





Online Resource 6: Revisions made to the questionnaire based on findings from testing study

Question No.	Original question/description	Revised question/description	New Question No.
	<p>Instructions:</p> <p>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.</p>	<p>Moved instructions to first page. Previously on page 3.</p>	
	<p>Instructions:</p> <p>No definition provided for ‘natural-health or traditional-medicine practitioners/healers’</p>	<p>Added definition for ‘‘natural-health or traditional-medicine practitioners/healers’.</p> <p>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.</p>	
	<p>Description of questionnaire sections</p> <p>Section 2: Your visits to natural-health or traditional-medicine practitioners</p>	<p>Added description</p> <p>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)</p>	
<p>OLD 1</p>	<p>1. Have you EVER taken/used any natural health products/preparations?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>No change</p>	<p>NEW 1</p>

	See OLD 3	<p>Moved from OLD 3 Revised question – add ‘in total’</p> <p>In the <u>LAST 12 MONTHS</u>, how many different natural health products/preparations have you taken/used in total, including those you are currently taking/using?</p> <ul style="list-style-type: none"> <input type="checkbox"/> 0 <input type="checkbox"/> 1 – 5 <input type="checkbox"/> 6 – 10 <input type="checkbox"/> 11 – 15 <input type="checkbox"/> 16 – 20 <input type="checkbox"/> 21 – 25 <input type="checkbox"/> More than 20 	NEW 2
OLD 2	<p>2. You have indicated that you are currently taking natural health products/preparations. How many different natural health products/preparations are you CURRENTLY taking/using?</p> <p>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).</p> <p>A multi-ingredient product is considered ONE product/preparation (e.g. Multivitamin/mineral tablets, Chinese herb mixture) = 1 product = 1 product = 1 preparation</p> <p>Enter number of products/preparations: _____ (State 0 if none)</p>	<p>Question revised – adapted for pilot study into NEW 3 and NEW 4 (participants may or may not be an NHP user)</p> <p>Are you <u>CURRENTLY</u> taking/using any natural health products/preparations?</p> <p>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).</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No (go to question 49) 	NEW 3

		<p>How many different natural health products/preparations are you <u>CURRENTLY</u> taking/using?</p> <p>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).</p> <p>A multi-ingredient product is considered ONE product/preparation (e.g. Multivitamin/mineral tablets, Chinese herb mixture)</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>= 1 product = 1 preparation</p> </div> <div style="text-align: center;">  <p>= 1 product</p> </div> <div style="text-align: center;">  </div> </div> <p>Enter number of products/preparations: _____ (State 0 if none)</p>	NEW 4
OLD 3	<p>3. In the LAST 12 MONTHS, how many different natural health products/preparations have you taken/used, including those you are currently taking/using?</p> <ul style="list-style-type: none"> <input type="checkbox"/> 0 <input type="checkbox"/> 1 – 5 <input type="checkbox"/> 6 – 10 <input type="checkbox"/> 11 – 15 <input type="checkbox"/> 16 – 20 <input type="checkbox"/> 21 – 25 <input type="checkbox"/> More than 20 	Moved to NEW 2	-

<p>OLD 4</p>	<p>4. Are you CURRENTLY taking/using any products/preparations that you obtain from a natural-health or traditional-medicine practitioner/healer?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (go to question 6)</p>	<p>Question revised Added description for 'Current use'</p> <p>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</p> <p>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).</p>  <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (go to question 7)</p>	<p>NEW 5</p>
<p>OLD 5</p>	<p>5. List the names of ALL the products/preparations that you are CURRENTLY taking/using that you got through a natural-health or traditional-medicine practitioner/healer 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'</p> <p>Leave the space blank if this does not apply to you</p>	<p>Question revised</p> <p>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'</p> <p>Leave the space blank if this does not apply to you</p>	<p>NEW 6</p>
<p>OLD 6</p>	<p>6. Are you CURRENTLY taking/using any products/preparations that you did not obtain from a natural-health or traditional-medicine practitioner/healer?</p> <p><input type="checkbox"/> Yes</p>	<p>Question revised Added description for 'Current use'</p> <p>Are you CURRENTLY taking/using any manufactured/commercial natural-health or traditional-medicine products/preparations?</p>	<p>NEW 7</p>

	<input type="checkbox"/> No (go to question 8 if stated 'yes' on question 4. Otherwise, go to question 28)	<p>e.g. products obtained from pharmacies, health food shops, or supermarkets</p> <p>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).</p>  <p> <input type="checkbox"/> Yes <input type="checkbox"/> No (go to question 9 if stated 'yes' in question 5. Otherwise, go to question 32) </p>	
<p>OLD 7</p>	<p>7. List the names of ALL the other natural health products/preparations that you are CURRENTLY taking/using that you did not obtain from a natural-health or traditional-medicine practitioner/healer e.g. Blackmores fish oil, Women's multivitamin, kawakawa, probiotics</p> <p>Leave the space blank if this does not apply to you</p>	<p>Question revised</p> <p>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</p> <p>Leave the space blank if this does not apply to you</p>	<p>NEW 8</p>

<p>OLD 8</p>	<p>8. Which term(s) would you use to describe this product/preparation? 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>No change</p>	<p>NEW 9</p>
<p>OLD 9</p>	<p>9. 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>No change</p>	<p>NEW 10</p>

<p>OLD 10</p>	<p>10. 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>No change</p>	<p>NEW 11</p>
<p>OLD 11</p>	<p>11. Which natural-health or traditional-medicine practitioner/healer recommended this product?</p> <p>Select the option that best describes the practitioner</p> <ul style="list-style-type: none"> <input type="checkbox"/> Aromatherapist <input type="checkbox"/> Herbalist <input type="checkbox"/> Homeopath <input type="checkbox"/> Naturopath <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"/> Other; please state: _____ 	<p>Question revised</p> <p>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>NEW 12</p>

	None	Question added When was the last time you bought this product/preparation? State the month and year	NEW 13
OLD 12	12. Do you know the cost of this product/preparation (not including the practitioner consultation cost)? <input type="checkbox"/> Yes <input type="checkbox"/> No	No change	NEW 14
OLD 12a	12a. About how much was the cost (not including practitioner consultation cost) the last time you bought this product/preparation? State \$0 if there was no charge	Question revised Use alternative question for market research method 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 Leave the space blank if you do not remember <u>Market research question:</u> 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? <input type="checkbox"/> <\$10 <input type="checkbox"/> \$10 - \$19 <input type="checkbox"/> \$20 - \$29 <input type="checkbox"/> \$30 - \$39 <input type="checkbox"/> \$40 - \$49 <input type="checkbox"/> >\$50	NEW 14a
OLD 12b	12b. About how much was the cost (including practitioner consultation cost) the last time you saw this practitioner? State \$0 if there was no charge	Question revised Use alternative question for market research method About how much (to the nearest \$5) did it cost (including practitioner consultation cost) the last time saw this practitioner? State \$0 if there was no charge Leave the space blank if you do not remember	NEW 14b

		<p><u>Market research question:</u> About how much (to the nearest \$5) did it cost (including practitioner consultation cost) the last time you saw this practitioner?</p> <p><input type="checkbox"/> <\$10 <input type="checkbox"/> \$10 - \$19 <input type="checkbox"/> \$20 - \$29 <input type="checkbox"/> \$30 - \$39 <input type="checkbox"/> \$40 - \$49 <input type="checkbox"/> >\$50</p>	
	None	<p>Question added</p> <p>About how long will one unit/bottle/box/packet of this product/preparation last you? Select the appropriate time period</p> <p>_____ day(s)/ week(s)/ month(s)/ year(s)</p>	NEW 15
OLD 13	<p>13. How did you pay the cost? Select all that apply</p> <p><input type="checkbox"/> My own pocket <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>	<p>Question revised</p> <p>How did you pay the this cost? Select all that apply</p> <p><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>	NEW 16
OLD 14	<p>14. Please upload a photograph of the front of the product/preparation (photograph contents if there is no label)</p>	No change	NEW 17

OLD 15	15. Some practitioners prescribe manufactured product(s)/preparation(s) What is the barcode number of the product/preparation? (if available) Leave the space blank if there is no barcode available	Question removed. No longer applicable due to changes in NEW 5, 6, 7, 8	-
OLD 16	16. Which term(s) would you use to describe this product/preparation? Select all that apply <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: _____	No change	NEW 18
OLD 17	17. Who is the manufacturer/company of this product/preparation? (if known/relevant)	No change	NEW 19
OLD 18	18. What is/are the main ingredient(s) in this product/preparation?	No change	NEW 20

OLD 19	<p>19. 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: _____ 	No change	NEW 21
OLD 20	<p>20. 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: _____ 	No change	NEW 22
	See OLD 22	<p>Moved from OLD 22 Question revised to NEW 23 and NEW 23a</p> <p>Did any of the following recommend this product/preparation to you?</p> <p>Select all that apply</p> <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 	NEW 23

		<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	
	None	<p>Question added</p> <p>Which natural-health or traditional-medicine practitioner/healer recommended this product/preparation to you? Select the option that best describes the practitioner</p> <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: _____	NEW 23a

<p>OLD 21</p>	<p>21. Where did you obtain this product/preparation? From a</p> <ul style="list-style-type: none"> <input type="checkbox"/> pharmacy <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"/> other; please state: _____ 	<p>Question revised Removed answer option 'I made it myself'</p> <p>Where did you obtain this product/preparation? 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>NEW 24</p>
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OLD 22	<p>22. Did any of the following recommend this product/preparation? Select all that apply</p> <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); please state: _____ <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 	Moved to NEW 23 and NEW 23a	
	None	<p>Question added</p> <p>When was the last time you bought this product/preparation? State the month and year</p>	NEW 25
OLD 23	<p>23. About how much was the cost the last time you bought this product/preparation? State \$0 if there was no charge</p>	<p>Question revised Use alternative question for market research method</p> <p>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><u>Market research question:</u></p>	NEW 26

		<p>About how much (to the nearest \$5) did it cost the last time you bought one unit/bottle/box/packet of this product/preparation?</p> <p><input type="checkbox"/> <\$10</p> <p><input type="checkbox"/> \$10 - \$19</p> <p><input type="checkbox"/> \$20 - \$29</p> <p><input type="checkbox"/> \$30 - \$39</p> <p><input type="checkbox"/> \$40 - \$49</p> <p><input type="checkbox"/> >\$50</p>	
	None	<p>Question added</p> <p>About how long will one unit/bottle/box/packet of this product/preparation last you?</p> <p>Select the appropriate time period</p> <p>_____ day(s)/ week(s)/ month(s)/ year(s)</p>	NEW 27
OLD 24	<p>24. How did you pay the cost?</p> <p>Select all that apply</p> <p><input type="checkbox"/> My own pocket</p> <p><input type="checkbox"/> Koha</p> <p><input type="checkbox"/> Ministry-funded rongoā Māori provider</p> <p><input type="checkbox"/> Accident Compensation Corporation (ACC)</p> <p><input type="checkbox"/> Work and Income New Zealand (WINZ)</p> <p><input type="checkbox"/> Private health insurance</p> <p><input type="checkbox"/> Other; please state: _____</p> <p><input type="checkbox"/> There was no charge</p>	<p>Question revised</p> <p>How did you pay the this cost?</p> <p>Select all that apply</p> <p><input type="checkbox"/> Paid for it myself</p> <p><input type="checkbox"/> Friend or family member paid for it</p> <p><input type="checkbox"/> Koha</p> <p><input type="checkbox"/> Ministry-funded rongoā Māori provider</p> <p><input type="checkbox"/> Accident Compensation Corporation (ACC)</p> <p><input type="checkbox"/> Work and Income New Zealand (WINZ)</p> <p><input type="checkbox"/> Private health insurance</p> <p><input type="checkbox"/> Other; please state: _____</p> <p><input type="checkbox"/> There was no charge</p>	NEW 28
OLD 25	25. What is the barcode number of the product/preparation? (if available)	No change	NEW 29
OLD 26	26. Please upload a photograph of the front of the product/preparation	No change	NEW 30
OLD 27	27. Please upload a photograph of the product's/preparation's ingredient list	No change	NEW 31

OLD 28	<p>28. 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</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (go to question 43)</p>	No change	NEW 32
OLD 29	<p>29. 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</p>	No change	NEW 33
OLD 30	<p>30. Why did you not consider this product/preparation to be a natural health product?</p>	No change	NEW 34
OLD 31	<p>31. What term(s) would you use to describe this product/preparation?</p>	No change	NEW 35
OLD 32	<p>32. Who is the manufacturer/company of this product/preparation? (if known/relevant)</p>	No change	NEW 36
OLD 33	<p>33. What is/are the main ingredient(s) in this product/preparation?</p>	No change	NEW 37
OLD 34	<p>34. What type of product/preparation is it?</p> <p><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>	No change	NEW 38

<p>OLD 35</p>	<p>35. 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>No change</p>	<p>NEW 39</p>
	<p>See OLD 37</p>	<p>Moved from OLD 37 Question revised to NEW 40 and NEW 40a</p> <p>Did any of the following recommend this product/preparation to you?</p> <p>Select all that apply</p> <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 	<p>NEW 40</p>

	None	<p>Question added</p> <p>Which natural-health or traditional-medicine practitioner/healer recommended this product/preparation to you? 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: _____	NEW 40a
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<p>OLD 36</p>	<p>36. Where did you obtain this product/preparation? From a</p> <ul style="list-style-type: none"> <input type="checkbox"/> pharmacy <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"/> other; please state: _____ 	<p>Question revised</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>NEW 41</p>
	<p>None</p>	<p>Question added</p> <p>When was the last time you bought this product/preparation? State the month and year</p>	<p>NEW 42</p>

<p>OLD 37</p>	<p>37. Did any of the following recommend this product/preparation? Select all that apply</p> <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); please state: _____ <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>Move to NEW 40 and NEW 40a</p>	<p>-</p>
<p>OLD 38</p>	<p>38. About how much was the cost the last time you bought this product/preparation? State \$0 if there was no charge</p>	<p>Question revised Use alternative question for market research method</p> <p>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><u>Market research question:</u> About how much (to the nearest \$5) did it cost the last time you bought one unit/bottle/box/packet of this product/preparation?</p> <ul style="list-style-type: none"> <input type="checkbox"/> <\$10 <input type="checkbox"/> \$10 - \$19 <input type="checkbox"/> \$20 - \$29 	<p>NEW 43</p>

		<input type="checkbox"/> \$30 - \$39 <input type="checkbox"/> \$40 - \$49 <input type="checkbox"/> >\$50	
	None	<p>Question added</p> <p>About how long will one unit/bottle/box/packet of this product/preparation last you? Select the appropriate time period</p> <p>day(s)/ week(s)/ month(s)/ year(s)</p>	NEW 44
OLD 39	<p>39. How did you pay the cost? Select all that apply</p> <input type="checkbox"/> My own pocket <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>Question revised</p> <p>How did you pay the this cost? Select all that apply</p> <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	NEW 45
OLD 40	40. What is the barcode number of the product/preparation? (if available)	No change	NEW 46
OLD 41	41. Please upload a photograph of the front of the product/preparation	No change	NEW 47
OLD 42	42. Please upload a photograph of the product's/preparation's ingredient list	No change	NEW 48

<p>OLD 43</p>	<p>43. 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</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"/> No, I have never met/consulted/had an appointment with any natural-health or traditional-medicine practitioner 	<p>No change</p>	<p>NEW 49</p>
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<p>OLD 44</p>	<p>44. 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:</p> <ul style="list-style-type: none"> • 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 <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> 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 53)</p>	<p>No change</p>	<p>NEW 50</p>
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OLD 45	<p>45. 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</p> <p>Select one term that best describes each practitioner you met/consulted/had an appointment with</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 	<p>No change</p> <p>Add instructions ‘Select all that apply’</p>	NEW 51
OLD 46	<p>46. 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?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No 	No change	NEW 52
OLD 47	<p>47. List the names 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?</p>	<p>Question revised</p> <p>List the types of ALL the <u>other</u> natural-health and/or traditional-medicine practitioner(s) you have met/consulted/had an appointment with in the <u>LAST 12 MONTHS?</u></p>	NEW 53

		e.g. functional medicine practitioner, reiki practitioner, medium	
OLD 48	48. How many times have you met/consulted/had an appointment with this practitioner in the PREVIOUS 12 MONTHS?	No change	NEW 54
OLD 49	49. What types of treatments/therapies did you receive from this practitioner? Select all that apply <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: _____	No change	NEW 55
OLD 50	50. Is this practitioner also a conventional health professional/practitioner? e.g. general practitioner, pharmacist, nurse <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	No change	NEW 56

<p>OLD 50a</p>	<p>50a. 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>No change</p>	<p>NEW 56a</p>
<p>OLD 51</p>	<p>51. About how much was the cost (including practitioner consultation and treatment cost) the last time you saw this practitioner? State \$0 if there was no charge</p>	<p>Question revised</p> <p>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 Leave the space blank if you do not remember</p>	<p>NEW 57</p>
<p>OLD 52</p>	<p>52. How did you pay the cost? Select all that apply</p> <ul style="list-style-type: none"> <input type="checkbox"/> My own pocket <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>Question revised</p> <p>How did you pay the this cost? 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>NEW 58</p>

<p>OLD 53</p>	<p>53. 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)?</p> <p>Select all that apply</p> <p>Select one term that best describes each practitioner you met/consulted/had an appointment with</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"/> No, I am not meeting/consulting any natural-health or traditional-medicine practitioner currently 	<p>No change</p>	<p>NEW 59</p>
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	None	<p>Question added</p> <p>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 <u>cost</u>?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (go to question 61)</p>	NEW 60
	None	<p>Question added</p> <p>Select all the practitioner(s) that you did not visit for a medical problem because of cost in the past 12 months</p> <p>Select all that apply</p> <p>Select one term that best describes each practitioner</p> <p><input type="checkbox"/> Acupuncturist</p> <p><input type="checkbox"/> Aromatherapist</p> <p><input type="checkbox"/> Chiropractor</p> <p><input type="checkbox"/> Herbalist</p> <p><input type="checkbox"/> Homeopath</p> <p><input type="checkbox"/> Massage therapist</p> <p><input type="checkbox"/> Naturopath</p> <p><input type="checkbox"/> Osteopath</p> <p><input type="checkbox"/> Integrative medicine doctor</p> <p><input type="checkbox"/> Traditional Chinese medicine practitioner</p> <p><input type="checkbox"/> Ayurvedic medicine practitioner</p> <p><input type="checkbox"/> Traditional Māori healer</p> <p><input type="checkbox"/> Pacific traditional healer</p> <p><input type="checkbox"/> Spiritual healer</p> <p><input type="checkbox"/> Other; please state: _____</p>	NEW 60a

	None	<p>Question added</p> <p>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 <u>cost</u>?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (go to question 62)</p>	NEW 61
	None	<p>Question added</p> <p>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</p> <p>Select one term that best describes each practitioner</p> <p><input type="checkbox"/> Acupuncturist</p> <p><input type="checkbox"/> Aromatherapist</p> <p><input type="checkbox"/> Chiropractor</p> <p><input type="checkbox"/> Herbalist</p> <p><input type="checkbox"/> Homeopath</p> <p><input type="checkbox"/> Massage therapist</p> <p><input type="checkbox"/> Naturopath</p> <p><input type="checkbox"/> Osteopath</p> <p><input type="checkbox"/> Integrative medicine doctor</p> <p><input type="checkbox"/> Traditional Chinese medicine practitioner</p> <p><input type="checkbox"/> Ayurvedic medicine practitioner</p> <p><input type="checkbox"/> Traditional Māori healer</p> <p><input type="checkbox"/> Pacific traditional healer</p> <p><input type="checkbox"/> Spiritual healer</p> <p><input type="checkbox"/> Other; please state: _____</p>	NEW 61a

	None	<p>Question added</p> <p>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 <u>other reasons</u>?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (go to question 63)</p>	NEW 62
	None	<p>Question added</p> <p>Select all the practitioner(s) that you did not visit for a medical problem because of other reasons in the past 12 months</p> <p>Select all that apply</p> <p>Select one term that best describes each practitioner</p> <p><input type="checkbox"/> Acupuncturist</p> <p><input type="checkbox"/> Aromatherapist</p> <p><input type="checkbox"/> Chiropractor</p> <p><input type="checkbox"/> Herbalist</p> <p><input type="checkbox"/> Homeopath</p> <p><input type="checkbox"/> Massage therapist</p> <p><input type="checkbox"/> Naturopath</p> <p><input type="checkbox"/> Osteopath</p> <p><input type="checkbox"/> Integrative medicine doctor</p> <p><input type="checkbox"/> Traditional Chinese medicine practitioner</p> <p><input type="checkbox"/> Ayurvedic medicine practitioner</p> <p><input type="checkbox"/> Traditional Māori healer</p> <p><input type="checkbox"/> Pacific traditional healer</p> <p><input type="checkbox"/> Spiritual healer</p> <p><input type="checkbox"/> Other type of practitioner; please state:</p> <p>_____</p>	NEW 62a

	None	<p>Question added</p> <p>For every practitioner selected above in Question 62a, the following question will be displayed: You have selected [type of practitioner selected above]</p> <p>What was the reason you did not visit this practitioner?</p> <hr/>	NEW 62b
OLD 54	<p>54. 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)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (go to question 58)</p>	No change	NEW 63
OLD 55	<p>55. 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</p>	No change	NEW 64
OLD 56	<p>56. What is the brand name and/or manufacturer name of this medicine?</p>	No change	NEW 65

OLD 57	<p>57. 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 <input type="checkbox"/> Other; please state: _____ 	No change	NEW 66
OLD 58	<p>58. 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)?</p> <p>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).</p> <p>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)</p> <p>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.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No (go to question 64) 	No change	NEW 67
OLD 59	<p>59. List the names of ALL the non-prescription/'over-the-counter' medicine(s) that you are CURRENTLY taking/using. e.g. ibuprofen, Zyrtec, Benadryl, Panadol</p>	No change	NEW 68
OLD 60	60. What is the brand name and/or manufacturer name of this medicine?	No change	NEW 69

OLD 61	<p>61. 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 <input type="checkbox"/> Other; please state: _____ 	No change	NEW 70
OLD 62	<p>62. About how much was the cost the last time you bought this medicine? State \$0 if there was no charge</p>	<p>Question revised Use alternative question for market research method</p> <p>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><u>Market research question:</u> About how much (to the nearest \$5) did it cost the last time you bought one unit/bottle/box/packet of this medicine?</p> <ul style="list-style-type: none"> <input type="checkbox"/> <\$10 <input type="checkbox"/> \$10 - \$19 <input type="checkbox"/> \$20 - \$29 <input type="checkbox"/> \$30 - \$39 <input type="checkbox"/> \$40 - \$49 <input type="checkbox"/> >\$50 	NEW 71

<p>OLD 63</p>	<p>63. How did you pay the cost? Select all that apply</p> <ul style="list-style-type: none"> <input type="checkbox"/> My own pocket <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>Question revised</p> <p>How did you pay the this cost? 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>NEW 72</p>
<p>None</p>	<p>None</p>	<p>Question added</p> <p>Are you <u>currently</u> taking/using any other conventional medicines (i.e. prescription or non-prescription/'over-the-counter' medicines) that you have not listed previously?</p> <p>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).</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No (go to question 79) 	<p>NEW 73</p>
<p>None</p>	<p>None</p>	<p>Question added</p> <p>List the names of ALL the other conventional medicine(s) you are <u>CURRENTLY</u> taking/using. e.g. Marvelon, Maxigesic</p>	<p>NEW 74</p>
<p>None</p>	<p>None</p>	<p>Question added</p> <p>What is the brand name and/or manufacturer name of this medicine?</p>	<p>NEW 75</p>

	None	<p>Question added</p> <p>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 <input type="checkbox"/> Other; please state: _____ 	NEW 76
	None	<p>Question added</p> <p>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><u>Market research question:</u> About how much (to the nearest \$5) did it cost the last time you bought one unit/bottle/box/packet of this medicine?</p> <ul style="list-style-type: none"> <input type="checkbox"/> <\$10 <input type="checkbox"/> \$10 - \$19 <input type="checkbox"/> \$20 - \$29 <input type="checkbox"/> \$30 - \$39 <input type="checkbox"/> \$40 - \$49 <input type="checkbox"/> >\$50 	NEW 77

	None	<p>How did you pay the this cost? 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 	NEW 78
OLD 64	64. What is your age? ____ years	No change	NEW 79
OLD 65	65. Are you? (Respondents whose biological sex is not male nor female (ie intersex), are able to mark both 'male' and 'female' for this question) <input type="checkbox"/> Male <input type="checkbox"/> Female	No change	NEW 80
OLD 66	66. Which ethnic group do you belong to? Select all that apply to you. <input type="checkbox"/> New Zealand European <input type="checkbox"/> Māori <input type="checkbox"/> Samoan <input type="checkbox"/> Cook Islands Māori <input type="checkbox"/> Tongan <input type="checkbox"/> Niuean <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Other, e.g. Dutch, Japanese, Tokelauan <input type="checkbox"/> Please enter ethnicity: _____	No change	NEW 81

OLD 67	67. In which region of New Zealand do you live? <input type="checkbox"/> Northland <input type="checkbox"/> Auckland <input type="checkbox"/> Waikato <input type="checkbox"/> Bay of Plenty <input type="checkbox"/> Gisborne <input type="checkbox"/> Hawke's Bay <input type="checkbox"/> Manawatu-Wanganui <input type="checkbox"/> Taranaki <input type="checkbox"/> Wellington <input type="checkbox"/> Tasman <input type="checkbox"/> Nelson <input type="checkbox"/> Marlborough <input type="checkbox"/> Canterbury <input type="checkbox"/> West Coast <input type="checkbox"/> Otago <input type="checkbox"/> Southland	No change	NEW 82
OLD 68	68. Do you live in an urban or rural area? <input type="checkbox"/> Urban <input type="checkbox"/> Rural	No change	NEW 83
OLD 69	69. Which country were you born in? <input type="checkbox"/> New Zealand <input type="checkbox"/> Overseas o Please enter the name of the country: _____ o How old were you when you first arrived to live in New Zealand? ___ years	No change	NEW 84
OLD 70	70. Which country was your father born in? <input type="checkbox"/> New Zealand <input type="checkbox"/> Overseas o Please enter the name of the country: _____ <input type="checkbox"/> Don't know	No change	NEW 85

OLD 71	<p>71. Which country was your mother born in?</p> <p><input type="checkbox"/> New Zealand</p> <p><input type="checkbox"/> Overseas</p> <p>o Please enter the name of the country: _____</p> <p><input type="checkbox"/> Don't know</p>	No change	NEW 86
	None	<p>Question added</p> <p>From all the sources of income you have, what will the total income be:</p> <ul style="list-style-type: none"> • that you yourself got • before tax or anything was taken out • in the last 12 months <p><input type="checkbox"/> loss</p> <p><input type="checkbox"/> zero income</p> <p><input type="checkbox"/> \$1 - \$5000</p> <p><input type="checkbox"/> \$5001 – \$10,000</p> <p><input type="checkbox"/> \$10,001 – \$15,000</p> <p><input type="checkbox"/> \$15,001 – \$20,000</p> <p><input type="checkbox"/> \$20,001 – \$25,000</p> <p><input type="checkbox"/> \$25,001 – \$30,000</p> <p><input type="checkbox"/> \$30,001 – \$35,000</p> <p><input type="checkbox"/> \$35,001 – \$40,000</p> <p><input type="checkbox"/> \$40,001 – \$50,000</p> <p><input type="checkbox"/> \$50,001 – \$60,000</p> <p><input type="checkbox"/> \$60,001 – \$70,000</p> <p><input type="checkbox"/> \$70,001 – \$100,000</p> <p><input type="checkbox"/> \$100,001 – \$150,000</p> <p><input type="checkbox"/> \$150,001 or more</p>	NEW 87

	Other	Use different coloured fonts for definitions/descriptions throughout questionnaire e.g. definition for “current use” in NEW Q3	
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