

Appendix 7 – Adult questionnaire

Section one – initial demographics

"Thank you for agreeing to answer this survey. Please remember you can choose not to answer any questions if you want to, or to stop the survey at any point if you choose. Before we begin I just need to enter some information so that I only ask questions applicable to your gender and age group."

1.1 Are you male or female?

- 1 Male
- 2 Female
- 98 Don't know
- 99 Refused

1.2 Please tell me your age

[enter age]

- 98 Don't know
- 99 Refused

Section two – self-reported oral health status – general

2.1 How would you describe the health of your teeth or mouth?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 98 Don't know
- 99 Refused

2.2 Compared to one year ago, would you say that your dental health has:

- 1 Stayed the same
- 2 Got worse
- 3 Improved
- 98 Don't know
- 99 Refused

2.3 In general, how satisfied are you with the health of your teeth and mouth?

- 1 Very satisfied
- 2 Satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Dissatisfied
- 5 Very dissatisfied
- 98 Don't know
- 99 Refused

2.4 In general, compared to other people your age, would you say your dental health is

- 1 Among the nicest
- 2 Better than average
- 3 Average
- 4 Below average
- 5 Among the worst
- 98 Don't know
- 99 Refused

2.5 In general, how satisfied are you with the appearance of your teeth, mouth or dentures?

- 1 Very satisfied
- 2 Satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Dissatisfied
- 5 Very dissatisfied
- 98 Don't know
- 99 Refused

2.6 In general, compared to other persons, do you think the appearance of your teeth is

- 1 Among the nicest
- 2 Better than average
- 3 Average
- 4 Below average
- 5 Among the worst
- 98 Don't know
- 99 Refused

Section three – self-reported oral health status, specific

3.1 Do you have any of your own natural teeth?

- 1 Yes
- 2 No *[Go to 3.5]*
- 98 Don't know
- 99 Refused

3.2 How many teeth do you have in your upper jaw?

- [enter number]
- 98 Don't know
 - 99 Refused

3.3 How many teeth do you have in your lower jaw?

- [enter number]
- 98 Don't know
 - 99 Refused

3.4 Do you think that at some time you will have full dentures or do you think you will always keep some of your natural teeth?

- 1 Full dentures some time
- 2 Always keep natural teeth
- 98 Don't know
- 99 Refused

Go to 3.7

3.5 How old were you when you lost your last natural tooth?

- [enter age]
- 98 Don't know
 - 99 Refused

3.6 When you lost your last natural tooth, was it because...

- 1 the tooth was decayed and couldn't be saved - the dentist advised me to have it taken out
- 2 the tooth was decayed and I couldn't afford to have it fixed
- 3 the gums were bad and the dentist couldn't save my tooth - the dentist advised me to have the tooth taken out
- 4 the gums were bad, the tooth could have been saved, but I couldn't afford the treatment
- 5 of toothache
- 6 of illness (e.g., heart surgery)
- 7 of an accident
- 8 of orthodontic reasons
- 9 of a wisdom tooth problem
- 10 you wanted a full denture
- 11 or was it for some other reason?
- 98 Don't know
- 99 Refused

3.7 Have you had a tooth taken out by a dentist during the last year?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused

3.8 Do you have a denture or false teeth (removable) for your upper jaw?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused

3.9 Do you have a denture or false teeth (removable) for your lower jaw?

- 1 Yes
- 2 No *[If no and no to 3.8, go to 3.11]*
- 98 Don't know
- 99 Refused

3.10 How long ago did you get your last false teeth/dentures?

[enter number of years]

98 Don't know

99 Refused

3.11 Do you have one or more bridges?

1 Yes

2 No

98 Don't know

99 Refused

3.12 Do you have any dental implants?

1 Yes

2 No

98 Don't know

99 Refused

Section four – self-reported oral health status – symptoms

4.1 In the last 4 weeks have you had pain or discomfort in the teeth or mouth?

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Occasionally
- 5 Never
- 98 Don't know
- 99 Refused

4.2 In the last four weeks have you had toothache?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused

4.3 In the last four weeks have you had pain in the teeth with hot/cold food/fluids?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused

4.4 In the last four weeks have you had pain in or around the jaw joints?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused

4.5 In the last four weeks have you had bleeding gums?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused

4.6 In the last four weeks have you had bad breath?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused

4.7 How often does your mouth feel dry?

- 1 Never
- 2 Occasionally
- 3 Frequently
- 4 Always
- 98 Don't know
- 99 Refused

Section five – OHIP-14

"The next set of questions is designed to look at how oral health affects a person's day to day life. These questions ask about your teeth and mouth over the last 12 months.

5.1 In the last 12 months have you had any trouble pronouncing any words because of problems with your teeth, mouth or dentures?

- 1 Never
- 2 Hardly ever
- 3 Occasionally
- 4 Fairly often
- 5 Very often
- 98 Don't know
- 99 Refused

5.2 In the last 12 months have you felt that your sense of taste has worsened because of problems with your teeth, mouth or dentures?

- 1 Never
- 2 Hardly ever
- 3 Occasionally
- 4 Fairly often
- 5 Very often
- 98 Don't know
- 99 Refused

5.3 In the last 12 months have you had painful aching in your mouth?

- 1 Never
- 2 Hardly ever
- 3 Occasionally
- 4 Fairly often
- 5 Very often
- 98 Don't know
- 99 Refused

5.4 In the last 12 months have you found it uncomfortable to eat any foods because of problems with your teeth, mouth or dentures?

- 1 Never
- 2 Hardly ever
- 3 Occasionally
- 4 Fairly often
- 5 Very often
- 98 Don't know
- 99 Refused

5.5 In the last 12 months have you been self-conscious because of problems with your teeth, mouth or dentures?

- 1 Never
- 2 Hardly ever
- 3 Occasionally
- 4 Fairly often
- 5 Very often
- 98 Don't know
- 99 Refused

5.6 In the last 12 months have you felt tense because of problems with your teeth, mouth or dentures?

- 1 Never
- 2 Hardly ever
- 3 Occasionally
- 4 Fairly often
- 5 Very often
- 98 Don't know
- 99 Refused

5.7 In the last 12 months has your diet been unsatisfactory because of problems with your teeth, mouth or dentures?

- 1 Never
- 2 Hardly ever
- 3 Occasionally
- 4 Fairly often
- 5 Very often
- 98 Don't know
- 99 Refused

5.8 In the last 12 months have you had to interrupt meals because of problems with your teeth, mouth or dentures?

- 1 Never
- 2 Hardly ever
- 3 Occasionally
- 4 Fairly often
- 5 Very often
- 98 Don't know
- 99 Refused

5.9 In the last 12 months have you found it difficult to relax because of problems with your teeth, mouth or dentures?

- 1 Never
- 2 Hardly ever
- 3 Occasionally
- 4 Fairly often
- 5 Very often
- 98 Don't know
- 99 Refused

5.10 In the last 12 months have you been a bit embarrassed because of problems with your teeth, mouth or dentures?

- 1 Never
- 2 Hardly ever
- 3 Occasionally
- 4 Fairly often
- 5 Very often
- 98 Don't know
- 99 Refused

5.11 In the last 12 months have you been a bit irritable with other people because of problems with your teeth, mouth or dentures?

- 1 Never
- 2 Hardly ever
- 3 Occasionally
- 4 Fairly often
- 5 Very often
- 98 Don't know
- 99 Refused

5.12 In the last 12 months have you had difficulty doing your usual jobs because of problems with your teeth, mouth or dentures?

- 1 Never
- 2 Hardly ever
- 3 Occasionally
- 4 Fairly often
- 5 Very often
- 98 Don't know
- 99 Refused

5.13 In the last 12 months have you felt that life in general was less satisfying because of problems with your teeth, mouth or dentures?

- 1 Never
- 2 Hardly ever
- 3 Occasionally
- 4 Fairly often
- 5 Very often
- 98 Don't know
- 99 Refused

5.14 In the last 12 months have you been totally unable to function because of problems with your teeth, mouth or dentures?

- 1 Never
- 2 Hardly ever
- 3 Occasionally
- 4 Fairly often
- 5 Very often
- 98 Don't know
- 99 Refused

Section six – impact of oral health

6.1 In the last 12 months, have you taken time off work or school because of problems with your teeth or mouth?

- 1 Yes
- 2 No *[Go to 6.3]*
- 98 Don't know *[Go to 6.3]*
- 99 Refused

If yes, 6.2 How much time did you take off?

[ENTER DAYS] OR [ENTER HOURS]

- 98 Don't know
- 99 Refused

6.3 In the last 12 months, have you taken time off work or school to have treatment for these problems?

- 1 Yes
- 2 No *[Go to 6.5]*
- 98 Don't know *[Go to 6.5]*
- 99 Refused

6.4 How much time did you take off?

[ENTER DAYS] OR [ENTER HOURS]

- 98 Don't know
- 99 Refused

6.5 Have you had difficulty getting time off work for a dental appointment?

- 1 Yes
- 2 No
- 3 I haven't needed to ask for time off work for a dental appointment
- 98 Don't know
- 99 Refused

Section seven – Self-perceived need for dental care

7.1 Do you feel that you currently need dental treatment?

- 1 Yes
- 2 No [Go to 7.3]
- 98 Don't know [Go to 7.3]
- 99 Refused

7.2 What type of dental care do you think you need now?

! INTERVIEWER NOTE: Select all mentioned

- 1 Teeth filled or replaced (for example, fillings, crowns and /or bridges)
- 2 Teeth pulled / extracted
- 3 Gum treatment
- 4 Denture work
- 5 Relief of pain
- 6 Work to improve appearance (for example, braces or bonding)
- 7 Cleaning
- 8 Other, please specify
- 9 Nothing
- 98 Don't know
- 99 Refused

Go to 7.4

7.3 If no, why not?

- 1 My teeth are OK as they are
- 2 I would like to but I couldn't afford it
- 3 I don't want fancy treatment
- 98 Don't know
- 99 Refused

7.4 Are you planning, in the future, to have dental treatment to improve the appearance of your teeth and/or gums?

- 1 Yes
- 2 No [Go to 7.6]
- 98 Don't know [Go to 7.6]
- 99 Refused

7.5 If yes, what would you like to have done? I would like to

! INTERVIEWER NOTE: Select all mentioned

- 1 have my teeth cleaned
- 2 have my gums looking better
- 3 have my broken or chipped teeth repaired
- 4 have my decayed teeth fixed
- 5 have my teeth straightened
- 6 have my teeth whitened
- 7 have gaps closed
- 8 have the shape of my teeth changed
- 9 have white fillings in back teeth
- 10 have new dentures or existing dentures replaced
- 11 Other, please specify
- 98 Don't know
- 99 Refused

Go to Section 8

7.6 If no, why not?

- 1 My teeth are OK as they are
- 2 I would like to but I couldn't afford it
- 3 I don't want fancy treatment
- 98 Don't know
- 99 Refused

Section eight – Risk and protective factors

(only those with natural teeth 8.1 – 8.8)

8.1 How often do you brush your teeth?

- 1 Never
- 2 Less than once a week
- 3 Once or twice a week
- 4 More than twice a week but not once a day
- 5 Once a day
- 6 Twice a day
- 7 More than twice a day
- 98 Don't know
- 99 Refused

8.2 How often do you clean between your teeth (using dental floss, dental tape, an interdental brush or a toothpick)?

- 1 Never
- 2 Once a month
- 3 A few (2-3) times a month
- 4 Once a week
- 5 A few (2-6) times a week
- 6 Once a day
- 7 Two or more times a day
- 98 Don't know
- 99 Refused

8.3 Do you have any physical problems that make it difficult for you to clean your teeth such as opening your mouth or moving your hand?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused

8.4 Do you use toothpaste when you clean your teeth?

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Occasionally
- 5 Never]
- 98 Don't know
- 99 Refused

8.5 In the last week, did you use a mouth rinse or mouth wash?

- 1 Yes
- 2 No *[Go to 8.7]*
- 98 Don't know *[Go to 8.7]*
- 99 Refused

8.6 How many times did you use a mouth rinse or mouth wash in the last week?

[ENTER HOW MANY TIMES]

- 98 Don't know
- 99 Refused

8.7 Have you ever had your teeth cleaned by a dentist or dental hygienist?

- 1 Yes
- 2 No *[Go to 8.9]*
- 98 Don't know *[Go to 8.9]*
- 99 Refused

If yes, 8.8 When was the last time they were cleaned by a dentist or dental hygienist?

- 1 6 months ago or less
- 2 Over 6 months to 12 months
- 3 Over 12 months to 2 years
- 4 Over 2 years to 5 years
- 5 More than 5 years
- 98 Don't know
- 99 Refused

All adults

8.9 Have you ever smoked cigarettes or tobacco at all, even just a few puffs?

Please include pipes and cigars

- 1 Yes
- 2 No *[Go to 8.12]*
- 98 Don't know
- 99 Refused

If yes, 8.10 Have you ever smoked a total of more than 100 cigarettes in your whole life?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused

8.11 How often do you now smoke?

- 1 You don't smoke now
- 2 At least once a day
- 3 At least once a week
- 4 At least once a month
- 5 Less often than once a month
- 98 Don't know
- 99 Refused

8.12 During the last year, have you smoked every day for a month or longer?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused

8.13 Is the water supply to your home fluoridated?

- 1 Yes
- 2 No
- 3 Don't know what water fluoridation is
- 98 Don't know
- 99 Refused

Section nine – utilization of oral health services

9.1 Have you been to a dental professional in the last 12 months?

- 1 Yes *[Go to 9.3]*
- 2 No
- 98 Don't know
- 99 Refused

9.2. What are the reasons you have not visited a dental professional in the last 12 months?

! INTERVIEWER NOTE: Select all that apply

- 1 Afraid of dental professionals / don't like the thought of going to a dental professional
- 2 Nervous
- 3 Needles
- 4 Cost
- 5 Don't know dentist
- 6 Dentist too far/ difficult to make the journey
- 7 Can't get there
- 8 No problems
- 9 No teeth
- 10 Not important
- 11 Didn't think of it
- 12 Other, please specify
- 98 Don't know
- 99 Refused

(if aged 19 or over, go to 9.5)

9.3 Is your routine dental care provided free of charge by the dental professional?

- 1 Yes *[Go to 9.5]*
- 2 Some of it is
- 3 No
- 98 Don't know
- 99 Refused

9.4 If your parents/caregivers have to pay for some or all of your routine dental care, what is the reason? (Select all that apply)

- 1 I couldn't find a dental professional who would enroll me under the free scheme
- 2 My parents/caregivers choose to pay privately for all of my routine dental care
- 3 My parents/caregivers pay extra for white fillings in my back teeth
- 4 My parents pay for my orthodontic treatment
- 98 Don't know
- 99 Refused

9.5 What was the main reason that you last visited a dental professional?

- 1 Went in on own for check-up, examination or cleaning
- 2 Was called in by the dental professional for check-up, examination or cleaning
- 3 Something was wrong, bothering or hurting
- 4 Went for treatment of a condition that dental professional discovered at earlier check-up or examination
- 5 To get treatment for teeth damaged in an accident
- 98 Don't know
- 99 Refused

9.6 What did you have done during this last visit? (Select all that are mentioned)

- 1 General exam, check-up or consultation
- 2 Cleaning or polishing
- 3 X-rays, radiographs or bite-wings
- 4 Fluoride treatment
- 5 Sealant (plastic coatings on back teeth)
- 6 Fillings
- 7 Inlays
- 8 Crowns or caps
- 9 Root canal
- 10 Periodontal scaling, root planing, or gum surgery
- 11 Periodontal recall visit (periodic or recall)
- 12 Extraction, tooth pulled
- 13 Implants
- 14 Abscess or infection treatment
- 15 Other oral surgery (e.g. third molar surgery)
- 16 Fixed bridges
- 17 Dentures or removable partial dentures
- 18 Relining or repair of bridges or dentures
- 19 Orthodontics, braces or retainers
- 20 Whiten or bleach
- 21 Treatment for TMD or TMJ
- 22 Other, please specify
- 98 Don't know
- 99 Refused

9.7 Where did you make your last dental visit? At a:

- 1 Private General dental practice
- 2 Private specialist dental practice (e.g. orthodontist, endodontist)
- 3 District Health Board (DHB) clinic (including hospital emergency clinic)
- 4 Māori Provider clinic
- 5 Community Clinic e.g. 'People's Centre'
- 6 Dental Technician
- 7 Clinical Dental Technician
- 8 Armed Services/Defence Force clinic
- 9 Other site
- 98 Don't know
- 99 Refused

9.8 Why did you choose to visit that dental professional for your last visit?

- 1 They were the closest dental care provider
- 2 It was cheaper than going to another dental care provider
- 3 They are my usual provider of dental treatment
- 4 They offer the specialist services that I need
- 5 I find they are willing to spend more time discussing my dental health
- 6 I felt more comfortable talking to someone who understands my culture
- 7 They are interested in the impact that my dental health and its treatment has on my family/whanau/aiga
- 8 I was referred to them by another healthcare worker e.g. GP or Nurse
- 9 I was referred to them by a friend or relative
- 10 Other, please specify
- 98 Don't know
- 99 Refused

9.9 The last time you went to that dental professional, how long did it take you to get there?

- 1 0-9 minutes
- 2 10-29 minutes
- 3 30-60 minutes
- 4 More than one hour
- 98 Don't know *[Go to 9.11]*
- 99 Refused *[Go to 9.11]*

9.10 Do you think (answer to 9.9) is too long or not too long to travel for dental care?

- 1 Too long
- 2 Not too long
- 98 Don't know
- 99 Refused

9.11 For this last visit to the dental professional, if you made an appointment, how soon were you able to be seen?

- 1 The same day
- 2 Within a couple of days
- 3 Within a week
- 4 After one or two weeks
- 5 After more than 3 weeks
- 6 Not applicable: Dentist sent out an appointment
- 98 Don't know
- 99 Refused

9.12 Which is your usual reason for visiting a dental professional, for check-ups or when you have a dental problem?

- 1 Check-up
- 2 Problem
- 98 Don't know
- 99 Refused

9.13 Do you feel that you see a dental professional often enough?

- 1 Yes *[Go to 9.15]*
- 2 No
- 98 Don't know *[Go to 9.15]*
- 99 Refused

9.14 If no, why not? (Select all mentioned)

- 1 Afraid of dental professional / don't like the thought of going to the dental professional
- 2 Nervous
- 3 Needles
- 4 Cost
- 5 Don't know dental professional
- 6 Dental professional too far / difficult to make the journey
- 7 Can't get there
- 8 No problems
- 9 No teeth
- 10 Not important
- 11 Didn't think of it
- 12 Other; please specify other reason for no dental visits. This should be a reason that is not on the no dental reason list
- 98 Don't know
- 99 Refused

“I have asked you about your last visit to the dental professional. I would now like to ask you about what you usually do for dental treatment”

9.15 Is there a particular dental professional who you usually go to if you need dental care or dental advice?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused

9.16 If there were more options of where you could go for your regular dental care, where would you prefer to go?

(All facilities listed below would be staffed by qualified dental professionals and the facilities would be of the same quality)

- 1 Private dental practice
- 2 Community Clinic (that only has dental services)
- 3 Community Clinic (where the dental services are with GPs and other health services)
- 4 School-based clinic
- 5 Māori provider clinic
- 6 Hospital clinic
- 7 Mobile clinic
- 8 Other, please specify
- 98 Don't know
- 99 Refused

9.17 Do you feel that you have experienced difficulties in accessing dental care in the past because of your haemophilia?

- 1 Yes
- 2 No *(go to section ten)*
- 98 Don't know *(go to section ten)*
- 99 Refused

9.18 In what way did you experience difficulty accessing dental care?

- 1 Dentist didn't want to see me because I might bleed
- 2 Dentist didn't want to see me for some other reason (specify)
- 3 Specialist or hospital care was too far away
- 4 Specialist or hospital care had a long waiting list
- 5 Other reason (please specify)
- 98 Don't know
- 99 Refused

Section ten – Financial aspect of oral care

Do you agree or disagree with the following statements?

10.1 The cost of my dental care has been a financial burden to me (or my family)

- 1 Agree
- 2 Disagree
- 98 Don't know
- 99 Refused

10.2 In the last year I have avoided going to a dental professional because of the cost

- 1 Agree
- 2 Disagree
- 98 Don't know
- 99 Refused

10.3 In the last year I have been unable to have all of the dental treatment that was necessary because of the cost

- 1 Agree
- 2 Disagree
- 98 Don't know
- 99 Refused

10.4 During the past 12 months, how much difficulty would you have had paying a \$150 dental bill out of your own pocket?

Would you say

- 1 None
- 2 Hardly any
- 3 A little
- 4 A moderate amount of difficulty
- 5 A lot of difficulty
- 98 Don't know
- 99 Refused

10.5 How much did you personally spend out-of-pocket on dental care in the last year?

! INTERVIEWER NOTE: This is personal spend on own teeth only

\$ Amount [ENTER AMOUNT]

98 Don't know

99 Refused

10.6 Has the cost prevented you from having any routine dental treatment that was recommended during the last 12 months?

1 Yes

2 No

98 Don't know

99 Refused

10.7 Did you take up an alternative lower-cost option for the dental treatment that was recommended?

1 Yes

2 No

98 Don't know

99 Refused

10.8 If dental treatment was available to you at lower cost, would you go to a dental professional more often?

1 Yes

2 No

98 Don't know

99 Refused

10.9 If there was a dental scheme that would decrease the cost of dental treatment, how much would you be prepared to spend per month?

1 In favor, specify amount - \$ [ENTER AMOUNT]

2 Not in favor

98 Don't know

99 Refused

10.10 Do you have private insurance cover for dental expenses?

- 1 Yes
- 2 No
- 98 Don't know
- 99 Refused

Section eleven – dental anxiety

11.1 If you had to go to a dental professional tomorrow, how would you feel about it?

- 1 I would look forward to it as a reasonably enjoyable experience
- 2 I wouldn't care one way or another
- 3 I would be a little uneasy about it
- 4 I would be afraid that it would be unpleasant and painful
- 5 So anxious that I sometimes break out in a sweat or almost feel physically sick.
- 98 Don't know
- 99 Refused

11.2 When you are waiting in the dental professional's waiting room for your turn in the chair, how do you feel?

- 1 Relaxed
- 2 A little uneasy
- 3 Tense
- 4 Anxious
- 5 So anxious that I sometimes break out in a sweat or almost feel physically sick
- 98 Don't know
- 99 Refused

11.3 When you are in the dental chair waiting while the dental professional gets his or her drill ready to begin working on your teeth, how do you feel?

- 1 Relaxed
- 2 A little uneasy
- 3 Tense
- 4 Anxious
- 5 So anxious that I sometimes break out in a sweat or almost feel physically sick
- 98 Don't know
- 99 Refused

11.4 You are in the dental chair to have your teeth cleaned. While you are waiting and the dental professional is getting out the instruments which he or she will use to scrape your teeth around the gums, how do you feel?

- 1 Relaxed
- 2 A little uneasy
- 3 Tense
- 4 Anxious
- 5 So anxious that I sometimes break out in a sweat or almost feel physically sick
- 98 Don't know
- 99 Refused

Section twelve – opinions, knowledge and attitudes on oral health

12.1 Do you think that dental problems in adult teeth are:

- 1 Very important
- 2 Somewhat important
- 3 Neutral
- 4 Not very important
- 5 Not important at all
- 98 Don't know
- 99 Refused

12.2 Do you think that dental problems in children's teeth are:

- 1 Very important
- 2 Somewhat important
- 3 Neutral
- 4 Not very important
- 5 Not important at all
- 98 Don't know
- 99 Refused

12.3 How important do you think the health of your mouth and teeth is to your general health and wellbeing?

- 1 Very important
- 2 Somewhat important
- 3 Neutral
- 4 Not very important
- 5 Not important at all
- 98 Don't know
- 99 Refused

“Governments spend money on many areas of health and healthcare”

12.4 How important is it to you that the government spends money on improving the oral health of children in New Zealand?

- 1 Very important
- 2 Somewhat important
- 3 Neutral
- 4 Not very important
- 5 Not important at all
- 98 Don't know
- 99 Refused

12.5 How important is it to you that the government spends money on improving the oral health of adults in New Zealand.

- 1 Very important
- 2 Somewhat important
- 3 Neutral
- 4 Not very important
- 5 Not important at all
- 98 Don't know
- 99 Refused

In your opinion, is government spending money on improving oral health more important, less important or of equal importance to spending money on:

12.6 Reducing heart disease, and diabetes

- 1 More important
- 2 Of equal importance
- 3 Less important
- 98 Don't know
- 99 Refused

12.7 Improving nutrition, reducing obesity, and getting people to be more active

- 1 More important
- 2 Of equal importance
- 3 Less important
- 98 Don't know
- 99 Refused

12.8 Reducing harm caused by tobacco, alcohol and drugs

- 1 More important
- 2 Of equal importance
- 3 Less important
- 98 Don't know
- 99 Refused

12.9 Improving child healthcare and immunisation levels

- 1 More important
- 2 Of equal importance
- 3 Less important
- 98 Don't know
- 99 Refused

12.10 Improving waiting times for non-urgent surgery (e.g. hip replacements and cataracts)

- 1 More important
- 2 Of equal importance
- 3 Less important
- 98 Don't know
- 99 Refused

12.11 Reducing cancer treatment waiting times

- 1 More important
- 2 Of equal importance
- 3 Less important
- 98 Don't know
- 99 Refused

12.12 Are there some groups of adults in New Zealand who you think should be entitled to lower cost dental care?

- 1 Yes
- 2 No *[Go to Section 13]*
- 98 Don't know *[Go to Section 13]*
- 99 Refused

12.13 If yes, who are they? (Select all that apply)

- 1 People with severe health problems
- 2 Pregnant women
- 3 People on low incomes and benefits
- 4 The elderly
- 5 The disabled
- 6 Everyone
- 7 Other, please specify
- 98 Don't know
- 99 Refused

Section thirteen – socio-demographic update

13.1 Which ethnic group or groups do you belong to?

"Call the number or numbers of the ones that apply to you from show card"

- 1 New Zealand European
- 2 Māori
- 3 Samoan
- 4 Cook Island Māori
- 5 Tongan
- 6 Niuean
- 7 Chinese
- 8 Indian
- 9 Other, such as Dutch, Japanese, Tokelauan, please specify
- 98 Don't know
- 99 Refused

13.2 What other ethnic group or groups do you belong to?

[RECORD OTHER ETHNICITY]

13.3 Looking at showcard, what is your highest secondary school qualification? [Select one]

- 1 None
- 2 NZ School Certificate in one or more subjects or National Certificate Level 1 or NCEA Level 1
- 3 NZ Sixth Form Certificate in one or more subjects or National Certificate Level 2 or NZ UE before 1986 in one or more subjects or NCEA Level 2
- 4 NZ Higher School Certificate or Higher Leaving Certificate or NZ University Entrance
- 5 Bursary/Scholarship or National Certificate Level 3 or NCEA Level 3 or NZ Scholarship Level 4
- 6 Other secondary school qualification gained in NZ, please specify
- 7 Other secondary school qualification gained overseas
- 98 Don't know
- 99 Refused

13.4 Apart from secondary school qualifications, do you have another completed qualification? Please do not count incomplete qualifications or qualifications that take less than 3 months of full-time study to get. Please tell us your highest qualifications. (Select one)

- 1 No qualification beyond secondary school
- 2 Bachelors degree, for example, BA, BSc
- 3 Bachelors degree with honours
- 4 Masters degree, for example, MA, MSc
- 5 PhD
- 6 Diploma (not postgraduate)
- 7 Diploma - Postgraduate
- 8 Trade or technical certificate which took more than 3 months full-time study
- 9 Professional qualification, for example, ACA, teachers, nurses
- 10 Other, please specify
- 98 Don't know
- 99 Refused

"Thank you for participating in this survey. I am very grateful that you have given your time to provide this important information to me. This information will be kept confidential and will help to find out more about the health of individuals with haemophilia. Do you have any questions?"