



TĀKU REO, TĀKU MAURI ORA MY VOICE, MY LIFE

THE CONSUMER SELF-ASSESSED OUTCOMES MEASURE



Te Pou
o Te Whakaaro Nui

The NATIONAL CENTRE of MENTAL HEALTH RESEARCH,
INFORMATION and WORKFORCE DEVELOPMENT

www.tepou.co.nz

 **RESEARCH**
TRANSLATING RESEARCH

**Ka ōhō te Wairua
Ka mātaara te Tinana
He Aroha ki te Aroha
Ka kaa te Rama**

*When your Spirit's awakened
When your Body's alive
When Love is unconditional
Enlightenment flows*

*When your Mind, Spirit and Body are in tune
You can achieve anything*

Na Te Rauparaha

Instructions

This measure has been developed to help mental health tāngata whaiora/service users to reflect and communicate on their own mental health.

You can complete this measure by yourself, or together with your support people, family or whānau, or with the person who has given you this measure.

We don't expect you to experience any ill-effects from completing this measure. If you do, you may wish to contact your local mental health support person or organisation.

The measure is made up of a number of statements. Think about each statement and identify the **one** option that best describes how you have generally been **over the past week (including today)**.

For example:

I have been relaxing:

None of the time	A little of the time	Some of the time	Most of the time	All of the time	<input type="checkbox"/> Tick if not applicable
------------------	----------------------	------------------	------------------	-----------------	---

We think it will take you about twenty minutes to complete the measure. There are no right or wrong answers. If any statement doesn't apply to you, there is a 'not applicable' option. If you are not sure of what a statement means, just leave it and go onto the next statement.

Throughout this measure think about mental illness in whatever way is meaningful to you.

After you have filled out the measure, you can share the information with your key worker, support people or clinician. You might like to discuss with them things you might like to think about doing. This could include sharing your information with some key people but that will always be your choice. No-one else will be given your information from this measure.

Relationships

Please read each statement and circle the one option that best describes how you have generally been over the past week (including today).

1. Over the past week I have felt understood:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

2. Over the past week I have been able to share my feelings:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

3. Over the past week I have felt heard by other people:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

4. Over the past week I have been able to enjoy my friendships:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

5. Over the past week I have been close to someone else:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

Relationships continued...

Please read each statement and circle the one option that best describes how you have generally been over the past week (including today).

6. Over the past week I have had someone I can trust:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

7. Over the past week I have felt connected to the people who are important to me:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

8. Over the past week I have felt loved:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

9. Over the past week I have felt I am an important part of my family:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

10. Over the past week I have felt I can contribute to my community:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

Day-to-Day Life

Please read each statement and circle the one option that best describes how you have generally been over the past week (including today).

11. Over the past week I have been able to concentrate:

None of the time 1		A little of the time 2		Some of the time 3		Most of the time 4		All of the time 5		<input type="checkbox"/> Tick if not applicable 9
--------------------------	--	------------------------------	--	--------------------------	--	--------------------------	--	-------------------------	--	---

12. Over the past week I have been able to do my usual activities:

None of the time 1		A little of the time 2		Some of the time 3		Most of the time 4		All of the time 5		<input type="checkbox"/> Tick if not applicable 9
--------------------------	--	------------------------------	--	--------------------------	--	--------------------------	--	-------------------------	--	---

13. Over the past week I have been able to do my daily tasks:

None of the time 1		A little of the time 2		Some of the time 3		Most of the time 4		All of the time 5		<input type="checkbox"/> Tick if not applicable 9
--------------------------	--	------------------------------	--	--------------------------	--	--------------------------	--	-------------------------	--	---

Culture

Please read each statement and circle the one option that best describes how you have generally been over the past week (including today).

Note: For the purpose of this section 'culture' means your values, customs, and way of life.

14. Over the past week I have felt connected to my culture:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

15. Over the past week I have felt a part of my ethnic group:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

16. Over the past week I have been able to draw strength from my culture:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

17. Over the past week I have felt able to practice my cultural beliefs:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

18. Over the past week I have been able to draw strength from others who share my culture:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

Culture continued...

Please read each statement and circle the one option that best describes how you have generally been over the past week (including today).

Note: For the purpose of this section 'culture' means your values, customs, and way of life.

19. Over the past week I have been able to draw strength from others who are a part of my ethnic group:

None of the time 1		A little of the time 2		Some of the time 3		Most of the time 4		All of the time 5		<input type="checkbox"/> Tick if not applicable 9
--------------------------	--	------------------------------	--	--------------------------	--	--------------------------	--	-------------------------	--	---

Physical Health

Please read each statement and circle the one option that best describes how you have generally been over the past week (including today).

20. Over the past week I have been sleeping well:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

21. Over the past week I have been eating well:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

22. Over the past week I have been in good physical health:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

23. Over the past week I have had energy:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

Quality of Life

Please read each statement and circle the one option that best describes how you have generally been over the past week (including today).

24. Over the past week I have been able to have fun:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

25. Over the past week I have been able to enjoy leisure time:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

26. Over the past week I have been able to laugh:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

27. Over the past week I have felt content with my life:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

28. Over the past week I have been able to relax:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

Quality of Life continued...

Please read each statement and circle the one option that best describes how you have generally been over the past week (including today).

29. Over the past week I have been able to do the things I like doing:

None of the time 1		A little of the time 2		Some of the time 3		Most of the time 4		All of the time 5		<input type="checkbox"/> Tick if not applicable 9
--------------------------	--	------------------------------	--	--------------------------	--	--------------------------	--	-------------------------	--	---

30. Over the past week I have felt safe:

None of the time 1		A little of the time 2		Some of the time 3		Most of the time 4		All of the time 5		<input type="checkbox"/> Tick if not applicable 9
--------------------------	--	------------------------------	--	--------------------------	--	--------------------------	--	-------------------------	--	---

Mental Health

Please read each statement and circle the one option that best describes how you have generally been over the past week (including today).

31. Over the past week I have felt in control of my mental health:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

32. Over the past week I have been able to think clearly:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

33. Over the past week I have felt in control of my actions:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

34. Over the past week I have felt in control of my thoughts:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

35. Over the past week I have felt in control of my feelings:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

Mental Health continued...

Please read each statement and circle the one option that best describes how you have generally been over the past week (including today).

36. Over the past week I have felt comfortable with how in touch with reality I am:

None of the time 1		A little of the time 2		Some of the time 3		Most of the time 4		All of the time 5		<input type="checkbox"/> Tick if not applicable 9
--------------------------	--	------------------------------	--	--------------------------	--	--------------------------	--	-------------------------	--	---

37. Over the past week I have felt comfortable with how alert I am:

None of the time 1		A little of the time 2		Some of the time 3		Most of the time 4		All of the time 5		<input type="checkbox"/> Tick if not applicable 9
--------------------------	--	------------------------------	--	--------------------------	--	--------------------------	--	-------------------------	--	---

Recovery

Please read each statement and circle the one option that best describes how you have generally been over the past week (including today).

Note: For the purposes of this section 'recovery' means living well in the presence or absence of mental illness.

38. Over the past week I have been able to make my own decisions about my recovery:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

39. Over the past week I have felt in control of my recovery:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

40. Over the past week I have felt I have a good understanding about recovery:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

41. Over the past week I have felt satisfied with my rate of recovery:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

Hope and Empowerment

Please read each statement and circle the one option that best describes how you have generally been over the past week (including today).

42. Over the past week I have felt hope for myself:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

43. Over the past week I have felt a sense of meaning for my life:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

44. Over the past week I have felt positive about myself:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

45. Over the past week I have felt like I have choices:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

Hope and Empowerment continued...

Please read each statement and circle the one option that best describes how you have generally been over the past week (including today).

46. Over the past week I have felt strong in myself:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

47. Over the past week I have felt I value myself:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

48. Over the past week I have felt confident in myself:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

49. Over the past week I have felt in control of my life:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

Spirituality

Please read each statement and circle the one option that best describes how you have generally been over the past week (including today).

Note: For the purposes of this section 'spirituality' means your beliefs, faith and convictions.

50. Over the past week I have been able to draw strength from my spirituality:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

51. Over the past week I have been able to draw strength from others who share my spirituality:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

52. Over the past week I have felt comfortable with my spirituality:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

53. Over the past week I have felt able to practice my spiritual beliefs:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

Resources

Please read each statement and circle the one option that best describes how you have generally been over the past week (including today).

54. Over the past week I have had housing I can afford:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

55. Over the past week I have had enough food to eat:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

56. Over the past week I have had access to transport to get where I have wanted to go:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

57. Over the past week I have had money to do the things I enjoy:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

Satisfaction with Services

Please read each statement and circle the one option that best describes how you have generally been over the past week (including today).

Note: For the purposes of this section 'the service' refers to the mental health service that you have most contact with, for your mental health.

58. Over the past week I have been able to access what I have needed from the service:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

59. Over the past week I have felt listened to by the service:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

60. Over the past week I have felt my opinions have mattered to the service:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

61. Over the past week I have been satisfied with the service I have received:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

Satisfaction with Services continued...

Please read each statement and circle the one option that best describes how you have generally been over the past week (including today).

Note: For the purposes of this section 'the service' refers to the mental health service that you have most contact with, for your mental health.

62. Over the past week I have felt the service has been delivered in good time:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

63. Over the past week I have felt the service provided has been of good quality:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

64. Over the past week I have felt my rights have been respected by the service:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

65. Over the past week I have felt the service has provided me with the information I need:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

If you identify as Māori please complete the following questions numbered 66-79. Otherwise please go to page 24.

Whanaungatanga

Please read each statement and circle the one option that best describes how you have generally been over the past week (including today).

66. Over the past week I have felt connected to my hapū:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

67. Over the past week I have felt connected to my iwi:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

68. Over the past week I have felt connected to my marae:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

69. Over the past week I have been supported by kaumatua:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

Whanaungatanga continued...

70. Over the past week I have felt connected to my Māoritanga (Māori culture):

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

71. Over the past week I have felt able to express myself in a Māori way:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

72. Over the past week I have felt connected to my whānau:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

73. Over the past week I have had support from Māori tohunga (healers):

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

74. Over the past week I have felt satisfied with the mental health services' use of tikanga Māori (Māori practices):

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

Te Reo me ōnā Tikanga

Please read each statement and circle the one option that best describes how you have generally been over the past week (including today).

75. Over the past week I have felt in control of my emotional well-being (hinengaro):

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

76. Over the past week I have felt in control of my physical well-being (tinana):

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

77. Over the past week I have felt in control of my life (mauri ora):

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

78. Over the past week I have felt in control of my spiritual well-being (wairua):

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

79. Over the past week I have felt connected to the whenua/land:

None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5	<input type="checkbox"/> Tick if not applicable 9
--------------------------	------------------------------	--------------------------	--------------------------	-------------------------	---

