

Project title: Towards a natural health products and medicines census for New Zealand

New Zealand 'All-Medicines' (All-MedsNZ) questionnaire

We recommend that you have all the NHPs and conventional medicines that you are currently using with you before starting the questionnaire. You will be asked to answer questions about each product/medicine and capture and upload a photograph of each natural health product.

You should complete this questionnaire ONCE only.

Please enter your unique ID: _____

For this project, 'natural health products' (NHPs) includes, but is not limited to, products or preparations described as natural health products, complementary/alternative medicines/remedies, dietary supplements, nutraceuticals, and/or traditional medicines (products or preparations used in traditional medicine systems, such as rongoā Māori, or traditional Chinese medicine); NHPs may be used in different dosage forms, including tablets, capsules, powders, liquids, creams, ointments, and fresh or dried herbs. NHPs may contain a single ingredient (such as one dietary supplement ingredient, e.g. glucosamine, or one herbal medicine ingredient, e.g. kava root) or several ingredients (e.g. many 'traditional medicines' are preparations of several herbal ingredients or herbal ingredients and other substances).

For example:

Dietary supplements or 'nutraceuticals'	products/preparations containing various ingredients (e.g. omega-3 fatty acids, fish oils, glucosamine, chondroitin, co-enzyme Q10), as well as some of the types of ingredients listed below
Herbal medicines/ remedies	medicines made from plants, or parts of plants (e.g. echinacea root, ginkgo leaf, St John's wort, valerian)
Homeopathic remedies; biochemic tissue salts	usually highly dilute preparations based on plants or other substances (e.g. Bryonia, Natrum muriaticum); tissue salts: Kali phos and others
Flower remedies/ essences	usually highly dilute preparations based on flowers, plants and trees (e.g. Bach flower remedies)
Probiotics	live preparations of some types of bacteria, usually made as capsules
Traditional Māori medicines	preparations usually made from certain plants, minerals, animal products, and/or other substances (e.g. kawakawa, koromiko)
Traditional Pacific medicines	preparations usually made from certain plants, minerals, animal products, and/or other substances (e.g. noni, kava)
Traditional Chinese medicines	preparations (formula) usually made from certain plants, minerals, animal products, and/or other substances (e.g. licorice (gan cao), angelica (dang gui), ephedra (ma huang), ginseng (ren shen))
Traditional Ayurvedic medicines	preparations usually made from certain plants, minerals, animal products, and/or other substances (e.g. ashwagandha, triphala)
Vitamins and/or minerals	e.g. vitamin B, C, E etc, multivitamins, calcium, iron, magnesium, zinc
Sports supplements	e.g. creatine, beta-alanine, arginine, citrulline, protein powders, caffeine
Essential oils	typically used in aromatherapy massage (e.g. lavender oil, peppermint oil)
Specially compounded formulations	e.g. individualised preparations of amino acids, hormones, or other 'natural' substances

For this project, 'natural-health or traditional-medicine practitioners/healers' are practitioners of traditional, complementary, or alternative medicine. This includes, but is not limited to, acupuncturists, aromatherapists, chiropractors, herbalists, homeopaths, massage therapists, naturopaths, osteopaths, spiritual healers, and practitioners of traditional medicines such as traditional Chinese medicine practitioners, Ayurvedic medicine practitioners, traditional Māori healers, and Pacific traditional healers. Some natural-health or traditional-medicine practitioners/healers are also 'conventional medicine' practitioners (e.g. general practitioners, pharmacists, nurses); for instance, an integrative medicine doctor who combines conventional medical treatment with complementary and alternative medicine/therapies in diagnosing/treating a patient.

Throughout the questionnaire, please take into account the following instructions:

1. There are no right or wrong answers to the questions. Please give the answer that best fits your opinion
2. For some questions, we ask you to provide reasons for your answer, or to describe what you had in mind when answering
3. Please take some time to answer these questions. Your answers will help us to understand the data that we collect and to fully test the questionnaire.

This questionnaire consists of 5 sections:

Section 1: Your use of natural health products

Section 2: Your visits to natural-health or traditional-medicine practitioners and use of natural-health or traditional-medicine therapies (e.g. chiropractic/osteopathic manipulation, massage, spiritual healing)

Section 3: Your use of conventional medicines

Section 4: Your personal information

Section 5: Your thoughts about future studies

Questions are not mandatory. You may skip any question you do not wish to answer and still advance through the questionnaire.

Section 1: Your use of natural health products (NHPs)

This section ask questions about your use of natural health products.

1. Have you EVER taken/used any natural health products/preparations?

Natural health products (NHPs) includes, but is not limited to, products or preparations described as natural health products, complementary/alternative medicines/remedies, dietary supplements, nutraceuticals, and/or traditional medicines (products or preparations used in traditional medicine systems, such as rongoā Māori, or traditional Chinese medicine)

- Yes
- No (go to question 49)

2. In the LAST 12 MONTHS, how many different natural health products/preparations have you taken/used in total, including those you are currently taking/using?

- 0
- 1 – 5
- 6 – 10
- 11 – 15
- 16 – 20
- 21 – 25
- More than 25

3. Are you CURRENTLY taking/using any natural health products/preparations?

Current use refers to products/preparations that you are taking daily, or at regular intervals over time (e.g. you take the product once a week), as well as products that you only take when needed (e.g. products for seasonal allergies).

- Yes
- No (go to question 49)

4. How many different natural health products/preparations are you CURRENTLY taking/using?

Current use refers to products/preparations that you are taking daily, or at regular intervals over time (e.g. you take the product once a week), as well as products that you only take when needed (e.g. products for seasonal allergies).

A multi-ingredient product is considered **ONE** product/preparation (e.g. Multivitamin/mineral tablets, Chinese herb mixture)



= 1 product



= 1 product



= 1 preparation

Enter number of products/preparations: _____
(State 0 if none)

5. Are you CURRENTLY taking/using any formulated or specially compounded products/preparations made for you by a natural-health or traditional-medicine practitioner/healer?

e.g. tinctures, creams, ointments or herbs prepared by your practitioner for your use or treatment

Current use refers to products/preparations that you are taking daily, or at regular intervals over time (e.g. you take the product once a week), as well as products that you only take when needed (e.g. products for seasonal allergies).



- Yes
- No (go to question 7)

6. List the names of ALL the formulated or specially compounded natural health products/preparations made for you by a natural-health or traditional-medicine practitioner/healer that you are CURRENTLY taking/using

e.g. traditional Māori medicines or traditional Chinese herbs supplied to you by a practitioner; write the name of the formula, or state, e.g. 'traditional Māori medicines', 'traditional Chinese herbs'

Leave the space blank if this does not apply to you

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7. Are you CURRENTLY taking/using any manufactured/commercial natural-health or traditional-medicine products/preparations?
e.g. products obtained from pharmacies, health food shops, or supermarkets

Current use refers to products/preparations that you are taking daily, or at regular intervals over time (e.g. you take the product once a week), as well as products that you only take when needed (e.g. products for seasonal allergies).



- Yes
- No (go to question 9 if stated 'yes' in question 5. Otherwise, go to question 32)

8. List the names of ALL the manufactured/commercial natural-health or traditional-medicine products/preparations that you are CURRENTLY taking/using

e.g. Blackmores fish oil, Women's multivitamins, kawakawa, probiotics

Leave the space blank if this does not apply to you

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For every product/preparation entered in **Question 6**, the following questions will be displayed:

You have entered: [name of product/preparation entered above]

<p>9. Which term(s) would you use to describe this product/preparation?</p>	<p>Select all that apply</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dietary supplement(s) or nutraceutical(s) <input type="checkbox"/> Herbal medicine(s)/ herbal remedy/ies <input type="checkbox"/> Homeopathic remedy/ies or biochemic tissue salt(s) <input type="checkbox"/> Flower remedy/ies or essences <input type="checkbox"/> Probiotic(s) <input type="checkbox"/> Traditional Māori medicine(s) <input type="checkbox"/> Traditional Pacific medicine(s) <input type="checkbox"/> Traditional Chinese medicine(s) <input type="checkbox"/> Traditional Ayurvedic medicine(s) <input type="checkbox"/> Vitamin(s) and/or mineral(s) <input type="checkbox"/> Sports supplement(s) <input type="checkbox"/> Essential oil(s) <input type="checkbox"/> Specially compounded formulation(s) <input type="checkbox"/> Other; please state: _____
<p>10. What type of product/preparation is it?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Tablet or capsule <input type="checkbox"/> Granules or powder <input type="checkbox"/> Liquid, including syrup, suspension, emulsion, tincture, oil <input type="checkbox"/> Eye or ear drops, or nasal drops or spray <input type="checkbox"/> Tea or decoction <input type="checkbox"/> Cream or ointment <input type="checkbox"/> Gel or paste or balm or plaster <input type="checkbox"/> Crude (raw) dried or fresh herbs <input type="checkbox"/> Injection <input type="checkbox"/> Other; please state:_____

<p>11. How do you take/use this product/preparation?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> swallowed by mouth <input type="checkbox"/> dissolved under the tongue <input type="checkbox"/> applied on the skin <input type="checkbox"/> put into the eye, ear or nose <input type="checkbox"/> by inhalation <input type="checkbox"/> injected under the skin, or into a vein or a muscle <input type="checkbox"/> other; please state: _____ 	
<p>12. Which natural-health or traditional-medicine practitioner/healer recommended/prescribed this product for you?</p>	<p>Select the option that best describes the practitioner</p> <ul style="list-style-type: none"> <input type="checkbox"/> Acupuncturist <input type="checkbox"/> Aromatherapist <input type="checkbox"/> Chiropractor <input type="checkbox"/> Herbalist <input type="checkbox"/> Homeopath <input type="checkbox"/> Massage therapist <input type="checkbox"/> Naturopath <input type="checkbox"/> Osteopath <input type="checkbox"/> Integrative medicine doctor <input type="checkbox"/> Traditional Chinese medicine practitioner <input type="checkbox"/> Ayurvedic medicine practitioner <input type="checkbox"/> Traditional Māori healer <input type="checkbox"/> Pacific traditional healer <input type="checkbox"/> Spiritual healer <input type="checkbox"/> Other; please state: _____ <input type="checkbox"/> Myself; please state type of practitioner: _____ 	
<p>13. When was the last time you bought this product/preparation? State the month and year</p>		
<p>14. Do you know the cost of this product/preparation (not including the practitioner consultation cost)?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>		
<p>Yes</p>	<p>14a. About how much (to the nearest \$5) did it cost (not including practitioner consultation cost) the last time you bought one unit/bottle/box/packet of this product/preparation? State \$0 if there was no charge</p>	<p>NZ \$ _____</p>

	Leave the space blank if you do not remember	
No	<p>14b. About how much (to the nearest \$5) did it cost (including practitioner consultation cost) the last time you saw this practitioner?</p> <p>State \$0 if there was no charge Leave the space blank if you do not remember</p>	NZ \$ _____
<p>15. About how long will one unit/bottle/box/packet of this product/preparation last you? <i>Select the appropriate time period</i></p>		<p>_____ day(s)/ week(s)/ month(s)/ year(s)</p>
<p>16. How did you pay this cost?</p>		<p>Select all that apply</p> <ul style="list-style-type: none"> <input type="checkbox"/> Paid for it myself <input type="checkbox"/> Friend or family member paid for it <input type="checkbox"/> Koha <input type="checkbox"/> Ministry-funded rongoā Māori provider <input type="checkbox"/> Accident Compensation Corporation (ACC) <input type="checkbox"/> Work and Income New Zealand (WINZ) <input type="checkbox"/> Private health insurance <input type="checkbox"/> Other; please state: _____ <input type="checkbox"/> There was no charge
<p>17. Please upload a photograph of the <u>front</u> of the product/preparation (photograph contents if there is no label)</p>		


For every product/preparation entered in **Question 8**, the following questions will be displayed:

You have entered: [name of product/preparation entered above]

<p>18. Which term(s) would you use to describe this product/preparation?</p>	<p>Select all that apply</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dietary supplement(s) or nutraceutical(s) <input type="checkbox"/> Herbal medicine(s)/ herbal remedy/ies <input type="checkbox"/> Homeopathic remedy/ies or biochemic tissue salt(s) <input type="checkbox"/> Flower remedy/ies or essences <input type="checkbox"/> Probiotic(s) <input type="checkbox"/> Traditional Māori medicine(s) <input type="checkbox"/> Traditional Pacific medicine(s) <input type="checkbox"/> Traditional Chinese medicine(s) <input type="checkbox"/> Traditional Ayurvedic medicine(s) <input type="checkbox"/> Vitamin(s) and/or mineral(s) <input type="checkbox"/> Sports supplement(s) <input type="checkbox"/> Essential oil(s) <input type="checkbox"/> Specially compounded formulation(s) <input type="checkbox"/> Other; please state: _____
<p>19. Who is the manufacturer/company of this product/preparation? (if known/relevant)</p>	
<p>20. What is/are the main ingredient(s) in this product/preparation?</p>	
<p>21. What type of product/preparation is it?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Tablet or capsule <input type="checkbox"/> Granules or powder <input type="checkbox"/> Liquid, including syrup, suspension, emulsion, tincture, oil <input type="checkbox"/> Eye or ear drops, or nasal drops or spray <input type="checkbox"/> Tea or decoction

	<input type="checkbox"/> Cream or ointment <input type="checkbox"/> Gel or paste or balm or plaster <input type="checkbox"/> Crude (raw) dried or fresh herbs <input type="checkbox"/> Injection <input type="checkbox"/> Other; please state: _____	
22. How do you take/use this product/preparation?	<input type="checkbox"/> swallowed by mouth <input type="checkbox"/> dissolved under the tongue <input type="checkbox"/> applied on the skin <input type="checkbox"/> put into the eye, ear or nose <input type="checkbox"/> by inhalation <input type="checkbox"/> injected under the skin, or into a vein or a muscle <input type="checkbox"/> other; please state: _____	
23. Did any of the following <u>recommend</u> this product/preparation to you?	Select all that apply <ul style="list-style-type: none"> <input type="checkbox"/> general practitioner/family doctor <input type="checkbox"/> specialist medical doctor (e.g. dermatologist, gynaecologist) <input type="checkbox"/> nurse <input type="checkbox"/> pharmacist <input type="checkbox"/> pharmacy sales assistant <input type="checkbox"/> health food store sales assistant <input type="checkbox"/> dietitian/nutritionist <input type="checkbox"/> optician/optometrist <input type="checkbox"/> physiotherapist <input type="checkbox"/> natural-health or traditional-medicine practitioner (e.g. naturopath) <input type="checkbox"/> other; please state: _____ <input type="checkbox"/> not sure <input type="checkbox"/> No, this product/preparation was not recommended by any of the above 	
Natural-health or traditional-	23a. Which natural-health or	Select the option that best describes the practitioner

<p>medicine practitioner - selected</p>	<p>traditional-medicine practitioner/healer recommended this product/preparation to you?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Acupuncturist <input type="checkbox"/> Aromatherapist <input type="checkbox"/> Chiropractor <input type="checkbox"/> Herbalist <input type="checkbox"/> Homeopath <input type="checkbox"/> Massage therapist <input type="checkbox"/> Naturopath <input type="checkbox"/> Osteopath <input type="checkbox"/> Integrative medicine doctor <input type="checkbox"/> Traditional Chinese medicine practitioner <input type="checkbox"/> Ayurvedic medicine practitioner <input type="checkbox"/> Traditional Māori healer <input type="checkbox"/> Pacific traditional healer <input type="checkbox"/> Spiritual healer <input type="checkbox"/> Other; please state: _____ <input type="checkbox"/> Myself; please state type of practitioner: _____
<p>24. Where did you obtain this product/preparation?</p>	<p>From a</p> <ul style="list-style-type: none"> <input type="checkbox"/> pharmacy <input type="checkbox"/> pharmacy with prescription <input type="checkbox"/> health-food or health-product store <input type="checkbox"/> supermarket <input type="checkbox"/> market or health fair <input type="checkbox"/> ethnic grocery store <input type="checkbox"/> gym, beauty salon, barber or hairdresser <input type="checkbox"/> online pharmacy or other online store in New Zealand <input type="checkbox"/> online from outside New Zealand <input type="checkbox"/> friends or family <input type="checkbox"/> natural-health or traditional-medicine practitioner (e.g. naturopath); please state: _____ <input type="checkbox"/> other; please state: _____ 	
<p>25. When was the last time you bought this product/preparation? State the month and year</p>		

<p>26. About how much (to the nearest \$5) did it cost the last time you bought one unit/bottle/box/packet of this product/preparation? State \$0 if there was no charge Leave the space blank if you do not remember</p>	NZ\$ _____
<p>27. About how long will one unit/bottle/box/packet of this product/preparation last you? <i>Select the appropriate time period</i></p>	_____ day(s)/ week(s)/ month(s)/ year(s)
<p>28. How did you pay this cost?</p>	<p>Select all that apply</p> <ul style="list-style-type: none"> <input type="checkbox"/> Paid for it myself <input type="checkbox"/> Friend or family member paid for it <input type="checkbox"/> Koha <input type="checkbox"/> Ministry-funded rongoā Māori provider <input type="checkbox"/> Accident Compensation Corporation (ACC) <input type="checkbox"/> Work and Income New Zealand (WINZ) <input type="checkbox"/> Private health insurance <input type="checkbox"/> Other; please state: _____ <input type="checkbox"/> There was no charge
<p>29. What is the barcode number of the product/preparation? (if available)</p> 	
<p>30. Please upload a photograph of the <u>front</u> of the product/preparation</p>	
<p>31. Please upload a photograph of the product's/preparation's <u>ingredient list</u></p>	

32. Are you CURRENTLY taking or using any other natural health-type product(s)/preparation(s) for your health that you have not listed previously?

e.g. kale powder, pea protein powder, medicinal cannabis

- Yes
- No (go to question 49)

33. List the names of ALL the natural health-type products/preparations that you are CURRENTLY taking/using BUT have not listed previously.

e.g. kale powder, pea protein powder, medicinal cannabis

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For every product/preparation entered in **Question 33**, the following questions will be displayed:

You have entered: [name of product/preparation entered above]

34. Why did you not consider this product/preparation to be a natural health product?	
35. What term(s) would you use to describe this product/preparation?	
36. Who is the manufacturer/company of this product/preparation? (<i>if known/relevant</i>)	
37. What is/are the main ingredient(s) in this product/preparation?	
38. What type of product/preparation is it?	<input type="checkbox"/> Tablet or capsule <input type="checkbox"/> Granules or powder <input type="checkbox"/> Liquid, including syrup, suspension, emulsion, tincture, oil <input type="checkbox"/> Eye or ear drops, or nasal drops or spray <input type="checkbox"/> Tea or decoction <input type="checkbox"/> Cream or ointment <input type="checkbox"/> Gel or paste or balm or plaster <input type="checkbox"/> Crude (raw) dried or fresh herbs <input type="checkbox"/> Injection <input type="checkbox"/> Other; please state: _____
39. How do you take/use this product/preparation?	<input type="checkbox"/> swallowed by mouth <input type="checkbox"/> dissolved under the tongue <input type="checkbox"/> applied on the skin <input type="checkbox"/> put into the eye, ear or nose <input type="checkbox"/> by inhalation <input type="checkbox"/> injected under the skin, or into a vein or a muscle <input type="checkbox"/> other; please state: _____
40. Did any of the following <u>recommend</u> this product/preparation to you?	Select all that apply <input type="checkbox"/> general practitioner/family doctor

	<ul style="list-style-type: none"> <input type="checkbox"/> specialist medical doctor (e.g. dermatologist, gynaecologist) <input type="checkbox"/> nurse <input type="checkbox"/> pharmacist <input type="checkbox"/> pharmacy sales assistant <input type="checkbox"/> health food store sales assistant <input type="checkbox"/> dietitian/nutritionist <input type="checkbox"/> optician/optometrist <input type="checkbox"/> physiotherapist <input type="checkbox"/> natural-health or traditional-medicine practitioner (e.g. naturopath) <input type="checkbox"/> other; please state: _____ <input type="checkbox"/> not sure <input type="checkbox"/> No, this product/preparation was not recommended by any of the above 	
<p>Natural-health or traditional-medicine practitioner - selected</p>	<p>40a. Which natural-health or traditional-medicine practitioner/healer recommended this product/preparation to you?</p>	<p>Select the option that best describes the practitioner</p> <ul style="list-style-type: none"> <input type="checkbox"/> Acupuncturist <input type="checkbox"/> Aromatherapist <input type="checkbox"/> Chiropractor <input type="checkbox"/> Herbalist <input type="checkbox"/> Homeopath <input type="checkbox"/> Massage therapist <input type="checkbox"/> Naturopath <input type="checkbox"/> Osteopath <input type="checkbox"/> Integrative medicine doctor <input type="checkbox"/> Traditional Chinese medicine practitioner <input type="checkbox"/> Ayurvedic medicine practitioner <input type="checkbox"/> Traditional Māori healer <input type="checkbox"/> Pacific traditional healer <input type="checkbox"/> Spiritual healer <input type="checkbox"/> Other; please state: _____ <input type="checkbox"/> Myself; please state type of practitioner: _____

<p>41. Where did you obtain this product/preparation?</p>	<p>From a</p> <ul style="list-style-type: none"> <input type="checkbox"/> pharmacy <input type="checkbox"/> pharmacy with prescription <input type="checkbox"/> health-food or health-product store <input type="checkbox"/> supermarket <input type="checkbox"/> market or health fair <input type="checkbox"/> ethnic grocery store <input type="checkbox"/> gym, beauty salon, barber or hairdresser <input type="checkbox"/> online pharmacy or other online store in New Zealand <input type="checkbox"/> online from outside New Zealand <input type="checkbox"/> friends or family <input type="checkbox"/> I made it myself <input type="checkbox"/> natural-health or traditional-medicine practitioner (e.g. naturopath); please state: _____ <input type="checkbox"/> other; please state: _____
<p>42. When was the last time you bought this product/preparation? State the month and year</p>	
<p>43. About how much (to the nearest \$5) did it cost the last time you bought one unit/bottle/box/packet of this product/preparation? State \$0 if there was no charge Leave the space blank if you do not remember</p>	<p>NZ\$ _____</p>
<p>44. About how long will one unit/bottle/box/packet of this product/preparation last you? <i>Select the appropriate time period</i></p>	<p>_____ day(s)/ week(s)/ month(s)/ year(s)</p>
<p>45. How did you pay this cost?</p>	<p>Select all that apply</p> <ul style="list-style-type: none"> <input type="checkbox"/> Paid for it myself <input type="checkbox"/> Friend or family member paid for it <input type="checkbox"/> Koha

	<input type="checkbox"/> Ministry-funded rongoā Māori provider <input type="checkbox"/> Accident Compensation Corporation (ACC) <input type="checkbox"/> Work and Income New Zealand (WINZ) <input type="checkbox"/> Private health insurance <input type="checkbox"/> Other; please state: _____ <input type="checkbox"/> There was no charge
46. What is the barcode number of the product/preparation? (if available) 	
47. Please upload a photograph of the <u>front</u> of the product/preparation	
48. Please upload a photograph of the product's/preparation's <u>ingredient list</u>	

Section 2: Your visits to natural-health and/or traditional-medicine practitioners

This section ask questions about your visits to natural-health and/or traditional-medicine practitioners for your own health.

49. Have you EVER met/consulted/had an appointment with any of the following practitioners for your own health?

Select all that apply

Select one term that best describes each practitioner you met/consulted/had an appointment with

- Acupuncturist
- Aromatherapist
- Chiropractor
- Herbalist
- Homeopath
- Massage therapist
- Naturopath
- Osteopath
- Integrative medicine doctor
- Traditional Chinese medicine practitioner
- Ayurvedic medicine practitioner
- Traditional Māori healer
- Pacific traditional healer
- Spiritual healer
- Other; please state: _____
- No, I have never met/consulted/had an appointment with any natural-health or traditional-medicine practitioner (go to question 60)

50. In the LAST 12 MONTHS, have you met/consulted/had an appointment with any natural-health or traditional-medicine practitioners for your own health? This includes but is not limited to:

- Acupuncturist
 - Aromatherapist
 - Chiropractor
 - Herbalist
 - Homeopath
 - Massage therapist
 - Naturopath
 - Osteopath
 - Integrative medicine doctor
 - Traditional Chinese medicine practitioner
 - Ayurvedic medicine practitioner
 - Traditional Māori healer
 - Pacific traditional healer
 - Spiritual healer
- Yes
- No, I have not met/consulted/had an appointment with any natural-health or traditional-medicine practitioner in the last 12 months (go to question 59)

51. Select all the natural-health and/or traditional-medicine practitioner(s) that you have met/consulted/had an appointment with in the LAST 12 MONTHS

Select all that apply

Select one term that best describes each practitioner you met/consulted/had an appointment with

- Acupuncturist
- Aromatherapist
- Chiropractor
- Herbalist
- Homeopath
- Massage therapist
- Naturopath
- Osteopath
- Integrative medicine doctor
- Traditional Chinese medicine practitioner
- Ayurvedic medicine practitioner
- Traditional Māori healer
- Pacific traditional healer
- Spiritual healer

52. In the LAST 12 MONTHS, have you met/consulted/had an appointment with any other natural-health and/or traditional-medicine practitioner(s) that is/are not listed in the question above?

- Yes
- No (go to question 54 if stated 'yes' in question 50. Otherwise, go to question 59)

53. List the types of ALL the other natural-health and/or traditional-medicine practitioner(s) you have met/consulted/had an appointment with in the LAST 12 MONTHS?

e.g. functional medicine practitioner, reiki practitioner, medium

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For every practitioner selected/entered above in **Question 51 & 53** respectively, the following questions will be displayed:

You have entered: [type of practitioner]

<p>54. How many times have you met/consulted/had an appointment with this practitioner in the <u>PREVIOUS 12 MONTHS?</u></p>	
<p>55. What types of treatments/therapies did you receive from this practitioner?</p>	<p>Select all that apply</p> <ul style="list-style-type: none"> <input type="checkbox"/> None <input type="checkbox"/> Lifestyle or dietary advice <input type="checkbox"/> Acupuncture <input type="checkbox"/> Massage <input type="checkbox"/> Chiropractic manipulation <input type="checkbox"/> Osteopathic manipulation <input type="checkbox"/> Herbal or traditional medicines <input type="checkbox"/> Homeopathic remedies <input type="checkbox"/> Spiritual healing <input type="checkbox"/> Other; please state: _____
<p>56. Is this practitioner also a conventional health professional/practitioner? <i>e.g. general practitioner, pharmacist, nurse</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
<p>Yes</p>	<p>56a. This practitioner is a:</p> <ul style="list-style-type: none"> <input type="checkbox"/> general practitioner/family doctor <input type="checkbox"/> specialist medical doctor <input type="checkbox"/> nurse <input type="checkbox"/> pharmacist <input type="checkbox"/> dietitian/nutritionist <input type="checkbox"/> optician/optometrist <input type="checkbox"/> physiotherapist <input type="checkbox"/> not sure <input type="checkbox"/> other; please state: _____
<p>57. About how much (to the nearest \$5) did it cost (including practitioner consultation and product(s)/preparation(s) cost) the last time you saw this practitioner? State \$0 if there was no charge</p>	<p>NZ\$ _____</p>

<p>Leave the space blank if you do not remember</p>	
<p>58. How did you pay this cost?</p>	<p>Select all that apply</p> <ul style="list-style-type: none"> <input type="checkbox"/> Paid for it myself <input type="checkbox"/> Friend or family member paid for it <input type="checkbox"/> Koha <input type="checkbox"/> Ministry-funded rongoā Māori provider <input type="checkbox"/> Accident Compensation Corporation (ACC) <input type="checkbox"/> Work and Income New Zealand (WINZ) <input type="checkbox"/> Private health insurance <input type="checkbox"/> Other; please state: _____ <input type="checkbox"/> There was no charge

59. Are you CURRENTLY meeting/consulting any of the following practitioners for your own health (i.e. are you receiving treatment, or under the care of, a practitioner for a particular health reason at this time)?

Select all that apply

Select one term that best describes each practitioner you met/consulted/had an appointment with

- Acupuncturist
- Aromatherapist
- Chiropractor
- Herbalist
- Homeopath
- Massage therapist
- Naturopath
- Osteopath
- Integrative medicine doctor
- Traditional Chinese medicine practitioner
- Ayurvedic medicine practitioner
- Traditional Māori healer
- Pacific traditional healer
- Spiritual healer
- Other; please state: _____
- No, I am not meeting/consulting any natural-health or traditional-medicine practitioner currently

60. In the past 12 months, was there a time when you had a medical problem but did not visit a natural-health and/or traditional-medicine practitioner because of cost?

- Yes
- No (go to question 61)

60a. Select all the practitioner(s) that you did not visit for a medical problem because of cost in the PAST 12 MONTHS
Select all that apply

Select one term that best describes each practitioner

- Acupuncturist
- Aromatherapist
- Chiropractor
- Herbalist
- Homeopath
- Massage therapist
- Naturopath
- Osteopath
- Integrative medicine doctor
- Traditional Chinese medicine practitioner
- Ayurvedic medicine practitioner
- Traditional Māori healer
- Pacific traditional healer
- Spiritual healer
- Other; please state: _____

61. In the past 12 months, was there a time when you got a recommendation for a natural health product/preparation for yourself, but did not collect/purchase one or more product(s)/preparation(s) because of cost?

- Yes
- No (go to question 62)

61a. Select all the practitioner(s) who recommended a natural health product for you, but you did not collect/purchase one or more product(s)/preparation(s) because of cost in the PAST 12 MONTHS
Select all that apply

Select one term that best describes each practitioner

- Acupuncturist
- Aromatherapist
- Chiropractor
- Herbalist
- Homeopath
- Massage therapist
- Naturopath
- Osteopath
- Integrative medicine doctor
- Traditional Chinese medicine practitioner
- Ayurvedic medicine practitioner
- Traditional Māori healer
- Pacific traditional healer
- Spiritual healer
- Other; please state: _____

62. In the past 12 months, was there a time when you had a medical problem but did not visit a natural-health and/or traditional-medicine practitioner for other reasons?

- Yes
- No (go to question 63)

**62a. Select all the practitioner(s) that you did not visit for a medical problem because of other reasons in the PAST 12 MONTHS
Select all that apply**

Select one term that best describes each practitioner

- Acupuncturist
- Aromatherapist
- Chiropractor
- Herbalist
- Homeopath
- Massage therapist
- Naturopath
- Osteopath
- Integrative medicine doctor
- Traditional Chinese medicine practitioner
- Ayurvedic medicine practitioner
- Traditional Māori healer
- Pacific traditional healer
- Spiritual healer
- Other type of practitioner; please state: _____

62b. For every practitioner selected above in Question 62a, the following question will be displayed:

You have selected [type of practitioner selected above]

What was the reason you did not visit this practitioner?

Section 3: Your use of 'conventional' medicines

This section ask questions about your use of 'conventional' medicines, including 'conventional' prescription-only medicines and non-prescription, or 'over-the-counter' (OTC) 'conventional' medicines.

63. Are you CURRENTLY taking/using any medicine that is prescribed for you by a health practitioner?

Current use refers to medicines that you are taking daily or at regular intervals over time, as well as medicines that you only take when needed (e.g. medicines to treat episodes of chest pain).

Health practitioner refers to an authorised prescriber (e.g. general practitioner/family doctor, specialist medical doctor, or other medical/health professional who is legally able to prescribe medicines)

- Yes
- No (go to question 67)

64. List the names of ALL the medicine(s) you are CURRENTLY taking/using that is/are prescribed for you by a health practitioner e.g. amlodipine, warfarin, Lipitor, Janumet

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

For every medicine entered above in **Question 64**, the following questions will be displayed:

You have entered: [name of prescription medicine entered above]

65. What is the brand name and/or manufacturer name of this medicine?	
66. What type of medicine is it?	<ul style="list-style-type: none"><input type="checkbox"/> Tablet or capsule<input type="checkbox"/> Granules or powder<input type="checkbox"/> Liquid, including syrup, suspension, emulsion, tincture, oil<input type="checkbox"/> Eye or ear drops, or nasal drops or spray<input type="checkbox"/> Cream or ointment<input type="checkbox"/> Gel or paste or balm or plaster<input type="checkbox"/> Injection<input type="checkbox"/> Other; please state: _____

67. Are you CURRENTLY taking/using any medicine that is not prescribed for you by a health practitioner (i.e. non-prescription/'over-the-counter' medicines)?

Current use refers to medicines that you are taking daily or at regular intervals over time, as well as medicines that you only take when needed (e.g. painkillers).

Health practitioner refers to an authorised prescriber (e.g. general practitioner/family doctor, specialist medical doctor, or other medical/health professional who is legally able to prescribe medicines)

Non-prescription medicines, also known as 'over-the-counter' (OTC) medicines, are medicines that can be obtained from pharmacies and retail outlets, such as supermarkets, without a prescription.

- Yes
- No (go to question 73)

68. List the names of ALL the non-prescription/'over-the-counter' medicine(s)-you are CURRENTLY taking/using.

e.g. ibuprofen, Zyrtec, Benadryl, Panadol

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

For every non-prescription/'over-the-counter' medicine entered above in **Question 68**, the following questions will be displayed:

You have entered: [name of non-prescription/'over-the-counter' medicine entered above]

<p>69. What is the brand name and/or manufacturer name of this medicine?</p>	
<p>70. What type of medicine is it?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Tablet or capsule <input type="checkbox"/> Granules or powder <input type="checkbox"/> Liquid, including syrup, suspension, emulsion, tincture, oil <input type="checkbox"/> Eye or ear drops, or nasal drops or spray <input type="checkbox"/> Cream or ointment <input type="checkbox"/> Gel or paste or balm or plaster <input type="checkbox"/> Injection Other; please state: _____
<p>71. About how much (to the nearest \$5) did it cost the last time you bought one unit/bottle/box/packet of this medicine? State \$0 if there was no charge Leave the space blank if you do not remember</p>	<p>NZ\$ _____</p>
<p>72. How did you pay this cost?</p>	<p>Select all that apply</p> <ul style="list-style-type: none"> <input type="checkbox"/> Paid for it myself <input type="checkbox"/> Friend or family member paid for it <input type="checkbox"/> Koha <input type="checkbox"/> Ministry-funded rongoā Māori provider <input type="checkbox"/> Accident Compensation Corporation (ACC) <input type="checkbox"/> Work and Income New Zealand (WINZ) <input type="checkbox"/> Private health insurance <input type="checkbox"/> Other; please state: _____ <input type="checkbox"/> There was no charge

73. Are you CURRENTLY taking/using any other conventional medicines (i.e. prescription or non-prescription/'over-the-counter' medicines) that you have not listed previously?

Current use refers to medicines that you are taking daily or at regular intervals over time, as well as medicines that you only take when needed (e.g. painkillers).

- Yes
- No (go to question 79)

74. List the names of ALL the other conventional medicine(s) you are CURRENTLY taking/using.

e.g. Marvelon, Maxigesic

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

For each conventional medicine entered above in **Question 74**, the following questions will be displayed:

You have entered: [name of non-prescription/'over-the-counter' medicine entered above]

<p>75. What is the brand name and/or manufacturer name of this medicine?</p>	
<p>76. What type of medicine is it?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Tablet or capsule <input type="checkbox"/> Granules or powder <input type="checkbox"/> Liquid, including syrup, suspension, emulsion, tincture, oil <input type="checkbox"/> Eye or ear drops, or nasal drops or spray <input type="checkbox"/> Cream or ointment <input type="checkbox"/> Gel or paste or balm or plaster <input type="checkbox"/> Injection Other; please state: _____
<p>77. About how much (to the nearest \$5) did it cost the last time you bought one unit/bottle/box/packet of this medicine? State \$0 if there was no charge Leave the space blank if you do not remember</p>	<p>NZ\$ _____</p>
<p>78. How did you pay this cost?</p>	<p>Select all that apply</p> <ul style="list-style-type: none"> <input type="checkbox"/> Paid for it myself <input type="checkbox"/> Friend or family member paid for it <input type="checkbox"/> Koha <input type="checkbox"/> Ministry-funded rongoā Māori provider <input type="checkbox"/> Accident Compensation Corporation (ACC) <input type="checkbox"/> Work and Income New Zealand (WINZ) <input type="checkbox"/> Private health insurance <input type="checkbox"/> Other; please state: _____ <input type="checkbox"/> There was no charge

Section 4: Your personal information

79. What is your age?

___ years

80. Are you?

(Respondents whose biological sex is not male nor female (ie intersex), are able to mark both 'male' and 'female' for this question)

- Male
- Female

81. Which ethnic group do you belong to?

Select all that apply to you.

- New Zealand European
- Māori
- Samoan
- Cook Islands Māori
- Tongan
- Niuean
- Chinese
- Indian
- Other, e.g. Dutch, Japanese, Tokelauan
 - Please enter ethnicity: _____

82. In which region of New Zealand do you live?

- Northland
- Auckland
- Waikato
- Bay of Plenty
- Gisborne
- Hawke's Bay
- Manawatu-Wanganui
- Taranaki
- Wellington
- Tasman
- Nelson
- Marlborough
- Canterbury
- West Coast
- Otago
- Southland

83. Do you live in an urban or rural area?

- Urban
- Rural

84. Which country were you born in?

- New Zealand
- Overseas
 - Please enter the name of the country: _____
 - How old were you when you first arrived to live in New Zealand?
____ years

85. Which country was your father born in?

- New Zealand
- Overseas
 - Please enter the name of the country: _____
- Don't know

86. Which country was your mother born in?

- New Zealand
- Overseas
 - Please enter the name of the country: _____
- Don't know

87. From all the sources of income you have, what will the total income be:

- **that you yourself got**
- **before tax or anything was taken out**
- **in the last 12 months**
- loss
- zero income
- \$1 - \$5000
- \$5001 - \$10,000
- \$10,001 - \$15,000
- \$15,001 - \$20,000
- \$20,001 - \$25,000
- \$25,001 - \$30,000
- \$30,001 - \$35,000
- \$35,001 - \$40,000
- \$40,001 - \$50,000
- \$50,001 - \$60,000
- \$60,001 - \$70,000
- \$70,001 - \$100,000
- \$100,001 - \$150,000
- \$150,001 or more