



The Economic and Social Research Institute
Whitaker Square
Sir John Rogerson's Quay
Dublin 2
Ph: 01-8632000 fax: 01-8632100



University of Dublin
Trinity College
College Green
Dublin 2



NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI)

INFANT QUESTIONNAIRE

STRICTLY CONFIDENTIAL

MOTHER or LONE FATHER QUESTIONNAIRE

GROUP

HHOLD

RESPONDENT

INTERVIEWER NAME _____

INTERVIEWER NO:

Time Section Started

(24 hour clock)

DATE: __dd__mm__yy

We are seeking to interview the parents/guardians of <baby>. The whole interview with the parents/guardians and child will take about 110-120 minutes to complete [INTERVIEWER: Adjust as appropriate for you in the field]. All the information you and your family provide will be treated in the strictest confidence and will not be released in any way which would allow the information you provide to be identified with you or your family. If however, we are told something which might suggest that a child or other vulnerable person is at risk we may have to act on it.

The Department of Health and Children is funding the study through the Office of the Minister for Children and Youth Affairs (OMC), in association with the Department of Social and Family Affairs and the Central Statistics Office. The Department of Education and Science is represented on the Steering Group which oversees the Study. A group of researchers led by the Economic and Social Research Institute (ESRI) and The Children's Research Centre at Trinity College Dublin is carrying out the study

A. INTRODUCTION AND HOUSEHOLD COMPOSITION

X1a. Record <baby's> name: _____

X1b. Record <baby's> gender Male ☐₁ Female ☐₂

X1c. Record <baby's> date of birth __dd__mm__yyyy

X1d. Do you have a resident spouse / partner Yes ☐₁ No ☐₂

A1. Are you the legal parent / guardian of <baby> who usually provides the most care to him / her.

Yes ☐₁ No ☐₂

A1a. Are you in a position to answer in respect of <baby>

Yes ☐₁ No ☐₂ → Int. Terminate interview, reschedule

A2. [Int: Record gender of respondent] Male ☐₁ Female ☐₂

A3. [Card A3] Looking at Card A3, can you tell me which of the following best describes your relationship to <baby>? [Interviewer use codes only]

- | | |
|--|---|
| 1. Biological mother/ father <input type="checkbox"/> ₁ | 5. Grand parent <input type="checkbox"/> ₅ |
| 2. Adoptive mother/ father <input type="checkbox"/> ₂ | 6. Aunt/uncle <input type="checkbox"/> ₆ |
| 3. Step-mother / Step-father / Partner of child's parent <input type="checkbox"/> ₃ | 7. Other relative/ in law <input type="checkbox"/> ₇ |
| 4. Foster mother / father <input type="checkbox"/> ₄ | 8. Unrelated guardian <input type="checkbox"/> ₈ |

A4. How many people in total (including yourself and all children of all ages) live here regularly as members of this household?

_____ persons

In this section, I would like to ask you a few details about yourself and the others in your household.

A5. For each member of the household could you tell me:

- their gender?
- their Date of Birth (DOB)
- if *DOB not available* - their age last birthday
- their relationship to the child's mother / or lone father and <baby>?
- tick one box to best describe their current economic status

No.	First name/Initial	(A) Sex		(B) Date of Birth	(C) If DOB not available	(D) Relationship of each member to mother and child.			(E) Show Card A5E						
		M	F	dd mm yr	Age last birthday	Person No.	R'SHIP TO: CARD A5D1 Mother	R'SHIP TO: CARD A5D2 Study Child	Pre-school	School/Education	At Work / Training	Unemployed	Retired	Home Duties	Other
1	INT: Put respondent (mother or lone father) on line 1 and Study Child on line 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2		___ ___ ___	yrs	1	////		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
2		<input type="checkbox"/> 1 <input type="checkbox"/> 2		___ ___ ___	yrs	2		////	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
3		<input type="checkbox"/> 1 <input type="checkbox"/> 2		___ ___ ___	yrs	3			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
4		<input type="checkbox"/> 1 <input type="checkbox"/> 2		___ ___ ___	yrs	4			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
5		<input type="checkbox"/> 1 <input type="checkbox"/> 2		___ ___ ___	yrs	5			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
6		<input type="checkbox"/> 1 <input type="checkbox"/> 2		___ ___ ___	yrs	6			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
7		<input type="checkbox"/> 1 <input type="checkbox"/> 2		___ ___ ___	yrs	7			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
8		<input type="checkbox"/> 1 <input type="checkbox"/> 2		___ ___ ___	yrs	8			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
9		<input type="checkbox"/> 1 <input type="checkbox"/> 2		___ ___ ___	yrs	9			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

Interviewer: Mother or lone father should be on line 1. Study Child should be on line 2. Father / Partner on line 3 (if relevant).

A6. Do you have any other biological children who live outside the household [Full or half brother/sister of the Study Child]?

Yes ☐1 No ☐2

A6a. How many children _____ n

A6b. For each biological child living outside the household can you please indicate their gender and date of birth.

	Male	Female	Date of Birth
1.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	___ / ___ / ___
2.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	___ / ___ / ___
3.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	___ / ___ / ___

B. PARENTING, CHILD'S FUNCTIONING AND RELATIONSHIPS

Time Section Started (24 hour clock)

Now I'd like to ask you some questions about your relationship with <baby>

B1. [Card B1] When you leave <baby> with someone else (not you or your partner), how does he/she usually react?

Is happy and settled by the time you leave ☐1
 Is unhappy at first but quickly settles down ☐2
 Remains unsettled and unhappy during your entire absence ☐3
 Have never left <baby> with someone else ☐4 Go to B3.

B2. [Card B2] And when you return, having left <baby> with someone else, how does he or she usually act?

With delight ☐1
 With a mixture of delight and annoyance ☐2
 Hard to tell, no particular emotion ☐3
 Seems to be annoyed/angry with me for leaving him/her ☐4

B3. [Card B3] The next questions are about the different sorts of feelings parents might have when caring for young children. For each one please say which is closest to how you feel *attachment scale*

a.

B4a. A one-year-old knows right from wrong. Do you agree or disagree?

Agree..... ☐₁

Disagree ☐₂

B4b. Would a child be younger or older than one year when he/she first knows right from wrong? Or are you not sure?

Younger ☐₁

Older ☐₂

Not sure..... ☐₃

B4c. When <baby> cries how often does he/she get on your nerves?

Never/
Almost never

Rarely

Sometimes

Often

Always /
Almost always

☐₁ ☐₂ ☐₃ ☐₄ ☐₅

B5. [Card B5] I would like you to look at the questions on this card. Please tell me where you would rate your baby on a scale of '1' to '7' for each question. *temperament scale*

A.

M.

N.

C. BABY'S DEVELOPMENT

Time Section Started

--	--	--	--

 (24 hour clock)

Now I'd like to ask you some questions about <baby's> development

Communication		Yes	Sometimes	Not Yet
-				

[illegible]

CX1. Do you talk to your baby while you are busy doing other things? (eg. while you do housework).

Never ☐1 Rarely ☐2 Sometimes ☐3 Often ☐4 Always ☐5

CX2a. Do you have any other concerns about any aspects of baby's behaviour or development?

Yes ☐1 No ☐2

CX2b. What concerns do you have?

D. BABY'S HABITS

Time Section Started (24 hour clock)

Now I'd like to ask you some questions about <baby's> habits and routines.

D1. How many hours sleep do you get on an average night, at the present time? _____ hours

D2. In general, what time in the evening does your baby usually go to sleep? _____ (24 hour clock)

D3. Approximately how many hours sleep does your baby have during

(a) the day? _____ hours (b) the night ? _____ hours

D4. On a normal day what time does your baby usually get up at in the morning? _____ (24 hour clock)

D5. Is your baby ever difficult when put to bed?

Most of the time ☐1 Often ☐2 At times ☐3 Rarely ☐4 Never ☐5

D6. How often does your baby wake at night?

Never ☐1 Occasionally ☐2 Most nights ☐3 Every night ☐4 More than once per night ☐5

D7. How many times per night on average? _____

D8. Do you ever wake <baby> for a feed during the night?

Yes, usually ☐1 Yes, sometimes ☐2 No, not at all ☐3

D9. How do you normally put <baby> down to sleep?

On his/her stomach ☐1 On his/her side ☐2 On his/her back ☐3

D10. Does <baby> usually sleep:

In a room on his/her own ☐1 In your bedroom ☐3
In a room with other children ☐2 Elsewhere ☐4

D11. Where does <baby> sleep for most of the night?

In his/her own bed/cot ☐1
In bed/cot with other children ☐2
In your bed ☐3
Other (specify) ☐4

D12. Approximately how many nights per week would <baby> spend at least some part of the night in your bed? _____ N

D13. Do you feel that <baby's> crying is a problem for you?

Yes ☐1 No ☐2

D14. How much is <baby's> sleeping pattern or habits a problem for you?

A large problem A moderate problem A small problem No problem at all

☐1.....☐2.....☐3.....☐4

D15. Have you ever taken <baby> to a doctor, or consulted a pharmacist for a sleeping problem?

Yes.....☐1 No.....☐2

D16. Have you used a soother / dummy with <baby> in the last week?

Yes☐1 No☐2

E. CHILDCARE ARRANGEMENTS

Time Section Started

--	--	--	--

(24 hour clock)

Now I'd like to ask you some questions about childcare arrangements

E1. Is <baby> currently being minded by someone else, other than you or your resident spouse / partner, on a regular basis each week?

Yes.....☐1 No.....☐2

E2. Can you indicate (a) who else minds <baby> on a regular basis,
(b) number of days per week (<baby> spends in each type of childcare,
(c) number of hours per week <baby> spends in each type of childcare,
(d) how much you pay for this childcare for <baby> per week
(e) whether this is your main type of childcare

[Tick all that apply] Number of days Number of hours Cost per week Main type of care

a. A relative in your home.....	<input type="checkbox"/> 1 Go to E3a	_____N	_____N	€ _____	<input type="checkbox"/> 4
b. A non-relative in your home.....	<input type="checkbox"/> 2 Go to E4a	_____N	_____N	€ _____	<input type="checkbox"/> 4
c. A relative in their home.....	<input type="checkbox"/> 3 Go to E3b	_____N	_____N	€ _____	<input type="checkbox"/> 4
d. A non-relative in their home.....	<input type="checkbox"/> 4 Go to E4b	_____N	_____N	€ _____	<input type="checkbox"/> 4
e. Centre-based caregiver (e.g. Crèche / Day nursery).....	<input type="checkbox"/> 5 Go to E5	_____N	_____N	€ _____	<input type="checkbox"/> 4
f. Other (please specify).....	<input type="checkbox"/> 6 Go to E6	_____N	_____N	€ _____	<input type="checkbox"/> 4

E3a. Please specify how this person is related to <baby>

a. Grandmother of <baby>.....☐1
b. Grandfather of <baby>.....☐2
c. Aunt /Uncle of <baby>.....☐3
d. Brother / Sister of <baby>.....☐4
e. Non-resident Parent.....☐5
f. Cousin of <baby>.....☐6
g. Other relative.....☐7

E3b. Please specify how this person is related to <baby>

a. Grandmother of <baby>.....☐1
b. Grandfather of <baby>.....☐2
c. Aunt /Uncle of <baby>.....☐3
d. Brother / Sister of <baby>.....☐4
e. Non-resident Parent.....☐5
f. Cousin of <baby>.....☐6
g. Other relative.....☐7

E4a. Which of the following best describes that person?

a. Au pair / Nanny.....☐1
b. Friend or parent.....☐2
c. Neighbour.....☐3
d. Registered childminder.....☐4
e. Unregistered childminder.....☐5
f. Other.....☐6

E4b. Which of the following best describes that person?

a. Au pair / Nanny.....☐1
b. Friend or parent.....☐2
c. Neighbour.....☐3
d. Registered childminder.....☐4
e. Unregistered childminder.....☐5
f. Other.....☐6

E5. What type of centre is it?

a. Work-based crèche.....☐1
b. Other crèche/nursery.....☐2
c. Montessori.....☐3
d. Playschool or pre-school.....☐4
e. Naoinra.....☐5
f. Other.....☐6

E6. What age was <baby> when you started to use the main childcare arrangement? _____ months

E7. How many children (excluding <baby>) are looked after in this main type of care?

_____ number of children

[Int. if answer at E2 is a or b please go to E9]

E8a. Do you personally drop <baby> to this main type of care on your way to work?

Yes..... ☐₁ No..... ☐₂ Don't work..... ☐₃

E8b. Do you personally collect <baby> from this main type of care on your way home from work?

Yes..... ☐₁ No..... ☐₂ Don't work..... ☐₃

E8c. What distance do you travel from home to this main type of care?

Carer lives on my street / road ☐₁

Less than ½ mile (1 kilometre) ☐₂

½ to 1 mile (1 – 1.5 kilometres) ☐₃

1 to 5 miles (1.5 – 8 kilometres) ☐₄

6 to 10 miles (9 – 16 kilometres) ☐₅

More than 10 miles (more than 16 kilometres) ☐₆

E8d. On average how long does it take to travel from home to where <baby> is cared for?

[Int. if time differs between getting there and coming home record the longer of the two]

_____ minutes

E8e. On a typical day, what time in the morning does <baby> leave home to go to the main type of care?

_____ 24 hour clock

E8f. On a typical day, what time does <baby> return home from the main type of care?

_____ 24 hour clock

E9a. [Card E9a] What was the single most important reason for you choosing this main form of childcare?

It was the only one I could afford..... ☐₁

Convenient to my home..... ☐₂

Linked to my job ☐₃

The quality of the care provided ☐₄

It was the only one available to me ☐₅

Other (please for describe) ☐₆

E9b. To what extent was your choice of childcare determined by financial constraints?

Completely To a large degree To some degree Only a little Not at all
☐₁ ☐₂ ☐₃ ☐₄ ☐₅

E10a. How satisfied are you with these arrangements?

Very satisfied Fairly satisfied Neither satisfied Fairly dissatisfied Very dissatisfied
nor dissatisfied
☐₁ ☐₂ ☐₃ ☐₄ ☐₅

E10b. Why are you dissatisfied?

E10c. Why do you not change the arrangement?

E11. What are your intentions for childcare when <baby> is 3 years old? [Tick all that apply]

- Baby minded by me on a full-time basis ☐ 1
 Baby minded by my partner on a full-time basis ☐ 2
 Shared by my partner and me ☐ 3
 Part-time child-care ☐ 4
 Full-time child-care ☐ 5

E12. Which type of childcare?

- A relative in your home ☐ 1
 Someone else in your home ☐ 2
 A relative in their home ☐ 3
 Someone else in their home ☐ 4
 A professional caregiver (e.g crèche/day nursery) ☐ 5
 Other (please specify) ☐ 6

E13. [Card E13] Since <baby> was born has difficulty in arranging childcare ever.... [Tick all that apply]

- a. prevented you looking for a job ☐ 1
 b. made you turn down or leave a job ☐ 2
 c. stopped you from taking on some study or training ☐ 3
 d. made you leave a study or training course ☐ 4
 e. restricted the hours you could work or study ☐ 5
 f. prevented you from engaging in social activities ☐ 6
 g. Other please specify ☐ 7

F. SIBLINGS AND TWINS

Int: ask only if siblings recorded on household grid

F0. Does <baby> have brothers/sisters [include step, foster or adoptive siblings living in the household].

Yes ☐ 1 No ☐ 2

F1. Have any of the other children in your household been particularly jealous/unhappy about the baby (e.g. hitting etc.)?

Yes ☐ 1 No ☐ 2

F2a. Was <baby> a single birth, twin, triplet etc. Single child..... ☐ 1 Twin... ☐ 2 Triplet... ☐ 3

F2b. Does his/her twin live here in this household?

Yes ☐ 1 Lives elsewhere ☐ 2 Deceased..... ☐ 3

F3. Are <baby> and <twin> identical twins or fraternal (non-identical) twins? :

Identical twins ☐ 1 Fraternal (i.e. non-identical twins) ☐ 2

F4. Has this been confirmed by a medical professional?

Yes..... ☐ 1 No ☐ 2

F5. How do you dress them?

- in matching clothes each day ☐ 1
 in matching clothes sometimes ☐ 2
 never in matching clothes ☐ 3

F6. How does <baby> react to his / her twin?

- | | Yes, most
of the time | Yes, some
of the time | No, hardly
ever |
|---|----------------------------|----------------------------|----------------------------|
| a) he/ she likes to be with his / her twin..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| b) he/she doesn't seem to notice his / her twin | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| c) he/she is upset if she is parted from his/her twin | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

G. PRENATAL CARE

Time Section Started **(24 hour clock)**

Now I'd like to ask you some questions about your pregnancy with <baby>

[INT: Only ask G1 to G5 if biological mother]

G1. How was your Ante-natal care provided?

- Shared care (between GP and other professional'.) ☐ ₁
 Private consultant alone ☐ ₂
 Hospital clinic alone ☐ ₃
 Midwives clinic alone ☐ ₄
 Independent midwife alone ☐ ₅
 Had no ante-natal care ☐ ₆
 Other [Please specify]..... ☐ ₇

G2. At how many weeks did you first become aware that you were pregnant? ____ weeks

G3. How many weeks into your pregnancy did you have your first ante-natal booking appointment with your GP or hospital? ____ weeks

G4. And who was this appointment with?

- | | |
|--|--|
| GP/Family physician <input type="checkbox"/> ₁ | Midwives clinic alone <input type="checkbox"/> ₄ |
| Private consultant alone <input type="checkbox"/> ₂ | Independent midwife alone..... <input type="checkbox"/> ₅ |
| Hospital clinic alone <input type="checkbox"/> ₃ | Had no ante-natal care <input type="checkbox"/> ₆ |

G5. How many ultrasound scans (i.e. where you and the doctor/consultant see an image of the baby on screen) did you have in total during the course of your pregnancy? ____ No. of scans [If none enter '0']

G6. Did you know the sex of your baby before the birth? Yes ☐ ₁ No..... ☐ ₂

[INT: Only Ask G7 if biological mother]

G7. How much weight did you gain during the course of your pregnancy?

____ stone ____ lbs OR ____ kgs Don't Know ☐ ₉₉

G8. [Card G8] Were there any of the following complications with the pregnancy? [Tick all that apply]

- a. Raised blood pressure (in isolation) ☐ ₁
- b. Raised blood pressure and protein in the urine (Pre-eclampsia) ☐ ₂
- c. Urinary or kidney infection ☐ ₃
- d. Persistent vomiting or nausea ☐ ₄
- e. Gestational diabetes (diet treated) ☐ ₅
- f. Gestational diabetes (insulin treated) ☐ ₆
- g. Bleeding during the second half of pregnancy ☐ ₇
- h. Vaginal Infection during pregnancy ☐ ₈
- i. Intrauterine Growth Restriction (small baby on scan)..... ☐ ₉
- j. Rhesus Incompatibility ☐ ₁₀
- k. Influenza ☐ ₁₁
- l. Placenta praevia ☐ ₁₂
- m. Miscarriage in a multiple pregnancy ☐ ₁₃
- n. Other [please specify] ☐ ₁₄

[INT: Only ask G9 to G12 if biological mother]

G9. During pregnancy, before you went into labour, were you admitted to hospital for a pregnancy related condition?

Yes..... ☐ ₁ No ☐ ₂

G10. How many separate admissions did you have? ____ No. of admissions

G11a. Did you take Folic acid/Folate prior to becoming pregnant with <baby>?

Yes..... ☐₁ No ☐₂

G11b. Did you take Folic acid/Folate during the first 3 months of pregnancy with <baby>?

Yes..... ☐₁ No ☐₂

G11c. Did you take Iron during your pregnancy with <baby>?

Yes..... ☐₁ No ☐₂

G12. During your pregnancy, how many members of the household [including yourself] smoked? _____ N

H. INFANT'S HEALTH AND PHYSICAL DEVELOPMENT

Time Section Started (24 hour clock)

Now I'd like to ask you some questions about the birth of <baby>

H1. Where was <baby> born?

Home birth [planned] ☐₁ In hospital ☐₂ Other [please specify] _____ ☐₃

H2. Please give (a) the name and (b) address of the maternity hospital or unit where <baby> was born.

a. Name: _____

b. Address _____

[INT: Only Ask H3 if biological mother]

H3. Did you have any form of pain relief in labour?

Yes..... ☐₁ No ☐₂ Did not have any labour ☐₃

H4. [Card H4] What was the final mode of delivery?

Normal delivery..... <input type="checkbox"/> ₁	Emergency Caesarean..... <input type="checkbox"/> ₅
Suction assisted birth..... <input type="checkbox"/> ₂	Vaginal breech delivery <input type="checkbox"/> ₆
Forceps assisted birth..... <input type="checkbox"/> ₃	Other [please specify]..... <input type="checkbox"/> ₇
Planned / Elective Caesarean <input type="checkbox"/> ₄	

H5a. After how many weeks of pregnancy was <baby> born? _____ Wks Don't Know..... ☐₉₉

H5b. Was <baby> born late, on time or early?

Late birth (42 weeks or more)..... ☐₁
On time (37-41 weeks) ☐₂
Somewhat early (33-36 weeks) ☐₃
Very early (32 weeks or less) ☐₄

H6. How much did <baby> weigh at birth? ___ lbs ___ ounces OR ___ kgs

H7. What was <baby's> length at birth? ___ inches OR ___ cms

H8. [Card H8] Were there any complications during the <baby's> birth? [Tick all that apply]

A. No complications..... <input type="checkbox"/> ₁	E. Foetal distress - Meconium or other sign <input type="checkbox"/> ₅
B. Very long labour (more than 12 hours) <input type="checkbox"/> ₂	F. Foetal blood sample taken in labour..... <input type="checkbox"/> ₆
C. Very rapid labour (less than 2 hours)..... <input type="checkbox"/> ₃	G. Birth injury – nerve injury / fracture / bruising..... <input type="checkbox"/> ₇
D. Foetal distress – Abnormal Heart rate tracing <input type="checkbox"/> ₄	H. Other complication [please specify]..... <input type="checkbox"/> ₈

H9. Did <baby> have to go to a Neonatal Intensive Care Unit or Special Care Nursery after he/she was born?

Yes..... ☐₁ No ☐₂

H10. Did <baby> need any help with his/her breathing from a ventilator?

Yes..... ☐₁ No ☐₂

H11. How many days or parts of days were you in hospital after the birth? ____ days

H12. How many days or parts of days was <baby> in hospital after the birth? ____ days

H13a. Was <baby> ever breastfed? INCLUDE COLUSTRUM IN FIRST FEW DAYS AFTER BIRTH

Yes.....☐_1_ No☐_2_ → Go to H15d

H13b. Was <baby> still being breastfed when you brought him/her home from hospital?

Yes☐_1_ No☐_2_

H14a. Was <baby> ever exclusively breastfed?

[Exclusive breastfeeding means that the infant receives only breast-milk without any additional food or drink]

Yes☐_1_ No☐_2_ → Go to H15a

H14b. How old was <baby> when he/she stopped being exclusively breastfed?

[Int: Accept answer in Days OR Weeks OR Months]

____ Days ____ Weeks ____ Months <Baby> still being exclusively breastfed....☐_999_ → Go to H20

H15a. Are you currently breastfeeding <baby> (include partial/complementary breastfeeding)?

Yes☐_1_ → Go to H16 No☐_2_

H15b. How old was <baby> when he/she completely stopped being breastfed?

[Int: Accept answer in Days OR Weeks OR Months]

____ Days ____ Weeks ____ Months

[INT: Only ask H15c if biological mother]

H15c. [Card H15c] What were the main reason(s) you stopped breastfeeding <baby> [Tick all that apply]

- | | | | |
|---|------------------------------|--|-------------------------------|
| a. Not enough milk/hungry baby..... | <input type="checkbox"/> _1_ | h. Physician told me to stop..... | <input type="checkbox"/> _8_ |
| b. Inconvenience/fatigue..... | <input type="checkbox"/> _2_ | i. Returned to work..... | <input type="checkbox"/> _9_ |
| c. Difficulty with breast feeding techniques..... | <input type="checkbox"/> _3_ | j. Partner/father wanted me to stop..... | <input type="checkbox"/> _10_ |
| d. Sore nipples/engorged breast..... | <input type="checkbox"/> _4_ | k. Formula feeding preferable..... | <input type="checkbox"/> _11_ |
| e. Mother's illness..... | <input type="checkbox"/> _5_ | l. Wanted to drink alcohol..... | <input type="checkbox"/> _12_ |
| f. Planned to stop at this time..... | <input type="checkbox"/> _6_ | m. Embarrassment/social stigma..... | <input type="checkbox"/> _13_ |
| g. Baby weaned himself/herself..... | <input type="checkbox"/> _7_ | n. Other, please specify..... | <input type="checkbox"/> _14_ |

[INT:Only ask H15d if biological mother]

H15d. [Card H15d] Why did you choose not to breastfeed <baby> [Tick all that apply]

- | | | | |
|---|------------------------------|--|-------------------------------|
| a. Not enough milk..... | <input type="checkbox"/> _1_ | f. Physician advised me not to..... | <input type="checkbox"/> _6_ |
| b. Inconvenience/fatigue..... | <input type="checkbox"/> _2_ | g. Partner/father did not want me to breastfeed..... | <input type="checkbox"/> _7_ |
| c. Difficulty with breast feeding techniques..... | <input type="checkbox"/> _3_ | h. Formula feeding preferable..... | <input type="checkbox"/> _8_ |
| d. Sore nipples/engorged breast..... | <input type="checkbox"/> _4_ | i. Wanted to drink alcohol..... | <input type="checkbox"/> _9_ |
| e. Mother's illness..... | <input type="checkbox"/> _5_ | j. Embarrassment/social stigma..... | <input type="checkbox"/> _10_ |
| | | k. Other, please specify..... | <input type="checkbox"/> _11_ |

H16. I'm now going to ask when <baby> first had (other) different types of milk. Please include any eaten with cereal. How old was <baby> when he/she first had:

Formula milk, such as Cow & Gate or SMA?	____ Days ____ Weeks ____ Months	<input type="checkbox"/> _999_ Hasn't Had
Cow's milk?	____ Days ____ Weeks ____ Months	<input type="checkbox"/> _999_ Hasn't Had
Any other type of milk, such as soya milk?	____ Days ____ Weeks ____ Months	<input type="checkbox"/> _999_ Hasn't Had

H17. What else does <baby> drink apart from milk or formula? [Tick all that apply]

- | | | | |
|---|------------------------------|-----------------------------|------------------------------|
| Water..... | <input type="checkbox"/> _1_ | Herbal drinks..... | <input type="checkbox"/> _5_ |
| Baby Juice..... | <input type="checkbox"/> _2_ | Tea..... | <input type="checkbox"/> _6_ |
| Fruit juices/Cordial/Squash..... | <input type="checkbox"/> _3_ | Coffee..... | <input type="checkbox"/> _7_ |
| Fizzy or soft drinks (e.g. lemonade, coke)..... | <input type="checkbox"/> _4_ | Other [please specify]..... | <input type="checkbox"/> _8_ |
| None of the above..... | <input type="checkbox"/> _9_ | | |

REGULARLY = MORE THAN TWICE A DAY FOR SEVERAL CONTINUOUS WEEKS
SOLID FOOD = BABY CEREALS, PUREED FRUITS ETC. – NOT MILKS OR DRINKS

H19. How old was <baby> when he/she first had solid food regularly?

Days Weeks Months

(a) Health at birth **(b) Current health**

H21. Can you tell me whether <baby> has received: [Tick all that apply]

H22. [Card H22] Has a medical professional ever told you that <baby> has any of the following conditions?

a. Respiratory disease [including asthma]	<input type="checkbox"/> 1
b. Heart abnormalities.....	<input type="checkbox"/> 2
c. Digestive allergies (e.g. lactose intolerant)	<input type="checkbox"/> 3
d. Eczema or any kind of skin allergy	<input type="checkbox"/> 4
e. Difficulty hearing or deafness (Do not include a temporary loss of hearing due to a cold or congestion)	<input type="checkbox"/> 5
f. Difficulty seeing.....	<input type="checkbox"/> 6
g. A problem with mobility or using his/her arms/legs to get around	<input type="checkbox"/> 7
h. A problem with using his/her hands or arms	<input type="checkbox"/> 8
i. Cerebral palsy	<input type="checkbox"/> 9
j. Kidney disease.....	<input type="checkbox"/> 10
k. Diabetes	<input type="checkbox"/> 11
l. Any developmental delay.....	<input type="checkbox"/> 12
m. Down syndrome.....	<input type="checkbox"/> 13
n. Spina bifida / Hydroencephalis	<input type="checkbox"/> 14
o. Cleft lip and/or palate.....	<input type="checkbox"/> 15
p. Other long-term condition [please specify]	<input type="checkbox"/> 16
q. None of the above	<input type="checkbox"/> 17

IF THE RESPONDENT ASKS WHICH HEALTH CONDITION TO CONSIDER IF THE CHILD HAS MULTIPLE CONDITIONS, INSTRUCT THE RESPONDENT TO CONSIDER [CHILD]'S MOST SEVERE CONDITION.

Minor 1 Moderate 2 Severe 3

H24. [Card H24] We would like to know about any health problems or illnesses for which <baby> has been taken to the GP, Health Centre or Public Health Nurse or to Accident and Emergency. What were these problems? [TICK ALL THAT APPLY]

a. Snuffles/common cold	<input type="checkbox"/> 1	k. Tight foreskin	<input type="checkbox"/> 11
b. Chest infections	<input type="checkbox"/> 3	l. Hernia	<input type="checkbox"/> 12
c. Ear infections	<input type="checkbox"/> 3	m. Sight or eye problems	<input type="checkbox"/> 13
d. Feeding problems	<input type="checkbox"/> 4	n. Failure to gain weight or to grow	<input type="checkbox"/> 14
e. Sleeping problems	<input type="checkbox"/> 5	o. Persistent or severe vomiting	<input type="checkbox"/> 15
f. Dental problems (e.g. teething)	<input type="checkbox"/> 6	p. Persistent diarrhea or constipation	<input type="checkbox"/> 16
g. Wheezing or asthma	<input type="checkbox"/> 7	q. Fits or convulsions	<input type="checkbox"/> 17
h. Skin problems	<input type="checkbox"/> 8	r. Meningitis	<input type="checkbox"/> 18
i. Persistent nappy rash	<input type="checkbox"/> 9	s. Colic	<input type="checkbox"/> 19
j. Undescended testicle	<input type="checkbox"/> 10	t. Other health problems [please specify]	<input type="checkbox"/> 20
		u. None of the above	<input type="checkbox"/> 21

H25 Since <baby> was born, how many times have you seen, or talked on the telephone with any of the following about <baby's> physical health? (exclude at time of birth)

IF NONE THEN ENTER 0 – DO NOT LEAVE BLANK

A general practitioner (GP), or family physician N
 A paediatrician N
 A public health nurse or practice nurse N
 Another medical doctor (such as a hearing specialist)..... N
 Accident and Emergency or Outpatient..... N

H26 Has <baby> ever been admitted to a hospital ward because of an illness or health problem?

Yes.....☐_1 No☐_2

H27. Not including when he/she was born, approximately how many nights has <baby> spent in hospital? NOT HOSPITAL OUTPATIENT OR EMERGENCY DEPARTMENT VISITS. _____ Nights

H28. Since <baby> was born, was there any time, in your opinion, when he/she needed a medical examination or treatment but did not receive it?

Yes.....☐_1 No☐_2

H29. Why did <baby> not get the medical care or treatment? Was this because:
 [TICK YES OR NO TO EACH]

	Yes	No
You couldn't afford to pay	<input type="checkbox"/> _1	<input type="checkbox"/> _2
The necessary medical care wasn't available or accessible to you	<input type="checkbox"/> _1	<input type="checkbox"/> _2
You could not take time off work to visit the doctor	<input type="checkbox"/> _1	<input type="checkbox"/> _2
You wanted to wait and see if the problem got better	<input type="checkbox"/> _1	<input type="checkbox"/> _2
The child is still on the waiting list.....	<input type="checkbox"/> _1	<input type="checkbox"/> _2
Other (specify)	<input type="checkbox"/> _1	<input type="checkbox"/> _2

H30. Is the family (you, your spouse/partner and child(ren)) covered by a medical card?

Yes, full card☐_1 Yes, GP only☐_2 Not covered.....☐_3

H31. Does the family have private medical insurance?

Yes.....☐_1 No☐_2

H32. Does that insurance include the cost of GP visits?

Yes, in full☐_1 Yes, partially☐_2 No.....☐_3

H33. Many babies have accidents at some time. Has <baby> ever had an accident, injury, or swallowed something that required a visit to the doctor, health centre or hospital?

Yes☐_1 No☐_2

J. PARENT'S HEALTH

Time Section Started **(24 hour clock)**

Now a few questions about your own health

J1. In general, how would you say your current health is?

Excellent	<input type="checkbox"/> _1	Fair	<input type="checkbox"/> _4
Very Good	<input type="checkbox"/> _2	Poor	<input type="checkbox"/> _5
Good	<input type="checkbox"/> _3		

J2. Do you have any on-going chronic physical or mental health problem, illness or disability?

Yes ☐₁ No ☐₂

J3. What is the nature of this problem, illness or disability? Please describe as fully as possible.
[Int. please record diagnosis – not symptoms of the problem.]

J4. Since when have you had this problem, illness or disability? _____(mth) _____(year)

J5. Are you hampered in your daily activities by this problem, illness or disability?

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

J6. [Card J6] Since <baby> was born have you suffered from any chronic illness or disability which made it difficult for you to look after <baby>? (E.g. feeding, changing nappy, lifting, bringing to doctor, communicating with baby)

No Difficulty	Some difficulty		A lot of difficulty	Cannot do at all
	Just a little	A moderate level		
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

J7. Does anyone in your household CURRENTLY have any chronic illness or disability which adversely affects <baby>?

Yes ☐₁ No ☐₂

J8. What is the relationship of that person to the Study Child? [Tick all that apply]

Parent ☐₁ Brother / Sister ☐₂ Other relative ☐₃ Non relative ☐₄

J9. Do you currently smoke daily, occasionally or not at all?

Daily ☐₁ Occasionally ☐₂ Not at all ☐₃

J10. Have you ever smoked? Was it:

Daily ☐₁ Occasionally ... ☐₂ Never ☐₃

J11. About how many cigarettes or cigars do/did you smoke on average each day?

_____ [Int. enter '0' if less than 1 on average]

J12. Including yourself, how many members of the household smoke? ____N

J13. [Card J13] Which of the following best describes how often you usually drink alcohol?

Never ☐₁

Less than once a month ☐₂

1-2 times a month ☐₃

1-2 times a week ☐₄

3-4 times a week ☐₅

5-6 times a week ☐₆

Every day ☐₇

If currently drink alcohol between everyday and 1-2 times a month ask:

J14. And in an average week, how many pints of beer/cider, glasses of wine, measures of spirit, and bottles of alcopops would you drink?

Pints of Beer/Cider _____ Glasses of Wine _____ Measures of Spirits _____ Bottles of alcopops _____

J15. What is your height without shoes? _____ feet _____ inches OR Metres _____

J16. What is your weight without clothes and shoes? _____ stones _____ lbs OR _____ Kilograms

K. FAMILY CONTEXT

Time Section Started (24 hour clock)

Now I'd like to ask you some questions about your family as a whole

K1. [Card K1] Please rate how much you agree or disagree with each of the following statements in relation to how things are for you and <baby> now. Remember, there are no right and wrong answers, just try and be as honest as possible.

	Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree
A. I am happy in my role as a parent.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. There is little or nothing I wouldn't do for my child if it was necessary	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. Caring for my child sometimes takes more time and energy than I have to give	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. I sometimes worry whether I am doing enough for my child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E. I feel close to my child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
F. I enjoy spending time with my child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
G. My child is an important source of affection for me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
H. Having a child gives me a more certain and optimistic view for the future	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I. The major source of stress in my life is my child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
J. Having a child leaves little time and flexibility in my life	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
K. Having a child has been a financial burden	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
L. It is difficult to balance different responsibilities because of my child.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
M. The behaviour of my child is often embarrassing or stressful to me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
N. If I had it to do over again, I might decide not to have a child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
O. I feel overwhelmed by the responsibility of being a parent.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
P. Having a child has meant having too few choices and too little control over my life.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q. I am satisfied as a parent.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
R. I find my child enjoyable.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

K2. Overall, how do you feel about the amount of support or help you get from family or friends living outside your household?

I get enough help ☐1 I don't get enough help ☐2 I don't get any help at all ☐3 I don't need any help ☐4

K3. Are you in regular contact with <baby's> grandparents?

Yes..... ☐1 No..... ☐2 All Grandparents are deceased ☐3 All Grandparents live abroad ☐4

K4. Here are some questions about how much support you receive from <baby's> grandparents

	Never	Less often than once every 3 months	At least once every 3 months	At least once a month	At least once a week	Every day or almost every day
How often do <baby's> grandparents babysit?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
How often do <baby's> grandparents have <baby> to stay over night?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
How often do <baby's> grandparents take <baby> out?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
How often do <baby's> grandparents buy toys or clothes for <baby>?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
How often do <baby's> grandparents help you around the house?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
How often do <baby's> grandparents help you out financially?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

K5. Did you work full-time, part-time or not at all immediately before you became pregnant with <baby>?

Full-time ☐₁ Part – time ☐₂ Not at all ☐₃ → Go to K16

K6. How many hours were you working per week? _____ hours

K7. How long before you gave birth did you stop working? _____ weeks OR _____ months

K8. Are you currently at work outside the home?

Full-time ☐₁ Part – time ☐₂ No ☐₃

K9. What age was <baby> when you returned to work? _____ months

K10. Did you take any of the following types of leave? If yes, how many weeks did you take?

a. Paid maternity / paternity leave? .Yes → ☐₁ How many weeks _____ wks No.... ☐₂

b. Unpaid maternity/ paternity leave? Yes → ☐₁ How many weeks _____ wks No.... ☐₂

c. Annual leave? Yes → ☐₁ How many weeks _____ wks No.... ☐₂
(Accumulated before or during maternity / paternity leave)

d. Sick leave? Yes → ☐₁ How many weeks _____ wks No.... ☐₂

K11. What was your main reason for going back to work?

Financial ☐₁ Need an outlet outside the home ☐₄

Maintain a Career ☐₂ Other [please specify] ☐₅

Job related benefits (pension, car,
health insurance etc) ☐₃

Go to K21

K12. Do you intend to return to work outside the home?

Full-time ☐₁ Part – time ☐₂ No ☐₃ → Go to K21 Not sure yet... ☐₄ Go to K21

K13. What age will <baby> be when you return to work? _____ months

K14. Did you or do you intend to take any of the following types of leave? If yes, how many weeks did you/will you take?

a. Paid maternity / paternity leave? Yes → ☐₁ How many weeks _____ wks No.... ☐₂

b. Unpaid maternity /paternity leave? Yes → ☐₁ How many weeks _____ wks No.... ☐₂

c. Annual leave? Yes → ☐₁ How many weeks _____ wks No.... ☐₂
(Accumulated before or during maternity / paternity leave)

d. Sick leave? Yes → ☐₁ How many weeks _____ wks No.... ☐₂

K15. What is your main reason for going back to work?

Financial ☐₁ Need an outlet outside the home ☐₄

Maintain a Career ☐₂ Other [please specify] ☐₅

Job related benefits (pension, car,
health insurance etc) ☐₃

Go to K21

K16. Did you ever work? Yes ☐₁ No ☐₂ → Go to Section L

K17. When were you last in paid employment outside the home? Month _____ Year _____

K18. Do you intend to return to work?

Yes, definitely ☐₁ Yes, probably ☐₂ No ☐₃ → Go to K21

K19. What age will <baby> be when you return to work? _____ Months

K20. What will be your main reason for going back to work?

Financial ☐₁ Need an outlet outside the home ☐₄

Maintain a Career ☐₂ Other [please specify] ☐₅

Job related benefits (pension, car,
health insurance etc) ☐₃

Go to K21

K21. If you have returned to work after the birth of <baby>, or if you have other children and have previously worked outside the home, can I ask you the extent to which you agree or disagree with the following statements?

	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree	N/A
Because of your work responsibilities:						
A. You have missed out on home or family activities That you would have liked to have taken part in	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
B. Your family time is less enjoyable and more pressured	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Because of your family responsibilities:						
C. You have to turn down work activities or Opportunities that you would prefer to take on	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
D. The time you spend working is less enjoyable and more pressured.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

L: SOCIO-DEMOGRAPHICS

Time Section Started (24 hour clock)

Now I'd like to ask you some questions about the circumstances of your household.

L7a. I would now like to ask you some questions about your accommodation: Is this accommodation a:

House..... ☐1
 Apartment / Flat/ Bedsit ☐2
 Other (specify) ☐3

L7b. Does your accommodation have access to a garden or common space (either private or shared)?

Yes ☐1 No ☐2

L8. [Card L8] From this card, please tell me which best describes your (and your partner's) occupancy of the accommodation?

Owner occupied (with or without a mortgage) ☐1
 Being purchased from a Local Authority under a Tenant Purchase Scheme ☐2
 Rented from a Local Authority ☐3
 Rented from a Voluntary Body ☐4
 Rented from a Private Landlord ☐5
 Living with and paying rent to your (or your partner's) parent(s) ☐6
 Occupied free of rent with your (or your partner's) parent(s) ☐7
 Occupied free of rent from your (or your partner's) job ☐8

L9. How many separate bedrooms are in the accommodation? _____ bedrooms

L10. [Card L10] Which of these descriptions BEST describes your usual situation in regard to work? [Int. Note that if resp is on maternity leave and has a job which she intends to return to she should be coded as 'at work'].

Employee (incl. apprenticeship or Community Employment)	<input type="checkbox"/> 1	Student full-time	<input type="checkbox"/> 4
Self employed outside farming	<input type="checkbox"/> 2	On State training scheme (FAS, Fálte Ireland etc.)	<input type="checkbox"/> 5
Farmer	<input type="checkbox"/> 3	Unemployed, actively looking for a job	<input type="checkbox"/> 6
		Long-term sickness or disability	<input type="checkbox"/> 7
		Home duties / looking after home or family	<input type="checkbox"/> 8
		Retired	<input type="checkbox"/> 9
		Other (specify)	<input type="checkbox"/> 10

L11. How many hours do you normally work per week, including any regular overtime work?
If you work at more than one job, please include the hours in all jobs.

_____ hours

L11x. On a typical work day, how much time in minutes do you spend commuting to and from work (outward and return journey combined)?

_____ minutes

[Int. if respondent works at home enter '0' for minutes]

L12. [Card L12] What is your occupation in your main job?

In all cases please describe the occupation fully and precisely giving the full job title.

Use precise terms such as:
RETAIL STORE MANAGER
SECONDARY TEACHER
ELECTRICAL ENGINEER

Do not use general terms such as:
MANAGER
TEACHER
ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.
Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.
Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your main OCCUPATION

L13. Do you supervise or manage any personnel in your job?

Yes ☐ ₁

No ☐ ₂

L14. How many?

L15. How many employees (if any) do you have? _____ employees N A ☐ ₉₉

L15x. [Ask only if Farmer at L10.] What is the acreage of the farm? _____ acres

L16. If you were completely free to choose, how many hours a week (paid work) would you like to work overall? _____ hours per week

Go to L22

L17. Apart from holiday or casual work, have you ever had a full-time job? Yes ... ☐ ₁ No .. ☐ ₂ **Go to L21a**

L18. In what year did you last work in that full-time job? _____ year

L19. When you last worked in that full-time job were you?

Employee (incl. apprenticeship

or Community Employment) ☐ ₁

Self-employed outside farming ☐ ₂

Farmer ☐ ₃

L20. [Card L12] What (was) your occupation in your main job?

In all cases describe the occupation fully and precisely giving the full job title.

Use precise terms such as:
RETAIL STORE MANAGER
SECONDARY TEACHER
ELECTRICAL ENGINEER

Do not use general terms such as:
MANAGER
TEACHER
ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.
Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.
Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your main OCCUPATION

L20x. [Ask only if Farmer at L19.] What was the acreage of the farm? _____ acres

L21a. Do you currently have a part time job outside the home? Yes ☐ ₁ No ☐ ₂ **Go to L21d**

L21b. On average, how many hours per week do you work in that part-time job? _____ hours

L21c. [Card L12] What is your occupation in that job?

In all cases describe the occupation fully and precisely giving the full job title.

Use precise terms such as:
RETAIL STORE MANAGER
SECONDARY TEACHER
ELECTRICAL ENGINEER

Do not use general terms such as:
MANAGER
TEACHER
ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.
Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.
Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your main OCCUPATION

If a farmer or a farm worker, write in the SIZE of the farm _____ acres

Go to L22

L21d. [Card L21d] From the reasons listed on this card could you tell me the most important reasons for you not working in a paid job outside the home? If more than one reason, please rank them in order of importance, where 1 is the most important reason, up to a maximum of 3.

- | | |
|---|--|
| A. I can't find a job | F. I cannot find suitable childcare |
| B. I chose not to work | G. There are no suitable jobs available for me ... |
| C. I am caring for an elderly or ill relative or friend.. | H. My family would lose Social Welfare or |
| D. I prefer be at home to look after my children myself | medical benefits if I was earning |
| E. I cannot earn enough to pay for childcare..... | I. Other reason (specify) |

L21e. Do you plan to start or return to paid work?

- | | |
|---|----------------------------|
| Yes, in the next 3 months | <input type="checkbox"/> 1 |
| Yes, in 3 to 12 months time | <input type="checkbox"/> 2 |
| Yes, in more than 1 year's time | <input type="checkbox"/> 3 |
| Have no plans to return to paid work..... | <input type="checkbox"/> 4 |

Go to L22

L22. [Card L12] What is the occupation of your spouse / partner?

In all cases describe the occupation fully and precisely giving the full job title.

Use precise terms such as:
RETAIL STORE MANAGER
SECONDARY TEACHER
ELECTRICAL ENGINEER

Do not use general terms such as:
MANAGER
TEACHER
ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.
Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.
Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in main OCCUPATION

If a farmer or a farm worker, write in the SIZE of the farm _____ acres

HOUSEHOLD INCOME

Now I would like you ask you a few questions about household income. Once again I would like to assure you that all information will be treated in the strictest confidence.

L23. Looking at Card L23/L24, which of the following sources of income does the HOUSEHOLD receive? Please consider the income of ALL household members, not just your own, your spouse/partner's income.

[INT. Tick 'Yes' or 'No' for each in Col. A] [Card L23 / L24]

L24. And of these sources of income which is the largest source of income at present? [Int Tick one box only in Col. B] [Card L23 / L24]

	<u>A</u>		<u>B</u>
	<u>Receive?</u>		<u>Largest Source</u>
	<u>Yes</u>	<u>No</u>	
A. Wages or Salaries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
B. Income from Self-Employment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
C. Income from Farming	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
D. Children's Allowance/ Child Benefit	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
E. Other Social Welfare Payments	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
F. Other Income (incl. income from maintenance payments, investments, savings, dividends, private pensions, property)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

HOUSEHOLD INCOME FROM ALL HOUSEHOLD MEMBERS

L25. If you added up all the income sources from ALL household members what would be the total HOUSEHOLD NET income, i.e. after deductions for tax and PRSI only? Include income from all sources and from all household members.

Dont.Know.....☐₉₉ €..... per Week.....☐₁ Month☐₂ Year ☐₃

[INT: IF RESPONDENT CANNOT GIVE EXACT FIGURE GO TO L26. If exact figure given go to L28]

L26 [Show Card L26] I know that it is difficult to give an exact figure for household income but on Card L26 we have a scale of incomes, and we would like to know into which group your total HOUSEHOLD NET income falls, i.e. after deductions for tax and PRSI only? Include income from all sources and from all members of the household. Looking at the card could you tell me the letter of the group your household falls into, after deductions for tax and PRSI.

[Int: Tick the letter of the group your household falls into, after deductions for tax and PRSI only]

HOUSEHOLD NET INCOME AFTER DEDUCTIONS OF TAX AND PRSI

Per Week	Per Month	Per Year	Category
Under €230	Under €1,000	Under €12,000	A <input type="checkbox"/> → Section A, Card L27
€231 to under €350	€1,001 to under €1,500	€12,001 to under €18,000	B <input type="checkbox"/> → Section B, Card L27
€351 to under €460	€1,501 to under €2,000	€18,001 to under €24,000	C <input type="checkbox"/> → Section C, Card L27
€461 to under €575	€2,001 to under €2,500	€24,001 to under €30,000	D <input type="checkbox"/> → Section D, Card L27
€576 to under €800	€2,501 to under €3,500	€30,001 to under €42,000	E <input type="checkbox"/> → Section E, Card L27
€801 to under €925	€3,501 to under €4,000	€42,001 to under €48,000	F <input type="checkbox"/> → Section F, Card L27
€926 to under €1,150	€4,001 to under €5,000	€48,001 to under €60,000	G <input type="checkbox"/> → Section G, Card L27
€1,151 to under €1,500	€5,001 to under €6,500	€60,001 to under €78,000	H <input type="checkbox"/> → Section H, Card L27
€1,501 to under €1,850	€6,501 to under €8,000	€78,001 to under €96,000	I <input type="checkbox"/> → Section I, Card L27
€1,851 or more	€8,001 or more	€96,001 or more	J <input type="checkbox"/> → Section J, Card L27
Refused..... <input type="checkbox"/> ₇₇ Don't Know..... <input type="checkbox"/> ₈₈			

L27. Would that be [Int: **Show Card L27** and tick 1, 2 or 3 in appropriate section under per wk; per mth or per yr]

A	Per week	under €75..... <input type="checkbox"/> ₁	€75 to €150 <input type="checkbox"/> ₂	€151 to €230 <input type="checkbox"/> ₃
	Per Month	€0 to €300..... <input type="checkbox"/> ₁	€301 to €650 <input type="checkbox"/> ₂	€651 to €1,000 <input type="checkbox"/> ₃
	Per Year	€0 to €4,000..... <input type="checkbox"/> ₁	€4,001 to €8,000 <input type="checkbox"/> ₂	€8,001 to €12,000 <input type="checkbox"/> ₃
B	Per week	€231 to €270..... <input type="checkbox"/> ₁	€271 to €310 <input type="checkbox"/> ₂	€311 to €350 <input type="checkbox"/> ₃
	Per Month	€1,001 to €1,150..... <input type="checkbox"/> ₁	€1,151 to €1,350 <input type="checkbox"/> ₂	€1,351 to €1,500 <input type="checkbox"/> ₃
	Per Year	€12,001 to €14,000..... <input type="checkbox"/> ₁	€14,001 to €16,000 <input type="checkbox"/> ₂	€16,001 to €18,000 <input type="checkbox"/> ₃
C	Per week	€351 to €390..... <input type="checkbox"/> ₁	€391 to €420 <input type="checkbox"/> ₂	€421 to €460 <input type="checkbox"/> ₃
	Per Month	€1,501 to €1,700..... <input type="checkbox"/> ₁	€1,701 to €1,800 <input type="checkbox"/> ₂	€1,801 to €2,000 <input type="checkbox"/> ₃
	Per Year	€18,001 to €20,000..... <input type="checkbox"/> ₁	€20,001 to €22,000 <input type="checkbox"/> ₂	€22,001 to €24,000 <input type="checkbox"/> ₃
D	Per week	€461 to €500..... <input type="checkbox"/> ₁	€501 to €535 <input type="checkbox"/> ₂	€536 to €575 <input type="checkbox"/> ₃
	Per Month	€2,001 to €2,150..... <input type="checkbox"/> ₁	€2,151 to €2,300 <input type="checkbox"/> ₂	€2,301 to €2,500 <input type="checkbox"/> ₃
	Per Year	€24,001 to €26,000..... <input type="checkbox"/> ₁	€26,001 to €28,000 <input type="checkbox"/> ₂	€28,001 to €30,000 <input type="checkbox"/> ₃
E	Per week	€576 to €650..... <input type="checkbox"/> ₁	€651 to €750 <input type="checkbox"/> ₂	€751 to €800 <input type="checkbox"/> ₃
	Per Month	€2,501 to €2,800..... <input type="checkbox"/> ₁	€2,801 to €3,250 <input type="checkbox"/> ₂	€3,251 to €3,500 <input type="checkbox"/> ₃
	Per Year	€30,001 to €34,000..... <input type="checkbox"/> ₁	€34,001 to €38,000 <input type="checkbox"/> ₂	€38,001 to €42,000 <input type="checkbox"/> ₃
F	Per week	€801 to €850..... <input type="checkbox"/> ₁	€851 to €880 <input type="checkbox"/> ₂	€881 to €925 <input type="checkbox"/> ₃
	Per Month	€3,501 to €3,650..... <input type="checkbox"/> ₁	€3,651 to €3,800 <input type="checkbox"/> ₂	€3,801 to €4,000 <input type="checkbox"/> ₃
	Per Year	€42,001 to €44,000..... <input type="checkbox"/> ₁	€44,001 to €46,000 <input type="checkbox"/> ₂	€46,001 to €48,000 <input type="checkbox"/> ₃
G	Per week	€926 to €1,000..... <input type="checkbox"/> ₁	€1,001 to €1,050 <input type="checkbox"/> ₂	€1,051 to €1,150 <input type="checkbox"/> ₃
	Per Month	€4,001 to €4,300..... <input type="checkbox"/> ₁	€4,301 to €4,600 <input type="checkbox"/> ₂	€4,601 to €5,000 <input type="checkbox"/> ₃
	Per Year	€48,001 to €52,000..... <input type="checkbox"/> ₁	€52,001 to €56,000 <input type="checkbox"/> ₂	€56,001 to €60,000 <input type="checkbox"/> ₃
H	Per week	€1,151 to €1,250..... <input type="checkbox"/> ₁	€1,251 to €1,375 <input type="checkbox"/> ₂	€1,376 to €1,500 <input type="checkbox"/> ₃
	Per Month	€5,001 to €5,500..... <input type="checkbox"/> ₁	€5,501 to €6,000 <input type="checkbox"/> ₂	€6,001 to €6,500 <input type="checkbox"/> ₃
	Per Year	€60,001 to €66,000..... <input type="checkbox"/> ₁	€66,001 to €72,000 <input type="checkbox"/> ₂	€72,001 to €78,000 <input type="checkbox"/> ₃
I	Per week	€1,501 to €1,600..... <input type="checkbox"/> ₁	€1,601 to €1,750 <input type="checkbox"/> ₂	€1,751 to €1,850 <input type="checkbox"/> ₃
	Per Month	€6,501 to €7,000..... <input type="checkbox"/> ₁	€7,001 to €7,500 <input type="checkbox"/> ₂	€7,501 to €8,000 <input type="checkbox"/> ₃
	Per Year	€78,001 to €84,000..... <input type="checkbox"/> ₁	€84,001 to €90,000 <input type="checkbox"/> ₂	€90,001 to €96,000 <input type="checkbox"/> ₃
J	Per week	€1,851 to €2,100..... <input type="checkbox"/> ₁	€2,101 to €2,400 <input type="checkbox"/> ₂	€2,401 or more..... <input type="checkbox"/> ₃
	Per Month	€8,001 to €9,250..... <input type="checkbox"/> ₁	€9,251 to €10,500 <input type="checkbox"/> ₂	€10,501 or more <input type="checkbox"/> ₃
	Per Year	€96,000 to €110,000..... <input type="checkbox"/> ₁	€110,001 to €125,000 .. <input type="checkbox"/> ₂	€125,001 or more <input type="checkbox"/> ₃

L28a. Do you receive early child care supplement to assist in the cost of raising your children and / or providing childcare?

Yes.....☐₁ No.....☐₂

L28b. Does anyone in your household currently receive any other Social Welfare payments?

Yes☐₁ → **Go to L29** No.....☐₂ → **Go to L30**

L29. (Card L29) Now I'd like to record information on any Social Welfare payments which are received by anyone in the household. Looking at Card L29, could you tell me whether or not anyone in the household currently receives any of these Social Welfare payments? *[Int Tick payments received by any household member]*

Social Welfare Payment		Social Welfare Payment	
UNEMPLOYMENT PAYMENTS			
Jobseeker's Benefit	<input type="checkbox"/> ₁	Jobseeker's Allowance or Unemployment Assistance	<input type="checkbox"/> ₂
EMPLOYMENT SUPPORTS			
Family Income Supplement	<input type="checkbox"/> ₃	Back to Work Enterprise Allowance	<input type="checkbox"/> ₆
Farm Assist	<input type="checkbox"/> ₄	Part-time Job Incentive Scheme	<input type="checkbox"/> ₇
Back to Work Allowance (Employees)	<input type="checkbox"/> ₅	Back to Education Allowance	<input type="checkbox"/> ₈
Supplementary Welfare Allowance (SWA)	<input type="checkbox"/> ₉		
ONE-PARENT FAMILY / WIDOW(ER) PAYMENTS			
Widow's or Widower's (Contributory) Pension	<input type="checkbox"/> ₁₀	Deserted Wife's Allowance	<input type="checkbox"/> ₁₄
Deserted Wife's Benefit	<input type="checkbox"/> ₁₁	Prisoner's Wife's Allowance	<input type="checkbox"/> ₁₅
Widowed Parent Grant	<input type="checkbox"/> ₁₂	One-Parent Family Payment	<input type="checkbox"/> ₁₆
Widow's or Widower's (Non-Contrib) Pension	<input type="checkbox"/> ₁₃		
CHILD RELATED PAYMENTS			
Maternity Benefit	<input type="checkbox"/> ₁₇	Health & Safety Benefit	<input type="checkbox"/> ₁₉
Adoptive Benefit	<input type="checkbox"/> ₁₈	Guardian's Payment (Contributory)	<input type="checkbox"/> ₂₀
		Guardian's Payment (Non-Contributory)	<input type="checkbox"/> ₂₁
DISABILITY AND CARING PAYMENTS			
Illness Benefit	<input type="checkbox"/> ₂₂	Injury Benefit	<input type="checkbox"/> ₂₈
Invalidity Pension	<input type="checkbox"/> ₂₃	Incapacity Supplement	<input type="checkbox"/> ₂₉
Disability Allowance	<input type="checkbox"/> ₂₄	Disablement Benefit	<input type="checkbox"/> ₃₀
Blind Pension	<input type="checkbox"/> ₂₅	Medical Care Scheme	<input type="checkbox"/> ₃₁
Carer's Benefit	<input type="checkbox"/> ₂₆	Constant Attendance Allowance	<input type="checkbox"/> ₃₂
Domiciliary Care Allowance	<input type="checkbox"/> ₂₇	Death Benefits (Survivor's Benefits)	<input type="checkbox"/> ₃₃
RETIREMENT PAYMENTS			
State Pension (Transition)	<input type="checkbox"/> ₃₄	State Pension Non-Contributory	<input type="checkbox"/> ₃₆
State Pension (Contributory)	<input type="checkbox"/> ₃₅	Pre-Retirement Allowance	<input type="checkbox"/> ₃₇

L30. Does anyone in your household currently receive rent or mortgage supplement? Yes..☐₁ No...☐₂

L31. How much does the household receive PER WEEK in rent or mortgage supplement? €-----

L32. [Card L32] Looking at Card L32 and 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?

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

L33a. Does anyone in the household other than yourself and your spouse / partner have an income of any sort – from employment, Social Welfare, a pension etc.

Yes☐₁ No☐₂

L33b. [Card L33b] For the following items could you indicate whether or not your household has the item and, if not, if it is because you couldn't afford it or for another reason?

	Yes	No, Cannot Afford	No, other reason
Does your household eat meals with meat, chicken, fish (or vegetarian equivalent) at least every second day?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Does your household have a roast joint (or its equivalent) at least once a week?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Do household members buy new rather than second-hand clothes?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Does each household member possess a warm waterproof coat?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Does each household member possess two pairs of strong shoes?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Does the household replace any worn out furniture?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Does the household keep the home adequately warm?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Does the household have family or friends for a drink or meal once a month?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Does the household buy presents for family or friends at least once a year?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

L33c. [Card L33c] 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?

With great difficulty	With difficulty	With some difficulty	Fairly easily	Easily	Very easily
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

L33d. Have you ever had to go without heating during the last 12 months through lack of money? (I mean have you had to go without a fire on a cold day, or go to bed to keep warm or light the fire late because of lack of coal/fuel?)

Yes ☐1 No ☐2

L33e. Did you have a morning, afternoon or evening out in the last fortnight, for your entertainment (something that cost money)?

Yes ☐1 No ☐2

L33f. Why was that?

Didn't want to	<input type="checkbox"/> 1	Couldn't leave the children	<input type="checkbox"/> 4
Have a full social life in other ways	<input type="checkbox"/> 2	Illness	<input type="checkbox"/> 5
Couldn't afford to	<input type="checkbox"/> 3	Other	<input type="checkbox"/> 6

L33f. Thinking back to when you were 16 years old, can you tell me, with which degree of ease or difficulty was your household able to make ends meet?

With great difficulty	With difficulty	With some difficulty	Fairly easily	Easily	Very easily
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

L34 [Card L34]. What is the highest level of education (full-time or part-time) which you have completed to date?

1. No formal education ☐1
2. Primary education ☐2

Second Level

3. Lower Secondary ☐3
(Junior/Intermediate/Group Certificate, 'O' Levels/GCSEs, NCVA Foundation Certificate, Basic Skills Training Certificate or equivalent).
4. Upper Secondary ☐4
(Leaving Certificate (including Applied and Vocational Programmes), 'A' Levels, NCVA Level 1 Certificate or equivalent)
5. Technical or Vocational qualification ☐5
(Completed Apprenticeship, NCVA Level 2/3 Certificate, Teagasc Certificate/Diploma or equivalent).
6. Both Upper Secondary and Technical or Vocational qualification ☐6

Third Level

7. Non Degree ☐7
(National Certificate, Diploma NCEA/Institute of Technology or equivalent, Nursing Diploma.)
8. Primary Degree ☐8
(Third Level Bachelor Degree)
9. Professional qualification (of Degree status at least) ☐9
10. Both a Degree and a Professional qualification ☐10
11. Postgraduate Certificate or Diploma ☐11
12. Postgraduate Degree (Masters) ☐12
13. Doctorate (Ph.D) ☐13

L34x. At what age did you leave full-time education for the first time? _____ years

L35.[Card L35] What language or languages do you and your partner speak with <baby> most often at home?
[Int. Tick all that apply]

English	<input type="checkbox"/> 1	Irish	<input type="checkbox"/> 2
Arabic	<input type="checkbox"/> 3	French	<input type="checkbox"/> 4
Polish	<input type="checkbox"/> 5	Russian	<input type="checkbox"/> 6
Czech	<input type="checkbox"/> 7	Latvian	<input type="checkbox"/> 8
Portuguese	<input type="checkbox"/> 9	Spanish.....	<input type="checkbox"/> 10
Chinese	<input type="checkbox"/> 11	Lithuanian	<input type="checkbox"/> 12
Romanian	<input type="checkbox"/> 13	German.....	<input type="checkbox"/> 14
Other (specify)	<input type="checkbox"/> 15		

L35a. Is English your native language? Yes ☐1 → **Go to L38** No ☐2

[Int: Ask L36 and L37 only if any language other than Irish or English is usually spoken at home see L35 above]

L36. Many people have problems with reading. Can I just check, can you read aloud to a child from a children's storybook in your own language? Yes ☐1 No ☐2

L37. Can you usually read and fill out forms you might have to deal with in your own language?

Yes ☐1 No ☐2

L38. Many people have problems with reading. Can I just check can you read aloud to a child from a children's story book written in English?

Yes ☐1 No ☐2

L39. Can you usually read and fill out forms you might have to deal with in English?

Yes ☐1 No ☐2

L40. When you buy things in shops with a five or ten euro note, can you usually tell if you have the right change?

Yes ☐1 No ☐2

L41. Are you a citizen of Ireland? Yes ☐1 No ☐2

L42. What citizenship do you hold? _____

L43. Were you born in Ireland? Yes ☐1 No ☐2

L44. In which country were you born? _____

L45. How long ago did you first come to live in Ireland?

Within the last year	1-5 years ago	6-10 years ago	11-20 years ago	More than 20 years ago
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

L46. And what about <baby>. Is he / she a citizen of Ireland? Yes ☐1 No ☐2

L47. What citizenship does he / she hold? _____

L48. Was <baby> born in Ireland? Yes..... ☐1 No ☐2

L49. In which country was he/she born? _____

L50. How long ago did <baby> first come to live in Ireland?

Within last 3 months	3-6 months	More than 6 months
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

L51. [Card L51] Looking at Card L51, can you tell me what is your ethnic or cultural background?

Irish	<input type="checkbox"/> 1	Any other Black background	<input type="checkbox"/> 5
Irish Traveller	<input type="checkbox"/> 2	Chinese	<input type="checkbox"/> 6
Any other white background	<input type="checkbox"/> 3	Any other Asian background	<input type="checkbox"/> 7
African	<input type="checkbox"/> 4	Other – incl. mixed background (specify) ...	<input type="checkbox"/> 8

L52a. Do you belong to any religion? Yes ☐₁ No ☐₂

L52b. [Card L52b] Which religion

Christian – no denomination ☐₁
 Roman Catholic ☐₂
 Anglican/Church of Ireland/Episcopalian ☐₃
 Other Protestant ☐₄
 Jewish ☐₅
 Muslim ☐₆
 Other (specify) ☐₇

L53a. And what about <baby> does he/she belong to any religion?

Yes ☐₁ No ☐₂

L53b. [Card L53b] Which religion

Christian – no denomination ☐₁
 Roman Catholic ☐₂
 Anglican/Church of Ireland/Episcopalian ☐₃
 Other Protestant ☐₄
 Jewish ☐₅
 Muslim ☐₆
 Other (specify) ☐₇

L54. Can I just check again, does anyone other than yourself and/ or your spouse / partner provide care to <baby> on a regular basis for 8 or more hours each week? Remember, this could be in your own home, in a child-minder's home, in a crèche an after-school club etc. The person providing the care might be a relative or non-relative.

Yes, regular care 8 hrs per week or more ☐₁ No regular care 8 hrs per wk or more ☐₂ → Go to M1

L55. Is this care provided in:

the child's home ☐₁
 a relative's home ☐₂
 home of carer – non-relative ☐₃
 centre – crèche) ☐₄

L56. We would like to send a short questionnaire to the person / centre who provides this care to <baby>. We would be happy to show you the content of this questionnaire before we send it. Would you be able to provide us with contact details for the person or centre which provides this care to <baby>?

Yes ☐₁
 No, does not wish regular carer to be contacted ☐₂
 No, does not have contact details for regular carer ☐₃

Interviewer:
 record contact details of regular carer on the
 Work Assignment Sheet

M. Neighbourhood / Community

--	--	--	--

Time Section Started

(24 hour clock)

Finally, we would like to ask you some questions about your local area.

M1. How long have you lived in your local area? _____ years OR _____ months

M2. How common would you say that each of the things listed below is in your area? For each item listed please say whether or not you think it is very common; fairly common; not very common; or not at all common.

	Very Common	Fairly common	Not very common	Not at all common
Rubbish and litter lying about	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Homes and -gardens in bad condition	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Vandalism and deliberate damage to property	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
People being drunk or taking drugs in public	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

M3. To what extent do you agree or disagree with these statements about your local area?

	Strongly Agree	Agree	Disagree	Strongly Disagree
It is safe to walk alone in this area after dark	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
It is safe for children to play outside during the day in this area.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
There are safe parks, playgrounds and play spaces in this area	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
We as a family intend to continue living in this area.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
As a family we are settled in and part of this community.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

M4. I am going to read out a range of services. Could you tell me whether these services are available in or within relatively easy access of YOUR LOCAL AREA?

	<u>Available?</u>			<u>Available?</u>	
	Yes	No		Yes	No
1. Regular public transport	<input type="checkbox"/> 1	<input type="checkbox"/> 2	5. Social Welfare Office	<input type="checkbox"/> 1	<input type="checkbox"/> 2
2. GP or health clinic.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	6. Banking/ Credit Union	<input type="checkbox"/> 1	<input type="checkbox"/> 2
3. Schools (primary or secondary) ..	<input type="checkbox"/> 1	<input type="checkbox"/> 2	7. Essential grocery shopping	<input type="checkbox"/> 1	<input type="checkbox"/> 2
4. Library	<input type="checkbox"/> 1	<input type="checkbox"/> 2	8. Crèche, day-care, mother and toddler groups etc.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

M5. Do you have any family living in this area, including your partner's family (if relevant)?

Yes.....☐1 No☐2

M6. Would you describe the place where the household is situated as being.....?

In open country	<input type="checkbox"/> 1	Waterford city	<input type="checkbox"/> 7
In a village (200-1,499)	<input type="checkbox"/> 2	Galway city	<input type="checkbox"/> 8
In a town (1,500-2,999)	<input type="checkbox"/> 3	Limerick city.....	<input type="checkbox"/> 9
In a town (3,000-4,999)	<input type="checkbox"/> 4	Cork city.....	<input type="checkbox"/> 10
In a town (5,000-9,999)	<input type="checkbox"/> 5	Dublin city (incl. Dun Laoghaire)	<input type="checkbox"/> 11
In a town (10,000 or more).....	<input type="checkbox"/> 6	Dublin county (outside Dublin city) urban.....	<input type="checkbox"/> 12
		Dublin county (outside Dublin city) rural.....	<input type="checkbox"/> 13

Time Section Ended

--	--	--	--

(24 hour clock)