



**Appendices to  
*Growing Up in Ireland*  
Technical Series Report Number 2019-3**

**Design, Instrumentation and Procedures (including Summary  
Literature Review, Pilot Report and Findings)  
for Cohort '08 at Wave Four (7/8 years)**

**Appendix 1: Cronbach's alphas achieved for the scales used in Wave 4**

**Appendix 2: Frequency Distributions**

**Appendix 3: 7/8 Year Postal Questionnaire for Primary Caregiver**

**August 2019**





## Appendices

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**A1: Cronbach's alphas achieved for the scales used in Wave 4**

**Appendix 1 – Cronbach’s alphas achieved for the scales used in Wave 4**

SCALE	SUBSCALE	$\alpha$
<b>Parents’ Evaluation of Developmental Status (PEDS)</b>	Developmental	0.882
	Mental Health	0.854
	Total	0.917
<b>Social Skills Improvement System Rating Scale (SSIS)</b>	Assertion	0.784
	Responsibility	0.861
	Empathy	0.908
	Self-control	0.878
<b>Strengths and Difficulties Questionnaire (SDQ)</b>	Emotional	0.698
	Conduct	0.585
	Hyperactivity	0.789
	Peer problems	0.602
	Prosocial	0.703
	Total	0.719
<b>Pianta Child-Parent Relationship Scale</b>	Closeness	0.706
	Conflict	0.824

Note: The reliability scores are calculated from the cases used in this wave (the 7/8 year data).

## **A2    Frequency Distributions**

		BOYS (n=2762)		GIRLS (n=2582)		TOTAL (n=5344)		
<b>Study Child Gender</b>								
		%	Valid %	%	Valid %	%	Valid %	
	Male	100.0	100.0	0	0	51.7	51.7	
	Female	0	0	100.0	100.0	48.3	48.3	
	Total	100.0	100.0	100.0	100.0	100.0	100.0	
<b>Q4. Do you live here with a spouse or partner?</b>								
		%	Valid %	%	Valid %	%	Valid %	
	Yes	86.1	86.9	86.4	87.2	86.2	87.0	
	No	13.0	13.1	12.7	12.8	12.8	13.0	
	Total	99.0	100.0	99.2	100.0	99.1	100.0	
Missing	Don't Know	1.0		0.8		0.9		
<b>Total</b>		100.0		100.0		100.0		
<b>Primary Caregiver's Employment Status</b>								
		%	Valid %	%	Valid %	%	Valid %	
	Work	56.2	57.2	56.5	57.2	56.4	57.2	
	Training or education	2.4	2.4	2.8	2.8	2.6	2.6	
	Home duties	29.9	30.4	29.1	29.4	29.5	29.9	
	Other	9.9	10.1	10.4	10.5	10.2	10.3	
	Total	98.4	100.0	98.8	100.0	98.6	100.0	
Missing	Don't know	1.6		1.2		1.4		
<b>Total</b>		100.0		100.0		100.0		
<b>Q7a. How many hours do you work per week?</b>								
		%	Valid %	%	Valid %	%	Valid %	
	1 to 20hrs	13.6	25.2	14.1	26.1	13.8	25.7	
	20 to 40hrs	36.8	68.3	36.5	67.6	36.7	67.9	
	More than 40hrs	3.5	6.5	3.4	6.3	3.5	6.4	
	Total	53.9	100.0	54.0	100.0	54.0	100.0	
Missing	Don't know	2.3		2.5		2.4		
	System	43.8		43.5		43.6		
	Total	46.1		46.0		46.0		
<b>Total</b>		100.0		100.0		100.0		
<b>Q7b. In addition to your main situation in the answer above, do you also work for payment or profit on a part-time basis?</b>								
		%	Valid %	%	Valid %	%	Valid %	
	Yes	4.4	4.7	4.2	4.5	4.3	4.6	
	No <sup>1</sup>	89.9	95.3	89.6	95.5	89.7	95.4	
	Total	94.3	100.0	93.8	100.0	94.1	100.0	
Missing	Don't Know	5.7		6.2		5.9		
<b>Total</b>		100.0		100.0		100.0		

<sup>1</sup> A "No" to part-time work includes everyone who gave their principal economic status as at work in Question 6 (i.e. currently on maternity leave with a job to return to, employee, self-employed or farmer)



		BOYS (n=2762)		GIRLS (n=2582)		TOTAL (n=5344)	
<b>Q7c. Approximately how many hours per week (do you work on a part-time basis?)</b>							
		%	Valid %	%	Valid %	%	Valid %
	1 to 5hrs	0.9	19.9	1.1	26.3	1.0	22.9
	5 to 10hrs	1.8	41.2	1.5	35.4	1.6	38.4
	More than 10hrs	1.7	39.0	1.6	38.4	1.6	38.7
	Total	4.3	100.0	4.1	100.0	4.2	100.0
Missing	don't know	0.1		0.1		0.1	
	System	95.6		95.8		95.7	
	Total	95.7		95.9		95.8	
<b>Total</b>		100.0		100.0		100.0	
<b>Q8. How many adults in this household are currently in paid employment, either on a full-time or part-time basis?</b>							
		%	Valid %	%	Valid %	%	Valid %
	None	10.3	11.2	9.4	10.1	9.9	10.7
	1	35.5	38.5	36.5	38.9	35.9	38.7
	2	43.9	47.7	46.1	49.2	45.0	48.4
	3+	2.3	2.5	1.7	1.8	2.0	2.2
	Total	92.0	100.0	93.8	100.0	92.9	100.0
Missing	Don't know	8.0		6.2		7.1	
<b>Total</b>		100.0		100.0		100.0	
<b>Q9. In general, how would you say the Study Child's current health is?</b>							
		%	Valid %	%	Valid %	%	Valid %
	Very healthy, no problems	77.0	77.5	81.7	82.2	79.3	79.7
	Healthy, but a few minor problems	20.9	21.0	16.7	16.7	18.8	19.0
	Sometimes to almost always unwell	1.5	1.5	1.1	1.1	1.3	1.3
	Total	99.4	100.0	99.5	100.0	99.4	100.0
Missing	Don't know	0.6		0.5		0.6	
<b>Total</b>		100.0		100.0		100.0	
<b>Q10. Does the Study child have any longstanding physical or mental illness, condition or disability?</b>							
		%	Valid %	%	Valid %	%	Valid %
	Yes	19.4	19.5	11.4	11.5	15.5	15.6
	No	80.0	80.5	88.3	88.5	84.1	84.4
	Total	99.4	100.0	99.8	100.0	99.6	100.0
Missing	Don't Know	0.6		0.2		0.4	
<b>Total</b>		100.0		100.0		100.0	
<b>Q12. Is the Study Child hampered in his/her daily activities by this problem, illness or disability?</b>							
		%	Valid %	%	Valid %	%	Valid %
	Yes	11.7	61.9	5.9	52.5	8.9	58.6
	No	7.2	38.1	5.3	47.5	6.3	41.4
	Total	19.0	100.0	11.1	100.0	15.2	100.0
Missing	don't know	0.4		0.3		0.4	
	System	80.6		88.6		84.5	
	Total	81.0		88.9		84.8	
<b>Total</b>		100.0		100.0		100.0	
<b>Q13. Has this problem been diagnosed by a medical professional?</b>							
		%	Valid %	%	Valid %	%	Valid %

		BOYS (n=2762)		GIRLS (n=2582)		TOTAL (n=5344)	
	Yes	18.1	94.2	10.5	93.3	14.4	93.9
	No	1.1	5.8	0.7	6.7	0.9	6.1
	Total	19.2	100.0	11.2	100.0	15.3	100.0
Missing	Don't Know	0.2		0.2		0.2	
	System	80.6		88.6		84.5	
	Total	80.8		88.8		84.7	
<b>Total</b>		100.0		100.0		100.0	
<b>Q14. When was this problem, illness or disability diagnosed?</b>							
		%	Valid %	%	Valid %	%	Valid %
	2007 to 2012	9.5	57.1	5.6	56.5	7.6	56.9
	2013 to 2016	7.1	42.9	4.3	43.5	5.8	43.1
	Total	16.6	100.0	9.8	100.0	13.4	100.0
Missing	Don't know	1.4		0.6		1.0	
	System	81.9		89.5		85.6	
	Total	83.4		90.2		86.6	
<b>Total</b>		100.0		100.0		100.0	
<b>PEDS - Developmental / Academic Concern</b>							
		%	Valid %	%	Valid %	%	Valid %
	No/low risk of academic/developmental problems	76.9	77.0	85.3	85.4	81.0	81.0
	Moderate risk for academic/developmental problems	7.4	7.4	6.8	6.8	7.1	7.1
	Elevated risk for academic/developmental problems	15.6	15.7	7.7	7.8	11.8	11.8
	Total	99.9	100.0	99.9	100.0	99.9	100.0
Missing	Don't know	0.1		0.1		0.1	
<b>Total</b>		100.0		100.0		100.0	
<b>PEDS - Mental Health Concern</b>							
		%	Valid %	%	Valid %	%	Valid %
	Low/no risk for mental health problems	77.7	77.7	86.7	86.8	82.0	82.1
	At least a little risk for mental health problems	22.2	22.3	13.2	13.2	17.9	17.9
	Total	99.9	100.0	99.9	100.0	99.9	100.0
Missing	Don't know	0.1		0.1		0.1	
<b>Total</b>		100.0		100.0		100.0	
<b>SSIS - assertion subscale - Wave 4 (minimum – maximum = 0 – 21)</b>							
		Mean	SD	Mean	SD	Mean	SD
		14.64	3.44	15.37	3.14	14.99	3.32
<b>SSIS - responsibility subscale - Wave 4 (min. – maximum = 0 – 18)</b>							
		Mean	SD	Mean	SD	Mean	SD
		13.37	3.25	14.14	2.78	13.74	3.06
<b>SSIS - empathy subscale - Wave 4 (minimum – maximum = 0 – 18)</b>							
		Mean	SD	Mean	SD	Mean	SD

		BOYS (n=2762)		GIRLS (n=2582)		TOTAL (n=5344)	
		13.64	3.49	14.72	2.90	14.16	3.26
<b>SSIS – self-control subscale - Wave 4 (min. – max. = 0 – 21)</b>							
		Mean	SD	Mean	SD	Mean	SD
		11.90	4.04	12.65	3.57	12.26	3.84
<b>Q17a. Fresh fruit</b>							
		%	Valid %	%	Valid %	%	Valid %
	Once	24.2	24.3	21.7	21.9	23.0	23.2
	More than once	66.9	67.2	72.0	72.7	69.4	69.9
	Not at all	8.4	8.5	5.3	5.4	6.9	7.0
	Total	99.6	100.0	99.0	100.0	99.3	100.0
Missing	Don't Know	0.4		1.0		0.7	
<b>Total</b>		100.0		100.0		100.0	
<b>Q17b. Cooked vegetables</b>							
		%	Valid %	%	Valid %	%	Valid %
	Once	33.8	34.2	31.2	31.6	32.6	32.9
	More than once	51.6	52.1	57.2	57.8	54.3	54.9
	Not at all	13.7	13.8	10.4	10.6	12.1	12.2
	Total	99.1	100.0	98.8	100.0	99.0	100.0
Missing	Don't Know	0.9		1.2		1.0	
<b>Total</b>		100.0		100.0		100.0	
<b>Q17c. Raw vegetables or salads</b>							
		%	Valid %	%	Valid %	%	Valid %
	Once	20.2	20.9	24.5	25.2	22.3	23.0
	More than once	17.9	18.6	21.4	21.9	19.6	20.2
	Not at all	58.2	60.5	51.4	52.8	55.0	56.8
	Total	96.3	100.0	97.4	100.0	96.8	100.0
Missing	Don't Know	3.7		2.6		3.2	
<b>Total</b>		100.0		100.0		100.0	
<b>Q17d. Hamburger, hot dog, sausage or sausage roll, meat pie</b>							
		%	Valid %	%	Valid %	%	Valid %
	Once	26.0	26.7	22.7	23.2	24.4	25.0
	More than once	4.9	5.0	3.9	4.0	4.4	4.5
	Not at all	66.3	68.2	71.1	72.8	68.7	70.4
	Total	97.2	100.0	97.8	100.0	97.5	100.0
Missing	Don't Know	2.8		2.2		2.5	
<b>Total</b>		100.0		100.0		100.0	
<b>Q17e. Hot chips or French fries</b>							
		%	Valid %	%	Valid %	%	Valid %
	Once	29.7	30.3	28.2	29.0	29.0	29.7
	More than once	4.8	4.9	4.3	4.4	4.6	4.7
	Not at all	63.4	64.8	64.9	66.6	64.1	65.7
	Total	98.0	100.0	97.4	100.0	97.7	100.0
Missing	Don't Know	2.0		2.6		2.3	
<b>Total</b>		100.0		100.0		100.0	
<b>Q17f. Crisps or savoury snacks</b>							
		%	Valid %	%	Valid %	%	Valid %

		BOYS (n=2762)		GIRLS (n=2582)		TOTAL (n=5344)	
	Once	38.9	40.0	36.9	38.0	38.0	39.0
	More than once	11.2	11.5	8.8	9.1	10.0	10.3
	Not at all	47.2	48.5	51.4	52.9	49.3	50.7
	Total	97.3	100.0	97.2	100.0	97.3	100.0
Missing	Don't Know	2.7		2.8		2.7	
<b>Total</b>		100.0		100.0		100.0	
<b>Q17g. Biscuits, doughnuts, cake, pie or chocolate</b>							
		%	Valid %	%	Valid %	%	Valid %
	Once	51.6	52.5	51.7	52.6	51.6	52.5
	More than once	19.5	19.8	17.1	17.5	18.3	18.7
	Not at all	27.3	27.7	29.3	29.9	28.3	28.8
	Total	98.3	100.0	98.1	100.0	98.2	100.0
Missing	Don't Know	1.7		1.9		1.8	
<b>Total</b>		100.0		100.0		100.0	
<b>Q17h. Sweets</b>							
		%	Valid %	%	Valid %	%	Valid %
	Once	38.0	39.0	37.4	38.5	37.7	38.7
	More than once	11.1	11.4	12.2	12.5	11.6	12.0
	Not at all	48.3	49.6	47.7	49.0	48.0	49.3
	Total	97.4	100.0	97.3	100.0	97.4	100.0
Missing	Don't Know	2.6		2.7		2.6	
<b>Total</b>		100.0		100.0		100.0	
<b>Q17i. Full fat cheese/yoghurt/fromage frais</b>							
		%	Valid %	%	Valid %	%	Valid %
	Once	39.8	40.4	41.5	42.2	40.6	41.2
	More than once	30.3	30.7	28.2	28.7	29.3	29.7
	Not at all	28.5	28.9	28.7	29.1	28.6	29.0
	Total	98.7	100.0	98.4	100.0	98.6	100.0
Missing	Don't Know	1.3		1.6		1.4	
<b>Total</b>		100.0		100.0		100.0	
		BOYS (n=2762)		GIRLS (n=2582)		TOTAL (n=5344)	
<b>Q17j. Low fat cheese/low fat yoghurt</b>							
		%	Valid %	%	Valid %	%	Valid %
	Once	11.9	12.5	12.7	13.1	12.3	12.8
	More than once	10.0	10.4	10.7	11.0	10.3	10.7
	Not at all	73.5	77.1	73.2	75.8	73.3	76.5
	Total	95.4	100.0	96.5	100.0	95.9	100.0
Missing	Don't Know	4.6		3.5		4.1	
<b>Total</b>		100.0		100.0		100.0	
<b>Q17k. Water (tap water/still water/sparkling water)</b>							
		%	Valid %	%	Valid %	%	Valid %
	Once	10.0	10.2	9.3	9.5	9.7	9.9
	More than once	82.4	84.0	85.1	86.5	83.7	85.2
	Not at all	5.7	5.8	4.0	4.0	4.9	4.9
	Total	98.1	100.0	98.4	100.0	98.3	100.0
Missing	Don't Know	1.9		1.6		1.7	
<b>Total</b>		100.0		100.0		100.0	

		BOYS (n=2762)		GIRLS (n=2582)		TOTAL (n=5344)	
<b>Q17l. Fizzy drinks/minerals/cordial/squash (Diet)</b>							
		%	Valid %	%	Valid %	%	Valid %
	Once	19.6	19.9	18.8	19.2	19.2	19.5
	More than once	12.6	12.8	10.8	11.0	11.7	11.9
	Not at all	66.3	67.3	68.5	69.8	67.4	68.5
	Total	98.5	100.0	98.2	100.0	98.3	100.0
Missing	Don't Know	1.5		1.8		1.7	
<b>Total</b>		100.0		100.0		100.0	
<b>Q17m. Fizzy drinks/minerals/cordial/squash (Not Diet)</b>							
		%	Valid %	%	Valid %	%	Valid %
	Once	12.7	13.1	10.7	10.9	11.7	12.1
	More than once	7.5	7.7	7.1	7.2	7.3	7.5
	Not at all	76.9	79.2	80.0	81.9	78.4	80.5
	Total	97.1	100.0	97.7	100.0	97.4	100.0
Missing	Don't Know	2.9		2.3		2.6	
<b>Total</b>		100.0		100.0		100.0	
<b>Q17n. Full cream milk or full cream products</b>							
		%	Valid %	%	Valid %	%	Valid %
	Once	19.6	19.8	24.2	24.6	21.8	22.1
	More than once	56.3	56.9	46.2	47.0	51.4	52.1
	Not at all	23.0	23.3	28.0	28.4	25.4	25.8
	Total	98.9	100.0	98.4	100.0	98.7	100.0
Missing	Don't Know	1.1		1.6		1.3	
<b>Total</b>		100.0		100.0		100.0	
<b>Q17o. Skimmed/semi skimmed milk or milk products</b>							
		%	Valid %	%	Valid %	%	Valid %
	Once	8.1	8.3	11.0	11.2	9.5	9.7
	More than once	19.0	19.4	20.4	20.7	19.7	20.0
	Not at all	71.0	72.4	66.8	68.0	69.0	70.3
	Total	98.1	100.0	98.2	100.0	98.2	100.0
Missing	Don't Know	1.9		1.8		1.8	
<b>Total</b>		100.0		100.0		100.0	
<b>Q18. What is your 7/8 year old's height in centimetres?</b>							
		Mean	SD	Mean	SD	Mean	SD
		130.2 3	6.58	128.6 2	6.90	129.47	6.78
<b>Q19. What is your 7/8 year old's weight in kilograms?</b>							
		Mean	SD	Mean	SD	Mean	SD
		28.16	5.23	27.27	4.83	27.74	5.06
<b>Study Child's BMI at 7/8 year of age</b>							
		Mean	SD	Mean	SD	Mean	SD
		16.54	2.34	16.44	2.35	16.50	2.34
<b>Study Child's BMI Status at Wave 4 Interview</b>							
		%	Valid %	%	Valid %	%	Valid %
	Non-overweight	58.7	82.7	56.1	82.2	57.4	82.5
	Overweight	9.2	13.0	9.8	14.4	9.5	13.7
	Obese	3.0	4.3	2.3	3.3	2.7	3.8
	Total	70.9	100.0	68.2	100.0	69.6	100.0

		BOYS (n=2762)		GIRLS (n=2582)		TOTAL (n=5344)	
Missing	Don't know		29.1		31.8		30.4
<b>Total</b>			100.0		100.0		100.0
<b>Q20. What class/year is the Study Child in now?</b>							
		%	Valid %	%	Valid %	%	Valid %
	Other	1.9	1.9	2.1	2.1	2.0	2.0
	First class	35.0	35.6	28.9	29.2	32.0	32.5
	Second class	61.5	62.5	67.9	68.7	64.6	65.5
	<b>Total</b>	98.4	100.0	98.9	100.0	98.6	100.0
Missing	Don't know	1.6		1.1		1.4	
<b>Total</b>		100.0		100.0		100.0	
<b>Q22. Is this the same school as he/she was attending in Winter 2013?</b>							
		%	Valid %	%	Valid %	%	Valid %
	Yes	89.1	90.6	92.7	94.3	90.8	92.4
	No	9.2	9.4	5.6	5.7	7.5	7.6
	<b>Total</b>	98.3	100.0	98.3	100.0	98.3	100.0
Missing	Don't know	1.7		1.7		1.7	
<b>Total</b>		100.0		100.0		100.0	
<b>Q23a. How often has he/she complained about school</b>							
		%	Valid %	%	Valid %	%	Valid %
	More than once a week	12.5	12.7	6.5	6.5	9.6	9.7
	Once a week or less	29.9	30.5	24.2	24.5	27.2	27.6
	Not at all	55.9	56.9	68.1	68.9	61.8	62.7
	<b>Total</b>	98.3	100.0	98.8	100.0	98.6	100.0
Missing	Don't Know	1.7		1.2		1.4	
<b>Total</b>		100.0		100.0		100.0	
<b>Q23b. How often has he/she said good things about school</b>							
		%	Valid %	%	Valid %	%	Valid %
	More than once a week	64.5	65.7	78.0	78.9	71.0	72.1
	Once a week or less	28.4	28.9	18.7	18.9	23.7	24.1
	Not at all	5.3	5.4	2.1	2.2	3.8	3.8
	<b>Total</b>	98.2	100.0	98.8	100.0	98.5	100.0
Missing	Don't Know	1.8		1.2		1.5	
<b>Total</b>		100.0		100.0		100.0	
<b>Q23c. How often has he/she looked forward to going to school</b>							
		%	Valid %	%	Valid %	%	Valid %
	More than once a week	66.3	67.3	79.6	80.6	72.7	73.7
	Once a week or less	23.9	24.3	15.8	16.0	20.0	20.3
	Not at all	8.3	8.5	3.4	3.4	5.9	6.0
	<b>Total</b>	98.5	100.0	98.8	100.0	98.7	100.0
Missing	Don't Know	1.5		1.2		1.3	
<b>Total</b>		100.0		100.0		100.0	
<b>Q23d. How often has he/she been upset or reluctant to go to school</b>							
		%	Valid %	%	Valid %	%	Valid %
	More than once a week	5.1	5.2	3.1	3.2	4.1	4.2
	Once a week or less	16.9	17.2	14.0	14.2	15.5	15.7
	Not at all	76.2	77.6	81.6	82.6	78.8	80.1
	<b>Total</b>	98.2	100.0	98.8	100.0	98.5	100.0

		BOYS (n=2762)		GIRLS (n=2582)		TOTAL (n=5344)	
Missing	Don't Know		1.8		1.2		1.5
<b>Total</b>			100.0		100.0		100.0
<b>Q24. How do you feel about the pace of learning at school for your child?</b>							
		%	Valid %	%	Valid %	%	Valid %
	Too fast for him/her	5.6	5.7	3.4	3.5	4.5	4.6
	Just right for him/her	82.6	83.8	87.6	89.0	85.0	86.3
	Too slow for him/her	10.4	10.5	7.5	7.6	9.0	9.1
	<b>Total</b>	98.6	100.0	98.4	100.0	98.5	100.0
Missing	Don't Know		1.4		1.6		1.5
<b>Total</b>			100.0		100.0		100.0
<b>Q25. And which of these statements best describes how your child is finding his/her school work?</b>							
		%	Valid %	%	Valid %	%	Valid %
	Usually hard	3.3	3.3	2.1	2.1	2.7	2.7
	sometimes hard	43.7	44.4	46.0	46.7	44.8	45.6
	Never hard	51.3	52.2	50.4	51.2	50.9	51.7
	<b>Total</b>	98.3	100.0	98.4	100.0	98.4	100.0
Missing	Don't Know		1.7		1.6		1.6
<b>Total</b>			100.0		100.0		100.0
<b>Q26a. He/she finds it hard to sit still and listen in class</b>							
		%	Valid %	%	Valid %	%	Valid %
	Strongly agree	8.2	8.4	3.0	3.0	5.7	5.8
	Agree	10.7	11.0	5.4	5.5	8.1	8.3
	Neither agree nor disagree	11.2	11.5	6.8	6.9	9.1	9.3
	Disagree	28.4	29.1	26.8	27.5	27.6	28.3
	Strongly disagree	39.0	40.0	55.8	57.1	47.1	48.3
	<b>Total</b>	97.4	100.0	97.7	100.0	97.6	100.0
Missing	Don't know		2.6		2.3		2.4
<b>Total</b>			100.0		100.0		100.0
<b>Q26b. The teacher knows him/her well and gives him/her just the support he/she needs</b>							
		%	Valid %	%	Valid %	%	Valid %
	Strongly agree	35.3	36.5	38.4	39.4	36.8	37.9
	Agree	44.0	45.4	45.2	46.4	44.6	45.9
	Neither agree nor disagree	11.9	12.2	8.0	8.2	10.0	10.3
	Disagree	3.1	3.2	2.2	2.2	2.6	2.7
	Strongly disagree	2.7	2.7	3.7	3.8	3.1	3.2
	<b>Total</b>	96.9	100.0	97.4	100.0	97.1	100.0
Missing	Don't know		3.1		2.6		2.9
<b>Total</b>			100.0		100.0		100.0
<b>Q26c. He/she has adjusted easily to the way they do things in the school</b>							
		%	Valid %	%	Valid %	%	Valid %
	Strongly agree	46.0	46.8	54.8	55.7	50.2	51.1
	Agree	40.4	41.1	36.1	36.7	38.3	39.0
	Neither agree nor disagree	5.4	5.5	2.9	3.0	4.2	4.3
	Disagree	3.0	3.1	1.2	1.3	2.2	2.2
	Strongly disagree	3.4	3.4	3.3	3.4	3.3	3.4
	<b>Total</b>	98.2	100.0	98.4	100.0	98.3	100.0
Missing	Don't know		1.8		1.6		1.7

		BOYS (n=2762)		GIRLS (n=2582)		TOTAL (n=5344)	
<b>Total</b>		100.0		100.0		100.0	
<b>Q27a. Compared to other children of his/her age, how well do you think your child is doing in the following subjects at school? READING</b>							
		%	Valid %	%	Valid %	%	Valid %
	Well above average	28.8	29.3	30.0	30.3	29.4	29.8
	Above average	30.1	30.6	34.5	34.9	32.2	32.7
	Average	30.0	30.5	29.1	29.4	29.5	30.0
	Below average	9.4	9.6	5.4	5.4	7.4	7.6
	<b>Total</b>	<b>98.3</b>	<b>100.0</b>	<b>98.9</b>	<b>100.0</b>	<b>98.6</b>	<b>100.0</b>
Missing	Don't know	1.7		1.1		1.4	
<b>Total</b>		<b>100.0</b>		<b>100.0</b>		<b>100.0</b>	
<b>Q27b. Compared to other children of his/her age, how well do you think your child is doing in the following subjects at school? WRITING</b>							
		%	Valid %	%	Valid %	%	Valid %
	Well above average	16.0	16.2	19.3	19.5	17.6	17.8
	Above average	25.1	25.5	34.2	34.6	29.5	29.9
	Average	46.2	46.9	40.0	40.5	43.2	43.8
	Below average	11.2	11.4	5.4	5.4	8.4	8.5
	<b>Total</b>	<b>98.4</b>	<b>100.0</b>	<b>98.9</b>	<b>100.0</b>	<b>98.6</b>	<b>100.0</b>
Missing	Don't know	1.6		1.1		1.4	
<b>Total</b>		<b>100.0</b>		<b>100.0</b>		<b>100.0</b>	
<b>Q27c. Compared to other children of his/her age, how well do you think your child is doing in the following subjects at school? MATHS and NUMERACY</b>							
		%	Valid %	%	Valid %	%	Valid %
	Well above average	27.4	27.8	19.9	20.2	23.8	24.1
	Above average	34.4	34.9	34.0	34.4	34.2	34.7
	Average	31.0	31.5	39.5	39.9	35.1	35.6
	Below average	5.7	5.8	5.4	5.5	5.6	5.6
	<b>Total</b>	<b>98.5</b>	<b>100.0</b>	<b>98.9</b>	<b>100.0</b>	<b>98.7</b>	<b>100.0</b>
Missing	Don't know	1.5		1.1		1.3	
<b>Total</b>		<b>100.0</b>		<b>100.0</b>		<b>100.0</b>	
<b>Q28. Is the Study Child minded by someone other than you or your resident spouse/partner on a regular basis before/after school during the school year?</b>							
		%	Valid %	%	Valid %	%	Valid %
	Yes	36.6	37.1	36.8	37.2	36.7	37.2
	No	61.9	62.9	62.1	62.8	62.0	62.8
	<b>Total</b>	<b>98.5</b>	<b>100.0</b>	<b>98.9</b>	<b>100.0</b>	<b>98.7</b>	<b>100.0</b>
Missing	Don't Know	1.5		1.1		1.3	
<b>Total</b>		<b>100.0</b>		<b>100.0</b>		<b>100.0</b>	
<b>Q29. Which of the following best describes that person?</b>							
		%	Valid %	%	Valid %	%	Valid %
	Relative in your home	6.1	17.2	5.4	15.0	5.8	16.1
	Non relative in your home	5.3	14.7	4.8	13.4	5.0	14.1
	Relative in their home	9.9	27.7	11.1	31.1	10.5	29.3
	Non relative in their home	6.7	18.7	6.7	18.7	6.7	18.7
	After school service in school	2.0	5.6	1.8	5.0	1.9	5.3
	Other after school service	5.7	16.1	6.1	16.9	5.9	16.5



		BOYS (n=2762)		GIRLS (n=2582)		TOTAL (n=5344)	
	Total	35.7	100.0	35.8	100.0	35.7	100.0
Missing	Don't Know	0.9		1.0		0.9	
	System	63.4		63.2		63.3	
	Total	64.3		64.2		64.3	
<b>Total</b>		100.0		100.0		100.0	
<b>Q30. How many hours per week does the Study Child spend in this main type of care?</b>							
		%	Valid %	%	Valid %	%	Valid %
	1 to 5hrs	7.3	20.8	7.1	20.1	7.2	20.5
	5 to 10hrs	14.3	40.8	14.4	41.1	14.4	40.9
	10 to 15hrs	7.3	20.6	7.3	20.8	7.3	20.7
	15 to 20hrs	4.0	11.3	3.8	10.8	3.9	11.0
	More than 20hrs	2.3	6.5	2.5	7.1	2.4	6.8
	Total	35.1	100.0	35.1	100.0	35.1	100.0
Missing	Don't know	1.4		1.7		1.5	
	System	63.4		63.2		63.3	
	Total	64.9		64.9		64.9	
<b>Total</b>		100.0		100.0		100.0	
<b>SDQ Emotional subscale - Wave 4 (min. – max = 0 – 10)</b>							
		Mean	SD	Mean	SD	Mean	SD
		1.99	2.17	1.96	1.99	1.98	2.09
<b>SDQ Conduct subscale - Wave 4 (min. – max = 0 – 10)</b>							
		Mean	SD	Mean	SD	Mean	SD
		1.51	1.61	1.29	1.48	1.40	1.55
<b>SDQ Hyperactivity subscale - Wave 4 (min. – max = 0 – 10)</b>							
		Mean	SD	Mean	SD	Mean	SD
		3.56	2.56	2.65	2.14	3.12	2.41
<b>SDQ Peer problems subscale - Wave 4 (min. – max = 0 – 10)</b>							
		Mean	SD	Mean	SD	Mean	SD
		1.36	1.74	1.09	1.45	1.23	1.61
<b>SDQ Prosocial subscale - Wave 4 (min. – max = 0 – 10)</b>							
		Mean	SD	Mean	SD	Mean	SD
		8.08	1.89	8.63	1.55	8.35	1.76
<b>SDQ Total difficulties score - Wave 4 (min. – max = 0 – 36)</b>							
		Mean	SD	Mean	SD	Mean	SD
		8.42	6.14	6.97	5.07	7.72	5.69
<b>Q33a. Plays games that involve a lot of running around, like football</b>							
		%	Valid %	%	Valid %	%	Valid %
	Never	4.6	4.7	5.0	5.1	4.8	4.9
	Less than once a week	7.4	7.5	11.7	12.1	9.5	9.7
	1-2 times a week	30.8	31.4	43.8	45.0	37.1	38.0
	3-6 times a week	27.9	28.5	22.8	23.4	25.5	26.0
	Every day	27.4	27.9	13.9	14.3	20.9	21.4
	Total	98.1	100.0	97.3	100.0	97.7	100.0
Missing	Don't Know	1.9		2.7		2.3	
<b>Total</b>		100.0		100.0		100.0	
<b>Q33b. Plays games that involve some activity like trampolining</b>							
		%	Valid %	%	Valid %	%	Valid %
	Never	14.9	15.4	10.4	10.7	12.8	13.1

		BOYS (n=2762)		GIRLS (n=2582)		TOTAL (n=5344)	
	Less than once a week	19.6	20.2	16.5	16.9	18.1	18.6
	1-2 times a week	28.4	29.3	33.6	34.4	30.9	31.8
	3-6 times a week	18.9	19.5	23.4	24.0	21.1	21.7
	Every day	15.0	15.5	13.6	14.0	14.3	14.8
	Total	96.8	100.0	97.5	100.0	97.1	100.0
Missing	Don't Know	3.2		2.5		2.9	
<b>Total</b>		100.0		100.0		100.0	
<b>Q33c. Rides a bike, tricycle or scooter</b>							
		%	Valid %	%	Valid %	%	Valid %
	Never	6.2	6.3	3.6	3.7	4.9	5.0
	Less than once a week	19.6	20.0	17.0	17.4	18.4	18.7
	1-2 times a week	30.0	30.6	32.2	32.8	31.0	31.6
	3-6 times a week	26.4	26.9	30.3	30.9	28.3	28.8
	Every day	16.0	16.3	15.0	15.3	15.5	15.8
	Total	98.0	100.0	98.2	100.0	98.1	100.0
Missing	Don't Know	2.0		1.8		1.9	
<b>Total</b>		100.0		100.0		100.0	
<b>Q33d. Plays on a device like a computer or iPad by themselves</b>							
		%	Valid %	%	Valid %	%	Valid %
	Never	2.5	2.5	5.1	5.2	3.7	3.8
	Less than once a week	8.2	8.5	16.3	16.7	12.2	12.4
	1-2 times a week	23.1	23.7	27.2	27.8	25.1	25.7
	3-6 times a week	35.1	35.9	29.7	30.4	32.5	33.2
	Every day	28.7	29.4	19.5	19.9	24.3	24.8
	Total	97.6	100.0	97.9	100.0	97.7	100.0
Missing	Don't Know	2.4		2.1		2.3	
<b>Total</b>		100.0		100.0		100.0	
<b>Q33e. Plays 'make believe' or pretend games</b>							
		%	Valid %	%	Valid %	%	Valid %
	Never	8.5	8.7	2.0	2.0	5.4	5.5
	Less than once a week	17.8	18.2	7.2	7.3	12.7	12.9
	1-2 times a week	24.4	25.0	20.6	21.0	22.6	23.0
	3-6 times a week	23.8	24.3	32.6	33.1	28.0	28.6
	Every day	23.3	23.8	35.9	36.5	29.4	30.0
	Total	97.7	100.0	98.2	100.0	98.0	100.0
Missing	Don't Know	2.3		1.8		2.0	
<b>Total</b>		100.0		100.0		100.0	
<b>Q33f. Paints, draws or makes models</b>							
		%	Valid %	%	Valid %	%	Valid %
	Never	6.8	7.0	1.0	1.1	4.0	4.1
	Less than once a week	25.6	26.2	7.2	7.3	16.7	17.0
	1-2 times a week	33.4	34.1	25.0	25.4	29.3	29.9
	3-6 times a week	19.8	20.2	36.0	36.5	27.6	28.1
	Every day	12.3	12.5	29.3	29.8	20.5	20.9
	Total	97.9	100.0	98.5	100.0	98.2	100.0
Missing	Don't Know	2.1		1.5		1.8	
<b>Total</b>		100.0		100.0		100.0	
<b>Q33g. Enjoys dance, music, movement</b>							

		BOYS (n=2762)		GIRLS (n=2582)		TOTAL (n=5344)	
		%	Valid %	%	Valid %	%	Valid %
	Never	8.7	9.0	1.3	1.3	5.1	5.2
	Less than once a week	25.6	26.2	4.5	4.6	15.4	15.7
	1-2 times a week	29.0	29.7	24.9	25.2	27.0	27.5
	3-6 times a week	18.0	18.4	28.1	28.4	22.8	23.3
	Every day	16.3	16.7	40.0	40.5	27.8	28.3
	Total	97.6	100.0	98.8	100.0	98.2	100.0
Missing	Don't Know	2.4		1.2		1.8	
<b>Total</b>		100.0		100.0		100.0	
<b>Q33h. Reads for pleasure by themselves</b>							
		%	Valid %	%	Valid %	%	Valid %
	Never	11.4	11.6	3.4	3.4	7.5	7.6
	Less than once a week	17.1	17.5	11.5	11.6	14.4	14.6
	1-2 times a week	22.5	22.9	18.4	18.6	20.5	20.8
	3-6 times a week	18.2	18.5	25.7	26.0	21.8	22.2
	Every day	29.0	29.6	39.8	40.3	34.2	34.7
	Total	98.2	100.0	98.8	100.0	98.5	100.0
Missing	Don't Know	1.8		1.2		1.5	
<b>Total</b>		100.0		100.0		100.0	
<b>Q34ah. How much time would he or she spend on screen time on an average week day (TOTAL HOURS)</b>							
		Mean	SD	Mean	SD	Mean	SD
		2.01	1.25	1.82	1.17	1.92	1.22
<b>Q34bh. How much time would he or she spend on screen time on an average weekend day (TOTAL HOURS)</b>							
		Mean	SD	Mean	SD	Mean	SD
		3.50	1.62	3.15	1.53	3.33	1.59
<b>Q35. How often would your child eat snacks while watching TV, playing games etc.?</b>							
		%	Valid %	%	Valid %	%	Valid %
	Always/almost always	3.2	3.3	1.8	1.8	2.5	2.6
	Often	16.1	16.3	15.5	15.7	15.8	16.0
	Occasionally	55.8	56.8	61.5	62.2	58.6	59.4
	Never/almost never	23.2	23.6	20.2	20.4	21.7	22.0
	Total	98.3	100.0	99.0	100.0	98.6	100.0
Missing	Don't Know	1.7		1.0		1.4	
<b>Total</b>		100.0		100.0		100.0	
<b>Q36a. How often would you play with him/her using toys or games/puzzles</b>							
		%	Valid %	%	Valid %	%	Valid %
	Never	1.0	1.1	0.9	1.0	1.0	1.0
	Hardly ever	7.5	7.6	6.0	6.1	6.8	6.8
	Occasionally	44.0	44.7	46.0	46.5	45.0	45.6
	Once or twice a week	36.1	36.6	37.9	38.2	36.9	37.4
	Every day	9.9	10.0	8.2	8.3	9.1	9.2
	Total	98.4	100.0	99.0	100.0	98.7	100.0
Missing	Don't Know	1.6		1.0		1.3	
<b>Total</b>		100.0		100.0		100.0	
<b>Q36b. How often would you play computer games with him/her</b>							
		%	Valid %	%	Valid %	%	Valid %
	Never	37.7	37.9	43.8	44.2	40.6	40.9

		BOYS (n=2762)		GIRLS (n=2582)		TOTAL (n=5344)	
	Hardly ever	25.4	25.5	25.5	25.7	25.4	25.6
	Occasionally	25.0	25.2	20.1	20.2	22.6	22.8
	Once or twice a week	9.5	9.5	8.7	8.7	9.1	9.1
	Every day	1.8	1.8	1.1	1.1	1.5	1.5
	Total	99.3	100.0	99.2	100.0	99.2	100.0
Missing	Don't Know	0.7		0.8		0.8	
<b>Total</b>		100.0		100.0		100.0	
<b>Q36c. How often would you do any of the following with the Study Child?: Visit the library</b>							
		%	Valid %	%	Valid %	%	Valid %
	Never	16.0	16.2	12.8	13.0	14.4	14.6
	Hardly ever	20.4	20.7	18.5	18.8	19.5	19.8
	Occasionally	50.3	51.0	50.8	51.6	50.5	51.3
	Once or twice a week / every day	12.0	12.2	16.5	16.7	14.2	14.4
	Total	98.6	100.0	98.5	100.0	98.6	100.0
Missing	Don't know	1.4		1.5		1.4	
<b>Total</b>		100.0		100.0		100.0	
<b>Q36d. How often would you do any of the following with the Study Child?: Listen to him/her read</b>							
		%	Valid %	%	Valid %	%	Valid %
	Never or hardly ever	2.4	2.4	1.8	1.8	2.1	2.1
	Occasionally	12.0	12.1	12.8	12.9	12.4	12.5
	Once or twice per week	21.6	21.9	23.5	23.7	22.5	22.8
	Every day	62.9	63.6	61.1	61.6	62.0	62.7
	Total	98.9	100.0	99.2	100.0	99.0	100.0
Missing	Don't know	1.1		0.8		1.0	
<b>Total</b>		100.0		100.0		100.0	
<b>Q36e. How often would you read to him/her</b>							
		%	Valid %	%	Valid %	%	Valid %
	Never	3.8	3.9	2.7	2.8	3.3	3.3
	Hardly ever	8.0	8.1	9.0	9.1	8.5	8.6
	Occasionally	25.4	25.7	27.4	27.9	26.3	26.8
	Once or twice a week	26.5	26.9	26.7	27.2	26.6	27.0
	Every day	34.9	35.4	32.5	33.1	33.7	34.3
	Total	98.5	100.0	98.3	100.0	98.4	100.0
Missing	Don't Know	1.5		1.7		1.6	
<b>Total</b>		100.0		100.0		100.0	
<b>Q36f. How often would you play computer with him/her in educational ways</b>							
		%	Valid %	%	Valid %	%	Valid %
	Never	14.3	14.4	15.7	15.8	14.9	15.1
	Hardly ever	24.0	24.2	24.8	25.1	24.4	24.6
	Occasionally	42.1	42.4	41.1	41.5	41.6	41.9
	Once or twice a week	16.1	16.2	15.2	15.3	15.7	15.8
	Every day	2.8	2.8	2.2	2.3	2.5	2.6
	Total	99.3	100.0	98.9	100.0	99.1	100.0
Missing	Don't Know	0.7		1.1		0.9	
<b>Total</b>		100.0		100.0		100.0	
<b>Q36g. How often would you participate with him/he in sport or physical activities?</b>							
		%	Valid %	%	Valid %	%	Valid %

		BOYS (n=2762)		GIRLS (n=2582)		TOTAL (n=5344)	
	Never	4.5	4.6	5.3	5.4	4.9	5.0
	Hardly ever	10.8	10.9	12.8	12.9	11.8	11.9
	Occasionally	32.6	32.9	35.2	35.5	33.8	34.2
	Once or twice a week	39.3	39.7	37.1	37.4	38.2	38.6
	Every day	11.7	11.9	8.8	8.9	10.3	10.4
	Total	98.9	100.0	99.2	100.0	99.1	100.0
Missing	Don't Know	1.1		0.8		0.9	
<b>Total</b>		100.0		100.0		100.0	
<b>Q36h. How often would you do any of the following with the Study Child?: Go on educational visits outside home, such as museums or farms?</b>							
		%	Valid %	%	Valid %	%	Valid %
	Never	3.5	3.5	2.7	2.7	3.1	3.1
	Hardly ever	12.8	12.9	12.2	12.3	12.5	12.6
	Occasionally	71.4	71.7	73.4	74.1	72.4	72.9
	Once or twice a week	11.9	11.9	10.8	10.9	11.4	11.5
	Total	99.5	100.0	99.1	100.0	99.3	100.0
Missing		0.5		0.9		0.7	
<b>Total</b>		100.0		100.0		100.0	
<b>Q36i. How often would you go shopping with him/her?</b>							
		%	Valid %	%	Valid %	%	Valid %
<b>Valid</b>	Never	1.5	1.5	0.6	0.6	1.1	1.1
	Hardly ever	11.0	11.0	4.7	4.7	8.0	8.0
	Occasionally	42.9	43.1	43.3	43.5	43.1	43.3
	Once or twice a week	40.6	40.7	48.6	48.8	44.5	44.6
	Every day	3.6	3.7	2.4	2.4	3.0	3.0
	Total	99.7	100.0	99.7	100.0	99.7	100.0
Missing	Don't Know	0.3		0.3		0.3	
<b>Total</b>		100.0		100.0		100.0	
<b>PIANTA - Level of closeness with Primary Caregiver - Wave 4 (min. – max. = 9 – 40)</b>							
		Mean	SD	Mean	SD	Mean	SD
		33.14	2.61	33.70	2.09	33.41	2.39
<b>PIANTA - Level of conflict with Primary Caregiver - Wave 4 (min. – max. = 8 – 40)</b>							
		Mean	SD	Mean	SD	Mean	SD
		15.13	6.30	14.76	5.96	14.95	6.14
<b>Q38. Which degree of ease or difficulty is the household able to make ends meet monthly or weekly income?</b>							
		%	Valid %	%	Valid %	%	Valid %
	With great difficulty	4.0	4.0	3.9	3.9	3.9	4.0
	With difficulty	9.6	9.6	12.2	12.3	10.8	10.9
	With some difficulty	37.1	37.4	36.3	36.6	36.7	37.0
	Fairly easily	27.5	27.7	26.9	27.1	27.2	27.4
	Easily	15.6	15.7	14.4	14.5	15.0	15.1
	Very easily	5.6	5.6	5.4	5.5	5.5	5.5
	Total	99.4	100.0	99.2	100.0	99.3	100.0
Missing	Don't Know	0.6		0.8		0.7	
<b>Total</b>		100.0		100.0		100.0	
<b>Q39. From the time the Study Child was 5 years old, how has your overall financial position changed?</b>							
		%	Valid %	%	Valid %	%	Valid %

		BOYS (n=2762)		GIRLS (n=2582)		TOTAL (n=5344)		
	Much better off now		5.3	5.3	4.8	4.9	5.1	5.1
	Somewhat better off now		31.7	31.8	31.2	31.4	31.4	31.6
	No change		39.7	39.9	36.2	36.4	38.0	38.2
	Somewhat worse off now		18.7	18.7	23.1	23.3	20.8	20.9
	Much worse off now		4.2	4.3	3.9	3.9	4.1	4.1
	Total		99.6	100.0	99.2	100.0	99.4	100.0
Missing	Don't Know		0.4		0.8		0.6	
<b>Total</b>			100.0		100.0		100.0	
<b>Q40. What proportion of your total household income would you say comes from social welfare payments of any kind – including Children's Allowance/Child Benefit?</b>								
			%	Valid %		%	Valid %	
	Less than 5%		39.8	40.5	39.7	40.7	39.7	40.6
	5 to 20%		27.9	28.5	28.5	29.2	28.2	28.8
	20 to 50%		12.4	12.6	12.3	12.6	12.3	12.6
	50 to 75%		5.7	5.8	5.2	5.4	5.5	5.6
	75 to 99%		3.6	3.7	4.5	4.6	4.0	4.1
	100%		8.7	8.9	7.3	7.5	8.1	8.2
	Total		98.1	100.0	97.6	100.0	97.8	100.0
Missing	Don't know		1.9		2.4		2.2	
<b>Total</b>			100.0		100.0		100.0	
<b>Age of Study Child at Wave 4 Interview</b>								
			%	Valid %		%	Valid %	
	7 years		35.7	35.7	35.9	35.9	35.8	35.8
	8 years		64.3	64.3	64.1	64.1	64.2	64.2
	Total		100.0	100.0	100.0	100.0	100.0	100.0
<b>Household Type at Wave 4</b>								
			%	Valid %		%	Valid %	
	One parent, one child		4.9	5.0	4.2	4.2	4.6	4.6
	One parent, two+ children		8.0	8.1	8.5	8.6	8.3	8.3
	Two parents, one child		10.2	10.3	8.5	8.5	9.4	9.5
	Two parents, two+ children		75.8	76.6	78.0	78.6	76.9	77.6
	Total		99.0	100.0	99.2	100.0	99.1	100.0
Missing	Don't know		1.0		0.8		0.9	
<b>Total</b>			100.0		100.0		100.0	

**A3 7/8 Year Postal Questionnaire for Primary Caregiver**







**Growing Up  
in Ireland**  
National Longitudinal  
Study of Children

# Your Child at 7/8 Years of Age

**Please fill in this confidential questionnaire about your 7/8-year-old child who is taking part in *Growing Up in Ireland* and return it in the postage-paid envelope provided.**

***Thank you for your help and assistance in this important project!***



## STRICTLY CONFIDENTIAL

### How does this questionnaire fit into the Growing Up in Ireland study?

**Growing Up in Ireland** is a longitudinal study – that means we re-visit the same children and their families as they grow up so we can better understand how things such as school, family, diet and activities influence their well-being and development.

You probably recall that we last visited you when your child ('the Study Child') was 5 years old. We hope to visit again to do a personal interview when your child is 9 years old. In the meantime, we would like to catch up with you by post to ask about how he or she has settled in to school, what his or her health is like, and how other aspects of life have changed since the age of 5.

**Growing Up in Ireland** is a government-funded study. The Department of Children and Youth Affairs is overseeing and managing the study, and it is being carried out by a group of independent researchers led by the Economic & Social Research Institute (ESRI) and Trinity College Dublin.

### What will happen to this questionnaire?

We would like you to fill out this questionnaire and return it to the ESRI by post - a postage-paid envelope has been included in this pack. Each questionnaire has a unique ID number on it that will allow us to add it to the other information you have given us in previous visits. The information you provide in this postal questionnaire will be treated with the same strict confidence as when you spoke to an interviewer in person.

### Where can you get more information?

A more detailed information sheet accompanies this questionnaire – it should answer any other questions you have about the **Growing Up in Ireland** study. If you need further information about any aspect of this questionnaire please Freephone 1800-200 434 or email [growingup@esri.ie](mailto:growingup@esri.ie).

### Points to remember:

- This questionnaire is mainly about your 7/8-year-old child who has been the focus of the **Growing Up in Ireland** interviews in the past. Please think only of this child when answering the questions about "your child". If you have twins or triplets taking part in the Study, you will be sent a separate questionnaire for each child taking part and the cover letter will explain which questionnaire is for which child.
- This questionnaire should be filled out by the child's parent or legal guardian – ideally the person to whom this pack was addressed. If that person is not available, **the questionnaire should be completed by the parent or guardian who usually takes most care of the Study Child**. If you are unsure who should fill out the questionnaire, please contact the Study Team at Freephone 1800-200 434.
- If you do not know the answer to a particular question, please write "don't know" underneath. If you prefer not to answer a question, please draw a line through it. This will be very helpful to the Study Team compared to leaving a question blank.
- Please do not write in any names on this questionnaire. This will preserve confidentiality at all stages. Please use terms such as "my child" or "he" or "she" instead.

**Many thanks to you and your family for taking the time to help with this very important study of children and young people in Ireland.**

**SECTION A: YOU AND YOUR FAMILY**

1. Are you the parent/guardian who completed the main parent interview for *Growing Up in Ireland* last time (and to whom the letter accompanying this questionnaire was addressed)?

Yes..... <sub>1</sub>

No ..... <sub>2</sub>

2. If no, what is the main reason that you are completing this questionnaire?

We have changed roles and I now spend most time parenting the child..... <sub>1</sub>

The other parent/guardian prefers not to complete this questionnaire..... <sub>2</sub>

The other parent/guardian is unable to complete this questionnaire ..... <sub>3</sub>

We have separated and the other parent/guardian no longer lives here..... <sub>4</sub>

I am a new foster or adoptive parent to this child..... <sub>5</sub>

Other reason (please write it down) \_\_\_\_\_ <sub>6</sub>

3. Which of the following best describes your relationship to the Study Child? (please tick one only)

Parent..... <sub>1</sub>

Step-parent/partner of child's parent ..... <sub>2</sub>

Adoptive or foster parent..... <sub>3</sub>

Grandparent ..... <sub>4</sub>

Other relationship ..... <sub>5</sub> → (please write it down) \_\_\_\_\_

4. Do you live here with a spouse or partner? Yes ..... <sub>1</sub> No ..... <sub>2</sub>

5. We would like you to think of all the people living in your household. Could you list everyone who currently lives here, starting with the 7/8-year-old in the study, then yourself and then other family members? Include older siblings who are away at college but come home at the weekend or parents temporarily away from home for work. (please put one person on each line)

Person	(a) Are they male (M) or female (F)?	(b) Date of Birth __ / __ / ____ DD/MM/YEAR	(c) How is this person related to the Study Child? (He/she is the child's ____ )	(d) Did this person live with the Study Child when the child was 5 years of age?	
				Yes	No
1. The Study Child (7/8 years)	M <input type="checkbox"/> <sub>1</sub> F <input type="checkbox"/> <sub>2</sub>	__ / __ / ____	1. 7/8-year-old 2. Parent of 7/8-year-old 3. Spouse/Partner of parent but not 7/8-year-old's parent 4. Brother/sister 5. Other relative 6. Other non-relative  <input checked="" type="checkbox"/> <sub>1</sub>	<input checked="" type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
2. You	M <input type="checkbox"/> <sub>1</sub> F <input type="checkbox"/> <sub>2</sub>	__ / __ / ____	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub> <input type="checkbox"/> <sub>3</sub> <input type="checkbox"/> <sub>4</sub> <input type="checkbox"/> <sub>5</sub> <input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
3. Your spouse/partner (if applicable)	M <input type="checkbox"/> <sub>1</sub> F <input type="checkbox"/> <sub>2</sub>	__ / __ / ____	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub> <input type="checkbox"/> <sub>3</sub> <input type="checkbox"/> <sub>4</sub> <input type="checkbox"/> <sub>5</sub> <input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
4. Person 4	M <input type="checkbox"/> <sub>1</sub> F <input type="checkbox"/> <sub>2</sub>	__ / __ / ____	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub> <input type="checkbox"/> <sub>3</sub> <input type="checkbox"/> <sub>4</sub> <input type="checkbox"/> <sub>5</sub> <input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
5. Person 5	M <input type="checkbox"/> <sub>1</sub> F <input type="checkbox"/> <sub>2</sub>	__ / __ / ____	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub> <input type="checkbox"/> <sub>3</sub> <input type="checkbox"/> <sub>4</sub> <input type="checkbox"/> <sub>5</sub> <input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
6. Person 6	M <input type="checkbox"/> <sub>1</sub> F <input type="checkbox"/> <sub>2</sub>	__ / __ / ____	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub> <input type="checkbox"/> <sub>3</sub> <input type="checkbox"/> <sub>4</sub> <input type="checkbox"/> <sub>5</sub> <input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
7. Person 7	M <input type="checkbox"/> <sub>1</sub> F <input type="checkbox"/> <sub>2</sub>	__ / __ / ____	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub> <input type="checkbox"/> <sub>3</sub> <input type="checkbox"/> <sub>4</sub> <input type="checkbox"/> <sub>5</sub> <input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
8. Person 8	M <input type="checkbox"/> <sub>1</sub> F <input type="checkbox"/> <sub>2</sub>	__ / __ / ____	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub> <input type="checkbox"/> <sub>3</sub> <input type="checkbox"/> <sub>4</sub> <input type="checkbox"/> <sub>5</sub> <input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
9. Person 9	M <input type="checkbox"/> <sub>1</sub> F <input type="checkbox"/> <sub>2</sub>	__ / __ / ____	<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub> <input type="checkbox"/> <sub>3</sub> <input type="checkbox"/> <sub>4</sub> <input type="checkbox"/> <sub>5</sub> <input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

**6. Which of the following best describes your status with regard to work or education?** Please tick one box only to indicate which of the following BEST describes your usual situation at the moment.

- |  |                          |   |   |                          |    |
|--|--------------------------|---|---|--------------------------|----|
| 1. Currently on maternity leave, but have a job to return to ..... | <input type="checkbox"/> | 1 | 5. Student full-time .....                          | <input type="checkbox"/> | 5  |
| 2. Employee (incl. apprenticeship or Community Employment) .....   | <input type="checkbox"/> | 2 | 6. On State training scheme (e.g. SOLAS/FÁS) .....  | <input type="checkbox"/> | 6  |
| 3. Self-employed outside farming .....                             | <input type="checkbox"/> | 3 | 7. Unemployed, actively looking for a job .....     | <input type="checkbox"/> | 7  |
| 4. Farmer .....  | <input type="checkbox"/> | 4 | 8. Long-term sickness or disability .....           | <input type="checkbox"/> | 8  |
|  |                          |   | 9. Home duties / looking after home or family ..... | <input type="checkbox"/> | 9  |
|  |                          |   | 10. Retired .....                                   | <input type="checkbox"/> | 10 |
|  |                          |   | 11. Other (please write it in) .....                | <input type="checkbox"/> | 11 |

**7a. How many hours do you work per week?** Hours: \_\_\_\_\_

**7b. In addition to your main situation in the answer above, do you also work for payment or profit on a part-time basis?** Yes .....  1 No .....  2

**7c. Approximately how many hours per week?** Hours: \_\_\_\_\_

**8. How many of the adults (18 years or over) in this household (the people listed at Q5) are currently in paid employment, either on a full-time or part-time basis?**

Number of adults in household who have a full-time or part-time job: \_\_\_\_\_

**SECTION B: YOUR CHILD'S HEALTH AND DEVELOPMENT**

**9. In general, how would you say the Study Child's current health is? (tick one only)**

- Very healthy, no problems .....  1  
 Healthy, but a few minor problems .....  2  
 Sometimes quite ill .....  3  
 Almost always unwell .....  4

**10. Does the Study Child have any longstanding physical or mental illness, condition or disability? By longstanding, I mean anything that has troubled him/her over a period of time or that is likely to do so into the future?**

Yes .....  1 No .....  2

**11. What is the nature of this problem, illness or disability? Please describe as fully as possible.**  
 [Please record diagnosis – not symptoms of the problem.]

\_\_\_\_\_

**12. Is the Study Child hampered in his/her daily activities by this problem, illness or disability?**

Yes, severely ....  1 Yes, to some extent.....  2 No .....  3

**13. Has this problem been diagnosed by a medical professional?** Yes .....  1 No....  2

**14. When was this problem, illness or disability diagnosed?** \_\_\_\_\_ (mth) \_\_\_\_\_ (year)

**15. The next questions are about how your child is learning and getting along. Please tell us if you are "not concerned", "a little concerned" or "concerned" about your child, using one box on each line.**

**Do you have any concerns about :**

**Not concerned      A little concerned      Concerned**

a. [Note - items redacted for copyright reasons]

b.  1 .....  2 .....  3

c.  1 .....  2 .....  3

d.  1 .....  2 .....  3

e.  1 .....  2 .....  3

f.  1 .....  2 .....  3

g.  1 .....  2 .....  3

h.  1 .....  2 .....  3

i.  1 .....  2 .....  3

**16. How often would you say the Study Child:**

**Never      Seldom      Often      Almost  
always**

a.	[Note - items redacted for copyright reasons]	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub>
b.				
c.				
d.				
e.				
f.				
g.				
h.				
i.				
j.				
k.				
l.				
m.				
n.				
o.				
p.				
q.				
r.				
s.				
t.				
u.				
v.				
w.				
x.				
y.				
z.				

**17. In the last 24 hours, has the Study Child had the following foods and drinks:**

	Once	More than Once	Not At all
a. Fresh fruit .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
b. Cooked vegetables .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
c. Raw vegetables or salad .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
d. Hamburger, hot dog, sausage or sausage roll, meat pie .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
e. Hot chips or French fries .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
f. Crisps or savoury snacks .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
g. Biscuits, doughnuts, cake, pie or chocolate .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
h. Sweets .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
i. Full fat cheese/yoghurt/ fromage frais .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
j. Low fat Cheese/ low fat yoghurt .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
k. Water (tap water / still water/ sparkling water) .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
l. Fizzy drinks / minerals / cordial / squash (diet) .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
m. Fizzy drinks / minerals / cordial / squash (not diet) .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
n. Full cream milk or full cream milk products .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>
o. Skimmed/Semi-skimmed milk or Skimmed/Semi skimmed milk products .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub>

**18. What is your 7/8-year-old's height in centimetres or feet/inches?** Please measure his or her actual height without shoes, and write in the measurement here.

\_\_\_\_\_ cms      OR      \_\_\_\_\_ feet      \_\_\_\_\_ inches

**19. What is your 7/8-year-old's weight in kilograms or stones/lbs?** Please weigh your child in light clothing and without shoes, and write in the measurement here.

\_\_\_\_\_ kilos      OR      \_\_\_\_\_ stones      \_\_\_\_\_ lbs

**SECTION C: YOUR CHILD'S EDUCATION AND AFTER-SCHOOL CARE**

**20. What class/year is the Study Child in now? (tick one only)**

- Junior Infants ..... <sub>1</sub>
- Senior Infants ..... <sub>2</sub>
- 1<sup>st</sup> Class ..... <sub>3</sub>
- 2nd Class ..... <sub>4</sub>
- Other ..... <sub>5</sub> → (please write it down) \_\_\_\_\_

**21. What school is your child attending now? Please write in the full name of the school below.**

School name: \_\_\_\_\_

Address: \_\_\_\_\_

**22. Is this the same school as he/she was attending in Winter 2013?**

- Yes ..... <sub>1</sub>    No ..... <sub>2</sub>    Wasn't at school then ..... <sub>3</sub>

**23. Please think about how your child has been getting on at school since September:**

- |  | <b>More than<br/>once a week</b>      | <b>Once a week<br/>or less</b>        | <b>Not at<br/>all</b>                 |
|--|---------------------------------------|---------------------------------------|---------------------------------------|
| a. How often has he/she complained about school? .....                 | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| b. How often has he/she said good things about school? .....           | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| c. How often has he/she looked forward to going to school? .....       | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| d. How often has he/she been upset or reluctant to go to school? ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |

**24. How do you feel about the pace of learning at school for your child? Is it... (please tick one only)**

- Too fast for him/her ..... <sub>1</sub>    Just right for him/her ..... <sub>2</sub>    Too slow for him/her ..... <sub>3</sub>

**25. And which of these statements best describes how your child is finding his/her school work?**

- Usually finds it hard ..... <sub>1</sub>    Sometimes finds it hard... <sub>2</sub>    Never finds it hard ..... <sub>3</sub>

**26. Can you tell me how much you agree or disagree with these statements about how the Study Child has settled into school over the last few years? (please tick one box on each line)**

- |   | <b>Strongly<br/>agree</b>             | <b>Agree</b>                          | <b>Neither agree<br/>nor disagree</b> | <b>Disagree</b>                       | <b>Strongly<br/>disagree</b>          | <b>Don't<br/>know</b>                 |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. He/she finds it hard to sit still and listen in class .....                          | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>6</sub> |
| b. The teacher knows him/her well and gives him/her just the support he/she needs ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>6</sub> |
| c. He/she has adjusted easily to the way they do things in school .....                 | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>6</sub> |

**27. Compared to other children of his/her age, how well do you think your child is doing in the following subjects at school? (please tick one box on each line)**

- |                             | <b>Well above<br/>Average</b>         | <b>Above<br/>average</b>              | <b>Average</b>                        | <b>Below<br/>average</b>              | <b>Well below<br/>average</b>         |
|-----------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. Reading .....            | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| b. Writing .....            | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| c. Maths and numeracy ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |

**28. Is the Study Child minded by someone other than you or your resident spouse / partner on a regular basis before/after school during the school year (between September and June)?**

- Yes ..... <sub>1</sub>    No ..... <sub>2</sub>

**29. Which of the following best describes that person? If you use more than one type of care, please think of the main type of care.**

- |                                       |                                       |   |                                       |
|---------------------------------------|---------------------------------------|---|---------------------------------------|
| a. A relative in your home .....      | <input type="checkbox"/> <sub>1</sub> | e. After or before School Service within School ..... | <input type="checkbox"/> <sub>5</sub> |
| b. A non-relative in your home .....  | <input type="checkbox"/> <sub>2</sub> | f. Other After or Before School Service .....         | <input type="checkbox"/> <sub>6</sub> |
| c. A relative in their home .....     | <input type="checkbox"/> <sub>3</sub> | g. Other (please write it down) .....                 | <input type="checkbox"/> <sub>7</sub> |
| d. A non-relative in their home ..... | <input type="checkbox"/> <sub>4</sub> |   |                                       |

**30. How many hours per week does the Study Child spend in this main type of care? \_\_\_\_\_ (hrs/wk)**

**31. And how much does this main type of care cost per week? If the care is free, please write in '0'. If you pay per fortnight or per month, please divide the amount by 2, 4 etc to get a weekly amount.**

€ \_\_\_\_\_ (amount per week)

**SECTION D: YOUR CHILD'S ACTIVITIES AND PASTIMES**

**32. Listed below is a set of statements which could be used to describe the Study Child's behaviour. For each item, please indicate whether it is Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give answers on the basis of the Study Child's behaviour over the last six months.**

	<b>Not True</b>	<b>Somewhat True</b>	<b>Certainly True</b>
a. Considerate of other people's feelings .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b. Restless, overactive, cannot stay still for long .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c. Often complains of headaches, stomach-aches or sickness .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d. Shares readily with other children (treats, toys, pencils etc.) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
e. Often has temper tantrums or hot tempers .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
f. Rather solitary, tends to play alone .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
g. Generally obedient, usually does what adults request .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
h. Many worries, often seems worried .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
i. Helpful if someone is hurt, upset or feeling ill .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
j. Constantly fidgeting or squirming .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
k. Has at least one good friend .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
l. Often fights with other children or bullies them .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
m. Often unhappy, down-hearted or tearful .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
n. Generally liked by other children .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
o. Easily distracted, concentration wanders .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
p. Nervous or clingy in new situations, easily loses confidence .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
q. Kind to younger children .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
r. Often lies or cheats .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
s. Picked on or bullied by other children .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
t. Often volunteers to help others (parents, teachers, other children) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
u. Thinks things out before acting .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
v. Steals from home, school or elsewhere .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
w. Gets on better with adults than with other children .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
x. Many fears, easily scared .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
y. Sees tasks through to the end, good attention span .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

**33. Can you tell me how often the Study Child takes part in the following activities outside school?**

	<b>Never</b>	<b>Less than once p/w</b>	<b>1-2 times per week</b>	<b>3-6 times per week</b>	<b>Every day</b>
a. Plays games that involve a lot of running around, like football .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b. Plays games that involve some activity like trampolining .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c. Rides a bike, tricycle or scooter .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
d. Plays on a device like a computer or iPad by themselves .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
e. Plays "make believe" or pretend games .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
f. Paints, draws or makes models .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
g. Enjoys dance, music, movement .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
h. Reads for pleasure by themselves .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**34. I would like you to think about all the time the Study Child spends per day watching TV, videos, DVDs, or using a computer, iPad, smart phone, or electronic games system. We are talking about the total amount of time he/she spends in front of any 'screen' (computer or TV or game) on a typical day. How much time would he or she spend on this type of 'screen time' on (a) an average week day and (b) an average weekend day? Do not include time spent using screens at school.**

(a) (WEEK day) \_\_\_\_\_ hours \_\_\_\_\_ minutes AND (b) (WEEKEND day) \_\_\_\_\_ hours \_\_\_\_\_ minutes

**35. How often would your child eat snacks while watching TV, playing games etc?**

Always/almost always .....<sub>1</sub> Often.....<sub>2</sub> Occasionally.....<sub>3</sub> Never/almost never .....<sub>4</sub>

**SECTION E: BEING A PARENT**

**36. How often would you do any of the following with the Study Child?**

	Never	Hardly ever	Occasionally	Once or twice a week	Everyday
a. Play with him/her using toys or games/puzzles .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Play computer games with him/her .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Visit the library .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Listen to him/her read .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. Read to him/her .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. Use computer with him/her in educational ways .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. Participate in sport or physical activities .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. Go on educational visits outside home, such as museums, farms....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i. Go shopping.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**37. Here are some statements about the relationship between you and the Study Child. Please read each statement and describe the degree to which each of the following statements currently applies.**

	Definitely does not apply	Does not really apply	Neutral /not sure	Applies somewhat	Definitely applies
a. I share an affectionate, warm relationship with my child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. My child and I always seem to be struggling with each other .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. If upset, my child will seek comfort from me .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. My child is uncomfortable with physical affection or touch from me ..	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. My child values his/her relationship with me .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. When I praise my child he/she beams with pride .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. My child spontaneously shares information about him/herself .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. My child easily becomes angry at me .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i. It is easy to be in tune with what my child is feeling .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
j. My child remains angry or is resistant after being disciplined .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
k. Dealing with my child drains my energy .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
l. When my child is in a bad mood I know we're in for a long and difficult day.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
m. My child's feelings toward me can be unpredictable or can change suddenly .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
n. My child is sneaky or manipulative with me .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
o. My child openly shares his/her feelings and experiences with me ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

*Finally, a few questions about how your family is coping with money and finance at the moment.*

**38. A household may have different sources of income and more than one household member may contribute to it. Concerning your household's total monthly or weekly income, with which degree of ease or difficulty is the household able to make ends meet? Would you say... (Please tick (✓) one only)**

With great difficulty 1      With difficulty 2      With some difficulty 3      Fairly easily 4      Easily 5      Very easily 6

**39. Compared to when the Study Child was 5 years old, how has your overall financial position changed, if at all? Would you say that you are ... (Please tick (✓) one only)**

Much better off now 1      Somewhat better off now 2      No change 3      Somewhat worse off now 4      Much worse off now 5

**40. Thinking of your household's total income from all sources and all household members, approximately what proportion of your total household income would you say comes from social welfare payments of any kind – including Children's Allowance/Child Benefit?**

(Please tick (✓) one only)

None 1      Less than 5% 2      5% to less than 20% 3      20% to less than 50% 4      50% to less than 75% 5      75% to less than 100% 6      100% 7