
|-------------------------------|-----------------------------------|
| Daily | (✓)
<input type="checkbox"/> 1 |
| At least several times a week | <input type="checkbox"/> 2 |
| At least once a week | <input type="checkbox"/> 3 |
| At least once a month | <input type="checkbox"/> 4 |
| Several times a year | <input type="checkbox"/> 5 |
| Less often | <input type="checkbox"/> 6 |
| Never | <input type="checkbox"/> 7 |

67

35. People sometimes belong to different kinds of groups or associations. The list below contains different types of groups. For each type of group, please tick a box to say whether you have participated in the activities of this group in the past 12 months.

	I have participated more than twice	I have participated once or twice	I belong to such a group but never participate	I do not belong to such a group	
a. A political party, club or association	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	68
b. A trade union or professional association	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	69
c. A church or other religious organisation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	70
d. A sports group, hobby or leisure club	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	71
e. A charitable organisation or group	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	72
f. A neighbourhood association or group	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	73
g. Other associations or groups	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	74

36. Now we would like to ask you how you would get help in situations that anyone could find herself or himself in. First, suppose you had the flu and had to stay in bed for a few days and needed help around the house, with shopping and so on. Who would you turn to *first* for help?

PLEASE TICK *ONE* BOX ONLY

- | | | | | | |
|------------------------|-------------------------------------|---|-------------------------------------|-------------------------------------|----|
| Husband, wife, partner | <input checked="" type="checkbox"/> | 1 | Other blood relative | <input checked="" type="checkbox"/> | 10 |
| Mother | <input type="checkbox"/> | 2 | Other in-law relative | <input type="checkbox"/> | 11 |
| Father | <input type="checkbox"/> | 3 | Close friend | <input type="checkbox"/> | 12 |
| Daughter | <input type="checkbox"/> | 4 | Neighbour | <input type="checkbox"/> | 13 |
| Daughter-in-law | <input type="checkbox"/> | 5 | Someone you work with | <input type="checkbox"/> | 14 |
| Son | <input type="checkbox"/> | 6 | Someone at a social services agency | <input type="checkbox"/> | 15 |
| Son-in-law | <input type="checkbox"/> | 7 | Someone you pay to help | <input type="checkbox"/> | 16 |
| Sister | <input type="checkbox"/> | 8 | Other | <input type="checkbox"/> | 17 |
| Brother | <input type="checkbox"/> | 9 | No one | <input type="checkbox"/> | 18 |

75-76

37. And who would you turn to *second* if you had the flu and needed help around the house?

PLEASE TICK *ONE* BOX ONLY

- | | | | | | |
|------------------------|-------------------------------------|---|-------------------------------------|-------------------------------------|----|
| Husband, wife, partner | <input checked="" type="checkbox"/> | 1 | Other blood relative | <input checked="" type="checkbox"/> | 10 |
| Mother | <input type="checkbox"/> | 2 | Other in-law relative | <input type="checkbox"/> | 11 |
| Father | <input type="checkbox"/> | 3 | Close friend | <input type="checkbox"/> | 12 |
| Daughter | <input type="checkbox"/> | 4 | Neighbour | <input type="checkbox"/> | 13 |
| Daughter-in-law | <input type="checkbox"/> | 5 | Someone you work with | <input type="checkbox"/> | 14 |
| Son | <input type="checkbox"/> | 6 | Someone at a social services agency | <input type="checkbox"/> | 15 |
| Son-in-law | <input type="checkbox"/> | 7 | Someone you pay to help | <input type="checkbox"/> | 16 |
| Sister | <input type="checkbox"/> | 8 | Other | <input type="checkbox"/> | 17 |
| Brother | <input type="checkbox"/> | 9 | No one | <input type="checkbox"/> | 18 |

77-78

38. Now, suppose you needed to borrow a large sum of money. Who would you turn to *first* for help?

PLEASE TICK *ONE* BOX ONLY

- | | | | | | |
|------------------------|-------------------------------------|----|--------------------------------------|-------------------------------------|----|
| Husband, wife, partner | <input checked="" type="checkbox"/> | 1 | Close friend | <input checked="" type="checkbox"/> | 11 |
| Mother | <input type="checkbox"/> | 2 | Neighbour | <input type="checkbox"/> | 12 |
| Father | <input type="checkbox"/> | 3 | Someone you work with | <input type="checkbox"/> | 13 |
| Daughter | <input type="checkbox"/> | 4 | Employer | <input type="checkbox"/> | 14 |
| Son | <input type="checkbox"/> | 5 | Government or social services agency | <input type="checkbox"/> | 15 |
| Sister | <input type="checkbox"/> | 6 | A bank or credit union | <input type="checkbox"/> | 16 |
| Brother | <input type="checkbox"/> | 7 | A private money lender | <input type="checkbox"/> | 17 |
| Other blood relative | <input type="checkbox"/> | 8 | Someone else | <input type="checkbox"/> | 18 |
| In-law relative | <input type="checkbox"/> | 9 | No one | <input type="checkbox"/> | 19 |
| God-parent | <input type="checkbox"/> | 10 | | | |

79-80

39. And who would you turn to *second* if you needed to borrow a large sum of money?

-2-

PLEASE TICK *ONE* BOX ONLY

Husband, wife, partner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1	Close friend	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11
Mother	<input type="checkbox"/>	<input type="checkbox"/>	2	Neighbour	<input type="checkbox"/>	<input type="checkbox"/>	12
Father	<input type="checkbox"/>	<input type="checkbox"/>	3	Someone you work with	<input type="checkbox"/>	<input type="checkbox"/>	13
Daughter	<input type="checkbox"/>	<input type="checkbox"/>	4	Employer	<input type="checkbox"/>	<input type="checkbox"/>	14
Son	<input type="checkbox"/>	<input type="checkbox"/>	5	Government or social services agency	<input type="checkbox"/>	<input type="checkbox"/>	15
Sister	<input type="checkbox"/>	<input type="checkbox"/>	6	A bank or credit union	<input type="checkbox"/>	<input type="checkbox"/>	16
Brother	<input type="checkbox"/>	<input type="checkbox"/>	7	A private money lender	<input type="checkbox"/>	<input type="checkbox"/>	17
Other blood relative	<input type="checkbox"/>	<input type="checkbox"/>	8	Someone else	<input type="checkbox"/>	<input type="checkbox"/>	18
In-law relative	<input type="checkbox"/>	<input type="checkbox"/>	9	No one	<input type="checkbox"/>	<input type="checkbox"/>	19
God-parent	<input type="checkbox"/>	<input type="checkbox"/>	10				

1-2

40. Now suppose you felt just a bit down or depressed, and you wanted to talk about it. Who would you turn to *first* for help?

PLEASE TICK *ONE* BOX ONLY

Husband, wife, partner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1	Close friend	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10
Mother	<input type="checkbox"/>	<input type="checkbox"/>	2	Neighbour	<input type="checkbox"/>	<input type="checkbox"/>	11
Father	<input type="checkbox"/>	<input type="checkbox"/>	3	Someone you work with	<input type="checkbox"/>	<input type="checkbox"/>	12
Daughter	<input type="checkbox"/>	<input type="checkbox"/>	4	Priest or member of the clergy	<input type="checkbox"/>	<input type="checkbox"/>	13
Son	<input type="checkbox"/>	<input type="checkbox"/>	5	Family doctor	<input type="checkbox"/>	<input type="checkbox"/>	14
Sister	<input type="checkbox"/>	<input type="checkbox"/>	6	A psychologist or another professional counsellor	<input type="checkbox"/>	<input type="checkbox"/>	15
Brother	<input type="checkbox"/>	<input type="checkbox"/>	7	A self-help group	<input type="checkbox"/>	<input type="checkbox"/>	16
Other blood relative	<input type="checkbox"/>	<input type="checkbox"/>	8	Someone else	<input type="checkbox"/>	<input type="checkbox"/>	17
In-law relative	<input type="checkbox"/>	<input type="checkbox"/>	9	No one	<input type="checkbox"/>	<input type="checkbox"/>	18

3-4

41. And who would you turn to *second* if you felt a bit down or depressed and wanted to talk about it?

PLEASE TICK *ONE* BOX ONLY

Husband, wife, partner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1	Close friend	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10
Mother	<input type="checkbox"/>	<input type="checkbox"/>	2	Neighbour	<input type="checkbox"/>	<input type="checkbox"/>	11
Father	<input type="checkbox"/>	<input type="checkbox"/>	3	Someone you work with	<input type="checkbox"/>	<input type="checkbox"/>	12
Daughter	<input type="checkbox"/>	<input type="checkbox"/>	4	Priest or member of the clergy	<input type="checkbox"/>	<input type="checkbox"/>	13
Son	<input type="checkbox"/>	<input type="checkbox"/>	5	Family doctor	<input type="checkbox"/>	<input type="checkbox"/>	14
Sister	<input type="checkbox"/>	<input type="checkbox"/>	6	A psychologist or another professional counsellor	<input type="checkbox"/>	<input type="checkbox"/>	15
Brother	<input type="checkbox"/>	<input type="checkbox"/>	7	A self-help group	<input type="checkbox"/>	<input type="checkbox"/>	16
Other blood relative	<input type="checkbox"/>	<input type="checkbox"/>	8	Someone else	<input type="checkbox"/>	<input type="checkbox"/>	17
In-law relative	<input type="checkbox"/>	<input type="checkbox"/>	9	No one	<input type="checkbox"/>	<input type="checkbox"/>	18

5-6

42. During the *past 12 months*, how often have you done any of the following things for people you know personally, such as relatives, friends, neighbours or other acquaintances?

	More than once a week	Once a week	Once a month	At least two or three times in the past year	Once in the past year	Not at all in the past year	
a. Helped someone outside of your household with housework or shopping	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	7
b. Lent quite a bit of money to another person	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	8
c. Spent time talking with someone who was a bit down or depressed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	9
d. Helped somebody to find a 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	10

43. There are many ways people hear about jobs – from other people, from advertisements or employment agencies, and so on. Please indicate how you *first* found out about work at your present employer.

IF YOU ARE NOT CURRENTLY WORKING FOR PAY, PLEASE ANSWER THIS QUESTION FOR YOUR LAST JOB

- (✓) 1 I have never worked for pay
- 2 From parents, brothers or sisters
- 3 From other relatives
- 4 From a close friend
- 5 From an acquaintance
- 6 From a public employment agency or service
- 7 From a private employment agency
- 8 From a school or university placement office
- 9 From an advertisement or a sign
- 10 The employer contacted me about a job
- 11 I just called them or went there to ask for work

11-12

44. People look for various things in a close friend and can differ on how important or not some things are for them. Please tick a box to say how important or not it is for close friends of yours to be each of the following:

	Extremely important	Very important	Fairly important	Not too important	Not at All Important	
a. Someone who is intelligent and makes me think	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	13
b. Someone who helps me get things done	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	14
c. Someone who really understands me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	15
d. Someone who is enjoyable company	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	16

45. Please tick a box on each line to indicate how much you agree or disagree with each of the following statements.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Can't choose	
a. Adult children have a duty to look after their elderly parents	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	17
b. You should take care of yourself and your family first, before helping 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	18
c. People who are better off should help friends who are less well off	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	19
d. It is all right to develop friendships with people just because you know they can be of use to you	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	20

46. On the whole, do you think it should or should not be the government's responsibility to:

	Definitely should be	Probably should be	Probably should not be	Definitely should not be	Can't choose	
a. Provide childcare for everyone who wants it?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8	21
b. Provide a decent standard of living for the old?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8	22

47. 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 1
- Fairly happy 2
- Not very happy 3
- Not at all happy 4
- Can't choose 8

23

48. Do you feel that your family, relatives and/or friends make too many demands on you?

- (✓)
- No, never 1
- Yes, but seldom 2
- Yes, sometimes 3
- Yes, often 4
- Yes, very often 5

24

49. To what extent do you agree or disagree with the following statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Can't choose	
a. There are only a few people I can trust completely	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	25
b. Most of the time you can be sure that other people want the best for you	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	26
c. If you are not careful, other people will take advantage of you	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	27

50. How long have you lived in the city, town or local community where you live now?

Since birth 1

Since the year _____

28

29-32

51. Suppose you wanted the local council to bring about some improvement in your local community. How likely is it that you would be able to do something about it?

- (✓)
- Very likely 1
- Somewhat likely 2
- Not very likely 3
- Not at all likely 4
- Don't know 5

33

52. To what extent to you agree or disagree with the following statement?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Can't choose
People like me don't have a say about what the Government does	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8

34

53. How often do you discuss politics with your friends?

	(✓)
Almost all of the time	<input type="checkbox"/> 1
Most of the time	<input type="checkbox"/> 2
Occasionally	<input type="checkbox"/> 3
Almost never	<input type="checkbox"/> 4
Can't choose	<input type="checkbox"/> 8

35

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**.

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

	(✓)
No formal schooling	<input type="checkbox"/> 1
A few years of primary school	<input type="checkbox"/> 2
Primary/Intermediate up to Standard 6 or Form 2	<input type="checkbox"/> 3
Secondary school for up to 3 years	<input type="checkbox"/> 4
Secondary school for 4 years or more	<input type="checkbox"/> 5
University/polytechnic for up to 3 years	<input type="checkbox"/> 6
University/polytechnic for 4 years or more	<input type="checkbox"/> 7

36

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

	(✓)
No formal qualification	<input type="checkbox"/> 1
School qualifications only (Proficiency, School C, UE, Bursary etc)	<input type="checkbox"/> 2
Trade or Professional certificate	<input type="checkbox"/> 3
Diploma below Bachelor level	<input type="checkbox"/> 4
Bachelor's Degree	<input type="checkbox"/> 5
Post-graduate or higher qualification	<input type="checkbox"/> 6

37

56. Which of these categories describe your employment status?

PLEASE TICK AS MANY AS APPLY

- | | | |
|---|-------------------------------------|----|
| Employed - full time (35+ hours weekly) | <input checked="" type="checkbox"/> | 38 |
| Employed - part time (15-35 hours weekly) | <input type="checkbox"/> | 39 |
| Employed - less than 15 hours/temporarily out of work | <input type="checkbox"/> | 40 |
| Helping family member | <input type="checkbox"/> | 41 |
| Unemployed or beneficiary | <input type="checkbox"/> | 42 |
| Student | <input type="checkbox"/> | 43 |
| Retired | <input type="checkbox"/> | 44 |
| Housewife/husband - home duties | <input type="checkbox"/> | 45 |
| Permanently disabled | <input type="checkbox"/> | 46 |

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

Number of hours: _____

47-48

58. What is your main occupation?

- If you have 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 occupation: _____ not applicable 9999

49-52

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

Yes 1 No 2

53

If yes, how many people do you supervise?

Number of people: _____

54-56

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

- | | | |
|---|-------------------------------------|----|
| Public sector (i.e. local government, Government) | <input checked="" type="checkbox"/> | 57 |
| 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"/> | |

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

Number of employees: _____

58-61

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

- (✓)
- Currently a member 1
- Once a member, but not now 2
- Never a member 3

62

IF YOU ARE MARRIED OR LIVING WITH A PARTNER, PLEASE ANSWER QUESTION 63. OTHERWISE, PLEASE GO TO QUESTION 66.

63. Which of the following categories describe your partner's or spouse's current employment status?

PLEASE TICK AS MANY AS APPLY

- (✓)
- Employed – full time (35+ hours weekly) 1
- Employed – part time (15-35 hours weekly) 1
- Employed – less than 15 hours/temporarily out of work 1
- Helping family member 1
- Unemployed or beneficiary 1
- Student 1
- Retired 1
- Housewife/husband – home duties 1
- Permanently disabled 1

63

64

65

66

67

68

69

70

71

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

Number of hours: _____

72-73

65. What is your *partner's* or *spouse's* main occupation?

- If your partner or spouse has 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 occupation: _____

Not applicable

 9999

74-77

66. At the 1999 General Election, which Political Party 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
Green	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Labour	<input type="checkbox"/> 5	<input type="checkbox"/> 5
National	<input type="checkbox"/> 6	<input type="checkbox"/> 6
New Zealand First	<input type="checkbox"/> 7	<input type="checkbox"/> 7
United	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Other	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Don't Know/Can't remember	<input type="checkbox"/> 10	<input type="checkbox"/> 10

78-79

80-81

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

- (✓)
- | | |
|----------------------|-----------------------------|
| \$10,000 or less | <input type="checkbox"/> 1 |
| \$10,001 - \$15,000 | <input type="checkbox"/> 2 |
| \$15,001 - \$20,000 | <input type="checkbox"/> 3 |
| \$20,001 - \$25,000 | <input type="checkbox"/> 4 |
| \$25,001 - \$30,000 | <input type="checkbox"/> 5 |
| \$30,001 - \$40,000 | <input type="checkbox"/> 6 |
| \$40,001 - \$50,000 | <input type="checkbox"/> 7 |
| \$50,001 - \$70,000 | <input type="checkbox"/> 8 |
| \$70,001 - \$100,000 | <input type="checkbox"/> 9 |
| \$101,000 or more | <input type="checkbox"/> 10 |

1-2

68. 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 | <input type="checkbox"/> 1 |
| \$15,001 - \$20,000 | <input type="checkbox"/> 2 |
| \$20,001 - \$30,000 | <input type="checkbox"/> 3 |
| \$30,001 - \$40,000 | <input type="checkbox"/> 4 |
| \$40,001 - \$50,000 | <input type="checkbox"/> 5 |
| \$50,001 - \$60,000 | <input type="checkbox"/> 6 |
| \$60,001 - \$70,000 | <input type="checkbox"/> 7 |
| \$70,001 - \$80,000 | <input type="checkbox"/> 8 |
| \$80,001 - \$100,000 | <input type="checkbox"/> 9 |
| \$100,001 or more | <input type="checkbox"/> 10 |

3-4

OFFICIAL
USE
ONLY

69. In terms of your social status, which 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

5-6

